

Bangladesh



**Demographic and
Health Survey**

2022



Bangladesh

Demographic and Health Survey 2022

Final Report

National Institute of Population Research and Training
Medical Education and Family Welfare Division
Ministry of Health and Family Welfare
Dhaka, Bangladesh

The DHS Program
ICF
Rockville, Maryland, USA

January 2024



The 2022 Bangladesh Demographic and Health Survey (2022 BDHS) was conducted under the authority of the National Institute of Population Research and Training (NIPORT), Medical Education and Family Welfare Division, Ministry of Health and Family Welfare (MOHFW). The survey was implemented by Mitra and Associates, a private research agency, from June 2022 to December 2022. The funding for the 2022 BDHS was provided by the Government of Bangladesh (GOB) and the United States Agency for International Development (USAID). ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

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Cover: The Warriors of Terracotta: The warriors are facing each other riding on chariots—from the terracotta works of Kantaji Temple. Erection of the temple started in the year 1704 and ended in 1752. Taken by Utpal Saha on November 22, 2009, at Kantaji Temple, Dinajpur, Bangladesh.

Recommended citation:

National Institute of Population Research and Training (NIPORT) and ICF. 2024. *Bangladesh Demographic and Health Survey 2022: Final Report*. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT and ICF.

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FOREWORD

The 2022 Bangladesh Demographic and Health Survey (2022 BDHS) is the ninth nationally representative DHS survey conducted in Bangladesh. It is designed to provide information to address the monitoring and evaluation needs of the Health, Population and Nutrition Sector Program (HPNSP). It also provides policymakers and managers involved in this program with the information they need to effectively plan and implement future interventions. The survey generates evidence on basic national indicators of social and health progress including fertility, fertility preferences, family planning, childhood mortality, maternal and child health, and nutritional status of mothers and children.

The 2022 BDHS provides a comprehensive look at levels of and differentials in fertility, family planning, maternal and child health, and nutrition. It presents estimates for important sociodemographic and health indicators to assess the major changes that have taken place since the previous BDHS surveys. The indicators from the 2022 BDHS show that socioeconomic conditions in Bangladesh continue to improve. The true measure of a country's health system is its success in reducing infant and childhood mortality. There was a noteworthy decline in childhood mortality rates between 2007 and 2022. During this period, under-5 mortality fell from 58 to 31 deaths per 1,000 live births, and neonatal mortality declined from 29 to 20 deaths per 1,000 live births. Facility deliveries increased remarkably from 19% in the 2 years preceding the 2007 BDHS to 65% in the 2 years preceding the 2022 BDHS. Equity in use of facilities for delivery care among the poorest and richest women has improved notably. Although facility deliveries have increased, a high proportion of births are conducted via cesarean section (C-section): 45% of live births in the 2 years preceding the 2022 BDHS were delivered via C-section, up from 8% in 2007. Contraceptive prevalence is 64% in 2022, up from 56% in 2007. The total fertility rate (TFR) declined from 2.7 children per woman in 2007 to 2.3 in 2022. The proportion of children who are stunted declined from 43% to 24% during that period; the proportion of children who are underweight also decreased from 41% to 22%.

The multitude of demographic and health data provided by the 2022 BDHS is crucial in monitoring and evaluating the performance of the 4th HPNSP as well as developing the 5th HPNSP. The survey provides estimates for 14 indicators of the results framework of the 4th HPNSP. In addition, the BDHS has always been a key information resource for national program monitoring. However, the need for further detailed analyses of the BDHS data remains. We expect that the 2022 survey data will support policymakers and program managers in monitoring and designing programs and strategies for improving health, family planning, and nutrition services in Bangladesh.

The successful completion of the 2022 BDHS was made possible by the contributions of a number of organizations and individuals. I would like to thank the Director General of NIPOORT and his research team for successfully completing the survey. I also thank ICF, icddr, and Mitra and Associates for their efforts in conducting the 2022 BDHS. I deeply appreciate the Government of Bangladesh and the United States Agency for International Development (USAID), Dhaka for providing financial assistance that helped to ensure the ultimate success of this important undertaking.

Md. Azizur Rahman



Director General
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PREFACE

The 2022 Bangladesh Demographic and Health Survey (2022 BDHS) is the ninth survey of its kind conducted in Bangladesh. Commenced in 1993, the series of BDHS surveys is the longest-running series of health care surveys in Bangladesh. The 2022 BDHS was implemented through a collaborative effort of the National Institute of Population Research and Training (NIPORT) and ICF. Financial support for the survey was provided by the Government of Bangladesh and the United States Agency for International Development (USAID), Bangladesh.

DHS surveys are conducted periodically in Bangladesh to serve as a source of population and health data for policymakers, program managers, and the research community. In general, the aims of the BDHS are to provide information to program managers and policymakers to meet the monitoring and evaluation needs of the Health, Population and Nutrition Sector Program (HPNSP). The wealth of demographic and health data will be instrumental in monitoring and designing programs and strategies for improving health, family planning, and nutrition services in the country.

The 2022 BDHS was steered by the members of the Stakeholder Advisory Committee (SAC), which consisted of experts from government, nongovernment, and international organizations as well as researchers and professionals working in the health, population, and nutrition sectors in Bangladesh. Their proficient knowledge and expert opinions during various phases of the survey implementation improved the quality of the survey tremendously. A Technical Working Group (TWG) was formed with representatives from NIPORT; the Ministry of Health and Family Welfare (MoHFW); Data for Impact (D4I); the University of Dhaka; USAID/Bangladesh; ICF; the International Center for Diarrhoeal Disease Research, Bangladesh (icddr,b); and Mitra and Associates. The TWG was responsible for assisting in the design of the survey instruments as well as the technical implementation of the survey. I would like to express my sincere appreciation to the SAC and TWG members for their sincere effort in all stages of the survey.

In addition, I extend sincere thanks to the Bangladesh Bureau of Statistics (BBS) for its support in selecting sample clusters and providing enumeration area maps, including field monitoring for the survey.

I would like to congratulate all of the professionals from the NIPORT Research Unit for the successful completion of the survey. I also extend my thanks to ICF, icddr,b, and Mitra and Associates for completing the task in a professional manner. Finally, the Government of Bangladesh and USAID deserve special thanks for providing financial support for the survey.

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ACRONYMS AND ABBREVIATIONS

ANC	antenatal care
ARI	acute respiratory infection
BBS	Bangladesh Bureau of Statistics
BDHS	Bangladesh Demographic and Health Survey
BMI	body mass index
BMRC	Bangladesh Medical Research Council
CAPI	computer-assisted personal interviewing
CBR	crude birth rate
CHCP	community health care provider
CNG	compressed natural gas
CSBA	community skilled birth attendant
DBP	diastolic blood pressure
DHS	Demographic and Health Survey
EA	enumeration area
EPI	expanded program on immunization
FPG	fasting plasma glucose
FWA	family welfare assistant
FWV	family welfare visitor
GAD	generalized anxiety disorder
GAR	gross attendance ratio
GFR	general fertility rate
GPI	gender parity index
GPS	Global Positioning System
HA	health assistant
HPNSP	Health, Population and Nutrition Sector Program
ICD	International Classification of Diseases
IMCI	Integrated Management of Childhood Illness
IMPS	Integrated Multi-Purpose Sampling
IPS	integrated power service
IUD	intrauterine contraceptive device
IYCF	infant and young child feeding
JMP	Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
LAM	lactational amenorrhea method
MoHFW	Ministry of Health and Family Welfare
NAR	net attendance ratio
NCD	noncommunicable disease
NGO	nongovernmental organization
NID	national identification
NIPORT	National Institute of Population Research and Training
ORS	oral rehydration salts
ORT	oral rehydration therapy

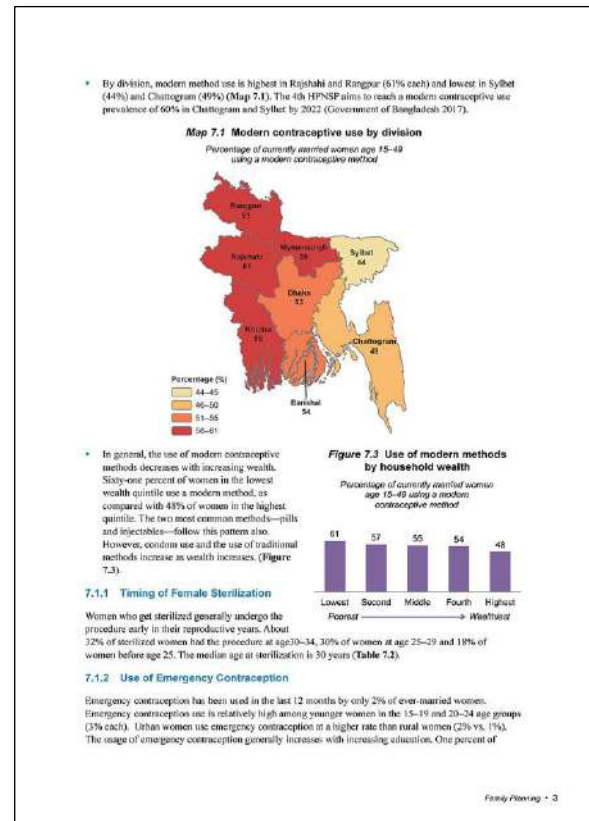
PHQ	Patient Health Questionnaire
PNC	postnatal care
PNN	postneonatal mortality
SAC	Stakeholder Advisory Committee
SACMO	sub-assistant community medical officer
SBP	systolic blood pressure
SDG	Sustainable Development Goal
SDM	standard days method
SIP	Strategic Investment Plan
TAR	total induced abortion rate
TBA	trained birth attendant
TFR	total fertility rate
TWG	Technical Working Group
USAID	United States Agency for International Development
VIP	ventilated improved pit
WHO	World Health Organization

READING AND UNDERSTANDING TABLES FROM THE 2022 BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY (BDHS)

The 2022 Bangladesh DHS final report is based on approximately 200 tables of data. For quick reference, they are located at the end of each chapter and can be accessed through links in the pertinent text (electronic version). Additionally, this more reader-friendly version features about 90 figures that clearly highlight trends, subnational patterns, and background characteristics. Large, colorful maps display breakdowns for the eight administrative divisions in Bangladesh. The text has been simplified to highlight key points in bullets and to clearly identify indicator definitions in boxes.

While the text and figures featured in each chapter highlight some of the most important findings from the tables, not every finding can be discussed or displayed graphically. For this reason, BDHS data users should be comfortable reading and interpreting tables.

The following pages provide an introduction to the organization of BDHS tables and the presentation of background characteristics, along with a brief summary of sampling and understanding denominators. In addition, this section provides some exercises for users as they practice their new skills in interpreting BDHS tables.



Example 1: Exposure to mass media

A Question Asked of All Survey Respondents

Table 3.4 Exposure to mass media ¹						
Percentage of ever-married women age 15–49 who are exposed to specific media on a weekly basis, according to background characteristics, Bangladesh DHS 2022						
Background characteristic ³	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of women ²
Age						
15–19	1.1	45.4	1.5	0.1	53.9	2,576
20–24	2.4	47.5	1.5	0.2	51.1	4,916
25–29	2.7	50.4	1.3	0.2	48.2	5,276
30–34	2.9	52.6	0.9	0.1	46.4	5,118
35–39	2.6	49.2	1.2	0.3	50.1	5,105
40–44	3.0	46.3	0.8	0.2	52.8	3,829
45–49	1.7	41.6	0.7	0.1	57.8	3,258
Residence						
Urban	5.2	61.3	1.8	0.4	37.3	8,565
Rural	1.4	43.0	0.9	0.1	56.2	21,513
Division						
Barishal	1.0	32.8	0.7	0.0	66.7	1,825
Chattogram	1.9	40.5	1.2	0.2	58.4	5,585
Dhaka	3.8	55.4	1.5	0.2	43.3	7,637
Khulna	2.4	51.7	1.4	0.2	47.1	3,602
Mymensingh	2.6	43.3	1.0	0.1	55.7	2,305
Rajshahi	1.9	63.0	0.8	0.2	36.6	3,935
Rangpur	2.4	45.1	1.0	0.2	54.1	3,452
Sylhet	1.5	29.0	0.9	0.1	70.0	1,736
Education						
No education	0.0	31.1	0.3	0.0	68.8	4,229
Primary incomplete	0.3	39.5	0.5	0.0	60.2	3,926
Primary complete	0.2	43.8	0.9	0.0	55.7	4,051
Secondary incomplete	1.3	51.4	1.2	0.1	47.6	10,558
Secondary complete or higher	8.0	60.6	2.1	0.6	37.3	7,314
Wealth quintile						
Lowest	0.2	20.2	0.4	0.0	79.3	5,540
Second	0.7	39.9	0.8	0.0	59.4	6,029
Middle	1.3	51.2	1.2	0.1	47.9	6,167
Fourth	2.4	58.2	1.4	0.2	40.7	6,204
Highest	7.5	68.4	1.9	0.5	29.9	6,138
Total	2.5	48.2	1.2	0.2	50.8	30,078

Step 1: Read the title and subtitle, highlighted in orange in the table above. They tell you the topic and the specific population group being described. In this case, the table is about ever-married women age 15–49 and their exposure to different types of media. All eligible ever-married female respondents age 15–49 were asked these questions.

Step 2: Scan the column headings—highlighted in green in Example 1. They describe how the information is categorized. In this table, the first three columns of data show different types of media that women access at least once a week. The fourth column shows women who access all three types of media, while the fifth column shows women who do not access any of the three types of media on a weekly basis. The last column lists the number of women age 15–49 interviewed in the survey.

Step 3: Scan the row headings—the first vertical column highlighted in blue in Example 1. These show the different ways the data are divided into categories based on population characteristics. In this case, the table presents women’s exposure to media by age, urban-rural residence, division, level of education, and wealth quintile. Most of the tables in the BDHS report will be divided into these same categories.

Step 4: Look at the row at the bottom of the table highlighted in pink. These percentages represent the totals of all ever-married women age 15–49 and their weekly access to different types of media. In this

case, 2.5%* of ever-married women age 15–49 read a newspaper at least once a week, 48.2% watch television at least weekly, and 1.2% listen to the radio on a weekly basis.

Step 5: To find out what percentage of ever-married women in rural areas listen to the radio at least once a week, draw two imaginary lines, as shown on the table. This shows that 0.9% of ever-married women age 15–49 in rural areas listen to the radio at least once a week.

By looking at patterns by background characteristics, we can see how exposure to mass media varies across Bangladesh. Mass media are often used to communicate health messages. Knowing how mass media exposure varies among different groups can help program planners and policymakers determine how to most effectively reach their target populations.

*For the purpose of this document data are presented exactly as they appear in the table, including decimal places. However, the text in the remainder of this report rounds data to the nearest whole percentage point.

Practice: Use the table in Example 1 to answer the following questions:

- What percentage of ever-married women in Bangladesh do not access any of the three media at least once a week?
- Which age group of ever-married women is most likely to watch television at least once a week?
- Compare ever-married women by urban-rural residence—which group is more likely to read a newspaper at least once a week?
- What are the lowest and the highest percentages (range) of ever-married women who access none of the three media at least once a week by division?
- Is there a clear pattern in weekly exposure to newspapers by educational level?
- Is there a clear pattern in weekly exposure to television by wealth quintile?

Answers:
a) 50.8%.
b) Ever-married women age 30–34: 52.6% of ever-married women in this age group watch television at least once a week.
c) 5.2% of ever-married women in urban areas read a newspaper at least once a week, as compared with 1.4% of ever-married women in rural areas.
d) Access to none of the three media ranges from a low of 36.6% in Rajshahi to a high of 70.0% in Sylhet.
e) Yes. By educational level, the percentage of ever-married women who read a newspaper at least once a week ranges from a low of 0.0% among those with no education to a high of 8.0% among those with a secondary education or higher.
f) Yes. By wealth quintile, the percentage of ever-married women who watch television at least once a week increases with increasing wealth: 20.2% of women in the lowest wealth quintile watch television at least once a week, compared with 68.4% of women in the highest wealth quintile.

Example 2: Children with symptoms of ARI and care seeking for symptoms of ARI

A Question Asked of a Subgroup of Survey Respondents

Table 10.2 Children with symptoms of ARI and care seeking for symptoms of ARI ¹					
Among children under age 5, percentage who had symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey, and among children with symptoms of ARI in the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, according to background characteristics, Bangladesh DHS 2022					
Background characteristic	Among children under age 5:		Among children under age 5 with symptoms of ARI:		
	Percentage with symptoms of ARI ¹	Number of children	Percentage for whom advice or treatment was sought ²	Percentage for whom advice or treatment was sought the same or next day ²	Number of children
Age in months					
<6	0.9	953	*	*	9
6–11	1.8	990	*	*	18
12–23	1.8	1,653	(78.0)	(52.0)	30
24–35	2.0	1,663	(92.0)	(61.1)	34
36–47	1.2	1,633	*	*	20
48–59	0.6	1,680	*	*	10
Sex					
Male	1.8	4,378	85.3	55.4	78
Female	1.0	4,195	(82.6)	(51.7)	43
Residence					
Urban	0.9	2,316	(84.8)	(36.3)	21
Rural	1.6	6,257	84.2	57.8	99
Division					
Barishal	1.2	552	*	*	7
Chattogram	1.4	1,866	*	*	26
Dhaka	0.9	2,160	*	*	19
Khulna	1.8	869	*	*	16
Mymensingh	0.8	727	*	*	6
Rajshahi	2.9	881	*	*	26
Rangpur	1.5	925	*	*	14
Sylhet	1.2	593	*	*	7
Education					
No education	1.0	531	*	*	5
Primary incomplete	1.1	916	*	*	10
Primary complete	1.5	1,111	*	*	17
Secondary incomplete	1.8	3,505	87.8	56.3	64
Secondary complete or higher	0.9	2,511	(77.2)	(43.2)	24
Wealth quintile					
Lowest	1.6	1,768	*	*	28
Second	1.6	1,772	(70.4)	(50.8)	29
Middle	1.5	1,770	(87.4)	(61.2)	27
Fourth	1.3	1,668	*	*	22
Highest	0.9	1,596	*	*	15
Total	1.4	8,573	84.3	54.1	120

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Symptoms of ARI include short, rapid breathing that is chest-related and/or difficult breathing that is chest-related.

² Includes advice or treatment from the following sources: public sector, private medical sector, and nongovernmental organization (NGO) sector. Excludes advice or treatment from a traditional practitioner.

Step 1: Read the title and subtitle. In this case, the table is about two separate groups of children: all children under age 5 (a) and children under age 5 with symptoms of acute respiratory infection (ARI) in the 2 weeks before the survey (b).

Step 2: Identify the two panels. First, identify the columns that refer to all children under age 5 (a), and then isolate the columns that refer only to children under age 5 with symptoms of ARI in the 2 weeks before the survey (b).

Step 3: Look at the first panel. What percentage of children under age 5 had symptoms of ARI in the 2 weeks before the survey? It is 1.4%. Now look at the second panel. How many children under age 5 had symptoms of ARI in the 2 weeks before the survey? It's 120 children or 1.4% of the 8,573 children under age 5 (with rounding). The second panel is a subset of the first panel.

Step 4: Only 1.4% of children under age 5 had symptoms of ARI in the 2 weeks before the survey. Once these children are further divided into the background characteristic categories, there may be too few cases for the percentages to be reliable.

- What percentage of children under age 5 with symptoms of ARI in the 2 weeks before the survey in urban areas were taken for advice or treatment? 84.8%. This percentage is in parentheses because there are between 25 and 49 children (unweighted) in this category. Readers should use this number with caution—it may not be reliable. (For more information on weighted and unweighted numbers, see Example 3.)
- What percentage of children under age 5 with symptoms of ARI in the 2 weeks before the survey are from Barishal? There is no number in this cell—only an asterisk. This is because there are fewer than 25 unweighted cases. Results for this group are not reported. The subgroup is too small, and therefore the data are not reliable.

Note: When parentheses or asterisks are used in a table, the explanation will be noted under the table. If there are no parentheses or asterisks in a table, you can proceed with confidence that enough cases were included in all categories that the data are reliable.

Example 3: Understanding Sampling Weights in BDHS Tables

A sample is a group of people who have been selected for a survey. In the BDHS, the sample is designed to represent the national population of ever-married women age 15–49. In addition to national data, most countries want to collect and report data on smaller geographical or administrative areas. However, doing so requires a large enough sample size in each area. For the 2022 BDHS, the survey sample is representative at the national and division levels and for urban and rural areas.

To generate statistics that are representative of Bangladesh as a whole and the eight administrative divisions, the number of ever-married women surveyed in each division should contribute to the size of the total (national) sample in proportion to the size of the division. However, if some divisions have small populations, then a sample allocated in proportion to each division's population may not include sufficient ever-married women from each division for analysis. To solve this problem, divisions with small populations are oversampled. For example, let's say that you have enough money to interview 30,078 ever-married women and want to produce results that are representative of Bangladesh as a whole and its divisions (as in Table 3.1.1). However, the total population of Bangladesh is not evenly distributed among the divisions: some divisions, such as Dhaka, are heavily populated while others, such as Sylhet, are not. Thus, Sylhet must be oversampled.

Table 3.1.1 Background characteristics of respondents
Percent distribution of ever-married women age 15–49 by selected background characteristics, Bangladesh DHS 2022

Background characteristic	Women		
	3 Weighted percent	2 Weighted number	1 Unweighted number
Division			
Barishal	6.1	1,825	3,232
Chattogram	18.6	5,585	4,461
Dhaka	25.4	7,637	4,554
Khulna	12.0	3,602	3,928
Mymensingh	7.7	2,305	3,255
Rajshahi	13.1	3,935	3,816
Rangpur	11.5	3,452	3,624
Sylhet	5.8	1,736	3,208
Total	100.0	30,078	30,078

A sampling statistician determines how many women should be interviewed in each district in order to get reliable statistics. The **blue column (1)** in the table above shows the actual number of women interviewed in each division. Within the divisions, the number of ever-married women interviewed ranges from 3,208 in Sylhet to 4,554 in Dhaka. The number of interviews is sufficient to get reliable results in each division.

With this distribution of interviews, some divisions are overrepresented and some divisions are underrepresented. For example, the population in Dhaka is 25.4% of the population in Bangladesh, while Sylhet's population contributes only 5.8% of the population in Bangladesh. But as the blue column shows, the number of women interviewed in Dhaka accounts for only 15.1% of the total sample of women interviewed ($4,554/30,078$) and the number of women interviewed in Sylhet accounts for 10.7% of the total sample of women interviewed ($3,208/30,078$). This unweighted distribution of women does not accurately represent the population.

In order to get statistics that are representative of Bangladesh, the distribution of the women in the sample needs to be weighted (or mathematically adjusted) such that it resembles the true distribution in Bangladesh. Women from a small division, like Sylhet, should contribute only a small amount to the national total. Women from a large division, like Dhaka, should contribute much more. Therefore, DHS statisticians mathematically calculate a "weight" that is used to adjust the number of women from each division so that each division's contribution to the total is proportional to the actual population of the division. The numbers in the **purple column (2)** represent the "weighted" values. The weighted values can be smaller or larger than the unweighted values at the district level. The total national sample size of 30,078 women has not changed after weighting, but the distribution of the women in the divisions has been changed to represent their contribution to the total population size.

How do statisticians weight each category? They take into account the probability that a woman was selected in the sample. If you were to compare the **green column (3)** to the actual population distribution of Bangladesh, you would see that ever-married women in each division are contributing to the total

sample with the same weight that they contribute to the population of the country. The weighted number of ever-married women in the survey now accurately represents the proportion of ever-married women who live in Dhaka and the proportion of ever-married women who live in Sylhet.

With sampling and weighting, it is possible to interview enough women to provide reliable statistics at national and division levels. In general, only the weighted numbers are shown in each of the BDHS tables, so don't be surprised if these numbers seem low: they may actually represent a larger number of ever-married women interviewed.

SUSTAINABLE DEVELOPMENT GOAL INDICATORS

Sustainable Development Goal Indicators, Bangladesh DHS 2022

Indicator	Residence		Total	DHS table number
	Urban	Rural		
1. No poverty				
1.4.1 Proportion of population living in households with access to basic services				
d) Access to electricity ¹	99.8	99.2	99.4	2.1
	Sex			DHS table number
	Male	Female	Total	
2. Zero hunger				
2.2.1 Prevalence of stunting among children under 5 years of age	23.8	23.3	23.6	11.1
2.2.2 Prevalence of malnutrition among children under 5 years of age	12.0	13.0	12.5	na
a) Prevalence of wasting among children under 5 years of age	10.6	11.4	11.0	11.1
b) Prevalence of overweight among children under 5 years of age	1.3	1.7	1.5	11.1
3. Good health and well-being				
3.1.2 Proportion of births attended by skilled health personnel	na	na	69.9	9.9
3.2.1 Under-5 mortality rate ²	35	30	32	8.2
3.2.2 Neonatal mortality rate ²	26	19	22	8.2
3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods ³	na	73.9	na	7.10
3.7.2 Adolescent birth rates per 1,000 women				
a) Girls aged 10–14 years ⁴	na	2.0	na	5.1
b) Women aged 15–19 years ⁵	na	92.0	na	5.1
4. Quality education				
4.2.2 Participation rate in organized learning (one year before the official primary entry age)	76.5	79.9	78.1	2.10
5. Gender equality				
5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18				
a) Before age 15	na	16.7	na	4.2
b) Before age 18	na	50.7	na	4.2
5.b.1 Proportion of individuals who own a mobile telephone ⁶	na	69.6	na	12.6
	Residence			DHS table number
	Urban	Rural	Total	
6. Clean water and sanitation				
6.2.1 Proportion of population using (a) safely managed sanitation services and (b) hand-washing facility with soap and water				
a) Proportion using basic sanitation service	62.9	61.2	61.6	13.4
c) Proportion using a hand-washing facility with soap and water	69.1	51.7	56.6	13.5
d) Proportion using open defecation	0.0	0.6	0.5	13.4
	Sex			DHS table number
	Male	Female	Total	
8. Decent work and economic growth				
8.10.2 Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider ⁶	na	36.5	na	12.6
16. Peace, justice, and strong institutions				
16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority	42.5	41.0	41.8	2.7
17. Partnerships for the goals				
17.8.1 Proportion of individuals using the Internet ⁷	na	19.6	na	3.5

na = not applicable

¹ Percentage of the population with access to electricity from the national grid or solar

² Expressed in terms of deaths per 1,000 live births for the 5-year period preceding the survey

³ Data are available for currently married women age 15–49 only.

⁴ Equivalent to the age-specific fertility rate for girls age 10–14 for the 3-year period preceding the survey, expressed in terms of births per 1,000 girls age 10–14

⁵ Equivalent to the age-specific fertility rate for women age 15–19 for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15–19

⁶ Data are available for ever-married women age 15–49 only.

⁷ Data are available for ever-married women age 15–49 who have used the internet in the past 12 months.

BANGLADESH



The 2022 Bangladesh Demographic and Health Survey (2022 BDHS) is the ninth national survey to report on the demographic and health status of the country's women and children. The main objective of the 2022 BDHS is to provide up-to-date information on fertility and fertility preferences; childhood mortality levels and causes of death; awareness, approval, and use of family planning methods; maternal and child health, including breastfeeding practices and nutritional status; newborn care; women's empowerment; selected noncommunicable diseases (NCDs); mental health; and availability and accessibility of health and family planning services at the community level. The information collected through the 2022 BDHS is intended to assist policymakers and program managers in designing and evaluating programs and strategies for improving the health of the population of Bangladesh. The survey also provides estimates for 15 major indicators relevant to the 4th Health, Population and Nutrition Sector Program (4th HPNSP) 2017–2022 of the Ministry of Health and Family Welfare (MoHFW 2017a) and to the Sustainable Development Goals (SDGs) for Bangladesh.

The 2022 BDHS was conducted under the authority of the National Institute of Population Research and Training (NIPORT), Medical Education and Family Welfare Division, Ministry of Health and Family Welfare, and the Government of Bangladesh. Financial assistance was provided jointly by the Government of Bangladesh and the United States Agency for International Development (USAID). Mitra and Associates, a Bangladeshi research firm in Dhaka, implemented the survey. ICF provided technical assistance through The Demographic and Health Surveys (DHS) Program, which is funded by USAID. The DHS Program offers financial support and technical assistance for population and health surveys in countries worldwide. The International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) also provided technical assistance during the survey, especially on the Verbal Autopsy Questionnaires designed to determine the causes of deaths among children under age 5.

Members of the Stakeholder Advisory Committee (SAC), which included experts from government (including the MoHFW), nongovernmental, and international organizations as well as researchers and professionals who work in the health, nutrition, and population sectors, contributed their expert opinions and endorsement during survey implementation. In addition, a Technical Working Group (TWG) was formed with representatives from NIPORT, the Program Management and Monitoring Unit of the Ministry of Health and Family Welfare, ICF, icddr,b, the University of Dhaka, Data for Impact (D4I), Mitra and Associates, and USAID/Bangladesh. The TWG was in charge of the design of the survey instruments and the technical implementation of the survey. The Sampling Committee, with representatives from NIPORT, the Bangladesh Bureau of Statistics (BBS), ICF, the University of Dhaka, icddr,b, D4I, and Jagannath University, provided technical guidance in finalizing the sampling design.

1.1 SURVEY OBJECTIVES

The primary objective of the 2022 BDHS is to provide up-to-date estimates of basic demographic and health indicators. Specifically, the BDHS collected information on:

- Demographic rates, particularly fertility rates, and infant and child mortality rates at the national and divisional levels
- Direct and indirect factors that determine levels of and trends in fertility and infant and child mortality
- Contraceptive use among currently married women

- Maternal and child health, including antenatal care, assistance at delivery, postnatal care, newborn care, breastfeeding, and prevalence and treatment of acute respiratory infections (ARIs), diarrhea, and other diseases among children under age 5
- Empowerment of women
- Nutritional status of children under age 5, women, and men using anthropometric measurements (weight and height) and infant and child feeding practices
- Biomarkers such as blood pressure and blood glucose among women and men age 18 and older
- Causes of death among children under age 5
- Accessibility and availability of health and family planning services
- Coverage of services for mental health including symptoms of anxiety and depression
- Chronic diseases
- Newborn care and other care behaviors relevant to the Sustainable Development Goals (SDGs)

1.2 SAMPLE DESIGN

The sampling frame used for the 2022 BDHS is the Integrated Multi-Purpose Sampling Master Sample, selected from a complete list of enumeration areas (EAs) covering the whole country. It was prepared by the BBS for the 2011 population census of the People's Republic of Bangladesh. The sampling frame contains information on EA location, type of residence (city corporation, other than city corporation, or rural), and the estimated number of residential households. A sketch map that delineates geographic boundaries is available for each EA.

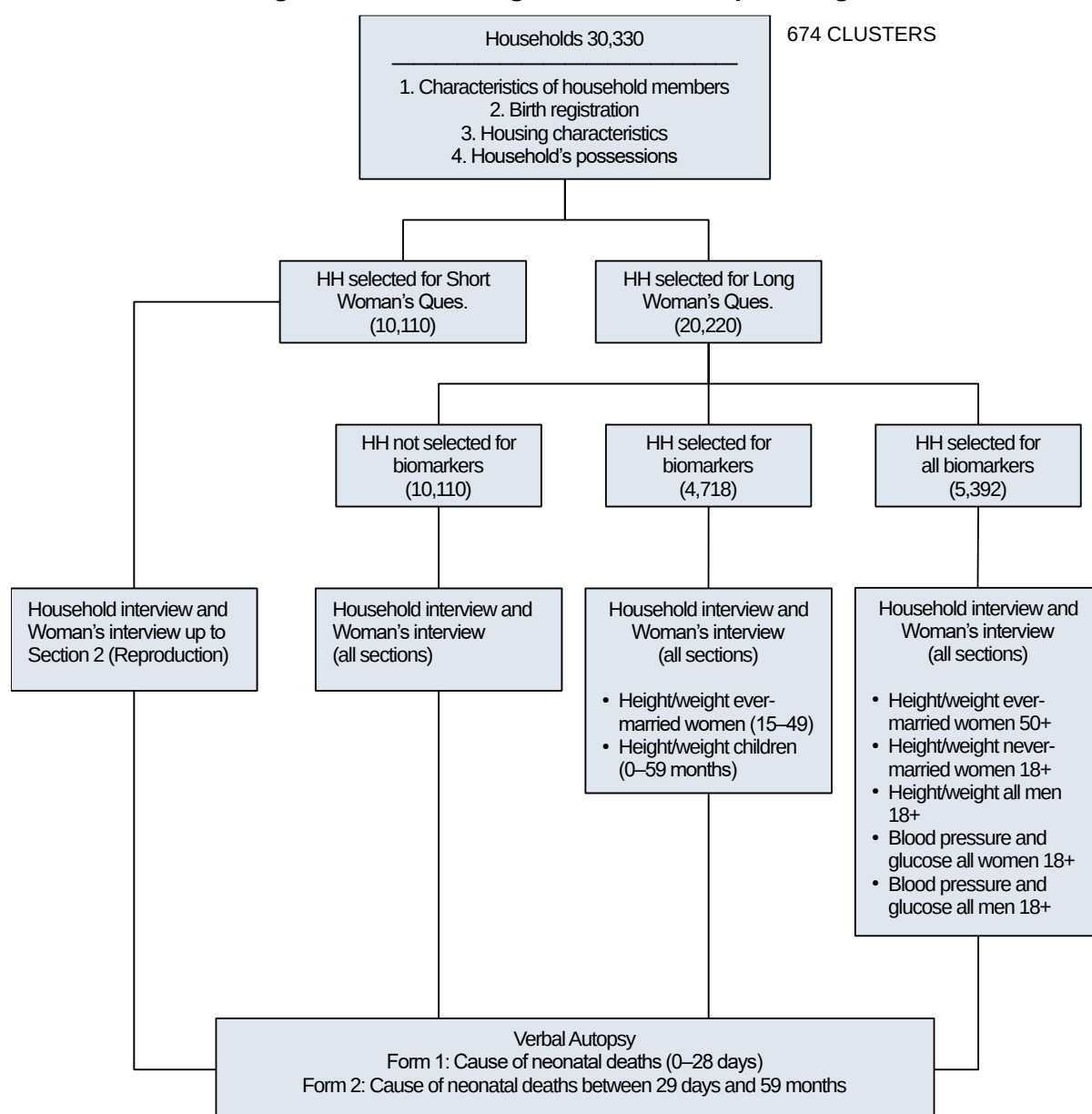
Bangladesh contains eight administrative divisions: Barishal, Chattogram, Dhaka, Khulna, Mymensingh, Rajshahi, Rangpur, and Sylhet. Each division is divided into zilas and each zila into upazilas. Each urban area in an upazila is divided into wards, which are further subdivided into mohallas. A rural area in an upazila is divided into union parishads (UPs) and, within UPs, into mouzas. These administrative divisions allow the country to be separated into rural and urban areas.

The survey is based on a two-stage stratified sample of households. In the first stage, 675 EAs (237 in urban areas and 438 in rural areas) were selected with probability proportional to EA size. The BBS drew the sample in the first stage following specifications provided by ICF. A complete household listing operation was then carried out by Mitra and Associates in all selected EAs to provide a sampling frame for the second-stage selection of households.

In the second stage of sampling, a systematic sample of 45 households per EA was selected to provide statistically reliable estimates of key demographic and health variables for urban and rural areas separately and for each of the eight divisions in Bangladesh. Ever-married women age 15–49 were considered eligible for individual interviews. Eligible women in each household were asked a set of core questions on background characteristics and reproductive history. Thirty of the 45 households in each EA were randomly selected for the long individual questionnaire administered to all eligible women within the household; in the remaining 15 households, a short version of the questionnaire was administered to all eligible women. Half of the households selected in the long questionnaire subsample (15 of 30 households) were systematically selected for biomarker measurements (also known as the biomarker subsample), specifically height and weight measurements among children under age 5 and ever-married women age 15–49. In addition, about half (8 of 15) of the households selected in the biomarker subsample were systematically selected for anthropometric measurements among ever-married women age 50 and above, never-married women age 18 and above, and all men age 18 and above, and blood pressure and blood

glucose measurements were taken for all women and men age 18 and above. **Figure 1.1** shows the household members eligible for the various biomarker samples.

Figure 1.1 2022 Bangladesh DHS sample design



The survey was successfully carried out in 674 clusters after the elimination of one rural cluster located in Cox's Bazar, Chittagong, due to security concerns. Based on this design, a total of 30,330 residential households were selected (19,665 from rural areas and 10,665 from urban areas). Thirty-one listing teams, each consisting of two listers/mappers, were deployed in the field to complete the listing operation. In addition, 12 quality control officers were deployed in the field. Overall, 74 listers/mappers were deployed in the field to complete the listing work. Training for the household listers/mappers took place April 24–29, 2022. The household listing operation was carried out in two phases (each about 4 weeks in duration) in all selected EAs from May 25 to July 27, 2022.

Any analysis using the 2022 BDHS data requires application of sampling weights to ensure the actual representation of the survey results at the national and division levels.

1.3 QUESTIONNAIRES

Four main types of questionnaires were used for the 2022 BDHS: the Household Questionnaire, the Woman's Questionnaire (completed by ever-married women age 15–49), the Biomarker Questionnaire, and two Verbal Autopsy Questionnaires. The Household, Woman's, and Biomarker Questionnaires, based on The DHS Program's model questionnaires, were adapted to reflect population and health issues relevant to Bangladesh. In addition to these four core questionnaires, the 2022 BDHS also included a Fieldworker Questionnaire that gathered information about the survey fieldworkers and a remeasurement questionnaire that was administered to a subsample of children to remeasure their height and weight. The remeasurement was done as a quality control measure to validate the accuracy of the anthropometric measurements. The questionnaires were adapted for use in Bangladesh after a series of meetings with the TWG. The questionnaires were developed in English and then translated to and printed in Bangla.

For each cluster, Global Positioning System (GPS) data were collected during interviews using a GPS USB dongle. The protocol for the 2022 BDHS received clearance from both the ICF Institutional Review Board ethics committee and the Bangladesh Medical Research Council (BMRC).

Household Questionnaire: The Household Questionnaire listed all of the usual members of and visitors to the selected households. Basic information was collected on the characteristics of each person listed, including age, sex, education, current work status, birth registration, and individual possession of a mobile phone. A key objective of the Household Questionnaire was to identify women who were eligible for individual interviews and all individuals who were eligible for biomarker assessments. In addition, information was collected about the dwelling unit, such as the source of water, type of toilet facilities, materials used to construct the floor and walls, ownership of various consumer goods, and availability of handwashing facilities.

Woman's Questionnaire: The Woman's Questionnaire collected information from ever-married women age 15–49. Women answered questions on the following topics:

- Background characteristics (for example, age, education, religion, and media exposure)
- Reproductive history
- Use and source of family planning methods
- Antenatal, delivery, postnatal, and newborn care and breastfeeding
- Infant feeding practices and illness
- Marriage and sexual activity
- Fertility preferences
- Husbands' background characteristics and women's work
- Mental health and well-being

Ever-married women in two-thirds of selected households completed a long (full) questionnaire that included all of the topics mentioned above. Ever-married women in the other one-third of selected households were administered a short questionnaire and provided information only on background characteristics and reproductive history.

Biomarker Questionnaire: In addition to the data collected through interviews, biomarker data were collected in a subsample of households in the 2022 BDHS. The biomarkers collected included anthropometry (height and weight), blood pressure, and blood glucose measurements. ICF, along with local experts, assisted with the development of the biomarker testing protocol and arranged for the required approval by the ICF Institutional Review Board and the BMRC. The Biomarker Questionnaire was completed on paper during data collection and then entered in the computer-assisted personal interviewing (CAPI) system by interviewers before the team left the cluster.

Verbal Autopsy Questionnaires: Two questionnaires collected information related to causes of death among young children; the first questionnaire collected data on neonatal deaths (deaths at 0–28 days), and

the second collected data on deaths between 29 days and 59 months. Mothers who reported the death of a child under age 5 in the 5-year period prior to the 2022 BDHS answered verbal autopsy questions. Assistance with training of fieldworkers in implementing the Verbal Autopsy Questionnaires was provided by icddr,b.

Fieldworker Questionnaire: The Fieldworker Questionnaire collected basic background information on the people collecting data in the field, including quality control officers, team supervisors, interviewers, and biomarker technicians. The self-administered questionnaire served as a tool in conducting analyses of data quality. Each interviewer completed the questionnaire after the final selection of interviewers and before the fieldworkers entered the field. No personal identifiers were attached to the 2022 BDHS fieldworker data file.

1.4 ANTHROPOMETRY, BLOOD PRESSURE, AND BLOOD GLUCOSE MEASUREMENTS

In the 2022 BDHS, one-third of the 45 households in each cluster were selected for collection of anthropometric measurements for children age 0–59 months and ever-married women age 15 to 49. In addition, in half of the households selected for biomarker measurements (one-sixth of all households), all ever-married women age 50 and older, never-married women age 18 and older, and men age 18 and older were weighed and had their height measured. Blood pressure measurements and blood glucose testing were also conducted among all adult men and women age 18 and older in these households.

Anthropometry: Weight measurements were taken using SECA scales with a digital display (model number SECA 874U). Height and length were measured with a ShorrBoard® measuring board. Children younger than age 24 months were measured lying down (recumbent length), while older children and adults were measured standing (height).

For children, anthropometric data are used to calculate three indices that reflect nutritional status: height-for-age, weight-for-height, and weight-for-age. In presenting the anthropometric results, the height and weight of children in the survey population were compared with the 2006 WHO Child Growth Standards, which are based on an international sample of ethnically, culturally, and genetically diverse, healthy children living under optimum conditions conducive to achieving a child's full genetic growth potential (WHO 2006a). Children who were severely malnourished were referred to a local health facility for assessment and treatment. Biomarker technicians provided all households with an informational pamphlet containing the height and weight of all eligible children and adults.

Blood pressure: Biomarker specialists measured systolic and diastolic blood pressure with the Multi-User Upper Arm Blood Pressure Monitor UA-767F/FAC. Each team was equipped with three monitors having different cuff sizes: (1) UA-767F/FAC with medium cuff, (2) UA-767PVS with small cuff, and (3) UA-789AC with extra-large cuff. An additional cuff of each size was provided. Three blood pressure measurements were taken at intervals of 5 minutes or more. The average of the second and third measurements was used to classify hypertension results according to internationally recommended categories (WHO 1999). Blood pressure measurements in the 2022 Bangladesh DHS are used to provide a statistical description of the survey population. Measurements taken in the BDHS do not constitute a medical diagnosis of disease. Respondents found to have high blood pressure, identified as systolic pressure greater than 140 mmHg and/or diastolic pressure greater than 90 mmHg, received a referral to a local health facility. All households where biomarkers were collected were provided with an informational pamphlet on blood pressure.

Glucose testing: The HemoCue 201 RT analyzer was used for measurement of blood glucose. Capillary whole blood was obtained from the middle or ring finger after respondents had fasted overnight. The first two drops were wiped away, and the third drop was taken for measurement. The HemoCue 201 RT analyzer displayed the blood glucose measurements in milligrams per deciliter (mg/dl). This unit of measurement was converted into millimoles per liter (mmol/L) to maintain consistency with the units used

in past surveys. World Health Organization cutoff points were used for fasting plasma blood glucose measurements. Individuals with fasting plasma glucose values of 7.0 mmol/L and above were classified as having diabetes and received a referral to a local health facility.

1.5 TRAINING OF TRAINERS AND PRETEST

The training of trainers for the main BDHS survey was carried out simultaneously with the pretest training. Fourteen trainers (six from icddr,b and eight from Mitra and Associates) participated in the training of trainers. Three supervisors, 12 interviewers, and six biomarker technicians were trained for the pretest. Representatives of ICF attended the training as resource persons. The pretest training and pretest fieldwork took place from June 5 to June 25, 2022, in Dhaka. The questionnaires were pretested with 120 households in three rural clusters in Manikgonj District and three urban clusters in Dhaka. In these households, 131 women's interviews and two verbal autopsies were conducted. The purpose of the pretest was to check the data entry program, translation, consistency, integrity and flow of the questionnaires, and the efficacy of the biomarker measurement and testing procedures as well as to detect problems, if any, in the fieldwork procedures. Based on observations in the field and suggestions made by the pretest teams, revisions were made in the wording and translations of the questionnaires. CAPI was used in the pretesting.

1.6 TRAINING OF FIELD STAFF

Training for the 2022 BDHS fieldworkers was conducted from June 27 to July 30, 2022. Two training programs were organized, one on the Household Questionnaire and the Woman's Questionnaire for interviewers, team supervisors, and quality control officers and another on biomarker components for biomarker technicians. The trainees were split into four groups, each with about 40–50 trainees. A total of 178 field staff (46 men and 132 women) were recruited based on their educational level, prior survey experience, and willingness to spend 4 months on the project. Lead female interviewers and supervisors also received separate training from icddr,b staff on Verbal Autopsy Questionnaires. Training included lectures on how to complete the questionnaires, mock interviews between participants, practical training using tablets, and field practice. Representatives of ICF, NIPORT, Mitra and Associates, and icddr,b attended the training as resource persons.

The biomarker training took place from July 16 to July 30, 2022. The training involved a variety of different learning tools such as formal lectures on technical aspects of biomarker collection and on identifying eligible household members and administering informed consent procedures, videos to demonstrate the process of anthropometry and blood collection, hands-on demonstrations, group reading sessions, and in-house practice sessions.

Biomarker specialists were trained to measure the height and weight of children and adults using standard anthropometric procedures. The training included a description of their roles and familiarized them with the measurement equipment and materials and with the correct procedures to be followed when measuring and recording measurements of height and weight. A standardization exercise was conducted for measuring height and recumbent length of children under age 5. In the standardization exercise, the gold standard value was established by taking the average of two measurements made by the trainer. All of the measurers took two measurements on the same children as the trainer, and his or her average measurement was compared against the gold standard to assess accuracy.

The biomarker team was also trained to measure blood pressure for women and men using an automated digital blood pressure monitor. In addition, they were trained on carrying out blood glucose testing and the protocol for fasting plasma blood glucose measurements. To qualify for biomarker data collection, biomarker technicians had to have completed 3 years of the Medical Assistance Training Course, to be nurses, or to have a diploma and sufficient experience in biomarker data collection. The training on anemia testing was provided by the icddr,b trainers.

1.7 FIELDWORK

Fieldwork for the 2022 BDHS was carried out by 20 interviewing teams, each consisting of one male supervisor, one female lead interviewer, four female interviewers, two biomarker technicians (one male and one female), and one logistics staff person. Data collection occurred in four phases (each about 4 weeks in duration) beginning on June 27, 2022, and ending on December 12, 2022.

Data quality measures were implemented through several activities. Nine quality control officers (three men and six women) from Mitra and Associates traveled to the field to visit the interviewing teams throughout the data collection period. In addition, 10 quality control officers from NIPORT and six from icddr,b monitored the fieldwork extensively. The quality control officers went to the field in tours of about 3 weeks in each phase. They oversaw use of the materials from the household listing and mapping to identify selected households, observed one household and one individual interview conducted by each interviewer, and spot-checked completed questionnaires. The quality control officers also revisited the households of completed clusters for each survey team and checked whether eligible respondents in selected households were visited and properly identified and interviewed. At the end of each phase, a debriefing session was held to address problems encountered in the field, clarifications, and administrative matters. Data quality was also monitored through field check tables generated concurrently with data collection. The main purpose of the tables was to allow the quality control officers and ICF to advise field teams of problems detected during the fieldwork.

The interviewers used tablet computers for data collection. The tablet computers were equipped with Bluetooth® technology to enable remote electronic transfer of files, such as assignments from the team supervisor to the interviewers, individual questionnaires to survey team members, and completed questionnaires from interviewers to team supervisors.

1.8 DATA PROCESSING

The survey data were collected using tablet PCs running Windows 10.1 and Census and Survey Processing System (CSPRO) software, jointly developed by the United States Census Bureau, ICF, and Serpro S.A. The Bangla language questionnaire was used for collecting data via computer-assisted personal interviewing. The CAPI program accepted only valid responses, automatically performed checks on ranges of values, skipped to the appropriate question based on the response given, and checked the consistency of the data collected. Answers to the survey questions were entered into the PC tablets by each interviewer. Supervisors downloaded interview data to their computer, checked the data for completeness, and monitored fieldwork progress.

Each day, after completion of interviews, field supervisors submitted data to the secured servers. Data were sent to the central office via the internet or other modes of telecommunication allowing electronic transfer of files. The data processing manager monitored the quality of the data received and downloaded completed files into the system. Secondary editing was conducted simultaneously with data collection. The concurrent data collection and processing offered a distinct advantage because it maximized the likelihood of the data being error-free and accurate. The paper Biomarker Questionnaires were compared with the electronic data file to check for any inconsistencies in data entry. The secondary editing of the data was completed on January 6, 2023. ICF provided applications in CSPRO for data processing and offered technical assistance in preparation of the data editing programs. All technical support for data processing and use of PC tablets was provided by ICF.

1.9 RESPONSE RATES

Table 1.1 shows the results of the household and individual interviews and response rates according to residence for the 2022 BDHS. A total of 30,330 households were selected for the 2022 BDHS sample, of which 30,149 were found to be occupied. Of the occupied households, 30,018 were successfully interviewed, yielding a response rate of almost 100%. In the interviewed households, 30,358 ever-married

women age 15–49 were identified as eligible for individual interviews, among whom 20,217 were eligible for the full questionnaire and 10,141 were eligible for the short questionnaire. Overall, interviews were completed with 30,078 women, yielding a response rate of 99% in the sample as a whole. Response rates were 99% among women eligible for the full questionnaire and almost 100% among women eligible for the short questionnaire.

Table 1.1 Results of the household and individual interviews			
Number of households, number of interviews, and response rates, according to residence (unweighted), Bangladesh DHS 2022			
Result	Residence		Total
	Urban	Rural	
ALL HOUSEHOLDS			
Household interviews			
Households selected	10,665	19,665	30,330
Households occupied	10,576	19,573	30,149
Households interviewed	10,508	19,510	30,018
Household response rate ¹	99.4	99.7	99.6
Interviews with women age 15–49			
Number of eligible women	10,711	19,647	30,358
Number of eligible women interviewed	10,571	19,507	30,078
Eligible women response rate ²	98.7	99.3	99.1
HOUSEHOLDS SELECTED FOR THE FULL QUESTIONNAIRE			
Household interviews			
Households selected	7,110	13,110	20,220
Households occupied	7,042	13,057	20,099
Households interviewed	6,995	13,010	20,005
Household response rate ¹	99.3	99.6	99.5
Interviews with women age 15–49			
Number of eligible women	7,131	13,086	20,217
Number of eligible women interviewed	7,007	12,980	19,987
Eligible women response rate ²	98.3	99.2	98.9
HOUSEHOLDS SELECTED FOR THE SHORT QUESTIONNAIRE			
Household interviews			
Households selected	3,555	6,555	10,110
Households occupied	3,534	6,516	10,050
Households interviewed	3,513	6,500	10,013
Household response rate ¹	99.4	99.8	99.6
Interviews with women age 15–49			
Number of eligible women	3,580	6,561	10,141
Number of eligible women interviewed	3,564	6,527	10,091
Eligible women response rate ²	99.6	99.5	99.5

¹ Households interviewed/households occupied

² Respondents interviewed/eligible respondents

Key Findings

- **Electricity:** 99% of households have access to electricity through the national grid or solar power, an increase from 91% in 2017–18.
- **Mobile phones:** Almost all households (98%) have a mobile phone. Sixty-seven percent of the de facto population age 13 and over owns a mobile phone (81% of males and 55% of females, an increase from 74% and 47%, respectively, in 2017–18).
- **Birth registration:** 42% of children under age 5 have had their birth registered, and 25% have a birth certificate. The percentage of children whose births were registered has increased since 2017–18 (from 25% to 42%).
- **Education:** 24% of females and 23% of males age 6 and older have no education.
- **School attendance:** The total net attendance ratios (NARs) are 68% for primary school and 48% for secondary school.
- **National identification card:** 90% of adults age 18 and older have a national identification (NID) card.

Information on the socioeconomic characteristics of the household population in the 2022 BDHS provides a context for interpreting demographic and health indicators and furnishes an approximate indication of the representativeness of the survey. The information also sheds light on the living conditions of the Bangladeshi population.

This chapter presents information on housing characteristics and household possessions, ownership of mobile phones, household wealth, household population and composition, birth registration, educational attainment, school attendance, organized learning, and ownership of a national identification (NID) card.

2.1 HOUSING CHARACTERISTICS

Almost all households in Bangladesh (99%) have access to electricity through the national grid and/or solar power. Although there is no difference in access to electricity through the national grid in urban and rural households (99% versus 98%), rural households are more likely to have access to electricity through solar power (16% versus 6%) (**Table 2.1**).

Overall, the most common flooring materials are earth, sand, or dung (50% of households) and cement (44% of households), but there are differences by urban and rural residence. Cement is the most common flooring material in urban households (67%), whereas earth, sand, or dung is most common in rural households (63%).

Most households use tin or metal as a roofing material (78%), followed by cement (20%). The most common materials used for walls are tin (43%) and cement or cement blocks (37%).

Twenty-six percent of households have only one room for sleeping; this pattern is more common in urban households than in rural households (31% versus 24%).

Trends: The percentage of households with access to electricity through the national grid has increased substantially over time, from 60% in 2011 to 99% in 2022.

2.2 HOUSEHOLD WEALTH

2.2.1 Household Durable Goods

The survey collected information on household effects, means of transportation, and ownership of agricultural land and farm animals. As shown in **Table 2.2**, almost all households have mobile phones (98%). Among household members age 13 and older, 67% own a mobile phone (81% of males and 55% of females) (**Table 2.3**).

Ninety-six percent of households have an electric fan, 59% have an almirah/wardrobe, 53% have a refrigerator, and 50% have a television. Only 6% of households own a computer/laptop (**Table 2.2**).

About one in four households (26%) own a bicycle, 12% have a motorcycle or scooter, and 5% have a rickshaw or van.

Ninety percent of households own agricultural land, and 60% own farm animals. Rural households are somewhat more likely than urban households to own agricultural land (93% versus 83%) and much more likely to own farm animals (73% versus 28%).

2.2.2 Wealth Index

Wealth index

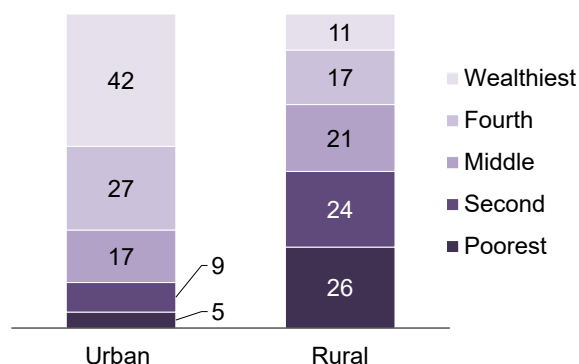
Households are given scores based on the number and kinds of consumer goods they own, ranging from a television to a bicycle or car, and housing characteristics such as source of drinking water, toilet facilities, and flooring materials. These scores are derived using principal component analysis. National wealth quintiles are compiled by assigning the household score to each usual (de jure) household member, ranking each person in the household population by his or her score, and then dividing the distribution into five equal categories, each comprising 20% of the population.

Sample: Households

Table 2.4 presents the distribution of the household population by wealth quintile according to residence and division. Urban households are more likely than rural households to fall into higher wealth quintiles, while rural households are more likely to fall into lower wealth quintiles. Sixty-nine percent of the urban population is concentrated in the two highest wealth quintiles, while 50% of the rural population falls in the lowest two wealth quintiles. Twenty-six percent of the rural population is in the lowest quintile, as compared with 5% of the urban population (**Figure 2.1**). Wealth varies widely by division. Thirty-four percent of the population in Dhaka is in the wealthiest quintile, compared with only 9% in both Rangpur and Mymensingh. Conversely, Mymensingh and Rangpur have the

Figure 2.1 Household wealth by residence

Percent distribution of de jure population by wealth quintiles



highest proportions of residents in the lowest quintile (36% and 33%, respectively), while Dhaka has the lowest proportion of residents in the lowest quintile (9%).

Table 2.4 also includes the Gini coefficient, a measure of the level of concentration of wealth, with 0 being an equal wealth distribution and 1 a totally unequal distribution. Wealth is distributed more evenly in the urban population than the rural population (0.21 versus 0.26).

2.3 HOUSEHOLD POPULATION AND COMPOSITION

Household

A person or group of related or unrelated persons who live together in the same dwelling unit(s), who acknowledge one adult male or female as the head of the household, who share the same housekeeping arrangements, and who are considered a single unit.

De facto population

All persons who stayed in the selected households the night before the interview (whether usual residents or visitors).

De jure population

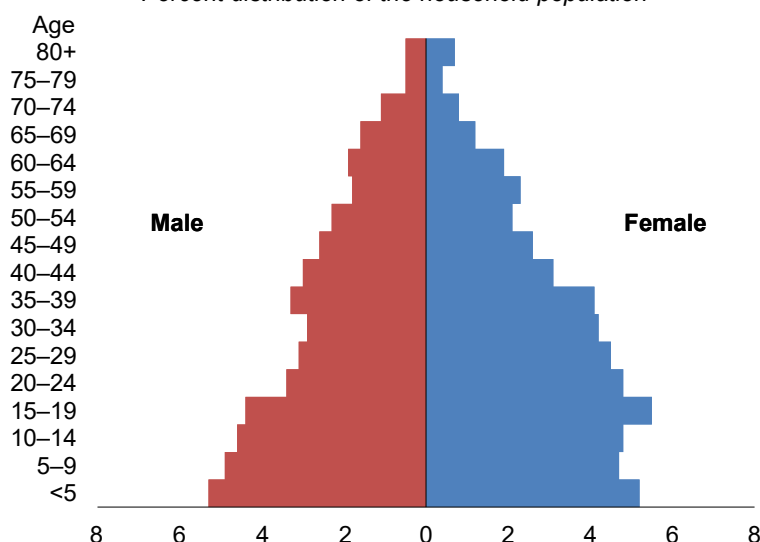
All persons who are usual residents of the selected households, whether or not they stayed in the household the night before the interview.

How data are calculated

All tables are based on the de facto population unless otherwise specified.

A total of 125,260 individuals stayed overnight in the 30,018 households interviewed in the 2022 BDHS. Forty-seven percent (59,230) of these individuals were male and 53% were female (66,030), yielding a sex ratio of 90 males per 100 females (**Table 2.5**).

The population pyramid in **Figure 2.2** illustrates the distribution of the population by 5-year age groups and sex. Children under age 15 account for 30% of the population, while individuals age 65 and older make up only 7%. Adolescents age 10–19 account for 19% of the population (**Table 2.5**).



Only 16% of households are headed by women. The average household consists of 4.1 usual members (**Table 2.6**).

Trends: The proportion of the household population under age 15 decreased from 32% in 2017–18 to 30% in 2022. Over the same time period, the percentage of female-headed households did not change (16%) and the average household size decreased slightly, from 4.3 to 4.1.

2.4 BIRTH REGISTRATION

Registered birth

Child has a birth certificate or child does not have a birth certificate, but the birth is registered with the civil authorities.

Sample: De jure children under age 5

Birth registration helps to ensure access to basic services, including immunization, health care, and school enrollment at the appropriate age (UNICEF 2005). Overall, 42% of children under age 5 have had their birth registered and 25% have a birth certificate (**Table 2.7**).

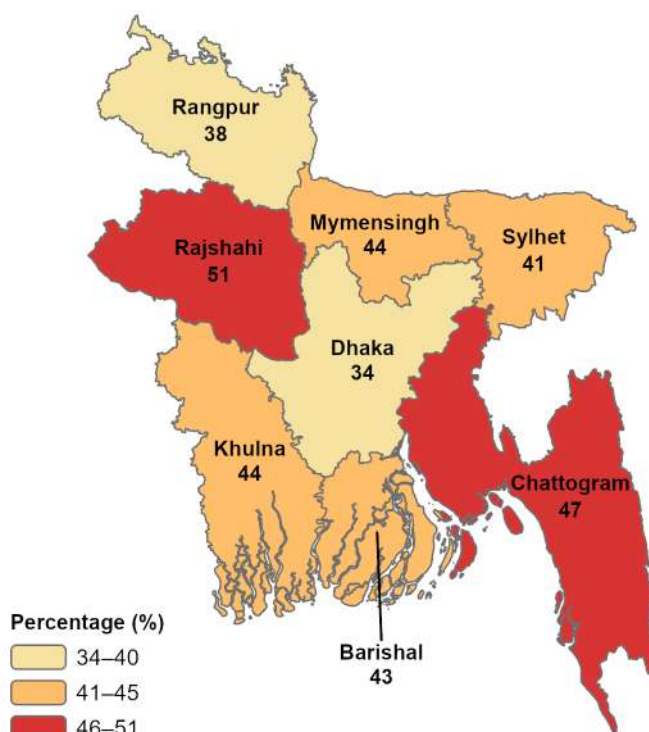
Trends: Birth registration declined from 31% in 2011 to 20% in 2014 but then increased to 25% in 2017–18 and 42% in 2022.

Patterns by background characteristics

- Birth registration increases with age; only 27% of children less than age 1 are registered, as compared with 46% of those age 1–4.
- By division, the percentage of de jure children whose births were registered with the civil authorities ranges from a low of 34% in Dhaka to a high of 51% in Rajshahi (**Map 2.1**).

Map 2.1 Birth registration by division

Percentage of de jure children under age 5 whose births are registered with the civil authorities



2.5 EDUCATION

2.5.1 Educational Attainment

Median educational attainment

Half of the population has completed less than the median number of years of schooling, and half of the population has completed more than the median number of years of schooling.

Sample: De facto household population age 6 and older

Table 2.8.1 and **Table 2.8.2** present information on the educational attainment of the de facto female household population and male household population age 6 and older, respectively. Overall, 24% of women and girls age 6 and over have no education, 19% have attended some primary school, 11% have completed primary school but advanced no further, 28% have attended some secondary school, 8% have completed secondary school but advanced no further, and 10% have more than a secondary education. Women and girls age 6 and over have completed a median of 4.6 years of schooling.

Twenty-three percent of men and boys age 6 and over have no education, 21% have attended some primary school, 12% have completed primary school but advanced no further, 23% have attended some secondary school, 8% have completed secondary school but advanced no further, and 13% have more than a secondary education. Men and boys age 6 and over have completed a median of 4.5 years of schooling, or 0.1 years less than women and girls age 6 and over.

Trends: Median years of schooling among women and girls increased from 2.9 years in 2011 to 4.6 years in 2022. Among men and boys, median years of schooling increased from 3.4 years to 4.5 years during the same time period.

Patterns by background characteristics

- The median number of years of schooling is higher in urban areas than rural areas among both females (5.7 years versus 4.4 years) and males (5.7 years versus 4.2 years) (**Table 2.8.1** and **Table 2.8.2**). Likewise, the percentage of females and males in rural areas with no education (26% and 25%, respectively) is greater than the percentage in urban areas (19% and 17%, respectively).
- Education varies by division; 29% of female household members in Mymensingh and Rangpur have no education, as compared with 18% in Barishal. Similarly, 30% of male household members in Mymensingh have no education, compared with 19% in Barishal.
- Educational attainment increases with increasing household wealth. Females in the lowest wealth quintile have completed a median of 2.5 years of schooling, as compared with a median of 7.8 years in the highest wealth quintile. The median number of years of schooling increases from 2.1 years among males in the lowest wealth quintile to 8.4 among those in the highest quintile. Thirty-six percent of both females and males in the lowest wealth quintile have no education, compared with 14% of females and 10% of males in the highest wealth quintile.

2.5.2 School Attendance

Net attendance ratio (NAR)

Percentage of the school-age population that attends primary or secondary school.

Sample: Children age 6–10 for primary school NAR and children age 11–17 for secondary school NAR

Gross attendance ratio (GAR)

The total number of children attending primary school divided by the official primary school-age population and the total number of children attending secondary school divided by the official secondary school-age population.

Sample: Children age 6–10 for primary school GAR and children age 11–17 for secondary school GAR

School attendance ratios are shown in **Table 2.9**. Sixty-eight percent of both girls and boys age 6–10 attend primary school. The net attendance ratio (NAR) drops in secondary school: 48% of girls and 49% of boys age 11–17 attend secondary school.

The gross attendance ratio (GAR) for primary school is 88% for girls and 89% for boys; the GAR for secondary school is 70% for both girls and boys.

Gender parity index (GPI)

The ratio of female to male students attending primary school and the ratio of female to male students attending secondary school. The index reflects the magnitude of the gender gap.

Sample: Primary school students and secondary school students

A gender parity index (GPI) of 1 indicates parity or equality between school participation ratios. A GPI lower than 1 indicates a gender disparity in favor of males, with a higher proportion of males than females attending the specified level of schooling. A GPI higher than 1 indicates a gender disparity in favor of females.

The GPI for the NAR at the primary school level is 0.99, indicating that in primary school there are slightly more male than female students. Similarly, at the secondary school level, the GPI for the NAR is 0.99, indicating that there are slightly more boys than girls attending secondary school (**Table 2.9**).

Patterns by background characteristics

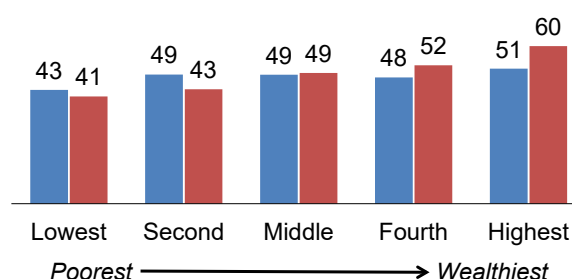
- Both the total primary and secondary school GAR are higher among the rural population than the urban population. The primary school GAR is 90% for the rural population versus 85% for the urban population; the secondary school GAR is 72% for the rural population versus 67% for the urban population.
- At the primary school level, the total NAR ranges from a low of 66% in Barishal, Chattogram, and Dhaka to a high of 72% in Rajshahi. At the secondary school level, the total NAR ranges from 44% in Chattogram to 53% in both Rajshahi and Barishal.

- The primary school NAR is inversely related to household wealth, with the highest total NAR (72%) in the lowest wealth quintile (74% among girls and 70% among boys) and lowest total NAR (65%) in the highest quintile (64% among girls and 67% among boys). At the secondary school level, the total NAR increases with increasing wealth, from 42% in the lowest wealth quintile (43% among girls and 41% among boys) to 55% in the highest quintile (51% among girls and 60% among boys) (Figure 2.3).

Figure 2.3 Secondary school attendance by household wealth

Net attendance ratio for secondary school among children age 11–17

■ Girls ■ Boys



2.5.3 Participation Rate in Organized Learning among Children Age 5

Participation rate in organized learning: adjusted net attendance ratio (NAR)

Percentage of children 1 year younger than the official primary school entry age (at the beginning of the school year) who are attending an early childhood education program or primary school. The ratio is termed adjusted since it includes children in primary school.

Sample: Children age 5 at the beginning of the school year

Table 2.10 presents data on participation in organized learning. Fifty percent of children 1 year younger than the official lower basic school entry age at the beginning of the school year attend an early childhood education program, and 28% attend primary school. However, 22% do not attend either an early childhood education program or primary school. Overall, the adjusted net attendance ratio (NAR) for organized learning among children age 5 is 78%.

Patterns by background characteristics

- The adjusted net attendance ratio is higher in rural areas (79%) than in urban areas (75%).
- The adjusted NAR is slightly higher among girls than boys (80% versus 77%).
- Participation in an early childhood education program generally increases with increasing household wealth, rising from 42% in the lowest wealth quintile to 58% in the highest quintile. Similarly, the adjusted NAR increases from 70% in the lowest wealth quintile to 84% in the highest quintile.
- By division, the adjusted NAR is highest in Rangpur (84%) and lowest in Sylhet (70%).

2.6 OWNERSHIP OF AN NID CARD

All Bangladeshi citizens age 18 and older are eligible to receive a national identity (NID) card. The survey collected information on whether individuals in the household age 18 and older had an NID card. Overall, 90% of household members age 18 and older (92% of men and 89% of women) were reported to have a card (**Table 2.11**).

Ownership of a card increases with age; whereas 27% of the population age 18–19 has a card, ownership increases to 81% among those age 20–29 and 99% among those age 30 and above. There is little variation by residence; 91% of the rural population and 90% of the urban population have an NID card.

LIST OF TABLES

For more information on household population and housing characteristics, see the following tables:

- **Table 2.1** **Household characteristics**
- **Table 2.2** **Household possessions**
- **Table 2.3** **Ownership of mobile phones**
- **Table 2.4** **Wealth quintiles**
- **Table 2.5** **Household population by age, sex, and residence**
- **Table 2.6** **Household composition**
- **Table 2.7** **Birth registration of children under age 5**
- **Table 2.8.1** **Educational attainment of the female household population**
- **Table 2.8.2** **Educational attainment of the male household population**
- **Table 2.9** **School attendance ratios**
- **Table 2.10** **Participation rate in organized learning**
- **Table 2.11** **Ownership of NID card**

Table 2.1 Household characteristics

Percent distribution of households and de jure population by access to electricity and selected housing characteristics, according to residence, Bangladesh DHS 2022

Characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Electricity						
National grid or solar	99.8	99.0	99.2	99.8	99.2	99.4
National grid only	93.9	82.9	86.0	93.3	82.0	85.2
Solar only	0.6	1.5	1.2	0.7	1.5	1.3
Both national grid and solar	5.2	14.6	12.0	5.8	15.7	12.9
No electricity	0.2	1.0	0.8	0.2	0.8	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material						
Earth/sand/dung	17.6	62.9	50.1	17.8	62.2	49.7
Wood/planks/palm/bamboo	0.4	0.4	0.4	0.4	0.4	0.4
Ceramic tiles	14.5	2.2	5.7	14.6	2.3	5.7
Cement	67.3	34.3	43.6	67.0	35.0	44.0
Carpet	0.1	0.2	0.2	0.1	0.2	0.1
Other ¹	0.1	0.1	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Roof materials						
Thatch/palm leaf/sod/mat ²	0.2	0.2	0.2	0.2	0.2	0.2
Palm/bamboo	0.2	0.0	0.1	0.2	0.0	0.1
Wood planks/cardboard	0.0	0.0	0.0	0.1	0.0	0.0
Tin/metal	58.6	86.4	78.5	58.5	85.9	78.2
Wood	0.1	0.2	0.2	0.1	0.2	0.2
Ceramic tiles	0.3	0.0	0.1	0.3	0.0	0.1
Cement	39.6	12.0	19.8	39.7	12.6	20.2
Roofing shingles	0.3	0.6	0.5	0.4	0.5	0.5
Other ³	0.6	0.5	0.5	0.6	0.5	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Wall materials						
Jute stick/palm trunk ⁴	0.2	0.5	0.4	0.2	0.4	0.4
Dirt	1.3	8.3	6.3	1.2	7.6	5.8
Bamboo with mud/stone with mud	1.4	3.1	2.6	1.5	3.3	2.8
Tin	24.8	50.8	43.4	25.0	50.4	43.3
Cement/cement block	64.8	26.3	37.2	64.7	27.2	37.7
Stone with lime/cement	0.3	0.1	0.1	0.3	0.1	0.1
Bricks	7.0	10.2	9.3	6.9	10.2	9.3
Wood planks/reused wood	0.1	0.5	0.4	0.2	0.5	0.4
Other ⁵	0.1	0.3	0.3	0.1	0.3	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Rooms used for sleeping						
One	31.2	24.1	26.1	25.8	18.9	20.8
Two	38.7	38.5	38.6	38.4	37.2	37.6
Three or more	30.1	37.4	35.3	35.9	43.9	41.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/ population	8,511	21,507	30,018	34,892	89,374	124,266

¹ includes parquet or polished wood and vinyl or asphalt strips

² Includes no roof

³ includes calamine/cement fiber

⁴ includes no walls

⁵ includes uncovered adobe and cardboard

Table 2.2 Household possessions

Percentage of households possessing various household effects, means of transportation, agricultural land, and livestock/farm animals, according to residence, Bangladesh DHS 2022

Possession	Residence		Total
	Urban	Rural	
Household effects			
Radio	0.8	0.5	0.6
Television	68.3	43.2	50.3
Mobile phone	99.0	97.4	97.9
Computer/laptop	13.8	3.5	6.4
Non-mobile telephone	1.7	0.3	0.7
Refrigerator	69.8	46.8	53.3
Almirah/wardrobe	73.9	52.7	58.7
Electric fan	97.3	95.8	96.2
DVD/VCD player	1.7	0.9	1.1
Water pump	21.9	24.0	23.4
IPS/generator	5.5	1.2	2.5
Air conditioner	4.0	0.4	1.4
Means of transportation			
Car/truck/microbus	1.8	0.8	1.1
Autobike/tempo/CNG	2.5	3.6	3.3
Rickshaw/van	4.4	5.6	5.3
Bicycle	17.8	28.8	25.7
Motorcycle/motor scooter	13.8	11.7	12.3
Boat with motor	0.7	1.0	0.9
Canoe/boat without motor	0.8	2.0	1.7
Ownership of agricultural land	83.0	92.6	89.9
Ownership of farm animals¹	27.8	73.3	60.4
Number of households	8,511	21,507	30,018

IPS = integrated power service

CNG = compressed natural gas

¹ Buffaloes, milk cows or bulls, goats or sheep, chickens or ducks, and other farm animals

Table 2.3 Ownership of mobile phones

Percentage of the de facto household population age 13 and over that has a mobile phone by age, according to residence and sex, Bangladesh DHS 2022

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
13–14	21.3	9.1	15.0	20.0	4.1	11.8	20.4	5.4	12.7
15–19	68.8	46.5	56.4	68.3	34.9	49.8	68.4	38.1	51.7
20–29	96.3	82.6	88.4	94.8	69.9	80.0	95.3	73.7	82.6
30–39	97.3	81.3	88.4	95.0	67.8	79.4	95.7	71.9	82.1
40–49	95.9	73.9	85.0	90.1	55.5	72.2	91.8	60.8	76.0
50+	81.7	52.4	67.5	67.5	35.5	52.0	71.0	39.7	55.8
Percentage with mobile phone	85.7	66.6	75.5	78.4	51.1	63.6	80.5	55.4	67.0
Number of persons	12,322	14,045	26,367	30,574	35,934	66,508	42,897	49,979	92,876

Table 2.4 Wealth quintiles

Percent distribution of the de jure population by wealth quintiles, and the Gini coefficient, according to residence and division, Bangladesh DHS 2022

Residence/division	Wealth quintile					Total	Number of persons	Gini coefficient ¹
	Lowest	Second	Middle	Fourth	Highest			
Residence								
Urban	5.1	9.4	16.7	26.6	42.1	100.0	34,892	0.21
Rural	25.8	24.1	21.3	17.4	11.4	100.0	89,374	0.26
Division								
Barishal	30.8	28.9	16.5	11.2	12.7	100.0	7,520	0.33
Chattogram	20.0	22.8	21.3	17.5	18.4	100.0	23,357	0.28
Dhaka	8.9	12.1	19.5	25.7	33.8	100.0	30,762	0.26
Khulna	12.6	18.9	21.4	23.2	23.9	100.0	14,028	0.26
Mymensingh	35.7	24.0	17.4	14.3	8.7	100.0	9,978	0.29
Rajshahi	16.5	22.9	25.4	20.8	14.3	100.0	15,674	0.26
Rangpur	33.1	25.6	17.1	15.7	8.5	100.0	14,436	0.30
Sylhet	28.6	15.4	17.2	21.1	17.6	100.0	8,511	0.29
Total	20.0	20.0	20.0	20.0	20.0	100.0	124,266	0.27

¹ The Gini coefficient indicates the level of concentration of wealth, with 0 representing an equal wealth distribution and 1 representing a totally unequal distribution.

Table 2.5 Household population by age, sex, and residence

Percent distribution of the de facto household population by age groups and percentage of the de facto household population age 10–19, according to sex and residence, Bangladesh DHS 2022

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	10.4	9.7	10.0	11.6	10.0	10.7	11.2	9.9	10.5
5–9	10.5	8.3	9.4	10.4	9.0	9.7	10.4	8.9	9.6
10–14	9.5	8.8	9.2	9.8	9.3	9.6	9.7	9.2	9.4
15–19	9.1	10.5	9.8	9.5	10.3	9.9	9.4	10.4	9.9
20–24	7.8	9.7	8.8	6.8	8.9	7.9	7.1	9.1	8.1
25–29	7.4	9.3	8.4	6.2	8.2	7.2	6.5	8.5	7.5
30–34	6.8	8.6	7.7	5.9	7.7	6.9	6.2	7.9	7.1
35–39	7.9	8.5	8.2	6.7	7.6	7.2	7.1	7.8	7.5
40–44	6.7	6.3	6.5	6.1	5.7	5.9	6.2	5.9	6.1
45–49	5.8	4.8	5.3	5.3	5.0	5.1	5.4	5.0	5.2
50–54	5.0	3.8	4.4	4.8	4.0	4.3	4.8	3.9	4.4
55–59	3.7	3.8	3.8	3.8	4.5	4.2	3.8	4.3	4.0
60–64	3.5	2.8	3.2	4.3	3.8	4.0	4.1	3.5	3.8
65–69	2.4	2.0	2.2	3.7	2.3	3.0	3.3	2.3	2.8
70–74	1.9	1.3	1.6	2.6	1.6	2.1	2.4	1.5	1.9
75–79	0.9	0.7	0.8	1.3	0.7	1.0	1.2	0.7	0.9
80+	0.7	1.1	0.9	1.3	1.4	1.3	1.1	1.3	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Dependency age groups									
0–14	30.4	26.9	28.6	31.8	28.4	30.0	31.4	27.9	29.6
15–64	63.7	68.1	66.0	59.4	65.6	62.7	60.6	66.3	63.6
65+	6.0	5.0	5.5	8.8	6.1	7.4	8.0	5.8	6.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Child and adult populations									
0–17	36.0	32.8	34.4	37.7	34.4	36.0	37.3	34.0	35.5
18+	64.0	67.2	65.6	62.3	65.6	64.0	62.7	66.0	64.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Adolescents 10–19	18.7	19.3	19.0	19.3	19.7	19.5	19.1	19.6	19.3
Number of persons	16,820	18,320	35,141	42,409	47,710	90,119	59,230	66,030	125,260

Table 2.6 Household composition

Percent distribution of households by sex of head of household and by household size, and mean size of households, according to residence, Bangladesh DHS 2022

Characteristic	Residence		Total
	Urban	Rural	
Household headship			
Male	84.9	83.8	84.1
Female	15.1	16.2	15.9
Total	100.0	100.0	100.0
Number of usual members			
1	2.2	2.8	2.7
2	11.1	12.8	12.3
3	23.5	22.0	22.4
4	29.9	25.5	26.8
5	18.7	19.2	19.0
6	7.5	9.3	8.8
7	3.8	4.3	4.2
8	1.5	1.8	1.8
9+	1.8	2.2	2.1
Total	100.0	100.0	100.0
Mean size of households	4.1	4.2	4.1
Number of households	8,511	21,507	30,018

Note: Table is based on de jure household members, i.e., usual residents.

Table 2.7 Birth registration of children under age 5

Percentage of de jure children under age 5 whose births are registered with the civil authorities, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage of children whose births are registered and who:		Total percentage of children whose births are registered	Number of children
	Had a birth certificate	Did not have birth certificate		
Age				
<1	14.1	12.7	26.8	2,716
1–4	28.0	17.9	45.9	9,938
Sex				
Male	25.3	17.3	42.5	6,356
Female	24.7	16.2	41.0	6,298
Residence				
Urban	21.8	15.7	37.6	3,429
Rural	26.2	17.1	43.3	9,225
Division				
Barishal	20.9	22.2	43.0	804
Chattogram	31.4	15.5	46.9	2,628
Dhaka	20.2	13.5	33.7	3,195
Khulna	31.7	11.8	43.5	1,293
Mymensingh	24.6	19.9	44.4	1,062
Rajshahi	25.2	25.6	50.8	1,351
Rangpur	20.6	17.6	38.2	1,446
Sylhet	24.5	16.1	40.7	875
Wealth quintile				
Lowest	21.6	16.4	38.0	2,774
Second	24.4	18.1	42.6	2,526
Middle	24.7	16.6	41.4	2,545
Fourth	26.4	16.9	43.2	2,483
Highest	28.4	15.8	44.2	2,328
Total	25.0	16.8	41.8	12,654

Table 2.8.1 Educational attainment of the female household population

Percent distribution of the de facto female household population age 6 and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Bangladesh DHS 2022

Background characteristic	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Total	Number	Median years completed
Age									
6–9	39.3	60.3	0.2	0.1	0.0	0.0	100.0	4,695	0.3
10–14	1.9	42.8	19.1	36.1	0.1	0.0	100.0	6,062	4.3
15–19	2.0	3.8	6.3	59.5	20.0	8.4	100.0	6,857	8.2
20–24	3.0	7.0	8.6	34.5	17.4	29.5	100.0	6,005	8.7
25–29	5.8	10.3	12.8	36.7	10.9	23.4	100.0	5,586	7.5
30–34	9.2	12.5	16.1	41.6	7.3	13.3	100.0	5,227	6.6
35–39	17.7	16.1	16.2	32.2	8.9	8.9	100.0	5,160	5.0
40–44	29.5	18.1	15.0	20.4	7.3	9.6	100.0	3,889	4.2
45–49	42.7	17.1	13.4	15.8	5.4	5.5	100.0	3,284	2.1
50–54	53.2	15.0	11.7	11.8	4.1	4.0	100.0	2,590	a
55–59	59.1	15.1	11.4	9.1	2.8	2.5	100.0	2,833	a
60–64	68.4	13.3	8.9	6.1	1.7	1.6	100.0	2,326	a
65+	76.4	9.5	7.7	4.0	1.4	0.9	100.0	3,822	a
Residence									
Urban	19.1	17.1	10.6	27.1	9.9	16.3	100.0	16,237	5.7
Rural	26.1	19.4	11.8	28.5	7.2	7.0	100.0	42,097	4.4
Division									
Barishal	18.3	19.2	14.0	28.9	9.6	10.0	100.0	3,537	4.9
Chattogram	23.8	19.6	10.6	29.9	8.9	7.0	100.0	11,219	4.6
Dhaka	21.3	18.4	11.0	28.2	8.3	12.6	100.0	14,304	4.9
Khulna	23.0	18.2	9.8	31.4	7.6	10.0	100.0	6,631	4.9
Mymensingh	29.4	19.7	12.6	23.0	6.9	8.3	100.0	4,699	4.1
Rajshahi	26.5	17.5	11.5	27.7	6.7	10.1	100.0	7,368	4.5
Rangpur	28.5	18.6	10.6	26.7	7.0	8.6	100.0	6,578	4.3
Sylhet	25.1	19.0	15.2	25.4	7.6	7.6	100.0	3,999	4.4
Wealth quintile									
Lowest	36.2	24.0	12.6	22.1	3.2	2.0	100.0	11,280	2.5
Second	27.8	20.5	13.0	28.8	5.6	4.3	100.0	11,615	4.1
Middle	24.4	19.0	11.5	30.5	7.4	7.1	100.0	11,707	4.6
Fourth	19.7	17.5	11.7	31.6	9.4	10.1	100.0	11,702	5.2
Highest	13.5	12.9	8.5	27.4	13.7	23.9	100.0	12,031	7.8
Total	24.2	18.7	11.4	28.1	7.9	9.6	100.0	58,335	4.6

a = omitted because less than 50% of the respondents have completed 1 year of school

¹ Primary complete is defined as completing grade 5.

² Secondary complete is defined as completing grade 10.

Table 2.8.2 Educational attainment of the male household population

Percent distribution of the de facto male household population age 6 and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Bangladesh DHS 2022

Background characteristic	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Don't know	Total	Number	Median years completed
Age										
6–9	45.3	54.3	0.3	0.1	0.0	0.0	0.0	100.0	4,903	0.1
10–14	4.0	48.9	18.2	28.7	0.1	0.1	0.0	100.0	5,765	3.8
15–19	4.0	10.5	10.0	52.6	16.7	6.3	0.0	100.0	5,551	7.8
20–24	5.8	10.6	12.3	22.7	15.0	33.6	0.1	100.0	4,200	8.8
25–29	9.0	13.9	14.8	22.6	8.4	31.0	0.2	100.0	3,863	7.5
30–34	11.0	14.9	15.7	28.1	8.9	21.2	0.2	100.0	3,667	6.7
35–39	17.1	15.5	16.1	26.6	9.2	15.4	0.1	100.0	4,180	5.4
40–44	24.4	13.4	15.0	22.5	8.7	15.9	0.1	100.0	3,699	4.8
45–49	32.2	13.0	13.8	17.0	7.2	16.8	0.1	100.0	3,208	4.3
50–54	37.8	13.6	11.1	17.3	6.5	13.4	0.3	100.0	2,861	3.7
55–59	39.1	14.5	11.5	15.8	6.0	13.0	0.1	100.0	2,229	3.0
60–64	46.0	12.8	9.8	15.7	5.5	9.6	0.5	100.0	2,429	1.7
65+	50.1	11.3	11.0	11.7	7.1	8.7	0.2	100.0	4,750	a
Residence										
Urban	17.4	18.9	11.0	22.7	8.8	21.0	0.2	100.0	14,729	5.7
Rural	25.2	21.7	12.8	22.9	7.2	10.2	0.1	100.0	36,576	4.2
Division										
Barishal	19.2	23.2	12.8	22.8	8.6	13.2	0.2	100.0	3,067	4.6
Chattogram	23.3	24.7	12.2	23.7	6.7	9.3	0.1	100.0	9,045	4.2
Dhaka	20.0	19.8	11.6	23.4	8.5	16.4	0.2	100.0	12,860	4.9
Khulna	20.0	20.3	11.5	24.9	8.1	15.0	0.2	100.0	5,864	4.8
Mymensingh	29.5	20.3	11.2	20.3	7.5	11.1	0.1	100.0	4,122	4.0
Rajshahi	26.0	17.0	11.8	21.9	7.4	15.8	0.1	100.0	6,791	4.6
Rangpur	25.2	19.7	12.6	22.1	7.6	12.7	0.1	100.0	6,130	4.4
Sylhet	23.1	24.1	17.1	20.9	6.4	8.2	0.0	100.0	3,427	4.2
Wealth quintile										
Lowest	36.0	26.9	13.7	17.5	3.1	2.7	0.1	100.0	10,121	2.1
Second	28.1	23.1	14.2	21.8	6.3	6.4	0.1	100.0	10,336	3.8
Middle	22.7	22.1	13.4	24.8	7.4	9.6	0.1	100.0	10,253	4.4
Fourth	17.8	18.6	12.3	26.9	9.6	14.7	0.1	100.0	10,234	5.3
Highest	10.4	13.7	7.6	23.0	12.0	33.0	0.2	100.0	10,362	8.4
Total	22.9	20.9	12.2	22.8	7.7	13.3	0.1	100.0	51,305	4.5

a = omitted because less than 50% of the respondents have completed 1 year of school

¹ Primary complete is defined as completing grade 5.

² Secondary complete is defined as completing grade 10.

Table 2.9 School attendance ratios

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de facto household population by sex and level of schooling, and the gender parity index (GPI), according to background characteristics, Bangladesh DHS 2022

Background characteristic	Net attendance ratio ¹				Gross attendance ratio ²			
	Male	Female	Total	Gender parity index ³	Male	Female	Total	Gender parity index ³
PRIMARY SCHOOL								
Residence								
Urban	68.2	66.0	67.2	0.97	86.4	83.2	84.9	0.96
Rural	68.2	68.4	68.3	1.00	89.9	89.9	89.9	1.00
Division								
Barishal	67.3	64.8	66.1	0.96	88.2	89.4	88.8	1.01
Chattogram	65.1	66.1	65.6	1.01	89.0	88.3	88.7	0.99
Dhaka	67.5	63.8	65.7	0.95	83.5	81.5	82.5	0.98
Khulna	70.2	70.3	70.3	1.00	91.1	87.7	89.3	0.96
Mymensingh	65.1	71.2	68.3	1.09	86.1	93.3	89.8	1.08
Rajshahi	71.8	72.0	71.9	1.00	94.0	92.8	93.4	0.99
Rangpur	70.8	69.6	70.2	0.98	93.1	88.3	90.7	0.95
Sylhet	71.2	71.2	71.2	1.00	94.7	94.7	94.7	1.00
Wealth quintile								
Lowest	69.8	73.9	71.9	1.06	91.5	96.3	94.0	1.05
Second	68.2	68.6	68.4	1.00	90.2	89.6	89.9	0.99
Middle	67.3	66.4	66.9	0.99	87.5	87.8	87.7	1.00
Fourth	68.6	65.3	66.9	0.95	88.6	82.8	85.7	0.93
Highest	66.8	63.7	65.2	0.95	86.4	82.2	84.3	0.95
Total	68.2	67.8	68.0	0.99	88.9	88.1	88.5	0.99
SECONDARY SCHOOL								
Residence								
Urban	46.1	45.2	45.6	0.98	68.2	66.8	67.4	0.98
Rural	49.5	48.9	49.2	0.99	71.2	71.7	71.5	1.01
Division								
Barishal	50.2	55.7	53.3	1.11	76.8	80.8	79.1	1.05
Chattogram	40.7	45.9	43.6	1.13	61.3	69.3	65.7	1.13
Dhaka	46.8	44.0	45.2	0.94	70.1	65.9	67.7	0.94
Khulna	51.9	52.1	52.0	1.00	75.8	76.2	76.0	1.01
Mymensingh	50.9	50.1	50.5	0.98	73.1	71.2	72.1	0.97
Rajshahi	57.6	49.4	53.4	0.86	79.7	71.8	75.6	0.90
Rangpur	55.6	48.5	52.0	0.87	74.3	69.7	71.9	0.94
Sylhet	40.6	48.7	45.0	1.20	59.2	69.0	64.5	1.17
Wealth quintile								
Lowest	40.5	43.0	41.8	1.06	56.8	63.1	60.0	1.11
Second	43.2	48.8	46.2	1.13	62.0	69.2	65.9	1.12
Middle	49.4	48.7	49.0	0.98	73.4	69.5	71.2	0.95
Fourth	52.3	47.7	49.7	0.91	74.3	72.0	73.0	0.97
Highest	59.5	51.0	54.7	0.86	88.9	77.7	82.6	0.87
Total	48.6	47.9	48.2	0.99	70.4	70.3	70.3	1.00

¹ The NAR for primary school is the percentage of the primary school-age (6–10 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary school-age (11–17 years) population that is attending secondary school. By definition, the NAR cannot exceed 100.0.

² The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100.0.

³ The gender parity index for primary school is the ratio of the primary school NAR (GAR) for females to the NAR (GAR) for males. The gender parity index for secondary school is the ratio of the secondary school NAR (GAR) for females to the NAR (GAR) for males.

Table 2.10 Participation rate in organized learning

Percent distribution of children 1 year younger than the official primary school entry age at the beginning of the school year by attendance at an early childhood education program or primary school, and the adjusted net attendance ratio (NAR), according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percent distribution of children attending				Adjusted NAR ¹	Number of children age 5 at the beginning of the school year
	An early childhood education program	Primary school	Neither an early childhood education program nor primary school	Total		
Sex						
Male	50.5	26.0	23.5	100.0	76.5	1,258
Female	49.0	30.9	20.1	100.0	79.9	1,179
Residence						
Urban	50.6	24.4	25.0	100.0	75.0	678
Rural	49.4	29.9	20.6	100.0	79.4	1,759
Division						
Barishal	43.1	34.1	22.8	100.0	77.2	156
Chattogram	45.5	30.5	24.0	100.0	76.0	528
Dhaka	49.5	25.6	24.9	100.0	75.1	569
Khulna	55.1	27.1	17.8	100.0	82.2	243
Mymensingh	50.3	30.9	18.8	100.0	81.2	219
Rajshahi	54.7	28.5	16.7	100.0	83.3	265
Rangpur	58.6	25.5	15.9	100.0	84.1	271
Sylhet	40.7	28.7	30.5	100.0	69.5	187
Wealth quintile						
Lowest	42.1	28.0	29.9	100.0	70.1	546
Second	49.4	29.0	21.7	100.0	78.3	488
Middle	45.8	34.1	20.0	100.0	80.0	444
Fourth	54.0	25.4	20.6	100.0	79.4	473
Highest	58.2	25.8	15.9	100.0	84.1	487
Total	49.8	28.4	21.9	100.0	78.1	2,437

¹ The adjusted net attendance ratio (NAR) to organized learning is the percentage of children of 1 year younger than the official primary school entry age (at the beginning of the school year) who are attending early childhood education or primary school.

Table 2.11 Ownership of NID card

Percentage of the de facto household population age 18 and over that has an NID card by age, according to residence and sex, Bangladesh DHS 2022

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
18–19	32.0	22.7	26.5	31.6	23.5	26.9	31.7	23.3	26.8
20–29	82.1	78.5	80.0	84.5	79.0	81.3	83.8	78.9	80.9
30–39	98.7	98.4	98.5	98.8	98.5	98.6	98.8	98.5	98.6
40–49	98.8	99.4	99.1	99.5	99.5	99.5	99.2	99.4	99.3
50+	99.1	98.9	99.0	99.4	99.2	99.3	99.4	99.2	99.3
Percentage with card	91.3	88.0	89.5	92.4	88.9	90.5	92.1	88.6	90.2
Number of persons	10,759	12,309	23,068	26,403	31,302	57,705	37,162	43,611	80,773

NID = national identification card

CHARACTERISTICS OF RESPONDENTS

Key Findings

- **Education:** The proportion of ever-married women with no education declined from 34% in 2007 to 14% in 2022. Furthermore, more than half (59%) of the women in Bangladesh have some secondary education or higher, an increase from 52% in 2017–18.
- **Literacy:** About 8 in 10 ever-married women are literate.
- **Exposure to media and use of the internet:** Half (51%) of women have no access to any mass media. Among those who do have access, television remains the most commonly used medium, despite viewership declining from 55% in 2017–18 to 48% in 2022. One in 5 women have used the internet in the past 12 months.
- **Employment:** Almost one-third (32%) of women are currently employed, a decrease from 48% in 2017–18.
- **Occupation:** Most ever-married women who are employed are involved in agricultural work (57%).

This chapter presents information on the demographic and socioeconomic characteristics of the survey respondents, such as age, education, wealth status, marital status, educational attainment, literacy, exposure to mass media, internet use, employment, occupation, health insurance coverage, and recent migration. This information is useful for understanding the factors that affect use of reproductive health services, contraceptive use, and other health behaviors.

3.1 BASIC CHARACTERISTICS OF SURVEY RESPONDENTS

The 2022 BDHS interviewed 30,078 ever-married women age 15–49. Most respondents (95%) are currently married, and more than half (59%) are under age 35. About 7 in 10 respondents (72%) reside in rural areas. The distribution of survey participants varies by division; Dhaka leads with 25% of respondents, whereas Sylhet and Barishal have the smallest proportions at 6% each (**Table 3.1.1**).

Fourteen percent of women have no education, but more than half (59%) have some secondary education or higher. Most respondents (90%) are Muslim, 8% are Hindu, and a small portion are Buddhist or Christian (1%).

3.2 EDUCATION AND LITERACY

Literacy

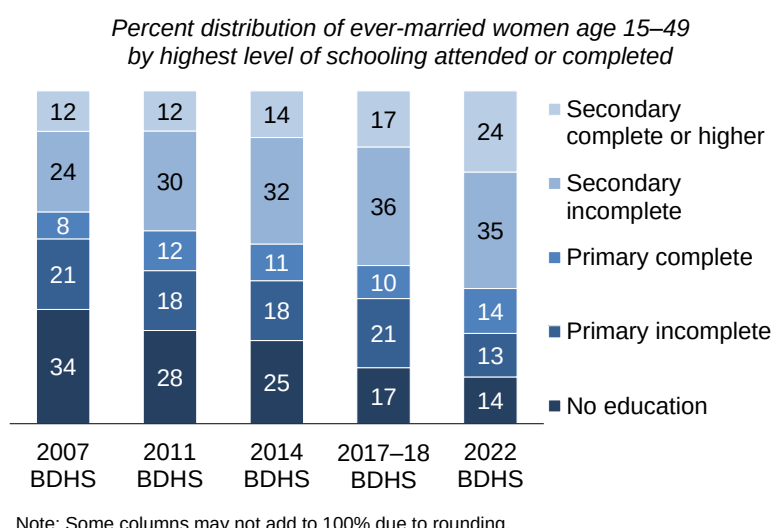
Respondents who had attended higher than secondary school were assumed to be literate. All other respondents were considered literate if they could read aloud all or part of a sentence shown to them.

Sample: Ever-married women age 15–49

Almost a quarter (24%) of ever-married women have a secondary education or higher (**Table 3.2**). Overall, ever-married women age 15–49 have completed a median of 6.5 years of schooling. Almost 8 in 10 (78%) women are literate (**Table 3.3**).

Trends: There have been improvements in educational attainment among women in Bangladesh over the past 15 years. Since 2007, the percentage of ever-married women with no education has declined from 34% to 14% (**Figure 3.1**), while the overall literacy rate among women has increased from 55% to 78%. More than half (59%) of women have some secondary education or higher, an increase from 52% in 2017–18. Furthermore, the median number of years of schooling has increased to 6.5 years from 4.9 in 2017–18.

Figure 3.1 Trends in education among ever-married women, 2007–2022

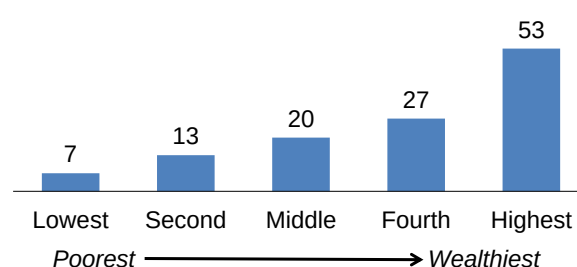


Patterns by background characteristics

- Younger women tend to attain higher levels of education than their older counterparts. Thirty-five percent of women age 15–24 have completed secondary education or higher, as compared with only 11% of women age 45–49 (**Table 3.2**).
- The proportion of women with a secondary education or higher is greater in urban areas than in rural areas (34% and 20%, respectively).
- The proportion of women who have completed secondary education or higher is highest among those in the highest wealth quintile and lowest among those in the lowest wealth quintile (53% and 7%, respectively) (**Figure 3.2**).
- The percentage of women with a secondary education or higher is highest in Barishal (29%) and lowest in Sylhet (18%) (**Map 3.1**).

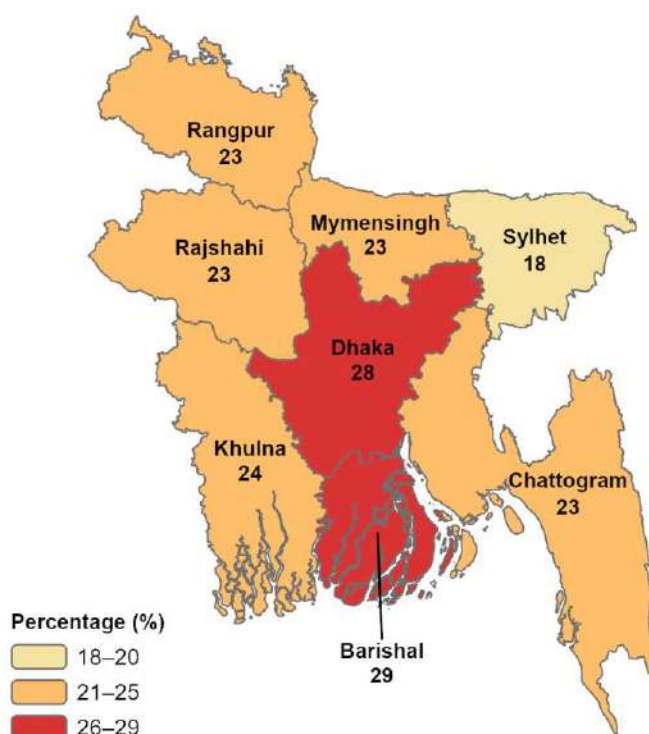
Figure 3.2 Secondary education by household wealth

Percentage of ever-married women age 15–49 with secondary education complete or higher



Map 3.1 Secondary education by division

Percentage of women and men age 15–49 with secondary education complete or higher



- Literacy is almost twice as high among young women age 15–24 (93%) as among women age 45–49 (47%) (Table 3.3).
- Literacy rates exhibit minor differences based on residence. The literacy rate for urban women (82%) is slightly higher than the rate for rural women (77%).
- By division, the proportion of literate women is highest in Barishal (84%) and lowest in Mymensingh (72%).
- The literacy rate increases with increasing household wealth, from 61% among women in households in the lowest wealth quintile to 93% among those in households in the highest wealth quintile.

3.3 MASS MEDIA EXPOSURE AND INTERNET USAGE

Exposure to mass media

Respondents were asked how often they read a newspaper, listened to the radio, or watched television. Those who responded *at least once a week* are considered regularly exposed to that form of media.

Sample: Ever-married women age 15–49

Use of the internet

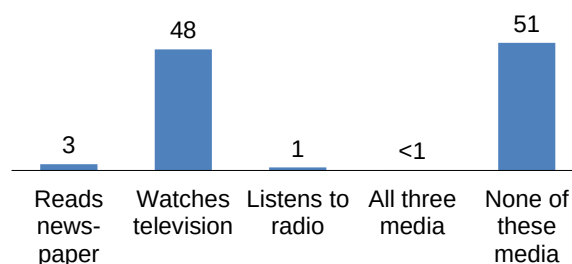
Respondents were asked if they have ever used the internet from any device, if they used the internet in the past 12 months, and, if so, how often they used it during the past month.

Sample: Ever-married women age 15–49

Ever-married women age 15–49 were asked about their exposure to three types of mass media (television, radio, and newspaper) and about their use of the internet. Forty-eight percent of women indicated that they watch television at least once a week, while 3% reported reading the newspaper and 1% stated that they listen to the radio on a weekly basis. Over half of women (51%) are not regularly exposed to any of the three forms of media (**Table 3.4** and **Figure 3.3**). Only one in five women (20%) have ever used the internet; 20% used it in the past 12 months. Among women who used the internet in the past 12 months, nearly 78% used the internet almost every day in the past month, and 14% used the internet at least once a week (**Table 3.5**).

Figure 3.3 Exposure to mass media

Percentage of ever-married women age 15–49 who are exposed to media on a weekly basis



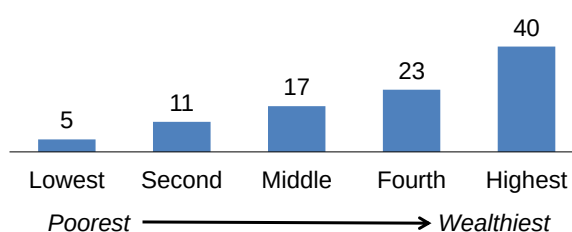
Trends: The percentage of women who reported listening to the radio at least once a week has decreased markedly since 2007, from 19% to 1%. The percentage of women who reported reading a newspaper has also decreased since 2007, from 7% to 3%. Conversely, the percentage of women who reported watching television gradually increased from 2007, reaching 55% in 2017–18, and then decreased to 48% in 2022.

Patterns by background characteristics

- Exposure to mass media varies little by age (**Table 3.4**).
- In contrast, internet use in the past 12 months is substantially higher among young women age 15–19 and age 20–24 (24% and 27%, respectively) than among women age 45–49 (9%) (**Table 3.5**).
- Rural women are more likely to have no access to any media sources than urban women (56% versus 37%). In addition, rural women are less likely to have ever used the internet (17% versus 28%).
- The proportion of women with no access to any of the three media is highest in Sylhet (70%) and lowest in Rajshahi (37%).
- Both exposure to mass media and use of the internet increase sharply with increasing educational attainment and household wealth. For example, 38% of women with a secondary education or higher and 40% of women from households in the highest wealth quintile have used the internet in the past 12 months, as compared with only 4% of women with no education and 5% of women in households from the lowest wealth quintile (**Figure 3.4**).

Figure 3.4 Internet usage by wealth

Percentage of ever-married women age 15–49 who used the internet in the past 12 months



3.4 EMPLOYMENT

Currently employed

Respondents who were employed in the 7 days before the survey.

Sample: Ever-married women age 15–49

Almost one-third of women (32%) are currently employed; 5% were employed in the past 12 months but are not currently employed, and 63% have not been employed in the past 12 months (**Table 3.6**).

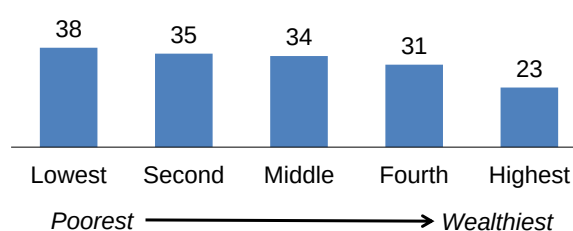
Trends: In the 2017–18 BDHS survey, 48% of women age 15–49 were employed, up from 33% in 2014 and 13% in 2011. The percentage of currently employed women declined to 32% in 2022.

Patterns by background characteristics

- Women age 35–39 have the highest rate of employment among all age groups (41%), while those age 15–19 have the lowest rate (11%) (**Table 3.6**).
- Divorced, separated, deserted, or widowed women have higher employment rates than women who are currently married (48% versus 31%).
- Women in rural areas have a higher employment rate than women in urban areas (33% versus 29%).
- The proportion of currently employed women is highest in Rajshahi (44%) and lowest in Sylhet (19%).
- The percentage of women who are employed is highest among those from households in the lowest wealth quintile (38%) and lowest among those from households in the highest wealth quintile (23%) (**Figure 3.5**).

Figure 3.5 Employment status by household wealth

Percentage of ever-married women age 15–49 who are currently employed



3.5 OCCUPATION

Occupation

Categorized as professional/technical/managerial, clerical, sales and services, skilled manual, unskilled manual, domestic service, agriculture, and other.

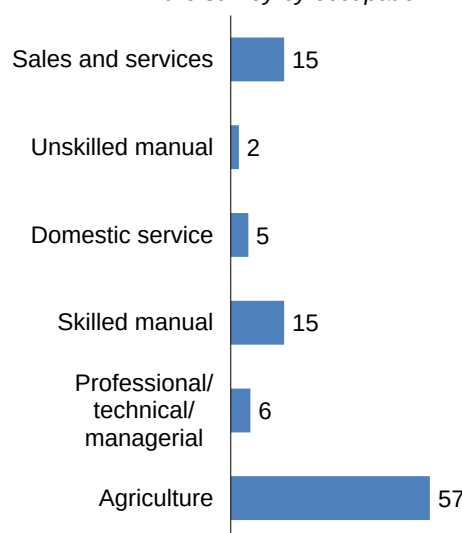
Sample: Ever-married women age 15–49 who were currently employed or had worked in the 12 months before the survey

More than half (57%) of ever-married women age 15–49 who were employed in the 12 months preceding the survey were involved in agriculture, while 15% were engaged in sales and services, 17% in skilled or unskilled manual work, and only 6% in professional, technical, or managerial work (**Table 3.7** and **Figure 3.6**).

Among employed women, 88% earn cash only and 4% receive cash and in-kind remuneration. Eight percent of women are not paid for their work. The proportion of women in the agricultural sector who work without being paid (11%) is higher than that of women in the nonagricultural sector (3%). Overall, 1 in 10 (10%) ever-married women are self-employed. Women working in the agricultural sector are more commonly employed by family members than those working in the nonagricultural sector (90% versus 79%). Eighty-one percent of employed women work year-round (**Table 3.8**).

Figure 3.6 Occupation

Percentage of ever-married women age 15–49 employed in the 12 months before the survey by occupation



Trends: In the 2017–18 BDHS survey, 65% of women age 15–49 were engaged in agricultural work (farming and poultry/cattle raising), up from 46% in 2014 and 32% in 2004. Women’s employment in agricultural work dropped to 57% in 2022.

Patterns by background characteristics

- Currently married women are more frequently involved in agriculture (59% versus 31%) and professional, technical, and managerial work (6% versus 4%) than divorced, separated, deserted, or widowed women (**Table 3.7**).
- Women in rural areas are more commonly involved in agricultural work than women in urban areas (68% versus 22%). In contrast, women in urban areas tend to be more engaged than rural women in professional, technical, and managerial work (13% versus 3%), sales and services (29% versus 11%), skilled or unskilled manual work (23% versus 16%), and domestic service (13% versus 2%).
- The percentage of women engaged in professional, technical, and managerial work (24%), sales and services (20%), and skilled or unskilled manual work (20%) is highest among those with a secondary education or higher. Women with no education are primarily engaged in agricultural work (62%).

3.6 HEALTH INSURANCE COVERAGE

Less than 1% of ever-married women age 15–49 have health insurance coverage (**Table 3.9**). Lack of insurance can result in individuals having to cover their own medical expenses, known as out-of-pocket expenditures. As a result, high costs may deter women from seeking medical attention or undergoing treatment. This financial burden can also impede their ability to save money or advance in other aspects of life.

3.7 RECENT MIGRATION

Recent migration

Percentage of respondents who were born outside of their current place of residence and moved to their current place of residence in the 5 years preceding the survey.

Sample: Ever-married women age 15–49 who were born outside their current place of residence

3.7.1 Type of Migration

Table 3.10 shows type of migration among women who moved to their current residence in the past 5 years. Almost 28% of women age 15–49 moved from one urban area to another, and 5% moved from one rural area to another. Migration from urban to rural areas (57%) exceeded migration from rural to urban areas (11%).

3.7.2 Reason for Migration

Women most commonly migrate for family-related reasons, including marriage formation (80%), family reunification and other family-related reasons (15%), and employment (5%) (**Table 3.11**).

Patterns by background characteristics

- The percentage of women who moved for employment is highest in Dhaka (14%) and lowest in Khulna (1%).
- The percentage of women who moved for family reunification and other family-related reasons is highest in Dhaka (27%) and lowest in Mymensingh (7%).
- The share of women who moved for employment is higher in urban areas than in rural areas (13% versus 2%).
- The share of women who moved for marriage formation is higher in rural areas than in urban areas (89% versus 57%).

LIST OF TABLES

For more information on the characteristics of survey respondents, see the following tables:

- **Table 3.1.1** Background characteristics of respondents: All respondents
- **Table 3.1.2** Background characteristics of respondents: Long questionnaire respondents
- **Table 3.1.3** Background characteristics of respondents: Short questionnaire respondents
- **Table 3.2** Educational attainment
- **Table 3.3** Literacy
- **Table 3.4** Exposure to mass media
- **Table 3.5** Internet usage
- **Table 3.6** Employment status
- **Table 3.7** Occupation
- **Table 3.8** Type of employment
- **Table 3.9** Health insurance coverage
- **Table 3.10** Type of migration
- **Table 3.11** Reason for migration

Table 3.1.1 Background characteristics of respondents: All respondents

Percent distribution of ever-married women age 15–49 by selected background characteristics, Bangladesh DHS 2022

Background characteristic	Women		
	Weighted percent	Weighted number	Unweighted number
Age			
15–19	8.6	2,576	2,449
20–24	16.3	4,916	4,851
25–29	17.5	5,276	5,304
30–34	17.0	5,118	5,123
35–39	17.0	5,105	5,136
40–44	12.7	3,829	3,866
45–49	10.8	3,258	3,349
Religion			
Islam	90.3	27,152	26,958
Hinduism	8.3	2,499	2,749
Buddhism	1.2	363	295
Christianity	0.2	58	70
Other	0.0	5	6
Marital status			
Currently married	95.1	28,594	28,537
Divorced	1.3	403	413
Separated/deserted	0.8	254	262
Widowed	2.8	828	866
Residence			
Urban	28.5	8,565	10,571
Rural	71.5	21,513	19,507
Division			
Barishal	6.1	1,825	3,232
Chattogram	18.6	5,585	4,461
Dhaka	25.4	7,637	4,554
Khulna	12.0	3,602	3,928
Mymensingh	7.7	2,305	3,255
Rajshahi	13.1	3,935	3,816
Rangpur	11.5	3,452	3,624
Sylhet	5.8	1,736	3,208
Education			
No education	14.1	4,229	4,168
Primary incomplete	13.1	3,926	3,834
Primary complete	13.5	4,051	4,127
Secondary incomplete	35.1	10,558	10,182
Secondary complete or higher	24.3	7,314	7,767
Wealth quintile			
Lowest	18.4	5,540	5,559
Second	20.0	6,029	5,855
Middle	20.5	6,167	5,926
Fourth	20.6	6,204	6,168
Highest	20.4	6,138	6,570
Total	100.0	30,078	30,078

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.

Table 3.1.2 Background characteristics of respondents: Long questionnaire respondents

Percent distribution of ever-married women age 15–49 by selected background characteristics, Bangladesh DHS 2022

Background characteristic	Women		
	Weighted percent	Weighted number	Unweighted number
Age			
15–19	8.6	1,729	1,635
20–24	16.4	3,289	3,233
25–29	17.6	3,523	3,539
30–34	17.2	3,437	3,438
35–39	16.7	3,344	3,362
40–44	12.7	2,546	2,561
45–49	10.8	2,160	2,219
Religion			
Islam	90.4	18,107	17,928
Hinduism	8.3	1,654	1,828
Buddhism	1.1	228	185
Christianity	0.2	34	40
Other	0.0	5	6
Marital status			
Currently married	95.2	19,060	18,987
Divorced	1.3	261	276
Separated/deserted	0.9	175	181
Widowed	2.7	533	543
Residence			
Urban	28.5	5,700	7,007
Rural	71.5	14,328	12,980
Division			
Barishal	6.0	1,199	2,117
Chattogram	18.7	3,749	2,983
Dhaka	25.4	5,080	3,028
Khulna	11.9	2,389	2,602
Mymensingh	7.6	1,527	2,156
Rajshahi	13.1	2,625	2,546
Rangpur	11.4	2,291	2,399
Sylhet	5.8	1,169	2,156
Education			
No education	13.7	2,754	2,722
Primary incomplete	13.1	2,630	2,563
Primary complete	13.3	2,669	2,712
Secondary incomplete	35.6	7,131	6,866
Secondary complete or higher	24.2	4,844	5,124
Wealth quintile			
Lowest	17.9	3,583	3,588
Second	20.1	4,028	3,914
Middle	20.6	4,135	3,989
Fourth	20.9	4,189	4,149
Highest	20.4	4,094	4,347
Total	100.0	20,029	19,987

Note: This table includes data exclusively from women who were selected to complete the long individual questionnaire.

Table 3.1.3 Background characteristics of respondents: Short questionnaire respondents

Percent distribution of ever-married women age 15–49 by selected background characteristics, Bangladesh DHS 2022

Background characteristic	Women		
	Weighted percent	Weighted number	Unweighted number
Age			
15–19	8.4	847	814
20–24	16.2	1,627	1,618
25–29	17.4	1,752	1,765
30–34	16.7	1,681	1,685
35–39	17.5	1,760	1,774
40–44	12.8	1,283	1,305
45–49	10.9	1,099	1,130
Religion			
Islam	90.0	9,045	9,030
Hinduism	8.4	846	921
Buddhism	1.3	135	110
Christianity	0.2	24	30
Marital status			
Currently married	94.9	9,534	9,550
Divorced	1.4	142	137
Separated/deserted	0.8	79	81
Widowed	2.9	295	323
Residence			
Urban	28.5	2,865	3,564
Rural	71.5	7,185	6,527
Division			
Barishal	6.2	626	1,115
Chattogram	18.3	1,836	1,478
Dhaka	25.4	2,557	1,526
Khulna	12.1	1,214	1,326
Mymensingh	7.7	778	1,099
Rajshahi	13.0	1,310	1,270
Rangpur	11.6	1,162	1,225
Sylhet	5.6	567	1,052
Education			
No education	14.7	1,476	1,446
Primary incomplete	12.9	1,296	1,271
Primary complete	13.7	1,382	1,415
Secondary incomplete	34.1	3,427	3,316
Secondary complete or higher	24.6	2,470	2,643
Wealth quintile			
Lowest	19.5	1,957	1,971
Second	19.9	2,001	1,941
Middle	20.2	2,032	1,937
Fourth	20.1	2,015	2,019
Highest	20.3	2,044	2,223
Total	100.0	10,049	10,091

Note: This table includes data exclusively from women who were selected to complete the short individual questionnaire.

Table 3.2 Educational attainment

Percent distribution of ever-married women age 15–49 by highest level of schooling attended or completed, and median years completed, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Highest level of schooling						Total	Median years completed	Number of women
	No education	Some primary	Completed primary	Some secondary	Completed secondary	More than secondary			
Age									
15–24	2.3	7.0	9.2	46.1	17.9	17.5	100.0	8.0	7,492
15–19	1.7	4.8	8.7	58.7	18.5	7.7	100.0	7.8	2,576
20–24	2.6	8.2	9.4	39.5	17.6	22.6	100.0	8.1	4,916
25–29	5.4	10.7	13.0	37.9	11.3	21.6	100.0	7.4	5,276
30–34	8.8	12.7	16.3	42.0	7.3	12.9	100.0	6.6	5,118
35–39	17.0	16.8	16.3	32.4	8.7	8.8	100.0	5.0	5,105
40–44	28.3	19.4	14.9	20.7	7.2	9.5	100.0	4.2	3,829
45–49	42.1	17.9	13.5	15.6	5.2	5.7	100.0	2.1	3,258
Residence									
Urban	11.4	11.2	11.9	31.4	12.5	21.6	100.0	7.4	8,565
Rural	15.1	13.8	14.1	36.6	9.9	10.5	100.0	6.1	21,513
Division									
Barishal	8.5	13.6	16.2	32.5	13.4	15.8	100.0	6.9	1,825
Chattogram	14.0	12.5	12.4	37.8	12.9	10.4	100.0	6.7	5,585
Dhaka	12.4	13.2	13.0	34.0	10.5	17.0	100.0	6.7	7,637
Khulna	10.9	12.4	10.8	41.5	10.4	14.0	100.0	6.9	3,602
Mymensingh	18.7	14.2	15.8	28.7	10.1	12.4	100.0	5.3	2,305
Rajshahi	15.1	12.8	13.2	36.0	8.7	14.1	100.0	6.3	3,935
Rangpur	17.3	13.4	12.7	34.1	9.9	12.7	100.0	6.1	3,452
Sylhet	18.8	12.9	20.7	29.5	8.7	9.4	100.0	4.9	1,736
Wealth quintile									
Lowest	26.1	20.6	17.3	29.3	4.1	2.6	100.0	4.2	5,540
Second	17.4	16.5	16.4	36.4	7.7	5.7	100.0	5.0	6,029
Middle	13.9	13.4	13.8	38.9	9.9	10.0	100.0	6.3	6,167
Fourth	9.7	10.8	12.9	39.7	12.8	14.1	100.0	7.2	6,204
Highest	4.5	4.8	7.4	30.6	18.1	34.7	100.0	9.1	6,138
Total	14.1	13.1	13.5	35.1	10.7	13.7	100.0	6.5	30,078

Table 3.3 Literacy

Percent distribution of ever-married women age 15–49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Higher than secondary schooling	No schooling, primary or secondary school					Total	Percentage literate ¹	Number of women
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/ visually impaired			
Age									
15–24	17.5	63.5	12.4	6.6	0.0	0.0	100.0	93.4	7,492
15–19	7.7	74.7	12.3	5.2	0.0	0.0	100.0	94.8	2,576
20–24	22.6	57.6	12.5	7.3	0.0	0.0	100.0	92.7	4,916
25–29	21.6	52.2	15.0	11.0	0.1	0.0	100.0	88.9	5,276
30–34	12.9	53.7	17.1	16.3	0.1	0.0	100.0	83.6	5,118
35–39	8.8	45.1	19.2	26.8	0.0	0.0	100.0	73.1	5,105
40–44	9.5	31.4	18.8	40.3	0.0	0.0	100.0	59.7	3,829
45–49	5.7	24.3	16.6	53.3	0.0	0.0	100.0	46.6	3,258
Residence									
Urban	21.6	46.4	14.4	17.6	0.0	0.0	100.0	82.4	8,565
Rural	10.5	49.2	16.8	23.5	0.0	0.0	100.0	76.5	21,513
Division									
Barishal	15.8	48.7	19.6	15.8	0.0	0.0	100.0	84.2	1,825
Chattogram	10.4	50.6	16.5	22.3	0.2	0.0	100.0	77.5	5,585
Dhaka	17.0	48.6	15.5	18.9	0.0	0.0	100.0	81.1	7,637
Khulna	14.0	51.9	15.0	19.1	0.0	0.0	100.0	80.9	3,602
Mymensingh	12.4	42.8	16.7	28.0	0.0	0.0	100.0	72.0	2,305
Rajshahi	14.1	48.2	15.8	21.9	0.0	0.0	100.0	78.1	3,935
Rangpur	12.7	44.6	15.8	26.9	0.0	0.0	100.0	73.1	3,452
Sylhet	9.4	48.1	16.3	26.1	0.0	0.0	100.0	73.8	1,736
Wealth quintile									
Lowest	2.6	39.3	19.1	38.8	0.1	0.0	100.0	61.1	5,540
Second	5.7	47.4	19.2	27.6	0.0	0.0	100.0	72.4	6,029
Middle	10.0	51.6	16.9	21.4	0.0	0.0	100.0	78.6	6,167
Fourth	14.1	55.1	15.1	15.6	0.0	0.0	100.0	84.3	6,204
Highest	34.7	47.4	10.5	7.4	0.0	0.0	100.0	92.6	6,138
Total	13.7	48.4	16.1	21.8	0.0	0.0	100.0	78.2	30,078

¹ Refers to women who attended schooling higher than the secondary level and women with less schooling who can read a whole sentence or part of a sentence

Table 3.4 Exposure to mass media

Percentage of ever-married women age 15–49 who are exposed to specific media on a weekly basis, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of women
Age						
15–19	1.1	45.4	1.5	0.1	53.9	2,576
20–24	2.4	47.5	1.5	0.2	51.1	4,916
25–29	2.7	50.4	1.3	0.2	48.2	5,276
30–34	2.9	52.6	0.9	0.1	46.4	5,118
35–39	2.6	49.2	1.2	0.3	50.1	5,105
40–44	3.0	46.3	0.8	0.2	52.8	3,829
45–49	1.7	41.6	0.7	0.1	57.8	3,258
Residence						
Urban	5.2	61.3	1.8	0.4	37.3	8,565
Rural	1.4	43.0	0.9	0.1	56.2	21,513
Division						
Barishal	1.0	32.8	0.7	0.0	66.7	1,825
Chattogram	1.9	40.5	1.2	0.2	58.4	5,585
Dhaka	3.8	55.4	1.5	0.2	43.3	7,637
Khulna	2.4	51.7	1.4	0.2	47.1	3,602
Mymensingh	2.6	43.3	1.0	0.1	55.7	2,305
Rajshahi	1.9	63.0	0.8	0.2	36.6	3,935
Rangpur	2.4	45.1	1.0	0.2	54.1	3,452
Sylhet	1.5	29.0	0.9	0.1	70.0	1,736
Education						
No education	0.0	31.1	0.3	0.0	68.8	4,229
Primary incomplete	0.3	39.5	0.5	0.0	60.2	3,926
Primary complete	0.2	43.8	0.9	0.0	55.7	4,051
Secondary incomplete	1.3	51.4	1.2	0.1	47.6	10,558
Secondary complete or higher	8.0	60.6	2.1	0.6	37.3	7,314
Wealth quintile						
Lowest	0.2	20.2	0.4	0.0	79.3	5,540
Second	0.7	39.9	0.8	0.0	59.4	6,029
Middle	1.3	51.2	1.2	0.1	47.9	6,167
Fourth	2.4	58.2	1.4	0.2	40.7	6,204
Highest	7.5	68.4	1.9	0.5	29.9	6,138
Total	2.5	48.2	1.2	0.2	50.8	30,078

Table 3.5 Internet usage

Percentage of ever-married women age 15–49 who have ever used the internet and percentage who have used the internet in the past 12 months, and among women who have used the internet in the past 12 months, percent distribution by frequency of internet use in the past month, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Ever used the internet	Used the internet in the past 12 months	Number	Among respondents who have used the internet in the past 12 months, percentage who, in the last month, used the internet:				Total	Number
				Almost every day	At least once a week	Less than once a week	Not at all		
Age									
15–19	24.7	24.2	2,576	74.9	14.6	8.1	2.4	100.0	623
20–24	27.6	27.0	4,916	78.0	13.7	6.9	1.3	100.0	1,325
25–29	26.4	25.8	5,276	79.0	13.9	6.3	0.8	100.0	1,364
30–34	21.4	21.1	5,118	80.3	13.2	5.4	1.2	100.0	1,077
35–39	15.0	14.6	5,105	74.6	15.2	8.5	1.7	100.0	745
40–44	13.0	12.7	3,829	77.5	14.1	7.6	0.8	100.0	485
45–49	8.8	8.5	3,258	78.9	10.9	9.0	1.3	100.0	278
Residence									
Urban	27.9	27.3	8,565	82.1	11.4	5.7	0.7	100.0	2,336
Rural	16.9	16.6	21,513	75.1	15.4	7.8	1.7	100.0	3,561
Division									
Barishal	15.0	14.7	1,825	76.7	14.1	6.6	2.6	100.0	268
Chattogram	25.4	24.8	5,585	84.7	8.6	6.1	0.6	100.0	1,387
Dhaka	27.6	27.0	7,637	82.0	12.6	4.9	0.5	100.0	2,060
Khulna	19.8	19.3	3,602	69.9	18.2	9.6	2.3	100.0	694
Mymensingh	11.5	11.3	2,305	74.4	18.0	6.6	1.0	100.0	262
Rajshahi	16.4	16.0	3,935	65.7	19.0	11.9	3.4	100.0	630
Rangpur	8.4	8.2	3,452	60.6	23.8	12.6	3.0	100.0	282
Sylhet	18.3	18.1	1,736	82.2	12.5	4.7	0.6	100.0	315
Education									
No education	4.1	3.8	4,229	68.2	20.0	11.8	0.0	100.0	163
Primary incomplete	8.4	8.0	3,926	72.0	17.9	9.2	0.9	100.0	313
Primary complete	12.0	11.6	4,051	72.3	16.9	9.7	1.2	100.0	472
Secondary incomplete	21.3	20.9	10,558	75.2	14.9	8.2	1.7	100.0	2,207
Secondary complete or higher	38.1	37.5	7,314	82.3	11.7	5.0	1.1	100.0	2,742
Wealth quintile									
Lowest	5.0	4.7	5,540	49.9	28.2	19.2	2.7	100.0	260
Second	11.8	11.3	6,029	68.3	19.2	11.0	1.5	100.0	684
Middle	17.7	17.2	6,167	73.5	16.6	8.0	1.9	100.0	1,058
Fourth	24.1	23.4	6,204	77.0	14.9	7.1	1.1	100.0	1,455
Highest	40.1	39.7	6,138	86.0	9.0	4.0	0.9	100.0	2,440
Total	20.0	19.6	30,078	77.9	13.8	7.0	1.3	100.0	5,897

Table 3.6 Employment status

Percent distribution of ever-married women age 15–49 by employment status, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of women
	Currently employed ¹	Not currently employed			
Age					
15–19	10.9	4.4	84.7	100.0	1,729
20–24	20.7	5.3	74.0	100.0	3,289
25–29	31.0	5.3	63.7	100.0	3,523
30–34	38.6	5.7	55.7	100.0	3,437
35–39	41.0	5.2	53.8	100.0	3,344
40–44	39.2	5.0	55.8	100.0	2,546
45–49	34.9	5.8	59.3	100.0	2,160
Marital status					
Currently married	31.2	5.3	63.5	100.0	19,060
Divorced/separated/ deserted/widowed	47.6	5.7	46.8	100.0	969
Number of living children					
0	18.2	4.8	77.0	100.0	2,169
1–2	32.4	5.3	62.3	100.0	11,739
3–4	36.6	5.3	58.2	100.0	5,390
5+	33.2	7.1	59.7	100.0	731
Residence					
Urban	28.8	4.3	66.8	100.0	5,700
Rural	33.3	5.6	61.1	100.0	14,328
Division					
Barishal	24.0	5.3	70.7	100.0	1,199
Chattogram	22.7	3.7	73.7	100.0	3,749
Dhaka	30.9	4.9	64.2	100.0	5,080
Khulna	38.2	7.9	53.9	100.0	2,389
Mymensingh	32.8	5.8	61.4	100.0	1,527
Rajshahi	43.9	6.0	50.2	100.0	2,625
Rangpur	40.2	6.0	53.8	100.0	2,291
Sylhet	18.8	2.8	78.4	100.0	1,169
Education					
No education	41.6	5.1	53.3	100.0	2,754
Primary incomplete	38.6	7.0	54.4	100.0	2,630
Primary complete	35.4	5.6	59.0	100.0	2,669
Secondary incomplete	28.9	5.2	65.9	100.0	7,131
Secondary complete or higher	25.7	4.4	69.9	100.0	4,844
Wealth quintile					
Lowest	37.5	6.3	56.2	100.0	3,583
Second	35.3	5.6	59.1	100.0	4,028
Middle	34.4	5.4	60.3	100.0	4,135
Fourth	31.1	5.4	63.5	100.0	4,189
Highest	22.5	3.8	73.7	100.0	4,094
Total	32.0	5.3	62.7	100.0	20,029

¹ “Currently employed” is defined as having done work in the past 7 days. Includes persons who did not work in the past 7 days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

Table 3.7 Occupation

Percent distribution of ever-married women age 15–49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Professional/technical/managerial	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Total	Number of women
Age								
15–19	2.6	22.8	21.8	6.6	1.6	43.9	100.0	264
20–24	3.8	22.5	17.9	3.0	4.0	48.8	100.0	855
25–29	5.7	15.7	18.0	2.7	3.7	54.2	100.0	1,279
30–34	6.4	15.4	17.6	2.0	4.9	53.8	100.0	1,521
35–39	4.8	14.0	15.3	1.6	5.8	58.6	100.0	1,546
40–44	6.4	13.3	11.3	1.9	6.5	60.6	100.0	1,124
45–49	7.0	9.1	7.7	1.7	6.0	68.5	100.0	879
Marital status								
Currently married	5.7	14.2	15.0	2.1	4.2	58.6	100.0	6,952
Divorced/separated/deserted/widowed	3.5	27.8	18.7	3.9	15.7	30.5	100.0	516
Number of living children								
0	10.7	28.9	22.2	3.8	4.6	29.5	100.0	498
1–2	6.9	16.7	16.0	2.6	4.5	53.3	100.0	4,421
3–4	2.5	10.2	13.2	1.5	6.0	66.6	100.0	2,254
5+	0.7	6.6	8.0	0.6	6.4	77.7	100.0	294
Residence								
Urban	13.1	29.0	19.4	3.7	12.7	22.1	100.0	1,891
Rural	3.0	10.5	13.8	1.8	2.4	68.4	100.0	5,577
Division								
Barishal	7.9	8.8	20.0	3.7	4.1	55.5	100.0	351
Chattogram	4.4	15.1	17.7	2.6	4.5	55.7	100.0	987
Dhaka	10.3	30.2	16.6	3.0	10.1	29.6	100.0	1,820
Khulna	3.4	8.2	15.9	2.7	3.0	66.8	100.0	1,100
Mymensingh	4.2	12.7	14.0	1.6	2.3	65.2	100.0	590
Rajshahi	3.2	7.8	15.4	1.0	1.6	71.1	100.0	1,308
Rangpur	3.8	10.6	8.9	2.0	2.8	72.0	100.0	1,058
Sylhet	5.7	9.6	14.5	1.0	13.7	55.5	100.0	252
Education								
No education	0.8	12.8	9.0	2.0	13.9	61.5	100.0	1,285
Primary incomplete	0.7	17.5	11.4	1.2	7.4	61.8	100.0	1,200
Primary complete	1.0	14.4	15.5	2.0	5.6	61.6	100.0	1,095
Secondary incomplete	1.5	13.0	19.9	1.7	1.7	62.1	100.0	2,429
Secondary complete or higher	24.1	19.6	15.9	4.4	0.4	35.6	100.0	1,459
Wealth quintile								
Lowest	0.3	8.7	13.6	1.2	5.6	70.5	100.0	1,569
Second	1.2	10.9	15.2	2.1	3.5	67.2	100.0	1,648
Middle	3.0	16.3	13.9	3.0	5.8	57.9	100.0	1,643
Fourth	7.0	20.8	16.8	2.2	6.2	47.0	100.0	1,530
Highest	22.0	21.3	17.4	3.1	3.7	32.6	100.0	1,078
Total	5.6	15.2	15.2	2.3	5.0	56.7	100.0	7,468

Note: Total includes 2 women with missing information on type of employment.

Table 3.8 Type of employment

Percent distribution of ever-married women age 15–49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural), Bangladesh DHS 2022

Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	82.8	95.0	88.1
Cash and in-kind	5.3	1.9	3.8
In-kind only	0.5	0.4	0.4
Not paid	11.4	2.7	7.6
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	90.1	79.0	85.3
Employed by non-family member	2.4	8.0	4.8
Self-employed	7.5	13.0	9.9
Total	100.0	100.0	100.0
Continuity of employment			
All year	83.0	77.5	80.6
Seasonal	4.2	7.1	5.4
Occasional	12.7	15.5	13.9
Total	100.0	100.0	100.0
Number of women employed during the past 12 months	4,234	3,232	7,468

Note: Total includes 2 women with missing information on type of employment who are not shown separately.

Table 3.9 Health insurance coverage

Percentage of ever-married women age 15–49 with specific types of health insurance coverage, and percentage with any health insurance, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Social security	Other employer-based insurance	Mutual health organization/ community-based insurance	Privately purchased commercial insurance	Other	None	Any health insurance	Number of women
Age								
15–19	0.0	0.0	0.1	0.0	0.0	99.9	0.1	1,729
20–24	0.0	0.0	0.1	0.0	0.0	99.8	0.2	3,289
25–29	0.0	0.0	0.1	0.1	0.0	99.8	0.2	3,523
30–34	0.1	0.0	0.1	0.1	0.0	99.7	0.3	3,437
35–39	0.1	0.1	0.2	0.1	0.0	99.4	0.6	3,344
40–44	0.0	0.1	0.0	0.1	0.0	99.7	0.3	2,546
45–49	0.0	0.1	0.1	0.1	0.0	99.7	0.3	2,160
Residence								
Urban	0.0	0.1	0.1	0.1	0.0	99.7	0.3	5,700
Rural	0.1	0.0	0.1	0.1	0.0	99.7	0.3	14,328
Division								
Barishal	0.1	0.0	0.1	0.2	0.1	99.6	0.4	1,199
Chattogram	0.0	0.0	0.0	0.1	0.0	99.9	0.1	3,749
Dhaka	0.1	0.1	0.2	0.1	0.0	99.5	0.5	5,080
Khulna	0.0	0.0	0.0	0.0	0.0	99.9	0.1	2,389
Mymensingh	0.1	0.1	0.1	0.2	0.0	99.5	0.5	1,527
Rajshahi	0.0	0.0	0.0	0.1	0.0	99.8	0.2	2,625
Rangpur	0.0	0.0	0.2	0.1	0.1	99.7	0.3	2,291
Sylhet	0.0	0.1	0.0	0.0	0.0	99.9	0.1	1,169
Education								
No education	0.1	0.0	0.1	0.0	0.0	99.8	0.2	2,754
Primary incomplete	0.0	0.1	0.1	0.0	0.0	99.9	0.1	2,630
Primary complete	0.0	0.0	0.2	0.2	0.0	99.7	0.3	2,669
Secondary incomplete	0.1	0.0	0.1	0.1	0.0	99.8	0.2	7,131
Secondary complete or higher	0.0	0.1	0.1	0.2	0.0	99.5	0.5	4,844
Wealth quintile								
Lowest	0.0	0.0	0.1	0.1	0.0	99.8	0.2	3,583
Second	0.0	0.0	0.2	0.1	0.0	99.7	0.3	4,028
Middle	0.1	0.0	0.1	0.0	0.0	99.7	0.3	4,135
Fourth	0.0	0.0	0.0	0.1	0.0	99.9	0.1	4,189
Highest	0.1	0.2	0.1	0.2	0.1	99.4	0.6	4,094
Total	0.0	0.0	0.1	0.1	0.0	99.7	0.3	20,029

Table 3.10 Type of migration

Percent distribution of women age 15–49 who moved to their current place of residence in the past 5 years by type of migration, according to age, Bangladesh DHS 2022

Age	Type of migration				Total	Number of women
	Urban to urban	Urban to rural	Rural to urban	Rural to rural		
15–19	20.2	75.0	3.1	1.7	100.0	1,614
20–24	25.8	64.9	6.2	3.2	100.0	1,759
25–29	36.1	40.6	15.8	7.4	100.0	799
30–34	40.0	31.0	19.4	9.5	100.0	508
35–39	35.7	31.8	24.5	7.9	100.0	339
40–44	24.3	30.6	37.7	7.4	100.0	189
45–49	34.2	38.2	22.5	5.2	100.0	105
Total	27.8	57.2	10.6	4.5	100.0	5,313

Note: Type of migration is based on categorizing the previous place of residence and the current place of residence as urban or rural. The previous place of residence is the place the person moved from just before moving to the current place of residence.

Table 3.11 Reason for migration

Percent distribution of ever-married women age 15–49 who moved to their current place of residence by reason for migration, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Employment	Education/ training	Marriage formation	Family reunification/ other family- related reason	Forced displacement	Other	Total	Number of women
Age								
15–19	1.9	0.4	84.5	12.7	0.0	0.5	100.0	1,821
20–24	4.6	0.2	80.8	13.6	0.2	0.6	100.0	3,680
25–29	5.6	0.3	79.8	14.0	0.0	0.3	100.0	4,131
30–34	5.9	0.7	77.8	15.4	0.1	0.2	100.0	4,158
35–39	5.1	0.6	79.0	14.5	0.2	0.6	100.0	4,151
40–44	4.9	0.8	77.7	16.0	0.1	0.5	100.0	3,064
45–49	3.2	0.5	79.9	16.0	0.1	0.4	100.0	2,583
Timing of move to current place of residence								
0–4 years	9.5	1.0	58.7	29.5	0.1	1.1	100.0	5,313
5–9 years	6.2	0.8	75.5	16.9	0.1	0.5	100.0	4,242
10 years or more	2.5	0.2	88.6	8.4	0.1	0.2	100.0	14,033
Type of migration¹								
Urban to urban	18.2	2.0	42.1	37.0	0.0	0.6	100.0	1,475
Urban to rural	3.2	0.2	75.7	19.4	0.2	1.4	100.0	3,040
Rural to urban	22.0	3.5	21.8	51.3	0.0	1.4	100.0	561
Rural to rural	6.7	0.0	32.4	60.3	0.0	0.6	100.0	237
Residence								
Urban	12.9	1.5	56.5	28.4	0.2	0.4	100.0	6,731
Rural	1.5	0.1	88.7	9.2	0.1	0.4	100.0	16,858
Division								
Barishal	1.1	0.3	82.3	15.8	0.1	0.4	100.0	1,435
Chattogram	2.6	0.2	83.6	12.9	0.1	0.5	100.0	4,312
Dhaka	14.4	1.2	57.2	26.5	0.2	0.6	100.0	6,028
Khulna	0.9	0.2	89.0	9.7	0.1	0.1	100.0	2,781
Mymensingh	1.5	0.5	90.1	7.4	0.1	0.3	100.0	1,837
Rajshahi	1.0	0.2	88.7	9.8	0.1	0.3	100.0	3,063
Rangpur	1.1	0.3	89.6	8.5	0.0	0.5	100.0	2,752
Sylhet	1.1	0.2	88.2	10.1	0.0	0.4	100.0	1,382
Wealth quintile								
Lowest	0.5	0.0	90.2	8.4	0.1	0.8	100.0	4,281
Second	1.8	0.1	87.6	10.1	0.1	0.4	100.0	4,730
Middle	4.7	0.1	82.1	12.6	0.1	0.4	100.0	4,840
Fourth	8.6	0.3	73.8	16.8	0.1	0.3	100.0	4,919
Highest	7.8	1.9	65.4	24.6	0.0	0.3	100.0	4,819
Total	4.8	0.5	79.5	14.7	0.1	0.4	100.0	23,589

Notes: Respondents who are visitors in the household are excluded from this table. Respondents who stated that they were born outside of Bangladesh and that they have always lived in their current place of residence were not asked about the reason for migration and are excluded from this table.

¹ Restricted to respondents who migrated within the past 5 years

MARRIAGE AND SEXUAL ACTIVITY

Key Findings

- **Age at first marriage:** The median age at first marriage among women age 20–49 has continued to rise slowly, increasing from 15.3 years in 2007 to 16.9 years in 2022. Fifty-one percent of women age 20–24 marry before age 18 (legal age of marriage).
- **Age at first sexual intercourse:** The median age at first sexual intercourse among women age 20–49 is the same as the median age at first marriage (16.9 years).
- **Spousal separation:** 16% of currently married women report that their husband lives elsewhere.
- **Education and work after marriage:** Eight in 10 women dropped out of school after marriage. Fifty-two percent of women working outside the home did not continue to work after marriage.

Marriage and sexual activity help determine the extent to which women are exposed to the risk of pregnancy. Thus, they are important determinants of fertility levels for any country. However, the timing and circumstances of marriage and sexual activity also have profound consequences for women's and men's lives.

This chapter presents information on marital status, age at first marriage, age at first sexual intercourse, recent sexual activity, spousal separation, perceptions regarding age at first marriage, and continuation of education and work after marriage.

4.1 MARITAL STATUS

Currently married

Women who report being married at the time of the survey. In this report, the terms currently in union and currently married are used interchangeably except where noted.

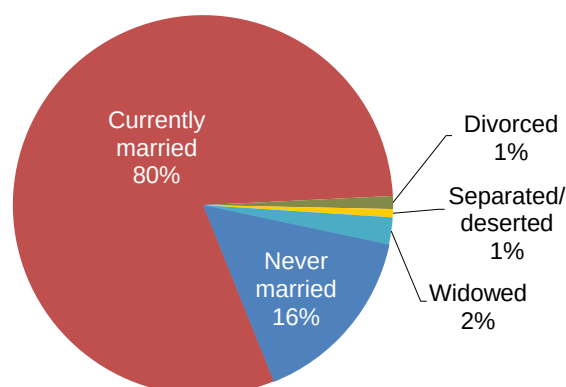
Sample: Women age 15–49

Table 4.1 presents information on the current marital status of women by age. In Bangladesh, 80% of women age 15–49 are currently married and 4% are divorced, separated/deserted, or widowed (Figure 4.1). The proportion of widowed women increases gradually with age and is highest among those age 45–49 (10%).

Sixteen percent of women age 15–49 have never been married. The proportion of never-married women falls sharply from 62% among those age 15–19 to less than 1% among those age 35 or older. The low proportion of women age 30 and older who have never been married (2%) indicates that marriage is nearly universal in Bangladesh (Table 4.1).

Figure 4.1 Marital status

Percent distribution of women age 15–49



4.2 AGE AT FIRST MARRIAGE

Median age at first marriage

Age by which half of respondents have been married.

Sample: Women age 20–49 and 25–49

Although the legal age of marriage for women in Bangladesh is 18, a large proportion of marriages still take place before women reach their legal age of marriage. The median age at first marriage among women age 20–49 is 16.9 years (**Table 4.2**).

Sixty-three percent of women age 20–49 were married by age 18, and 79% were married by age 20. Approximately one-fourth (27%) of women age 20–49 reported that they had married by age 15. Among young women age 20–24, 51% were married before age 18.

Trends: There has been a slow but steady increase over time in the median age at first marriage among women age 20–49, from 14.4 years in 1993–94 to 16.9 years in 2022. The proportion of women age 20–24 who were married by age 18 has declined over time, from 73% in 1993–94 to 51% in 2022 (**Figure 4.2**).

Patterns by background characteristics

- The median age at first marriage among women age 20–49 is relatively higher in the Eastern divisions (18.8 years in Sylhet and 17.6 years in Chattogram) and lower in the Western divisions (16.0 years in Khulna, Rajshahi, and Rangpur) (**Table 4.3**).
- The median age at first marriage increases slightly with increasing education. Women with a secondary education or higher marry 3.9 years later than women with no education (19.5 years versus 15.6 years) (**Figure 4.3**).
- Household wealth status is also correlated with median age at first marriage. Women in the highest wealth quintile marry 2 years later than women in the lowest quintile (18.3 years versus 16.3 years).

Figure 4.2 Trends in age at first marriage

Percentage of women age 20–24 who were first married by age 18

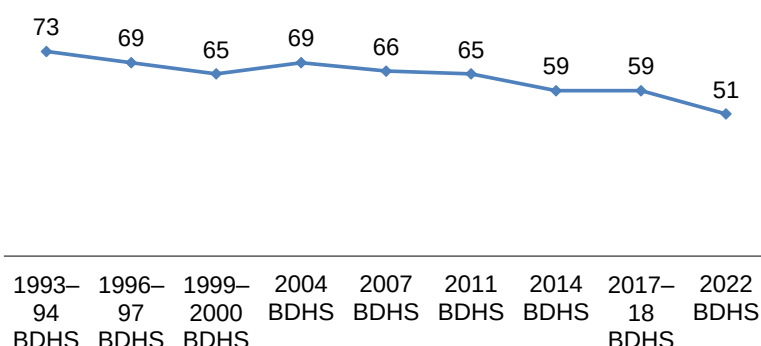
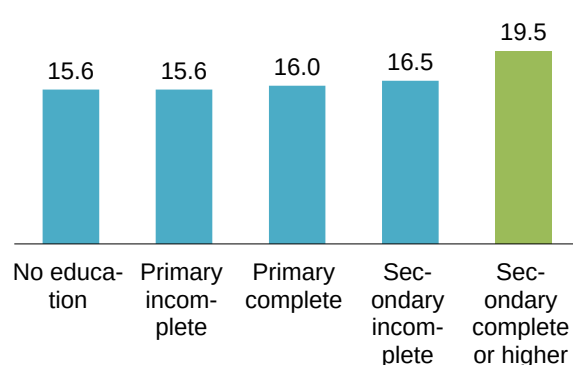


Figure 4.3 Women's median age at marriage by education

Median age at first marriage among women age 20–49



4.3 AGE AT FIRST SEXUAL INTERCOURSE

Median age at first sexual intercourse

Age by which half of respondents have had sexual intercourse.

Sample: Women age 20–49 and 25–49

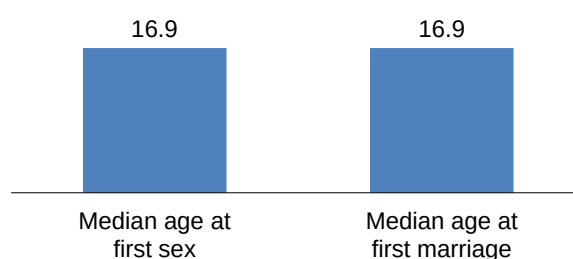
In Bangladesh, the median age at first sexual intercourse among women age 20–49 is the same as the median age at first marriage for that age group (16.9 years) (**Figure 4.4**). One-fourth (25%) of women age 20–49 had sexual intercourse by age 15, while about two-thirds (63%) had sex by age 18 (**Table 4.4**).

Patterns by background characteristics

- Women age 20–49 from rural areas typically have their first sexual intercourse about a year earlier than those from urban areas (16.7 years versus 17.6 years) (**Table 4.5**).
- By division, the median age at first sexual intercourse among women age 20–49 is highest in Sylhet (18.6 years) and lowest in Khulna, Rajshahi, and Rangpur (16.1 years).
- Women age 20–49 with a secondary education or higher initiate sexual intercourse approximately 4 years later than women with no education (19.4 years versus 15.5 years).
- Among women age 20–49, the median age at first sexual intercourse is higher among those in the highest wealth quintile than among those in the lowest quintile (18.3 versus 16.3 years).

Figure 4.4 Median age at first sex and first marriage

*Median age in years
(women age 20–49)*



4.4 RECENT SEXUAL ACTIVITY

Sexual intercourse without use of contraception can increase a woman's possibility of becoming pregnant. Thus, information on recent sexual intercourse is important for refining measurement of exposure to pregnancy. During the interview, all ever-married women were asked how long ago their most recent sexual intercourse occurred.

Seventy-six percent of ever-married women had sexual intercourse within the 4 weeks preceding the survey. An additional 14% were most recently sexually active in the 12 months preceding the survey, while 10% had their most recent sexual intercourse 1 or more years prior to the survey (**Table 4.6**).

Patterns by background characteristics

- The proportion of women who were sexually active in the 4 weeks preceding the survey is lower among those age 45–49 (69%) than among those in the younger age groups (75%–79%) (**Table 4.6**).
- There are variations in recent sexual activity by administrative division. The proportion of women who reported being sexually active in the past 4 weeks ranges from a low of 67% in Chattogram to a high of 82% in Rangpur and Rajshahi.

4.5 SPOUSAL SEPARATION

The effect of spousal separation in reducing fertility varies with the length of separation. The cumulative impact of spousal separation would be expected to be greatest in areas of relatively high fertility and low prevalence of modern contraceptive use. Overall, 16% of currently married women in Bangladesh report that their husband lives elsewhere (**Table 4.7**).

Patterns by background characteristics

- Spousal separation rates are higher among younger women. For instance, 22% of women age 15–19 report living separately from their husband, as compared with 8% of women age 45–49 (**Table 4.7**).
- Spousal separation is higher among rural women (18%) than among urban women (13%).
- By division, 28% of women in Chattogram have husbands who live elsewhere, compared with 18% in Sylhet and 9% in Rangpur.
- The percentage of women who live separately from their husband rises with increasing education, from 8% among those with no education to 22% among those with a secondary education or higher.

4.6 PERCEPTIONS REGARDING AGE AT FIRST MARRIAGE

During the interview, all ever-married women were asked whether they thought their marriage took place at an appropriate age. More than half (57%) of women reported that their marriage took place at an appropriate age. However, one-third (33%) reported that they would have preferred to marry later, and 10% would have preferred to marry at an earlier age (**Table 4.8**).

Patterns by background characteristics

- Younger women age 15–17 are less likely to say their marriage occurred at the right time than women age 21–49 (24% versus 58%). Additionally, 60% of young women in the 15–17 age group reported they wished they had married later, as compared with 32% of women in the 21–49 age group (**Table 4.8**).
- The proportion of women who think that their marriage took place at the right age varies by division, from a high of 72% in Sylhet to a low of 46% in Rajshahi.
- Women with a secondary education or higher are more likely to believe they married at the right age (77%) than women who have less education (49%–53%).

4.7 CONTINUATION OF EDUCATION AND WORK AFTER MARRIAGE

Attending school and working outside the home after marriage are important for women's autonomy. The 2022 BDHS results showed that 82% of women did not continue school after marriage. Only 2% continued their education for 5 or more years (**Table 4.9**). More than half (52%) of women who were working outside the home before marriage did not continue to work after marriage, while 22% continued to work for 5 or more years (**Table 4.10**).

Patterns by background characteristics

- Young women age 15–17 are less likely to have stopped their education after marriage than women age 21–49 (76% versus 83%) (**Table 4.9** and **Table 4.10**).
- Women in rural areas are more likely to stop working after marriage than those in urban areas (54% and 48%, respectively).

- The percentage of women who reported discontinuing education after marriage is highest among those from households in the lowest wealth quintile (93%) and lowest among those from households in the highest wealth quintile (68%).

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- **Table 4.2** Age at first marriage
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Table 4.1 Current marital status

Percent distribution of women age 15–49 by current marital status, according to age, Bangladesh DHS 2022

Age	Marital status					Total	Percentage of respondents currently in union	Number of respondents
	Never married	Currently married	Divorced	Separated/deserted	Widowed			
15–19	61.6	37.5	0.5	0.3	0.1	100.0	37.5	6,713
20–24	17.6	80.5	1.0	0.8	0.2	100.0	80.5	5,964
25–29	4.6	92.9	1.3	0.6	0.4	100.0	92.9	5,533
30–34	1.1	95.0	1.8	0.7	1.4	100.0	95.0	5,172
35–39	0.4	94.7	1.1	1.0	2.8	100.0	94.7	5,128
40–44	0.5	91.3	1.2	1.0	6.0	100.0	91.3	3,849
45–49	0.3	87.1	1.3	0.8	10.4	100.0	87.1	3,268
Total	15.6	80.3	1.1	0.7	2.3	100.0	80.3	35,627

Note: Because the BDHS 2022 survey was based on a sample of ever-married women, the number of women in the table was increased using a factor based on all de facto women listed in the household who had never been married. The “all women” factors were based on age in the household and background information available at the household level. Women who have never been married are assumed to have never been pregnant. Because the number of all women is not normalized, the weighted numbers will not necessarily sum to the total.

Table 4.2 Age at first marriage

Percentage of women age 15–49 who were first married by specific exact ages and median age at first marriage, according to current age, Bangladesh DHS 2022

Current age	Percentage first married by exact age:					Percentage never married	Number of respondents	Median age at first marriage
	15	18	20	22	25			
15–19	10.4	na	na	na	na	62.1	4,564	a
20–24	16.7	50.7	70.9	na	na	17.5	3,985	17.9
25–29	22.1	58.4	76.7	85.6	92.3	4.6	3,695	17.3
30–34	27.0	63.4	79.8	87.5	93.8	1.0	3,473	16.9
35–39	31.0	68.4	83.4	90.3	95.0	0.4	3,360	16.4
40–44	34.7	69.3	84.0	90.3	94.4	0.5	2,559	16.1
45–49	37.9	73.5	85.1	91.1	95.2	0.3	2,166	15.8
20–49	26.9	62.6	79.2	na	na	4.9	19,238	16.9
25–49	29.5	65.7	81.3	88.6	94.0	1.6	15,253	16.6

Note: The age at first marriage is defined as the age at which the respondent began living with her first spouse.

na = not applicable due to censoring

a = omitted because less than 50% of the women began living with their spouse for the first time before reaching the beginning of the age group

Table 4.3 Median age at first marriage by background characteristics

Median age at first marriage among women age 20–49 and age 25–49, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Women age	
	20–49	25–49
Residence		
Urban	17.6	17.4
Rural	16.6	16.4
Division		
Barishal	16.6	16.4
Chattogram	17.6	17.4
Dhaka	17.2	17.0
Khulna	16.0	15.8
Mymensingh	16.7	16.4
Rajshahi	16.0	15.8
Rangpur	16.0	15.7
Sylhet	18.8	18.4
Education		
No education	15.6	15.5
Primary incomplete	15.6	15.5
Primary complete	16.0	16.1
Secondary incomplete	16.5	16.4
Secondary complete or higher	19.5	19.5
Wealth quintile		
Lowest	16.3	16.2
Second	16.4	16.2
Middle	16.6	16.3
Fourth	16.9	16.6
Highest	18.3	18.0
Total	16.9	16.6

Note: The age at first marriage is defined as the age at which the respondent began living with her first spouse.

Table 4.4 Age at first sexual intercourse

Percentage of women age 15–49 who had first sexual intercourse by specific exact ages, percentage who never had sexual intercourse, and median age at first sexual intercourse, according to current age, Bangladesh DHS 2022

Current age	Percentage who had first sexual intercourse by exact age:					Percentage who never had intercourse	Number	Median age at first intercourse
	15	18	20	22	25			
15–19	8.4	na	na	na	na	62.1	4,564	a
20–24	14.4	49.5	71.3	na	na	17.5	3,985	18.0
25–29	19.8	57.8	78.7	86.7	92.6	4.6	3,695	17.4
30–34	25.1	63.7	82.2	89.6	94.9	1.1	3,473	16.9
35–39	29.5	69.3	85.9	91.8	96.0	0.4	3,360	16.5
40–44	33.8	70.5	86.3	92.7	96.1	0.5	2,559	16.1
45–49	36.5	75.9	88.6	93.4	96.8	0.3	2,166	15.8
20–49	25.1	62.9	81.2	na	na	4.9	19,238	16.9
25–49	27.9	66.4	83.8	90.5	95.0	1.6	15,253	16.6
15–24	11.2	na	na	na	na	41.3	8,549	a

na = not applicable due to censoring

a = omitted because less than 50% of the respondents had sexual intercourse for the first time before reaching the beginning of the age group

Table 4.5 Median age at first sexual intercourse according to background characteristics

Median age at first sexual intercourse among women age 20–49 and age 25–49, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Women age	
	20–49	25–49
Residence		
Urban	17.6	17.4
Rural	16.7	16.4
Division		
Barishal	16.7	16.4
Chattogram	17.6	17.4
Dhaka	17.2	17.0
Khulna	16.1	15.9
Mymensingh	16.7	16.3
Rajshahi	16.1	15.9
Rangpur	16.1	15.7
Sylhet	18.6	18.3
Education		
No education	15.5	15.5
Primary incomplete	15.6	15.5
Primary complete	16.0	16.0
Secondary incomplete	16.6	16.5
Secondary complete or higher	19.4	19.3
Wealth quintile		
Lowest	16.3	16.1
Second	16.4	16.2
Middle	16.6	16.3
Fourth	17.0	16.7
Highest	18.3	18.1
Total	16.9	16.6

Table 4.6 Recent sexual activity

Percent distribution of ever-married women age 15–49 by timing of most recent sexual intercourse, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Timing of most recent sexual intercourse			Never had sexual intercourse	Total	Number of women
	Within the past 4 weeks	Within 1 year ¹	One or more years			
Age						
15–19	76.8	19.5	3.7	0.0	100.0	1,729
20–24	75.0	17.8	7.1	0.0	100.0	3,289
25–29	76.9	14.1	9.1	0.0	100.0	3,523
30–34	77.8	11.9	10.3	0.0	100.0	3,437
35–39	79.4	10.0	10.6	0.0	100.0	3,344
40–44	76.0	10.1	13.8	0.0	100.0	2,546
45–49	69.4	14.1	16.5	0.0	100.0	2,160
Marital status						
Currently married	80.0	13.8	6.3	0.0	100.0	19,060
Divorced/separated/ deserted/widowed	2.4	10.4	87.0	0.1	100.0	969
Duration of current union²						
<1 year	77.1	21.8	1.1	0.0	100.0	789
1–4 years	76.0	19.2	4.8	0.0	100.0	2,750
5–9 years	78.1	15.4	6.5	0.0	100.0	3,273
10–14 years	81.1	12.1	6.8	0.0	100.0	3,154
15–19 years	82.4	10.4	7.2	0.0	100.0	2,961
20–24 years	83.3	9.8	6.9	0.0	100.0	2,725
25+ years	79.9	13.6	6.5	0.0	100.0	3,407
Residence						
Urban	77.9	12.3	9.7	0.0	100.0	5,700
Rural	75.5	14.1	10.3	0.0	100.0	14,328
Division						
Barishal	74.0	18.5	7.5	0.0	100.0	1,199
Chattogram	67.4	17.2	15.4	0.0	100.0	3,749
Dhaka	76.4	12.5	11.1	0.0	100.0	5,080
Khulna	79.1	12.3	8.5	0.0	100.0	2,389
Mymensingh	81.1	12.2	6.7	0.0	100.0	1,527
Rajshahi	81.8	11.4	6.8	0.0	100.0	2,625
Rangpur	81.5	12.9	5.7	0.0	100.0	2,291
Sylhet	70.7	12.9	16.3	0.0	100.0	1,169
Education						
No education	74.0	11.8	14.2	0.0	100.0	2,754
Primary incomplete	78.4	11.0	10.6	0.0	100.0	2,630
Primary complete	78.6	11.5	9.9	0.0	100.0	2,669
Secondary incomplete	76.2	13.7	10.1	0.0	100.0	7,131
Secondary complete or higher	75.0	17.2	7.8	0.0	100.0	4,844
Wealth quintile						
Lowest	79.8	12.3	7.9	0.0	100.0	3,583
Second	76.3	14.6	9.0	0.0	100.0	4,028
Middle	76.1	13.7	10.2	0.0	100.0	4,135
Fourth	75.9	12.8	11.3	0.0	100.0	4,189
Highest	73.4	14.5	12.0	0.0	100.0	4,094
Total	76.2	13.6	10.2	0.0	100.0	20,029

¹ Excludes women who had sexual intercourse within the past 4 weeks

² Excludes women who are not currently married

Table 4.7 Spousal separation

Percent distribution of currently married women age 15–49 whose husband lives elsewhere, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage of woman whose husband lives elsewhere	Number of women
Age		
15–19	22.3	1,696
20–24	21.1	3,206
25–29	18.9	3,430
30–34	17.7	3,302
35–39	12.6	3,183
40–44	9.2	2,335
45–49	8.3	1,907
Marital duration		
0–4 years	22.8	3,505
5–9 years	20.3	3,170
10–14 years	17.7	3,019
15–19 years	15.5	2,826
20–24 years	11.2	2,623
25+ years	8.1	3,262
Married more than once	13.2	655
Residence		
Urban	12.5	5,385
Rural	17.5	13,675
Division		
Barishal	20.2	1,153
Chattogram	27.7	3,559
Dhaka	15.1	4,817
Khulna	12.4	2,281
Mymensingh	12.9	1,450
Rajshahi	9.8	2,521
Rangpur	9.3	2,197
Sylhet	18.0	1,082
Education		
No education	7.6	2,475
Primary incomplete	10.8	2,453
Primary complete	12.1	2,534
Secondary incomplete	18.5	6,892
Secondary complete or higher	21.8	4,705
Wealth quintile		
Lowest	9.9	3,363
Second	15.5	3,846
Middle	15.7	3,930
Fourth	17.5	3,991
Highest	20.7	3,930
Total	16.1	19,060

Table 4.8 Preferred age at first marriage

Percentage of ever-married woman age 15–49 by preferred timing of first marriage, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Married at right time	Preferred to marry earlier	Preferred to marry later	Total	Number of women
Current age					
15–17	23.8	16.6	59.6	100.0	624
18–20	55.3	8.6	36.2	100.0	1,762
21–49	58.0	9.8	32.1	100.0	17,643
Actual age at first marriage					
<18	41.1	12.6	46.3	100.0	13,519
18–20	89.4	3.7	6.9	100.0	4,329
21+	88.7	5.5	5.8	100.0	2,181
Residence					
Urban	60.5	10.7	28.7	100.0	5,700
Rural	55.2	9.6	35.2	100.0	14,328
Division					
Barishal	54.8	14.4	30.8	100.0	1,199
Chattogram	70.1	5.6	24.3	100.0	3,749
Dhaka	53.4	13.9	32.6	100.0	5,080
Khulna	47.9	10.1	42.0	100.0	2,389
Mymensingh	64.4	6.3	29.3	100.0	1,527
Rajshahi	46.4	6.7	47.0	100.0	2,625
Rangpur	51.0	11.2	37.8	100.0	2,291
Sylhet	72.3	11.0	16.6	100.0	1,169
Education					
No education	53.3	10.8	35.9	100.0	2,754
Primary incomplete	49.6	11.4	39.0	100.0	2,630
Primary complete	49.2	11.0	39.9	100.0	2,669
Secondary incomplete	49.6	11.6	38.8	100.0	7,131
Secondary complete or higher	77.3	5.5	17.2	100.0	4,844
Wealth quintile					
Lowest	54.6	9.7	35.6	100.0	3,583
Second	52.8	9.3	37.9	100.0	4,028
Middle	54.8	10.1	35.2	100.0	4,135
Fourth	56.0	11.1	32.8	100.0	4,189
Highest	65.1	9.3	25.6	100.0	4,094
Total	56.7	9.9	33.4	100.0	20,029

Table 4.9 Continuation of education after marriage

Percent distribution of women age 15–49 who were studying or attending school just before getting married by whether they continued their education after marriage, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Did not continue	Continued for less than a year	Continued for 1–2 years	Continued for 3–4 years	Continued for 5+ years	Total	Number of women
Current age							
15–17	75.7	19.7	4.0	0.0	0.6	100.0	538
18–20	75.3	14.1	8.5	1.8	0.3	100.0	1,423
21–49	83.2	5.4	5.5	3.5	2.4	100.0	11,120
Actual age at first marriage							
<18	86.1	6.0	4.3	2.1	1.6	100.0	8,712
18–20	77.3	8.3	6.5	4.7	3.2	100.0	2,926
21+	66.6	9.9	13.5	7.2	2.8	100.0	1,443
Residence							
Urban	75.3	7.5	8.6	4.7	4.0	100.0	3,922
Rural	84.9	6.7	4.6	2.6	1.3	100.0	9,160
Division							
Barishal	75.1	9.8	7.6	5.2	2.3	100.0	793
Chattogram	88.2	5.2	4.1	1.8	0.8	100.0	2,336
Dhaka	78.0	7.9	7.2	3.7	3.1	100.0	3,328
Khulna	81.6	6.9	5.8	3.4	2.3	100.0	1,823
Mymensingh	82.9	5.9	5.4	3.7	2.1	100.0	869
Rajshahi	83.0	6.5	5.2	3.2	2.1	100.0	1,858
Rangpur	79.1	8.6	7.0	3.4	1.8	100.0	1,478
Sylhet	92.8	3.1	2.0	1.4	0.8	100.0	598
Education							
No education	94.5	5.5	0.0	0.0	0.0	100.0	53
Primary incomplete	99.2	0.5	0.2	0.0	0.2	100.0	1,265
Primary complete	98.4	1.2	0.2	0.0	0.1	100.0	1,658
Secondary incomplete	92.8	4.8	1.7	0.5	0.1	100.0	5,802
Secondary complete or higher	55.9	13.9	15.2	9.1	6.0	100.0	4,303
Wealth quintile							
Lowest	93.3	3.9	1.8	0.9	0.2	100.0	1,730
Second	87.8	6.3	3.3	1.6	1.0	100.0	2,399
Middle	86.0	6.2	4.4	2.3	1.0	100.0	2,699
Fourth	82.7	6.2	6.0	3.0	2.0	100.0	2,975
Highest	67.8	10.2	10.7	6.5	4.8	100.0	3,277
Total	82.0	6.9	5.8	3.2	2.1	100.0	13,081

Table 4.10 Continuation of work after marriage

Percent distribution of women age 15–49 who were working outside the home just before getting married by whether they continued working after marriage, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Did not continue	Continued for less than a year	Continued for 1–2 years	Continued for 3–4 years	Continued for 5+ years	Total	Number of women
Current age							
15–17	52.7	43.0	4.3	0.0	0.0	100.0	19
18–20	73.3	14.5	9.3	2.7	0.1	100.0	129
21–49	49.9	9.0	9.1	8.2	23.8	100.0	1,574
Actual age at first marriage							
<18	52.9	10.1	7.8	6.3	23.0	100.0	702
18–20	56.7	7.7	10.3	7.2	18.1	100.0	460
21+	46.1	11.2	9.6	9.8	23.3	100.0	560
Residence							
Urban	48.2	9.6	11.8	8.5	21.8	100.0	736
Rural	54.3	9.9	7.0	7.1	21.7	100.0	987
Division							
Barishal	54.7	12.1	4.3	5.2	23.6	100.0	79
Chattogram	56.0	6.1	7.8	8.4	21.8	100.0	346
Dhaka	47.3	11.6	11.6	9.3	20.3	100.0	658
Khulna	52.4	10.0	9.9	4.3	23.3	100.0	153
Mymensingh	55.1	9.4	8.6	5.0	21.9	100.0	102
Rajshahi	56.9	8.3	6.5	5.0	23.3	100.0	154
Rangpur	51.7	10.4	8.3	10.1	19.5	100.0	170
Sylhet	51.2	10.5	1.7	2.6	33.9	100.0	61
Education							
No education	39.7	7.4	6.2	4.2	42.5	100.0	224
Primary incomplete	54.3	10.0	9.5	7.6	18.6	100.0	243
Primary complete	56.3	10.2	7.4	10.4	15.7	100.0	232
Secondary incomplete	57.4	9.7	7.1	5.1	20.7	100.0	371
Secondary complete or higher	50.1	10.5	11.5	9.4	18.5	100.0	652
Wealth quintile							
Lowest	54.2	8.9	7.5	5.7	23.7	100.0	291
Second	55.2	11.4	5.9	6.8	20.6	100.0	266
Middle	52.4	11.5	8.8	8.2	19.2	100.0	346
Fourth	48.6	9.8	12.3	8.5	20.8	100.0	376
Highest	50.2	8.1	9.3	8.5	24.0	100.0	444
Total	51.7	9.8	9.0	7.7	21.8	100.0	1,723

Key Findings

- **Total fertility rate:** The total fertility rate (TFR) in Bangladesh is 2.3 children per woman. The goal of the 4th Health, Population and Nutrition Sector Program (HPNSP) was to achieve a TFR of 2.0 by 2023. However, the TFR has not changed since 2011.
- **Birth intervals:** The median birth interval is 59.2 months. Ten percent of births occur within 24 months after the preceding live birth.
- **Postpartum insusceptibility:** The median duration of postpartum insusceptibility is 4.4 months. The median duration of postpartum amenorrhea decreased from 5.8 months in 2007 to 3.2 months in 2022.
- **Age at first birth:** The median age at first birth among women age 20–49 is 19.4 years. Thirty-five percent of women gave birth before age 18.
- **Teenage childbearing:** 24% of women age 15–19 have begun childbearing, a decline of 7 percentage points since 2014.
- **Miscarriages and induced abortions:** Among women age 15–49, 11% have had a miscarriage and 3% have had an induced abortion.

The number of children that a woman bears depends on many factors, including the age she begins childbearing, how long she waits between births, and her fecundity. Postponing first births and extending the interval between births have played a role in reducing fertility levels in many countries. These factors also have positive health benefits. In contrast, short birth intervals—of less than 24 months—can lead to harmful outcomes for both the newborn and the mother, such as preterm birth, low birth weight, and death. Childbearing at a very young age is associated with an increased risk of complications during pregnancy and childbirth and higher rates of neonatal mortality.

This chapter describes the current level of fertility in Bangladesh and some of its proximate determinants. It presents information on the total fertility rate, birth intervals, insusceptibility to pregnancy (because of postpartum amenorrhea, postpartum abstinence, or menopause), age at first birth, teenage pregnancy, and induced abortion rates.

5.1 CURRENT FERTILITY

Total fertility rate

The average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates. Age-specific fertility rates are calculated for the 3 years before the survey, based on detailed pregnancy histories provided by women.

Sample: Women age 15–49

The total fertility rate (TFR) in Bangladesh is 2.3 children per woman (**Table 5.1**). Bangladeshi women have a pattern of early childbearing. The age-specific fertility rate rises from 92 births per 1,000 women in the 15–19 age group to a peak of 153 births per 1,000 women in the 20–24 age group and declines thereafter.

Figure 5.1 Trends in fertility by residence

Trends: The TFR declined from 3.4 births per woman in 1993–94 to 2.3 births per woman in 2022. Since 2011, the TFR has remained steady at around 2.3 births per woman. The decrease in the TFR has been more pronounced in rural areas, dropping from 3.5 births per woman in 1993–94 to 2.4 in 2022, than in urban areas, where it fell from 2.7 to 2.1 births per woman over the same period (**Figure 5.1**). Trends in the age-specific fertility rate indicate that the TFR has consistently been highest among women age 20–24 (**Table 5.2.1**). The largest absolute change in fertility has also occurred in this age group, with the rate declining from 191 births per 1,000 women in 2004 to 153 births per 1,000 women in 2022 (**Table 5.2.2** and **Figure 5.2**).

Patterns by background characteristics

- The TFR is lower in urban areas (2.1 births per woman) than in rural areas (2.4 births per woman). The percentage of women who are currently pregnant is also lower in urban than rural areas (4.3 versus 5.0) (**Table 5.3.1**).
- The connection between the TFR and women's educational level is not linear. Women with no education or a secondary or higher education have an average of 2.4 children, while those with a primary education have an average of 2.6 children. At the same time, the average number of children ever born to women age 15–49 correlates inversely with mother's educational attainment. Those with no education have an average of 3.5 children, whereas those with a secondary education or higher have an average of 2.3 children.
- The TFR is lowest in Rajshahi (2.0 children per woman), followed by Khulna (2.2 children per woman), Dhaka (2.2 children per woman), and Sylhet (2.3 children per woman), and highest in Mymensingh (2.7 children per woman). Four divisions, namely Barishal, Chattogram, Mymensingh, and Rangpur, have TFRs of 2.5 or above (**Map 5.1**).

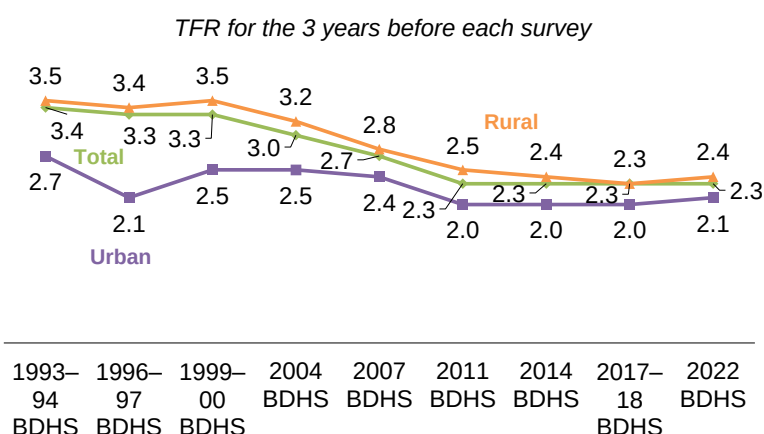
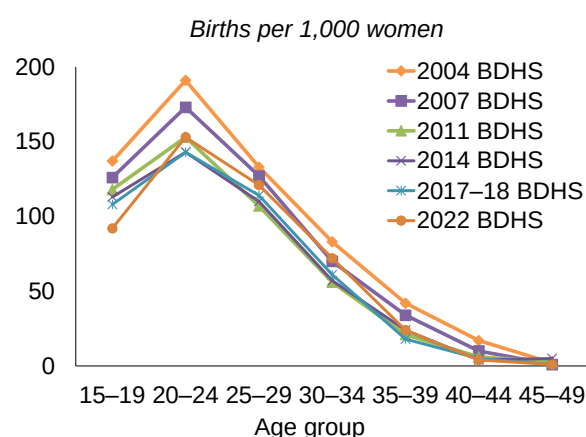
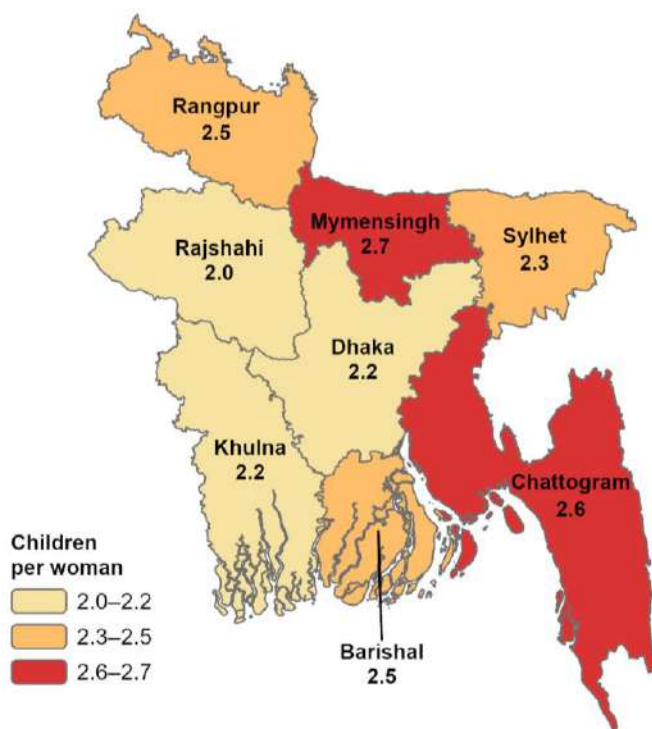


Figure 5.2 Trends in age-specific fertility



Map 5.1 Fertility by division

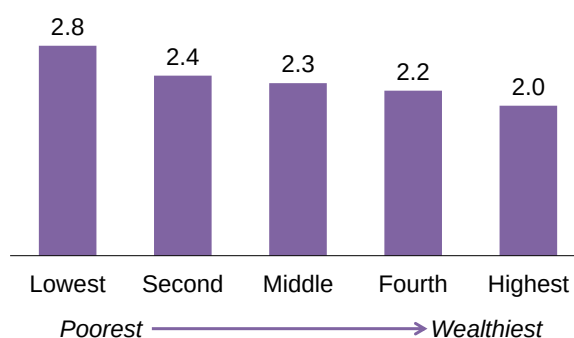
Total fertility rate for the 3 years before the survey



- The TFR decreases with increasing wealth. Women in the lowest wealth quintile have 0.8 more children than those in the highest quintile (2.8 and 2.0, respectively) (Figure 5.3).
- The age-specific fertility rate is highest among women age 20–24 in all divisions; within this age group, the rate is highest in Mymensingh (181 per 1,000 women) (Table 5.3.2).

Figure 5.3 Fertility by household wealth

TFR for the 3 years before the survey



5.2 CHILDREN EVER BORN AND LIVING

Among all women, the mean number of children ever born is 1.8; among currently married women, it is 2.2. Currently married women have an average of 2.0 living children. The number of children ever born increases with women's age; on average, women age 45–49 have given birth to 3.3 children, of whom 3.0 were still living at the time of the survey. In Bangladesh, 2% of currently married women age 45–49 have never given birth. Since voluntary childlessness is rare, this is often viewed as a measure of primary sterility (Table 5.4).

5.3 BIRTH INTERVALS

Median birth interval

Number of months since the preceding birth by which half of children are born.

Sample: Non-first births in the 5 years before the survey

Birth intervals are generally long in Bangladesh, with a median interval of 59.2 months. More than three quarters (78%) of non-first births occur 36 or more months after the previous birth, while 12% take place within 24–35 months (**Table 5.5**).

One in 10 women (10%) give birth less than 24 months after the preceding birth, 6% between 18 and 23 months, and 4% between 7 and 17 months (**Figure 5.4**). Almost half of women (49%) give birth more than 59 months after the preceding birth.

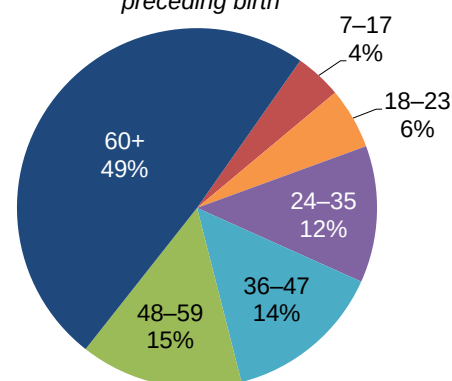
Trends: The median birth interval among women in Bangladesh has increased substantially over time, from 34.7 months in 1993–94 to 55.7 months in 2017–18 and 59.2 months in 2022.

Patterns by background characteristics

- The percentage of non-first births occurring 7–17 months after the preceding birth is higher among women age 15–19 (27%) than among women age 20–29 (5%) (**Table 5.5**).
- There is an association between length of birth interval and the survival status of the preceding sibling. The median birth interval is shorter when the preceding sibling has died (29.8 months) than when the preceding sibling is still alive (60.6 months). The percentage of births occurring within a short interval (7–17 months) is seven times higher when the preceding sibling died than when the preceding sibling survived (22% and 3%, respectively).
- Length of birth interval varies by administrative division. The median birth interval is longest in Rangpur (68 months) and shortest in Sylhet (42 months).

Figure 5.4 Birth intervals

Percent distribution of non-first births by number of months since the preceding birth



5.4 INSUSCEPTIBILITY TO PREGNANCY

Postpartum amenorrhea

The period of time after the end of a pregnancy and before the resumption of menstruation.

Postpartum abstinence

The period of time after the end of a pregnancy and before the resumption of sexual intercourse.

Postpartum insusceptibility

The period of time during which a woman is considered not at risk of pregnancy because she is postpartum amenorrheic and/or abstaining from sexual intercourse postpartum.

Median duration of postpartum amenorrhea

Number of months after the end of a pregnancy by which time half of women have begun menstruating.

Sample: Women who had a live birth or stillbirth in the 3 years before the survey

Median duration of postpartum insusceptibility

Number of months after the end of a pregnancy by which time half of women are no longer protected against pregnancy by either postpartum amenorrhea or abstinence from sexual intercourse.

Sample: Women who had a live birth or stillbirth in the 3 years before the survey

The median duration of postpartum amenorrhea among women who gave birth in the 3 years before the survey is 3.2 months, the median duration of abstinence is 2.6 months, and the median duration of postpartum insusceptibility is 4.4 months. The period of postpartum amenorrhea is considerably longer than the period of postpartum abstinence and is by far the major determinant of the length of postpartum insusceptibility to pregnancy (Table 5.6).

The proportion of births in the 3 years preceding the survey for which mothers are insusceptible decreases with the number of months since delivery, from 90% in the first 2 months after birth to 9% at 22–23 months. At 6 to 7 months after birth, 29% of women are still amenorrheic, while only 12% are abstaining.

Trends: The median duration of postpartum amenorrhea has steadily decreased over time, from 10.4 months in 1993–94 to 5.8 months in 2007 and 3.2 months in 2022. The median duration of insusceptibility decreased from 10.9 months in 1993–94 to 4.0 months in 2014. It then rose to 5.1 months in 2017–18, only to drop again to 4.4 months in 2022.

Patterns by background characteristics

- The median duration of postpartum amenorrhea is 2.0 months longer among women age 30–49 than among women age 15–29 (4.9 and 2.9, respectively) (Table 5.7).
- The median duration of insusceptibility varies among administrative divisions, from 3.3 months in Barishal to 5.0 months in Chattogram.
- The median duration of postpartum insusceptibility is longer among women in the highest wealth quintile than among women in the lowest quintile (4.9 months versus 4.3 months).

5.5 ARRIVAL OF MENOPAUSE

Menopause

Women are considered to have reached menopause if they are neither pregnant nor postpartum amenorrheic and have not had a menstrual period in the 6 months before the survey, if they report being menopausal or having had a hysterectomy, or if they have never menstruated.

Sample: Women age 30–49

In Bangladesh, 19% of women age 30–49 are menopausal. The proportion of menopausal women increases with age, from 5% among those age 30–34 to 64% among those age 48–49 (**Table 5.8**).

Trends: The proportion of women age 30–49 who are menopausal increased from 20% in 2011 to 23% in 2017–18 before declining to 19% in 2022.

5.6 AGE AT FIRST BIRTH

Median age at first birth

Age by which half of women have had their first child.

Sample: Women age 20–49 and 25–49

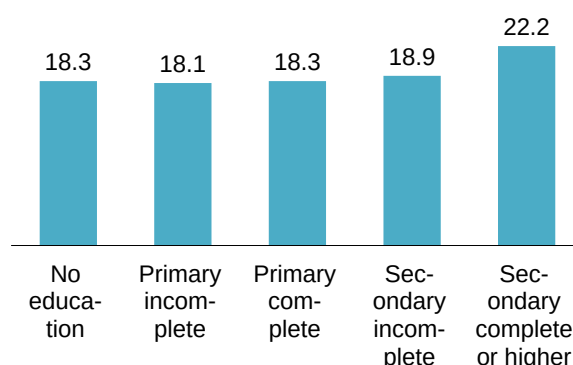
Bearing children at a young age involves substantial risks to the health of both the mother and the child. Early childbearing also tends to restrict educational and economic opportunities for women. In Bangladesh, the median age at first birth among women age 20–49 is 19.4 years. Thirty-five percent of women gave birth before age 18, while 57% gave birth before age 20 (**Table 5.9**).

Patterns by background characteristics

- Among women age 25–49, the median age at first birth is 1.0 years higher in urban areas than in rural areas (19.9 years versus 18.9 years) (**Table 5.10**).
- The median age at first birth varies by mother's education. The median age is 18.3 years among women with no education, as compared with 22.2 years among those with a secondary or higher education (**Figure 5.5**).
- Socioeconomic status influences the median age at first birth: it is lowest (18.7 years) among women in the lowest wealth quintile and highest (20.6 years) among those in the highest quintile.

Figure 5.5 Median age at first birth by education

Median age at first birth among women age 25–49



5.7 TEENAGE PREGNANCY

Teenage pregnancy

Percentage of women age 15–19 who have ever been pregnant.

Sample: Women age 15–19

In Bangladesh, 24% of teenage girls age 15–19 have begun childbearing; 18% have had a live birth, and another 6% are currently pregnant (**Table 5.11**).

Eight percent of women age 15–19 initiated sexual intercourse before age 15. Within this same age group, 10% of women were married before age 15 and 2% had a live birth (**Table 5.12**).

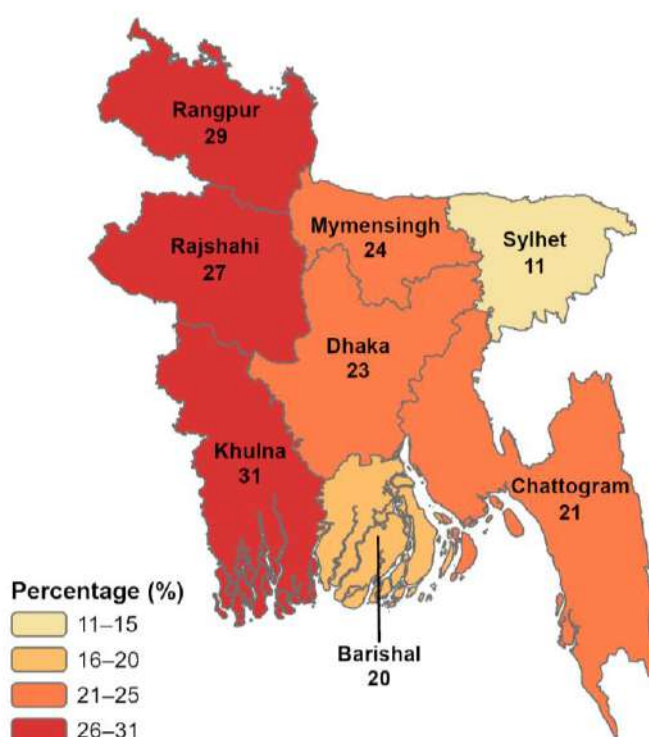
Trends: The proportion of women age 15–19 who have begun childbearing (including women who have had a live birth or are pregnant with their first child and excluding those who have had only a pregnancy loss) declined from 31% in 2014 to 24% in 2022.

Patterns by background characteristics

- The proportion of women age 15–19 who have begun childbearing increases with age, from 4% among those age 15 to 50% among those age 19 (**Table 5.11**).
- Teenage pregnancy is more common in rural areas than urban areas (25% versus 20%).
- The proportion of young women who have begun childbearing is lowest in Sylhet (11%) and highest in Khulna (31%) (**Map 5.2**).

Map 5.2 Teenage pregnancy by division

Percentage of women age 15–19 who have ever been pregnant



- Teenage childbearing is associated with educational attainment among women age 15–19. Specifically, only 24% of teenagers who have completed a secondary or higher education have begun childbearing, as compared with 38% of those with an incomplete primary education.
- Socioeconomic status impacts teenage childbearing: 29% of teenagers in the lowest wealth quintile have begun childbearing, compared with 14% in the highest wealth quintile.

5.8 PREGNANCY OUTCOMES AND INDUCED ABORTION RATES

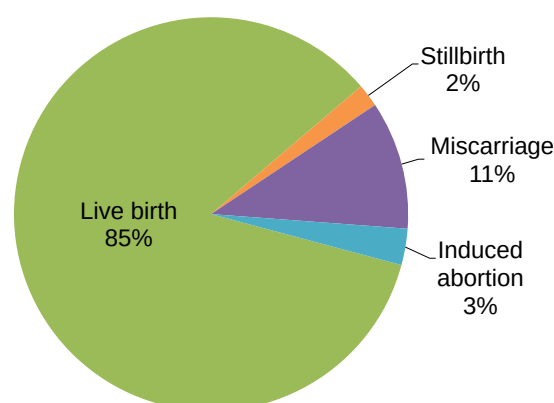
Pregnancy outcomes

Live birth:	a child who was born alive, even if for a very short time
Stillbirth:	a child who was born dead (no signs of life) following a pregnancy that lasted 7 months (28 weeks) or longer
Miscarriage:	a pregnancy that ended involuntarily before completing 7 months (28 weeks)
Induced abortion:	a pregnancy that was voluntarily ended
Sample:	Pregnancies among women age 15–49 ending in the 3 years preceding the survey

Eighty-five percent of pregnancies in the 3 years preceding the survey ended in a live birth, 11% resulted in a miscarriage, 3% led to an induced abortion, and 2% ended in a stillbirth (**Figure 5.6** and **Table 5.13**). The total abortion rate in Bangladesh is 0.1 abortions per woman (**Table 5.14**). The abortion rate is highest among women age 25–29 (4 abortions per 1,000 women), followed by women age 20–24 (3 abortions per 1,000 women) and women age 30–34 (3 abortions per 1,000 women).

Figure 5.6 Pregnancy outcome

Percent distribution of pregnancies ending in the 3 years before the survey



Patterns by background characteristics

- The miscarriage rate is higher in urban areas (13%) than rural areas (10%). Induced abortion is also more common in urban areas than rural areas (4% versus 2%) (**Table 5.13**).
- Both miscarriages and induced abortions are most common among women age 35–44 (18% and 7%, respectively) and women age 25–34 (11% and 3%, respectively).
- The likelihood of miscarriage increases with birth order. Nine percent of first pregnancies resulted in miscarriages, as compared with 17% of fifth- or higher-order pregnancies.
- By division, miscarriage rates range from 8% in Chattogram to 12% in Dhaka, while induced abortion rates range from 1% in Mymensingh to 4% in Rangpur.
- The likelihood of miscarriage increases with increasing household wealth, from 8% among pregnancies to women in the lowest wealth quintile to 12% among pregnancies to women in the highest wealth quintile.

LIST OF TABLES

For more information on fertility levels and some of the determinants of fertility, see the following tables:

- **Table 5.1** Current fertility
- **Table 5.2.1** Trends in age-specific fertility rates
- **Table 5.2.2** Trends in age-specific and total fertility rates
- **Table 5.3.1** Fertility by background characteristics
- **Table 5.3.2** Current fertility by division
- **Table 5.4** Children ever born and living
- **Table 5.5** Birth intervals
- **Table 5.6** Postpartum amenorrhea, abstinence, and insusceptibility
- **Table 5.7** Median duration of amenorrhea, postpartum abstinence, and postpartum insusceptibility
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- **Table 5.10** Median age at first birth
- **Table 5.11** Teenage pregnancy
- **Table 5.12** Sexual and reproductive health behaviors before age 15
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- **Table 5.14** Induced abortion rates

Table 5.1 Current fertility

Age-specific and total fertility rates, general fertility rate, and crude birth rate for the 3 years preceding the survey, according to residence, Bangladesh DHS 2022

Age group	Residence		Total
	Urban	Rural	
10–14	[2]	[2]	[2]
15–19	80	97	92
20–24	132	162	153
25–29	113	124	121
30–34	68	74	72
35–39	26	23	24
40–44	3	4	4
45–49	[1]	[1]	[1]
TFR (15–49)	2.1	2.4	2.3
GFR	77	88	85
CBR	20.8	22.4	21.9

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates are for the period 1–36 months preceding the interview. Rates for the 10–14 age group are based on retrospective data from women age 15–17.

TFR: Total fertility rate, expressed per woman

GFR: General fertility rate, expressed per 1,000 women age 15–44

CBR: Crude birth rate, expressed per 1,000 population

Table 5.2.1 Trends in age-specific fertility rates

Age-specific fertility rates for 5-year periods preceding the survey, according to age group, Bangladesh DHS 2022

Age group	Number of years preceding survey			
	0–4	5–9	10–14	15–19
10–14	3	6	11	15
15–19	94	113	128	144
20–24	151	149	158	184
25–29	123	111	121	152
30–34	70	61	72	[99]
35–39	27	26	[42]	
40–44	4	[9]		
45–49	[1]			

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of the interview. For the 0–4 year period, rates for the 10–14 age group are based on retrospective data from women age 15–19.

Table 5.2.2 Trends in age-specific and total fertility rates

Age specific and total fertility rates (TFR) for the 3-year period preceding several surveys, according to mother's age at the time of the birth, Bangladesh DHS 2022

Mother's age at birth	2004 BDHS	2007 BDHS	2011 BDHS	2014 BDHS	2017–18 BDHS	2022 BDHS
10–14	[11]	[10]	[5]	[10]	[5]	[2]
15–19	137	126	118	113	108	92
20–24	191	173	153	143	143	153
25–29	133	127	107	110	114	121
30–34	83	70	56	57	61	72
35–39	42	34	21	24	18	24
40–44	17	10	6	4	5	4
45–49	[2]	[1]	[3]	[5]	[1]	[1]
TFR (15–49)	3.0	2.7	2.3	2.3	2.3	2.3

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of the interview. Rates for the 10–14 age group are based on retrospective data from women age 15–19. Rates for the 45–49 age group may be slightly biased due to truncation and are therefore displayed in brackets.

Table 5.3.1 Fertility by background characteristics

Total fertility rate for the 3 years preceding the survey, percentage of women age 15–49 currently pregnant, and mean number of children ever born to women age 40–49, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Total fertility rate	Percentage of women age 15–49 currently pregnant	Mean number of children ever born to women age 40–49
Residence			
Urban	2.1	4.3	2.8
Rural	2.4	5.0	3.3
Division			
Barishal	2.5	5.0	3.3
Chattogram	2.6	5.4	3.7
Dhaka	2.2	4.5	3.0
Khulna	2.2	5.0	2.7
Mymensingh	2.7	5.3	3.6
Rajshahi	2.0	4.1	2.8
Rangpur	2.5	4.7	3.1
Sylhet	2.3	5.3	4.0
Education			
No education	2.4	1.7	3.5
Primary incomplete	2.7	3.4	3.5
Primary complete	2.6	4.1	3.2
Secondary incomplete	2.3	4.9	2.8
Secondary complete or higher	2.4	7.3	2.3
Wealth quintile			
Lowest	2.8	5.2	3.7
Second	2.4	4.7	3.5
Middle	2.3	5.1	3.2
Fourth	2.2	4.6	3.0
Highest	2.0	4.6	2.6
Total	2.3	4.8	3.2

Note: Total fertility rates are for the period 1–36 months prior to the interview.

Table 5.3.2 Current fertility by division

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the 3 years preceding the survey, by division, Bangladesh DHS 2022

Age group	Division								Total
	Barishal	Chattogram	Dhaka	Khulna	Mymen-singh	Rajshahi	Rangpur	Sylhet	
10–14	[0]	[1]	[2]	[1]	[3]	[5]	[4]	[0]	[2]
15–19	76	94	91	101	89	101	113	54	92
20–24	162	177	139	144	181	124	160	151	153
25–29	142	134	109	101	139	114	123	132	121
30–34	89	78	72	71	85	54	68	72	72
35–39	27	27	25	19	33	10	25	34	24
40–44	6	3	4	2	8	2	3	9	4
45–49	[2]	[1]	[1]	[1]	[2]	[0]	[2]	[2]	[1]
TFR (15–49)	2.5	2.6	2.2	2.2	2.7	2.0	2.5	2.3	2.3
GFR	90	96	80	78	97	70	89	83	85
CBR	22.9	25.5	21.5	20.0	23.5	17.6	21.9	22.2	21.9

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates are for the period 1–36 months preceding the interview. Rates for the 10–14 age group are based on retrospective data from women age 15–17.

Table 5.4 Children ever born and living

Percent distribution of all women and currently married women age 15–49 by number of children ever born, mean number of children ever born, and mean number of living children, according to age group, Bangladesh DHS 2022

Age group	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15–19	82.2	16.4	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	6,713	0.19	0.19
20–24	33.0	43.5	20.2	3.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	100.0	5,964	0.94	0.91
25–29	11.6	26.3	43.8	15.2	2.6	0.4	0.1	0.0	0.0	0.0	0.0	100.0	5,533	1.72	1.64
30–34	4.6	13.5	42.0	28.5	8.3	2.1	0.7	0.1	0.0	0.0	0.0	100.0	5,172	2.32	2.20
35–39	3.0	8.8	36.7	31.4	13.4	4.6	1.5	0.3	0.1	0.0	0.0	100.0	5,128	2.66	2.51
40–44	2.3	6.7	30.1	30.7	16.9	8.1	3.2	1.2	0.5	0.1	0.0	100.0	3,849	3.01	2.76
45–49	2.2	5.7	23.9	28.3	19.3	11.6	4.9	2.5	1.1	0.4	0.1	100.0	3,268	3.34	3.04
Total	24.4	18.9	27.3	17.5	7.2	3.0	1.1	0.4	0.2	0.1	0.0	100.0	35,627	1.81	1.70
CURRENTLY MARRIED WOMEN															
15–19	53.5	42.8	3.6	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2,517	0.50	0.49
20–24	18.3	52.7	24.9	3.7	0.3	0.0	0.0	0.0	0.0	0.0	0.0	100.0	4,800	1.15	1.11
25–29	6.7	27.3	46.5	16.3	2.8	0.4	0.1	0.0	0.0	0.0	0.0	100.0	5,142	1.83	1.74
30–34	2.8	12.9	43.2	29.3	8.7	2.2	0.7	0.2	0.0	0.0	0.0	100.0	4,916	2.39	2.26
35–39	2.3	8.0	36.9	32.1	14.0	4.7	1.5	0.3	0.1	0.0	0.0	100.0	4,855	2.71	2.55
40–44	1.4	6.0	30.2	31.7	17.3	8.2	3.2	1.3	0.5	0.1	0.0	100.0	3,515	3.06	2.82
45–49	1.7	4.9	23.6	29.1	19.5	11.8	5.3	2.4	1.2	0.3	0.1	100.0	2,848	3.39	3.07
Total	10.2	22.3	32.6	20.8	8.5	3.4	1.3	0.5	0.2	0.1	0.0	100.0	28,594	2.15	2.02

Table 5.5 Birth intervals

Percent distribution of non-first live births in the 5 years preceding the survey by number of months since preceding live birth, and median number of months since preceding live birth, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Months since preceding live birth						Total	Number of non-first live births	Median number of months since preceding live birth
	7–17	18–23	24–35	36–47	48–59	60+			
Mother's age									
15–19	27.4	20.6	26.3	11.8	11.2	2.7	100.0	93	24.7
20–29	5.3	7.0	15.8	18.8	18.0	35.2	100.0	4,353	49.6
30–39	2.3	3.6	8.4	9.5	11.1	65.1	100.0	3,448	a
40–49	3.2	2.3	4.6	4.0	7.8	78.2	100.0	321	a
Sex of preceding birth									
Male	4.3	5.2	11.7	13.8	14.1	50.9	100.0	4,071	61.0
Female	4.1	5.8	13.0	14.8	15.2	47.2	100.0	4,144	57.6
Survival of preceding birth									
Living	3.3	5.0	11.9	14.4	14.8	50.8	100.0	7,807	60.6
Dead	22.0	16.1	21.7	12.4	11.3	16.6	100.0	408	29.8
Birth order									
2–3	4.0	5.3	12.0	14.3	14.6	49.8	100.0	6,950	59.8
4–6	5.1	6.2	14.3	14.1	14.9	45.4	100.0	1,200	56.4
7+	10.0	14.7	17.2	14.4	8.1	35.6	100.0	65	45.2
Residence									
Urban	3.9	5.1	10.0	12.7	15.1	53.2	100.0	2,161	62.8
Rural	4.3	5.7	13.2	14.8	14.4	47.6	100.0	6,054	57.9
Division									
Barishal	2.6	4.8	12.6	15.3	15.4	49.4	100.0	554	59.2
Chattogram	4.2	6.3	15.1	19.1	17.1	38.1	100.0	1,833	51.6
Dhaka	4.3	5.3	9.1	13.5	14.2	53.6	100.0	2,000	63.7
Khulna	3.8	4.5	9.0	9.0	10.9	62.8	100.0	786	b
Mymensingh	5.0	6.6	14.6	14.0	15.8	44.1	100.0	734	55.6
Rajshahi	3.3	3.0	9.8	10.4	12.8	60.6	100.0	829	b
Rangpur	3.9	4.1	8.7	11.7	14.1	57.5	100.0	879	68.4
Sylhet	6.4	10.0	24.9	17.7	14.0	27.0	100.0	600	42.2
Mother's education									
No education	4.7	4.2	15.5	16.4	12.0	47.3	100.0	706	57.4
Primary incomplete	4.8	7.2	13.3	13.2	14.6	46.8	100.0	1,067	57.3
Primary complete	3.9	5.6	11.7	13.3	14.4	51.1	100.0	1,307	61.2
Secondary incomplete	4.3	4.9	11.4	13.9	14.4	51.2	100.0	3,327	61.1
Secondary complete or higher	3.7	6.2	12.9	15.6	16.1	45.6	100.0	1,807	56.5
Wealth quintile									
Lowest	4.9	7.0	15.7	15.6	14.6	42.2	100.0	1,995	53.0
Second	4.9	5.5	12.9	13.5	15.2	48.1	100.0	1,651	58.2
Middle	4.1	5.2	11.4	15.8	13.7	49.9	100.0	1,609	59.9
Fourth	3.8	5.2	10.3	13.1	14.5	53.1	100.0	1,519	62.2
Highest	2.9	4.2	10.2	13.0	15.3	54.5	100.0	1,440	63.7
Total	4.2	5.5	12.3	14.3	14.6	49.1	100.0	8,215	59.2

Note: First-order live births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.

a = omitted because less than 50% of women had a birth before reaching the beginning of the age group

b = omitted because less than 50% of women had a preceding birth interval less than the maximum (70 months) for the category.

Table 5.6 Postpartum amenorrhea, abstinence, and insusceptibility

Percentage of live births and stillbirths in the 3 years preceding the survey for which mothers are postpartum amenorrheic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Bangladesh DHS 2022

Months since birth	Percentage of births for which the mother is:			Number of births ²
	Amenorrheic	Abstaining	Insusceptible ¹	
<2	73.4	79.7	90.3	351
2–3	45.3	28.7	56.1	301
4–5	33.8	15.3	41.6	315
6–7	28.9	11.5	36.0	335
8–9	20.3	9.2	26.4	352
10–11	13.4	6.0	17.3	339
12–13	9.3	7.5	15.6	304
14–15	11.3	9.2	18.4	235
16–17	8.4	11.0	15.8	256
18–19	7.3	6.3	13.0	279
20–21	4.5	7.0	10.6	320
22–23	5.2	5.2	8.6	337
24–25	4.8	4.1	8.4	309
26–27	5.3	8.8	11.3	277
28–29	3.0	6.6	9.3	289
30–31	5.0	6.9	11.0	265
32–33	4.9	5.0	9.0	289
34–35	2.7	5.1	7.5	319
Total	16.8	13.5	23.4	5,473
Median	3.2	2.6	4.4	na
Mean	6.7	5.7	9.1	na

Note: Estimates are based on status at the time of the survey.

na = not applicable

¹ Includes live births and stillbirths for which mothers are either still amenorrheic or still abstaining (or both) following birth² Includes live birth and stillbirths

Table 5.7 Median duration of amenorrhea, postpartum abstinence, and postpartum insusceptibility

Median number of months of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility following live births and stillbirths in the 3 years preceding the survey, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Postpartum amenorrhea	Postpartum abstinence	Postpartum insusceptibility ¹
Mother's age			
15–29	2.9	2.6	4.2
30–49	4.9	2.8	5.4
Residence			
Urban	3.2	2.6	4.3
Rural	3.2	2.6	4.4
Division			
Barishal	(2.2)	(2.5)	3.3
Chattogram	3.6	3.0	5.0
Dhaka	3.2	2.5	4.8
Khulna	3.4	(2.5)	4.4
Mymensingh	(2.5)	(2.8)	4.0
Rajshahi	4.1	(2.8)	4.7
Rangpur	(3.0)	(2.5)	3.9
Sylhet	(2.7)	(1.8)	3.7
Mother's education			
No education	(4.1)	*	(4.4)
Primary incomplete	(2.6)	(1.9)	3.5
Primary complete	(2.7)	(2.3)	4.1
Secondary incomplete	3.0	2.7	4.4
Secondary complete or higher	3.8	2.9	4.7
Wealth quintile			
Lowest	3.3	2.3	4.3
Second	3.0	2.6	4.0
Middle	3.0	2.6	4.0
Fourth	3.8	2.7	5.4
Highest	3.4	2.8	4.9
Total	3.2	2.6	4.4

Note: Medians are based on status at the time of the survey (current status). Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth

Table 5.8 Menopause

Percentage of women age 30–49 who are menopausal, according to age, Bangladesh DHS 2022

Age	Percentage menopausal ¹	Number of women
30–34	5.1	3,437
35–39	8.4	3,344
40–41	17.3	1,153
42–43	23.7	952
44–45	37.2	1,100
46–47	49.3	753
48–49	64.3	747
Total	18.6	11,487

¹ Percentage of women (1) who are not pregnant, (2) who have had a birth in the past 5 years and are not postpartum amenorrheic, and (3) for whom one of the following additional conditions applies: (a) their most recent menstrual period occurred 6 or more months preceding the survey, (b) they declared that they are in menopause or have had a hysterectomy, or (c) they have never menstruated

Table 5.9 Age at first birth

Percentage of women age 15–49 who had a live birth by exact ages, percentage who have never had a live birth, and median age at first live birth, according to current age, Bangladesh DHS 2022

Current age	Percentage who had a live birth by exact age					Percentage who have never had a live birth	Number of women	Median age at first live birth
	15	18	20	22	25			
15–19	1.4	na	na	na	na	82.2	6,713	a
20–24	3.7	25.2	47.7	na	na	33.0	5,964	a
25–29	5.7	31.5	55.5	72.0	83.7	11.6	5,533	19.6
30–34	7.8	34.8	58.3	75.0	86.7	4.6	5,172	19.3
35–39	8.9	39.8	61.5	77.6	87.9	3.0	5,128	18.9
40–44	9.8	41.8	63.3	78.2	88.4	2.3	3,849	18.8
45–49	9.3	39.5	61.1	75.7	88.0	2.2	3,268	18.9
20–49	7.1	34.5	57.1	na	na	10.9	28,914	19.4
25–49	8.1	37.0	59.6	75.5	86.7	5.2	22,950	19.2

na = not applicable due to censoring

a = omitted because less than 50% of women had a birth before reaching the beginning of the age group

Table 5.10 Median age at first birth

Median age at first live birth among women age 20–49 and age 25–49 years, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Women age	
	20–49	25–49
Residence		
Urban	a	19.9
Rural	19.1	18.9
Division		
Barishal	19.3	19.0
Chattogram	19.6	19.5
Dhaka	19.8	19.7
Khulna	18.7	18.4
Mymensingh	19.3	19.1
Rajshahi	18.7	18.5
Rangpur	18.6	18.3
Sylhet	a	20.5
Education		
No education	18.3	18.3
Primary incomplete	18.2	18.1
Primary complete	18.3	18.3
Secondary incomplete	18.9	18.9
Secondary complete or higher	a	22.2
Wealth quintile		
Lowest	18.7	18.7
Second	18.8	18.6
Middle	19.2	18.9
Fourth	19.4	19.2
Highest	a	20.6
Total	19.4	19.2

a = omitted because less than 50% of the women had a birth before reaching the beginning of the age group

Table 5.11 Teenage pregnancy

Percentage of women age 15–19 who have ever had a live birth, percentage who have ever had a pregnancy loss, percentage who are currently pregnant, and percentage who have ever been pregnant, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage of women age 15–19 who:				Number of women
	Have ever had a live birth	Have ever had a pregnancy loss ¹	Are currently pregnant	Have ever been pregnant	
Age					
15	2.3	0.8	1.6	4.3	956
16	6.5	1.1	4.5	11.3	855
17	13.8	2.9	5.3	19.6	846
18	26.6	3.7	5.8	32.5	1,040
19	39.2	6.5	12.0	49.8	868
Residence					
Urban	15.5	2.8	3.9	20.0	1,285
Rural	18.6	3.0	6.5	24.9	3,283
Division					
Barishal	13.8	2.4	5.2	19.8	283
Chattogram	15.7	2.3	5.4	20.9	1,004
Dhaka	17.9	3.0	4.8	22.8	1,183
Khulna	23.1	4.4	8.8	31.4	440
Mymensingh	17.3	4.4	6.3	24.2	313
Rajshahi	20.5	2.5	6.6	27.0	529
Rangpur	23.4	3.6	6.6	29.4	490
Sylhet	7.4	1.8	3.7	11.4	320
Education					
No education	(20.2)	(3.8)	(4.0)	(23.5)	80
Primary incomplete	31.7	7.3	7.4	38.4	182
Primary complete	29.9	3.6	6.4	35.4	294
Secondary incomplete	16.5	2.7	4.6	21.1	3,042
Secondary complete or higher	15.3	2.6	9.0	24.4	974
Wealth quintile					
Lowest	22.3	3.9	7.3	28.9	832
Second	20.7	3.3	5.7	26.3	890
Middle	18.2	2.4	6.3	24.9	955
Fourth	17.1	3.6	6.0	23.5	989
Highest	10.9	1.6	3.6	14.3	899
Total	17.8	3.0	5.8	23.5	4,564

Note: Figures in parentheses are based on 25–49 unweighted cases.

¹ Stillbirth, miscarriage, or abortion

Table 5.12 Sexual and reproductive health behaviors before age 15

Among women age 15–19, percentage who initiated sexual intercourse before age 15, percentage who married before age 15, percentage who had a live birth before age 15, and percentage who were pregnant before age 15, Bangladesh DHS 2022

Women	Had sexual intercourse before age 15	Married before age 15	Had a live birth before age 15	Pregnant before age 15	Number
Total 15–19	8.4	10.4	1.7	4.1	4,564

Table 5.13 Pregnancy outcome by background characteristics

Percent distribution of pregnancies ending in the 3 years preceding the survey by type of outcome, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Pregnancy outcome				Total	Number of pregnancies
	Live birth	Stillbirth ¹	Miscarriage ²	Induced abortion		
Age at pregnancy outcome						
<20	86.5	2.2	9.8	1.5	100.0	2,174
20–24	87.5	1.9	9.0	1.6	100.0	3,086
25–34	84.1	1.5	11.2	3.1	100.0	3,691
35–44	72.6	2.6	18.2	6.6	100.0	522
45–49	*	*	*	*	100.0	13
Pregnancy order						
First	88.3	2.1	9.0	0.6	100.0	3,156
Second	87.4	1.8	9.2	1.6	100.0	2,847
Third	83.0	1.7	11.4	4.0	100.0	1,942
Fourth	77.9	1.4	13.9	6.7	100.0	932
Fifth or higher	75.1	2.5	17.0	5.4	100.0	610
Residence						
Urban	82.3	1.5	12.6	3.5	100.0	2,638
Rural	86.1	2.0	9.8	2.1	100.0	6,849
Division						
Barishal	85.6	1.9	10.9	1.6	100.0	591
Chattogram	87.7	2.3	8.4	1.6	100.0	2,002
Dhaka	83.6	1.3	12.3	2.8	100.0	2,362
Khulna	84.0	1.8	11.4	2.9	100.0	1,000
Mymensingh	86.9	2.4	9.8	0.9	100.0	807
Rajshahi	83.8	2.0	11.1	3.2	100.0	985
Rangpur	83.8	1.7	10.2	4.3	100.0	1,120
Sylhet	85.5	2.3	10.2	2.1	100.0	620
Education						
No education	84.1	2.6	9.4	3.9	100.0	537
Primary incomplete	83.1	1.8	11.7	3.4	100.0	989
Primary complete	84.5	2.2	10.3	3.1	100.0	1,182
Secondary incomplete	85.9	2.0	10.0	2.1	100.0	3,821
Secondary complete or higher	85.2	1.4	11.2	2.1	100.0	2,957
Wealth quintile						
Lowest	86.7	2.3	8.4	2.6	100.0	2,017
Second	86.2	2.1	10.2	1.6	100.0	1,933
Middle	85.2	1.5	10.6	2.7	100.0	1,916
Fourth	83.5	2.2	11.9	2.4	100.0	1,881
Highest	83.7	1.1	12.0	3.2	100.0	1,740
Total	85.1	1.9	10.6	2.5	100.0	9,487

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal death in pregnancies lasting 7 or more months.

² Miscarriages are fetal deaths in pregnancies lasting less than 28 weeks. When pregnancy duration is reported in months, miscarriages are fetal death in pregnancies lasting less than 7 months.

Table 5.14 Induced abortion rates

Age-specific and total induced abortion rates, and general abortion rates, for the 3 years preceding the survey, according to residence, Bangladesh DHS 2022

Age group	Residence		Total
	Urban	Rural	
10–14	[0]	[0]	[0]
15–19	2	1	2
20–24	3	2	3
25–29	4	2	4
30–34	3	3	3
35–39	3	1	2
40–44	1	0	1
45–49	[1]	[0]	[0]
TAR (15–49)	0.1	0.0	0.1
GAR	3	2	2

Note: Age-specific induced abortion rates are per 1,000 women. Estimates in brackets are truncated. Rates are for the period 1–36 months preceding the interview. Rates for the 10–14 age group are based on retrospective data from women age 15–17.

TAR: total induced abortion rate, expressed per woman
GAR: general induced abortion rate, expressed per 1,000 women age 15–44

FERTILITY PREFERENCES

Key Findings

- **Desire for another child:** 13% of currently married women want to have another child within the next 2 years, and 19% want to wait at least 2 years.
- **Limiting childbearing:** 57% of currently married women do not want another child or are sterilized. The percentage of women who want no more children has declined since 2011 (from 65% to 57%).
- **Ideal number of children:** On average, the ideal number of children among women is 2.3.
- **Unwanted births:** Overall, 81% of current pregnancies and live births in the past 3 years were wanted, 12% were mistimed, and 7% were unwanted.
- **Wanted fertility:** The total wanted fertility rate is 1.3 children, while the actual total fertility rate (TFR) is 2.3 children. On average, women have one child more than they want.

Information on fertility preferences can help family planning program planners assess the desire for children, the extent of mistimed and unwanted pregnancies, and the demand for contraception to space or limit births. This information suggests the potential trajectory of fertility trends in the future.

This chapter presents information on whether and when married women want more children, their ideal number of children, whether the last birth was wanted, and the theoretical fertility rate if all unwanted births were prevented.

6.1 DESIRE FOR ANOTHER CHILD

Desire for another child

Women were asked whether they wanted more children and, if so, how long they would prefer to wait before the birth of the next child. Women who are sterilized are assumed not to want any more children.

Sample: Currently married age 15–49

Overall, only 13% of currently married women age 15–49 want to have another child within 2 years; 19% would prefer to wait 2 or more years, and 57% want no more children or are sterilized (**Table 6.1**).

The proportion of women who want to have another child decreases as the number of living children increases. For example, 65% of currently married women with no children want to have a child within 2 years, as compared with less than 1% of women with four or more children (**Table 6.1**).

Trends: Overall, the proportion of currently married women age 15–49 who want no more children declined from 65% in 2011 to 57% in 2022 (**Figure 6.1**). The proportion of women with two children who want no more children increased from 68% in 2004 to 82% in 2011 before declining to 72% in 2022. The proportion of women with three children who want to limit childbearing has decreased from 92% to 88% since 2011 (**Figure 6.2**).

Patterns by background characteristics

- The percentage of currently married women who want no more children or are sterilized increases from 13% among those with one child to 86%–91% among those with three or more children (**Table 6.2** and **Figure 6.3**).
- The desire to limit childbearing varies by division. Fifty-four percent of currently married women in Chattogram do not want to have another child, as compared with 61% in Rajshahi and Khulna.
- The percentage of currently married women who do not want more children decreases as level of education increases. Seventy-nine percent of women with no education want to limit childbearing, compared with 40% of those with a secondary education or higher.
- Women in the poorest households are more inclined to limit childbearing than those in the wealthiest households (62% and 54%, respectively).

Figure 6.1 Trends in desire to limit childbearing

Percentage of currently married women age 15–49 who want no more children



Figure 6.2 Trends in desire to limit childbearing by number of living children

Percentage of currently married women age 15–49 who want no more children

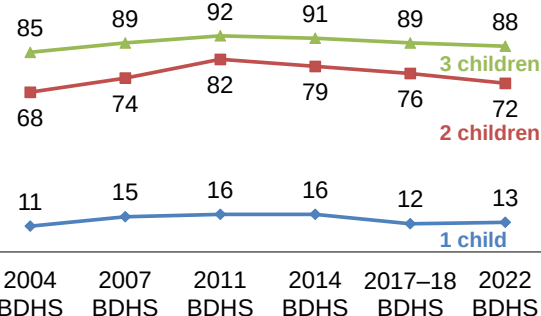
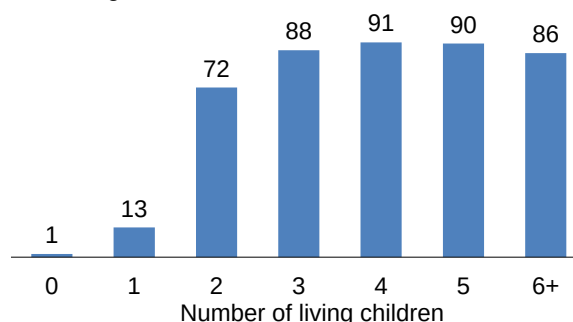


Figure 6.3 Desire to limit childbearing by number of living children

Percentage of currently married women age 15–49 who want no more children



6.2 IDEAL NUMBER OF CHILDREN

Ideal number of children

Respondents with no children were asked “If you could choose exactly the number of children to have in your whole life, how many would that be?” Respondents who had children were asked “If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?”

Sample: Women age 15–49

The mean ideal number of children is 2.3 among both currently married and ever-married women in Bangladesh (**Figure 6.4**). On average, respondents with more children tend to report a higher number of children as being ideal. Ever-married women who have no children consider 2.1 children to be ideal, while those with six or more children consider 3.6 children to be ideal (**Table 6.3**).

Trends: The mean ideal number of children among ever-married women decreased from 2.4 in 2004 to 2.2 in 2014 before increasing slightly to 2.3 in 2022.

Patterns by background characteristics

- Mean ideal number of children generally increases with age, from 2.1 children among women age 15–19 to 2.6 children among women age 45–49 (**Table 6.4**).
- The mean ideal number of children varies slightly by division, ranging from 2.1 in Khulna to 2.5 in Sylhet and Chattogram.
- Women with no education tend to report a higher number of children as being ideal than women with a secondary education or higher (2.5 versus 2.2) (**Figure 6.5**).
- The mean ideal number of children is higher among women from households in the lowest wealth quintile than among women from households in the highest wealth quintile (2.4 versus 2.2).

Figure 6.4 Ideal number of children

Mean ideal number of children among women age 15–49

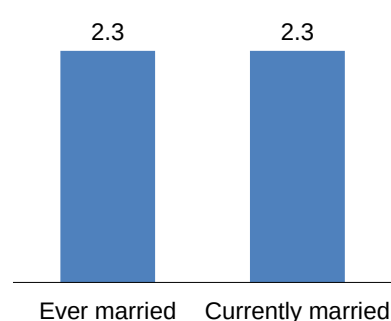
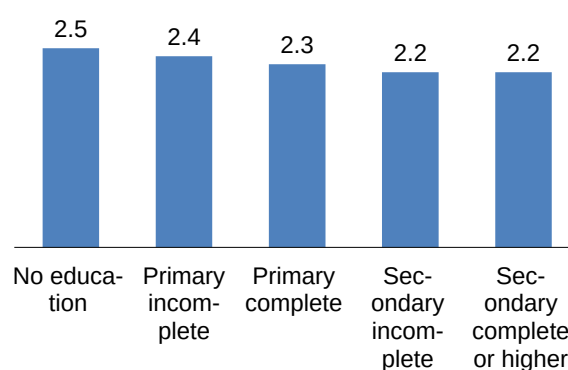


Figure 6.5 Ideal number of children by education

Mean ideal number of children



6.3 FERTILITY PLANNING STATUS

Planning status of births/pregnancies

Women reported whether their births/pregnancies were wanted at the time (planned birth), at a later time (mistimed birth), or not at all (unwanted birth).

Sample: Current pregnancies and live births in the 3 years before the survey among women age 15–49 and all pregnancy outcomes in the 3 years before the survey among women age 15–49

Eighty-one percent of current pregnancies and live births in the 3 years preceding the survey were wanted at the time of conception, while 12% were mistimed and 7% were unwanted (Table 6.5 and Figure 6.6).

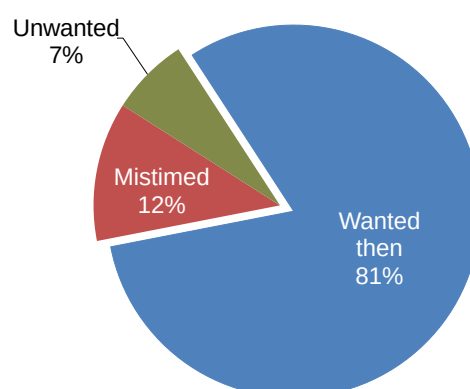
Trends: In Bangladesh, there has been a steady increase in pregnancy planning. Planned births increased from 69% in 2004 to 71% in 2011, 74% in 2014, and 81% in 2022.

Patterns by background characteristics

- The percentage of unwanted births rises with birth order. Less than 1% of first-order births are unwanted, as compared with 36% of fourth- or higher-order births (Table 6.5).
- Similarly, the proportion of unwanted births increases with mother's age, from less than 1% among women age 15–19 to 33% among women age 35–39.
- The proportion of births that are mistimed decreases as the mother's age increases, declining from 15% among women under age 20 to 4% among women age 35–39.
- The percentage of desired births is higher for stillbirths (83%) than for miscarriages (71%). The percentage of unwanted births is highest for abortions and miscarriages (53% and 15%, respectively) (Figure 6.7).

Figure 6.6 Fertility planning status

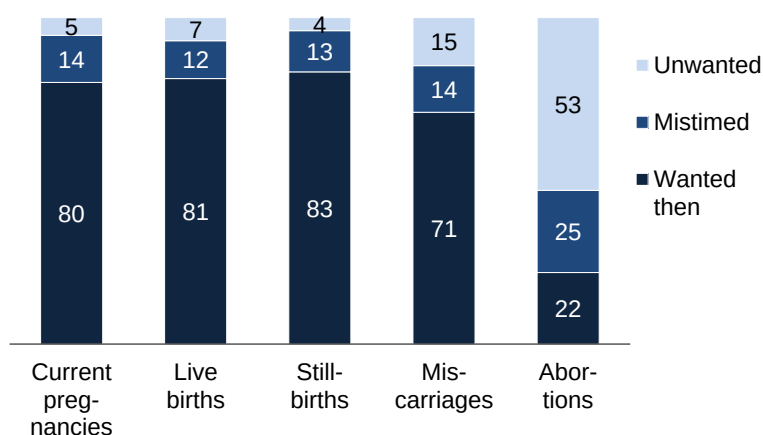
Percent distribution of pregnancy outcomes among women age 15–49 in the 3 years before the survey by planning status of pregnancy



Note: Pregnancy outcome = miscarriage, abortion, live birth, or stillbirth.

Figure 6.7 Fertility planning status by pregnancy outcome

Percent distribution of pregnancy outcomes among women age 15–49 in the three years before the survey by planning status of pregnancy



Note: Some columns may not add to 100% due to rounding.

6.4 WANTED FERTILITY RATES

Unwanted birth

Any birth in excess of the number of children a woman reported as her ideal number.

Wanted birth

Any birth less than or equal to the number of children a woman reported as her ideal number.

Wanted fertility rate

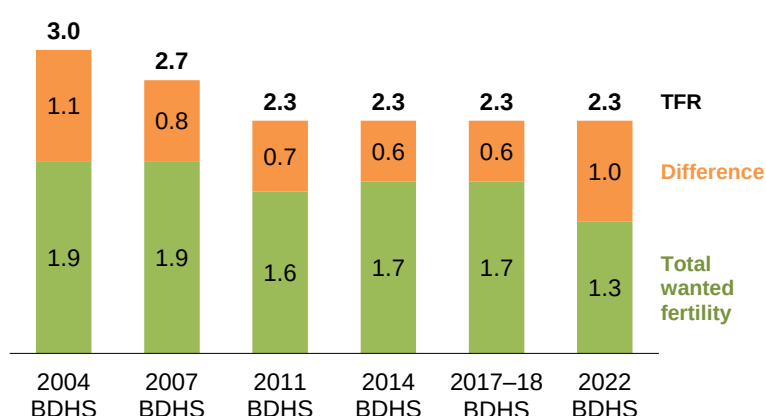
The average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates, excluding unwanted births.

Sample: Women age 15–49

The total wanted fertility rate in Bangladesh is 1.3 children, while the actual total fertility rate (TFR) is 2.3 children. This implies that, on average, Bangladeshi women have 1.0 child more than they want (**Table 6.6**).

Figure 6.8 Trends in wanted and actual fertility

Wanted and actual number of children per woman



Trends: The total wanted fertility rate in Bangladesh decreased from 1.9 children in 2004 and 2007 to 1.3 children in 2022. The gap between wanted and actual fertility decreased slightly from 1.1 children in 2004 to 0.6 in 2017–18 before increasing to 1.0 in 2022 (**Figure 6.8**).

Patterns by background characteristics

- The gap between actual and wanted fertility is slightly larger among women who live in rural areas (1.1 children) than among women who live in urban areas (0.9 children) (**Table 6.6**).
- The gap between actual and wanted fertility decreases from 1.3 children among women with no education to 1.1 children among women with a secondary education or higher.
- Similarly, the gap between actual and wanted fertility declines from 1.5 children among women from households in the lowest wealth quintile to 0.9 children among those from households in the highest wealth quintile.

6.5 SPOUSAL AGREEMENT REGARDING DESIRED NUMBER OF CHILDREN

Overall, 88% of currently married women report that their husband wants the same number of children as they do. Six percent of women say that their husband wants more children than they do, and 3% say that their husband wants fewer children (**Table 6.7**). Spousal agreement on desired number of children has increased by 9 percentage points since 2017–18.

Patterns by background characteristics

- The percentage of women reporting that their husband wants the same number of children as they do is slightly higher in urban areas (89%) than in rural areas (87%).
- There are small variations in the level of spousal agreement on desired number of children across administrative divisions. Mymensingh has the highest agreement (90%), while Sylhet and Rajshahi are lowest (85%).
- The proportion of women who say that their husband wants the same number of children as they do increases from 86% among those with no education to 89% among those with a secondary education or higher.
- Spousal agreement on desired number of children is higher among women from households in the highest wealth quintile (88%) than among those from households in the lowest quintile (87%).

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Table 6.1 Fertility preferences according to number of living children

Percent distribution of currently married women age 15–49 by desire for children, according to number of living children, Bangladesh DHS 2022

Desire for children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Have another soon ²	64.5	22.7	6.3	1.8	0.7	0.1	0.3	13.4
Have another later ³	22.8	52.2	10.4	2.2	0.4	0.3	0.0	18.6
Have another, undecided when	2.6	2.9	0.8	0.2	0.1	0.1	0.2	1.3
Undecided	5.3	7.6	7.8	3.8	1.6	1.4	1.0	6.0
Want no more	1.4	11.7	68.0	76.2	76.7	76.2	75.4	51.7
Sterilized ⁴	0.0	0.8	3.8	11.4	14.2	14.2	11.0	5.5
Declared infecund	3.5	2.0	2.9	4.4	6.3	7.7	12.0	3.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,534	4,580	6,895	4,007	1,355	466	223	19,060

¹ The number of living children includes a woman's current pregnancy.

² Wants next birth within 2 years

³ Wants to delay next birth for 2 or more years

⁴ Includes both female and male sterilization

Table 6.2 Desire to limit childbearing

Percentage of currently married women age 15–49 who want no more children by number of living children, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	1.2	13.7	73.7	89.6	93.3	87.0	(89.0)	56.0
Rural	1.5	12.1	70.9	86.9	90.2	91.1	86.0	57.7
Division								
Barishal	0.0	12.1	68.4	87.3	91.6	93.5	*	57.0
Chattogram	0.9	9.1	57.3	83.6	87.7	91.3	78.3	54.1
Dhaka	1.5	12.9	72.0	89.9	94.2	92.0	*	55.3
Khulna	1.8	14.4	81.5	89.7	91.5	*	*	60.7
Mymensingh	2.6	9.0	63.7	89.7	91.2	88.8	(93.1)	57.3
Rajshahi	1.3	18.3	82.4	88.9	91.0	*	*	60.9
Rangpur	1.6	12.0	74.9	88.6	94.1	(93.5)	*	59.5
Sylhet	1.8	9.1	60.7	81.4	88.2	89.4	85.8	55.3
Education								
No education	7.6	46.4	80.4	86.7	88.4	89.7	83.4	79.4
Primary incomplete	3.2	20.7	73.9	89.9	89.6	87.9	91.8	72.2
Primary complete	1.0	15.5	74.1	89.8	91.6	88.8	(82.6)	67.4
Secondary incomplete	1.1	11.3	69.2	85.9	93.0	95.9	*	52.2
Secondary complete or higher	0.8	7.7	70.0	86.8	97.3	*	*	39.5
Wealth quintile								
Lowest	2.6	14.4	69.6	86.8	89.5	87.9	83.6	61.8
Second	0.9	13.2	68.6	88.8	91.3	89.4	90.8	57.7
Middle	1.3	11.4	73.7	86.2	91.5	92.9	(88.7)	57.2
Fourth	0.8	11.7	73.8	88.8	91.1	94.0	(81.6)	56.4
Highest	1.7	12.7	72.4	87.5	91.8	(90.9)	*	53.6
Total	1.4	12.6	71.8	87.6	90.9	90.4	86.4	57.2

Note: Women who have been sterilized are considered to want no more children. Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ The number of living children includes a woman's current pregnancy.

Table 6.3 Ideal number of children according to number of living children

Percent distribution of women age 15–49 by ideal number of children, and mean ideal number of children for ever-married women and for currently married women, according to number of living children, Bangladesh DHS 2022

Ideal number of children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
0	1.5	0.7	0.7	1.3	1.4	1.8	3.5	1.0
1	5.6	6.5	1.7	1.1	0.7	0.0	0.6	3.0
2	78.2	79.9	79.1	56.5	49.2	36.1	21.7	70.6
3	9.6	10.0	13.8	28.5	16.6	23.4	13.2	16.0
4	3.3	2.4	4.3	11.6	29.5	28.3	43.9	8.2
5	0.5	0.2	0.2	0.5	1.3	7.3	4.5	0.6
6+	0.2	0.0	0.0	0.0	0.3	1.9	10.6	0.2
Non-numeric responses	1.1	0.3	0.2	0.5	1.0	1.2	2.0	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,684	4,820	7,179	4,181	1,423	500	242	20,029
Mean ideal number of children for:²								
Ever-married women	2.1	2.1	2.2	2.5	2.8	3.1	3.6	2.3
Number of ever-married women	1,665	4,805	7,166	4,161	1,409	494	237	19,936
Currently married women	2.1	2.1	2.2	2.5	2.8	3.1	3.6	2.3
Number of currently married women	1,519	4,568	6,883	3,988	1,341	460	218	18,977

¹ The number of living children includes a woman's current pregnancy.

² Means are calculated excluding respondents who gave non-numeric responses.

Table 6.4 Mean ideal number of children

Mean ideal number of children for ever-married women age 15–49, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Mean	Number of women ¹
Age		
15–19	2.1	1,720
20–24	2.2	3,282
25–29	2.2	3,512
30–34	2.3	3,420
35–39	2.3	3,329
40–44	2.4	2,532
45–49	2.6	2,142
Residence		
Urban	2.2	5,683
Rural	2.3	14,253
Division		
Barishal	2.2	1,196
Chattogram	2.5	3,721
Dhaka	2.3	5,064
Khulna	2.1	2,385
Mymensingh	2.4	1,522
Rajshahi	2.2	2,617
Rangpur	2.2	2,278
Sylhet	2.5	1,154
Education		
No education	2.5	2,728
Primary incomplete	2.4	2,614
Primary complete	2.3	2,663
Secondary incomplete	2.2	7,099
Secondary complete or higher	2.2	4,832
Wealth quintile		
Lowest	2.4	3,557
Second	2.3	4,007
Middle	2.3	4,124
Fourth	2.3	4,169
Highest	2.2	4,080
Total	2.3	19,936

¹ Number of women who gave a numeric response

Table 6.5 Fertility planning status

Percent distribution of live births and current pregnancies among women age 15–49 in the 3 years preceding the survey by planning status of the pregnancy, according to birth order and mother's age at birth, and percent distribution of all pregnancy outcomes among women age 15–49 in the 3 years preceding the survey by planning status of the pregnancy, according to type of pregnancy outcome, Bangladesh DHS 2022

Characteristic	Planning status of pregnancy outcome			Total	Number of pregnancy outcomes ¹
	Wanted then	Wanted later	Wanted no more		
LIVE BIRTHS AND CURRENT PREGNANCIES					
Birth order					
1	90.6	9.3	0.1	100.0	2,560
2	82.2	16.3	1.5	100.0	2,232
3	71.3	12.4	16.3	100.0	1,202
4+	56.1	7.5	36.4	100.0	592
Mother's age at birth ²					
<20	84.7	15.0	0.3	100.0	1,522
20–24	82.8	15.2	2.0	100.0	2,186
25–29	82.7	10.2	7.1	100.0	1,633
30–34	74.9	6.3	18.8	100.0	908
35–39	63.6	3.6	32.8	100.0	298
40–44	(64.9)	(2.1)	(33.0)	100.0	34
45–49	*	*	*	100.0	5
Total	81.1	12.1	6.8	100.0	6,587
ALL PREGNANCY OUTCOMES					
Pregnancy outcome type					
Current pregnancies	80.1	14.4	5.4	100.0	1,181
Live births	81.4	11.6	7.1	100.0	5,406
Stillbirths	83.4	12.6	4.0	100.0	123
Miscarriages	71.1	14.3	14.7	100.0	681
Abortions	21.9	25.2	52.9	100.0	171
Total	78.9	12.6	8.5	100.0	7,562

Note: Pregnancy outcome refers to a miscarriage, abortion, live birth, or stillbirth. Some pregnancies produce multiple outcomes, for example in the case of twins. In this table, each pregnancy outcome is counted individually. Therefore, a pregnancy is counted more than once if it produces multiple births (live births or stillbirths). Current pregnancies, miscarriages, and abortions are always counted as one pregnancy outcome. Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ For pregnancies that resulted in multiple outcomes (for example, twins), each outcome is counted individually.

² For current pregnancies, the maternal age at birth is estimated as the mother's expected age at the time of the birth.

Table 6.6 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the 3 years preceding the survey, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Total wanted fertility rate	Total fertility rate
Residence		
Urban	1.2	2.1
Rural	1.3	2.4
Division		
Barishal	1.2	2.5
Chattogram	1.3	2.6
Dhaka	1.2	2.2
Khulna	1.2	2.2
Mymensingh	1.3	2.7
Rajshahi	1.2	2.0
Rangpur	1.3	2.5
Sylhet	1.2	2.3
Education		
No education	1.1	2.4
Primary incomplete	1.5	2.7
Primary complete	1.3	2.6
Secondary incomplete	1.3	2.3
Secondary complete or higher	1.3	2.4
Wealth quintile		
Lowest	1.3	2.8
Second	1.3	2.4
Middle	1.3	2.3
Fourth	1.2	2.2
Highest	1.1	2.0
Total	1.3	2.3

Note: Rates are calculated based on births among women age 15–49 in the period 1–36 months preceding the survey. The total fertility rates are the same as those presented in Table 5.1.

Table 6.7 Spousal agreement on desired number of children

Percent distribution of currently married, nonsterilized women by whether they think their husband wants the same number of children as they do, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Husband wants				Total	Number of women
	Same number	More children	Fewer children	Don't know		
Residence						
Urban	88.7	6.0	2.9	2.3	100.0	5,094
Rural	87.2	6.4	3.5	2.8	100.0	12,927
Division						
Barishal	88.8	6.3	2.2	2.6	100.0	1,120
Chattogram	88.3	6.9	2.2	2.6	100.0	3,428
Dhaka	88.0	5.9	3.3	2.7	100.0	4,556
Khulna	86.8	6.1	4.6	2.5	100.0	2,134
Mymensingh	90.4	5.6	2.1	1.9	100.0	1,388
Rajshahi	85.2	7.3	5.5	2.0	100.0	2,330
Rangpur	88.1	5.7	3.8	2.4	100.0	2,052
Sylhet	85.0	6.5	2.6	5.9	100.0	1,012
Education						
No education	85.6	8.1	3.2	3.1	100.0	2,189
Primary incomplete	87.0	7.0	3.6	2.3	100.0	2,247
Primary complete	88.7	6.5	2.6	2.1	100.0	2,354
Secondary incomplete	87.6	6.1	3.6	2.7	100.0	6,629
Secondary complete or higher	88.5	5.3	3.4	2.8	100.0	4,602
Wealth quintile						
Lowest	87.1	6.8	2.9	3.1	100.0	3,160
Second	87.6	6.3	3.6	2.6	100.0	3,623
Middle	86.7	6.8	3.6	2.9	100.0	3,721
Fourth	88.5	5.7	3.3	2.5	100.0	3,751
Highest	88.2	6.1	3.4	2.2	100.0	3,764
Total	87.6	6.3	3.4	2.7	100.0	18,020

Note: Nonsterilized women refers to couples in which neither the wife nor the husband is sterilized.

Key Findings

- **Contraceptive prevalence:** Contraceptive prevalence is 64% among currently married women age 15–49; 55% of women are using modern methods of contraception, and 9% rely on traditional methods. Contraceptive prevalence increased from 45% in 1993–94 to 64% in 2022. The pill is by far the most widely used method (27%), followed by injectables (11%).
- **Modern contraceptive use:** Between 2017–18 and 2022, use of modern contraceptive methods increased from 52% to 55%.
- **Sources of modern methods:** The majority of users of modern contraceptive methods obtained their method from the private medical sector (57%), followed by the public sector (37%).
- **Contraceptive discontinuation:** 32% of episodes of contraceptive use experienced in the 5 years preceding the survey were discontinued within 12 months. The most common reason for contraceptive discontinuation was the desire to become pregnant (36%), followed by side effects and health concerns (20%).
- **Demand for family planning:** Total demand for family planning in Bangladesh is 74%, remaining steady since 2017–18 (75%).
- **Unmet need for family planning:** Overall, 10% of currently married women in Bangladesh have an unmet need for family planning services, 5% each for spacing and for limiting. While demand for family planning has remained steady, unmet need decreased from 12% in 2017–18 to 10% in 2022.

Couples can use contraceptive methods to limit or space the number of children they have. This chapter presents information on the prevalence and sources of contraceptive methods as well as rates of and reasons for contraceptive discontinuation. It also examines potential demand for family planning and the level of contact nonusers have with family planning providers.

The 4th Health, Population and Nutrition Sector Program (HPNSP) 2017–22 aimed to increase contraceptive prevalence from 62% to 75% by 2022, with an emphasis on increasing the use of modern methods in lagging divisions (Sylhet and Chattogram). In alignment with the 4th HPNSP, Bangladesh's Family Planning 2020 (FP2020) program was updated to include a commitment to increasing the use of long-acting and permanent methods from 8% to 20%, reducing unmet need for family planning from 12% to 10%, and reducing the contraceptive discontinuation rate from 30% to 20% by 2021 (Government of Bangladesh 2017).

7.1 CONTRACEPTIVE USE

Use of family planning helps women avoid unintended and unplanned pregnancies and reduces the risk of unsafe abortions. Contraceptives also help women space the births of their children, which directly benefits the health of both the mother and the infant.

Contraceptive prevalence

Percentage of women who use any contraceptive method.

Sample: Currently married women age 15–49

Modern methods

Include male and female sterilization, intrauterine devices (IUDs), injectables, implants, contraceptive pills, male and female condoms, emergency contraception, the standard days method, and the lactational amenorrhea method

The prevalence of contraceptive use among currently married women age 15–49 is 64%; 55% of women are using modern contraceptive methods, and 9% are using traditional methods (Table 7.1.1).

In Bangladesh, the pill is by far the most widely used method (27%), followed by injectables (11%). Only 8% of currently married women use a long-acting or permanent method such as female or male sterilization, implants, or IUDs (Figure 7.1). Among currently married women using traditional methods, the most common method is the rhythm method (6%). Thirty-six percent of currently married women are not using a contraceptive method (Table 7.1.1).

Trends: Contraceptive prevalence increased by nearly 20 percentage points between 1993–94 and 2022 (from 45% to 64%). There have been only minimal changes over the past 11 years in the percentage of women using modern contraceptive methods (52% in 2011, 54% in 2014, 52% in 2017–18, and 55% in 2022) (Table 7.1.2 and Figure 7.2).

Patterns by background characteristics

- The use of modern methods is highest among women age 30–34 and age 35–39 (63% each). With respect to overall use, the pill is the most widely used method among all age groups (Table 7.1.1).
- The use of contraceptive methods is more prevalent among currently married women who have three or four living children (73%) than among women with no children (27%) (Table 7.1.3).
- Use of any contraceptive method is higher among currently married women in urban areas than in rural areas (67% versus 63%). Similarly, use of male condoms is more common in urban areas (13%) than in rural areas (6%) (Table 7.1.3).

Figure 7.1 Contraceptive use

Percentage of currently married women age 15–49 currently using a contraceptive method

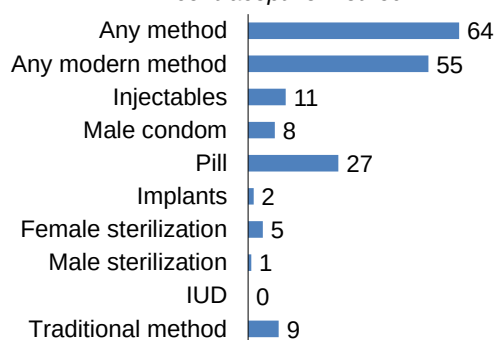
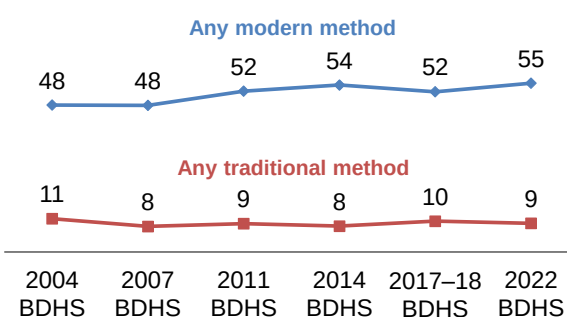


Figure 7.2 Trends in contraceptive use

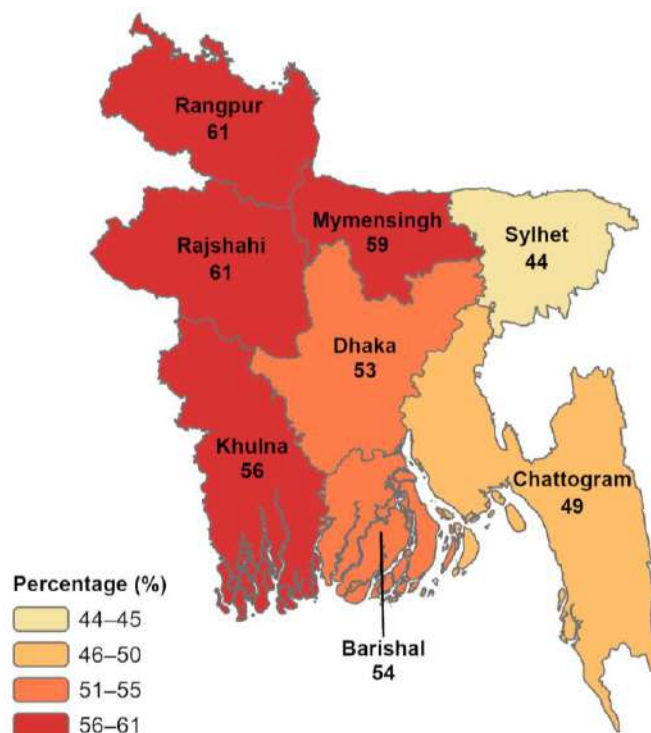
Percentage of currently married women currently using a contraceptive method



- By division, use of modern methods is highest in Rajshahi and Rangpur (61% each) and lowest in Sylhet (44%) and Chattogram (49%) (**Map 7.1**). The 4th HPNSP aimed to increase the prevalence of modern contraceptive use to 60% in Chattogram and Sylhet by 2022 (MoHFW 2017a).

Map 7.1 Modern contraceptive use by division

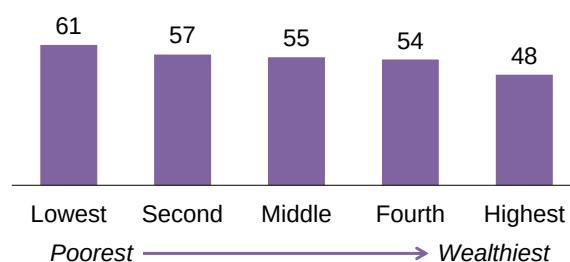
Percentage of currently married women age 15–49 using a modern contraceptive method



- In general, the use of modern contraceptive methods decreases with increasing household wealth. Sixty-one percent of women in the lowest wealth quintile use a modern method, as compared with 48% of women in the highest quintile. The two most common methods—pills and injectables—follow the same pattern; however, condom use and use of traditional methods increase as household wealth increases (**Figure 7.3**).

Figure 7.3 Use of modern methods by household wealth

Percentage of currently married women age 15–49 using a modern contraceptive method



7.1.1 Timing of Female Sterilization

Women who use sterilization generally undergo the procedure early in their reproductive years. About 32% of sterilized women had the procedure at age 30–34, 30% at age 25–29, and 17% before age 25. The median age at sterilization is 30.0 years (**Table 7.2**).

7.1.2 Use of Emergency Contraception

Overall, use of emergency contraception is low in Bangladesh. Only 2% of ever-married women used this method in the past 12 months. Use of emergency contraception is slightly higher among younger women in the 15–19 and 20–24 age groups (3% each). Urban women use emergency contraception at a higher rate than rural women (2% versus 1%). Use of emergency contraception generally increases with increasing

education. One percent of women with no education have used emergency contraception, as compared with 3% of women with a secondary education or higher (**Table 7.3**).

7.2 SOURCE OF MODERN CONTRACEPTIVE METHODS

Source of modern contraceptives

The place where the modern method currently being used was obtained the last time it was acquired.

Sample: Women age 15–49 currently using a modern contraceptive method

Most users of modern contraceptive methods obtained their method from the private medical sector (57%), while 37% obtained it from the public sector. Three percent obtained their method from a nongovernmental organization (NGO) and 4% from other sources (**Table 7.4** and **Figure 7.4**).

The source of modern contraceptive methods varies depending on the method used. Long-acting or permanent methods such as sterilization, implants, and IUDs are usually obtained from public sector facilities, particularly upazila health complexes and union health and family welfare centers. Interestingly, most female sterilizations are performed in private clinics (35%), while male sterilization is mostly performed in upazila health complexes (46%) (**Table 7.4**).

The 2022 BDHS asked women who have never used family planning whether they know a source of family planning services. Fifty-six percent each of women reported that they know a public sector source and a private medical sector source, while only 4% know an NGO source and 6% know another source (**Table 7.5**).

Use of Social Marketing Brand Pills and Condoms

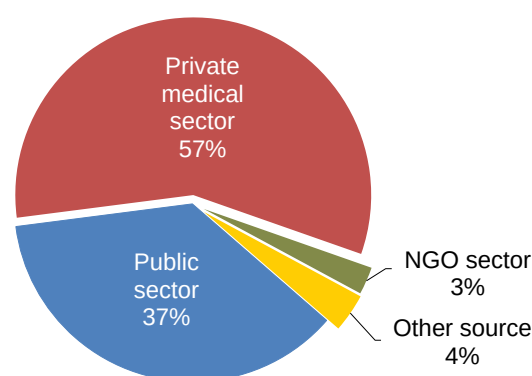
Bangladesh has an active social marketing program that distributes family planning methods including pills, condoms, injectables, IUDs, and implants as well as other health and nutrition products. These items are distributed through a network of retail outlets such as pharmacies, small shops, kiosks, nongraduate private health providers (Blue Star, Green Star), graduate health providers (Pink Star), and NGOs. The Social Marketing Company (SMC) currently carries several brands of oral contraceptive pills, including Femicon, Femipil, Nordette-28, and the progestin-only pill Minicon (SMC 2018).

As shown in **Table 7.6**, 40% of pill users use the government-supplied brand, Shuki, and 39% use Femicon. Among condom users, 35% use Panther, 17% use Hero, and 9% use Raja.

Among users of the male condom, the percentage who use Panther is similar in urban and rural areas (35% and 34%, respectively). The government-supplied brand, Nirapad, is used more frequently in rural areas (19%) than in urban areas (10%) (**Table 7.7**).

Figure 7.4 Source of modern contraceptive methods

Percent distribution of current users of modern methods age 15–49 by most recent source of method



7.3 DISCONTINUATION OF CONTRACEPTIVES

Contraceptive discontinuation rate

Percentage of contraceptive use episodes discontinued within 12 months.

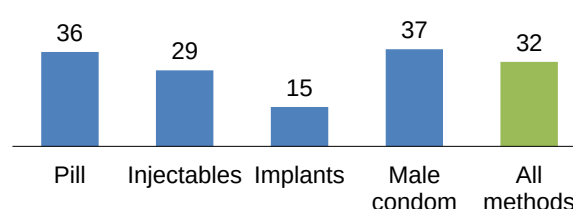
Sample: Episodes of contraceptive use in the 5 years before the survey experienced by women who are currently age 15–49 (one woman may contribute more than one episode)

Thirty-two percent of episodes of contraceptive use are discontinued within 12 months (Table 7.8). Discontinuation rates are higher for temporary methods such as male condoms (37%), pills (36%), and withdrawal (33%) than for long-term methods such as implants (15%) (Figure 7.5).

The most common reason for discontinuation is the desire to become pregnant (36%), followed by side effects and health concerns (20%). Only 12% of women reported becoming pregnant while using as the reason for method discontinuation (Table 7.9).

Figure 7.5 Contraceptive discontinuation rates

Percentage of contraceptive episodes discontinued within 12 months



7.4 DEMAND FOR FAMILY PLANNING

Unmet need for family planning

Percentage of women who:

- (1) are not pregnant and not postpartum amenorrheic and are considered fecund and want to postpone their next birth for 2 or more years or stop childbearing altogether but are not using a contraceptive method, or
- (2) have a mistimed or unwanted current pregnancy, or
- (3) are postpartum amenorrheic and their most recent birth in the past 2 years was mistimed or unwanted.

Met need for family planning

Current contraceptive use (any method)

Sample: Currently married women age 15–49

Demand for family planning: $\text{Unmet need for family planning} + \text{met need (current contraceptive use [any method])}$

Proportion of demand satisfied: $\frac{\text{Current contraceptive use (any method)}}{\text{Unmet need} + \text{current contraceptive use (any method)}}$

Proportion of demand satisfied by modern methods: $\frac{\text{Current contraceptive use (any modern method)}}{\text{Unmet need} + \text{current contraceptive use (any method)}}$

The total demand for family planning in Bangladesh is 74%. Overall, 10% of currently married women in Bangladesh have an unmet need for family planning services, 5% each for spacing and for limiting (Table 7.10 and Figure 7.6).

Trends: Unmet need for family planning in Bangladesh decreased from 14% in 2011 to 12% in 2014 and 2017–18 and 10% in 2022. Total demand for family planning remained almost constant over the same period (75% in 2011 and 74% in 2022) (Figure 7.7).

Patterns by background characteristics

- Unmet need for family planning decreases with increasing age, from 13% among women age 15–19 to 4% among women age 45–49 (Table 7.10).
- Unmet need generally increases with increasing household wealth; 8% of women in the lowest wealth quintile have an unmet need for family planning, as compared with 12% of women in the highest wealth quintile (Figure 7.8).
- Similarly, unmet need generally increases with increasing education; 6% of women with no education have an unmet need for family planning, compared with 12% of women with an incomplete secondary education (Table 7.10).
- Among the eight divisions, unmet need is highest in Chattogram (16%) and Sylhet (13%) and lowest in Rajshahi (6%) (Map 7.2).

Figure 7.6 Demand for family planning

Percent distribution of currently married women age 15–49 by need for family planning

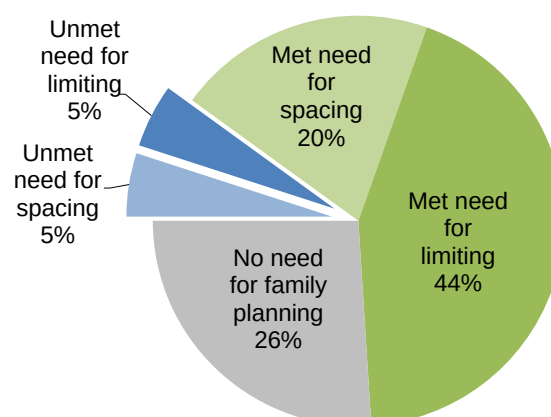


Figure 7.7 Trends in demand for family planning

Percentage of currently married women age 15–49

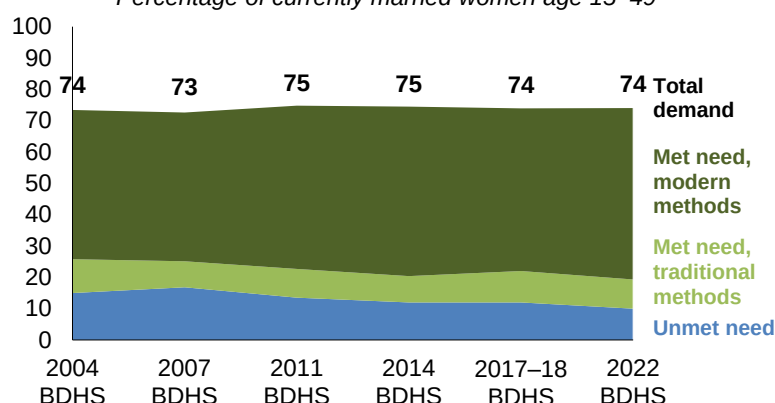
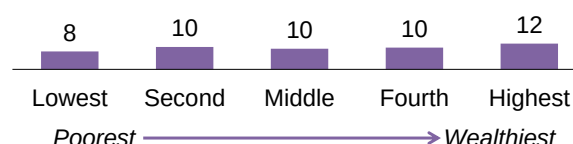


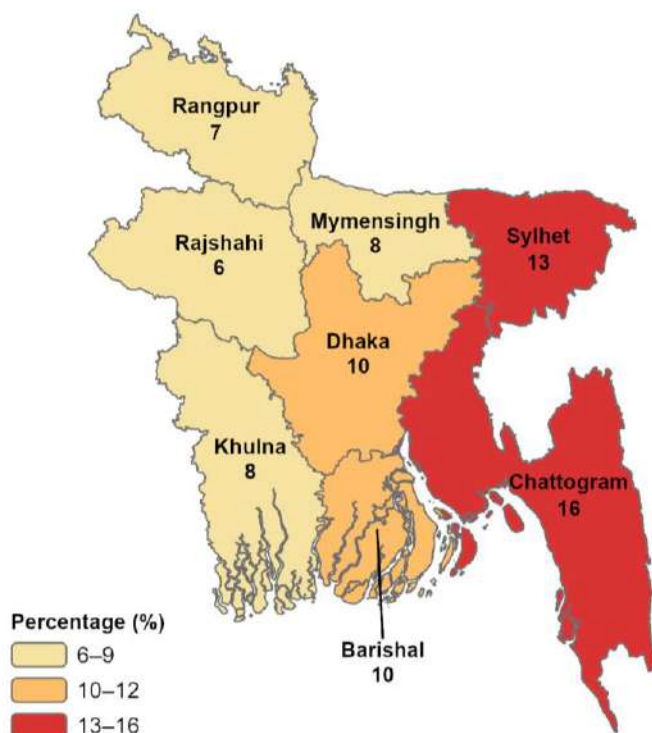
Figure 7.8 Unmet need by household wealth

Percentage of currently married women age 15–49 with unmet need for family planning



Map 7.2 Unmet need by division

Percentage of currently married women age 15–49
with unmet need for family planning



7.5 DECISION MAKING ABOUT FAMILY PLANNING AND OPINION ABOUT USING FAMILY PLANNING

The 2022 BDHS collected information from currently married women regarding decision making about family planning. Eighty percent of currently married women reported that they made the decision to use family planning methods jointly with their husband, with 70% saying that their opinion and the opinion of their husband were equally important. Eleven percent of women said that they made their own decision and 8% reported that their husband mainly made the decision (**Table 7.11**). Overall, 91% of women participate (either alone or jointly) in decision making about family planning (**Table 7.12**).

7.6 PRESSURE TO BECOME PREGNANT

Overall, 3% of currently married women age 15–49 reported that they had ever been pressured to become pregnant by their husband or other family member. Women with no children reported being pressured to become pregnant at a higher rate (5%) than those with one or more children (2%–3%). Younger women in the 15–19 and 20–24 age groups more often reported feeling pressured to become pregnant (6% and 4%, respectively) than those in older age groups (**Table 7.13**).

7.7 FUTURE USE OF CONTRACEPTION

Thirty-four percent of currently married women age 15–49 who are not currently using a contraceptive method reported that they intend to use contraception in the next 12 months, while 60% do not intend to use contraception and 5% are unsure. Intention to use contraception in the next 12 months is lowest among women with four or more children (19%) and highest among those with one child (43%) (**Table 7.14**).

The 2022 BDHS survey assessed preferred contraceptive methods among currently married women who are not using contraception but say that they intend to use a method in the next 12 months. Fifty-five percent of prospective users reported they would prefer to use the pill, while 17% would prefer to use

injectables. Thirteen percent of currently married women reported that they were not sure what method they wanted to use (**Table 7.15**).

Reasons for Not Intending to Use Contraception

Table 7.16 shows the main reasons women who are not using a contraceptive method do not intend to use one in the next 12 months. The most cited reasons were that women were not having sex (27%) and menopause or hysterectomy (20%). Ten percent of women do not intend to use contraception because they want as many children as possible. Two percent each of women cited health concerns and fear of side effects as the reason why they do not intend to use contraception in the next 12 months.

7.8 EXPOSURE TO FAMILY PLANNING MESSAGES

To assess the reach of family planning messages, the 2022 BDHS asked women whether they had heard or seen a message about family planning on the radio or television, in a newspaper or magazine, on a mobile phone, or in other media sources (e.g., billboard, poster, or leaflet; social media/internet; or community event) in the 12 months before the survey. Outdoor signs and billboards are the most common source of family planning messages (26%), followed by television (20%); posters, leaflets, and brochures (13%); and social media (9%). Sixty percent of women reported that they had no exposure to family planning messages through any of eight specified sources (**Table 7.17**).

7.9 CONTACT WITH FIELDWORKERS

Contact of nonusers with family planning providers

Respondent discussed family planning in the 12 months before the survey with a fieldworker.

Sample: Women age 15–49

In the 2022 BDHS, women were asked whether a fieldworker had visited them in the 6 months prior to the survey. **Table 7.18** shows that 17% of currently married women reported a visit by a fieldworker in the past 6 months. Among them, 60% discussed family planning with the fieldworker, 23% received a family planning method, and 17% both discussed family planning and received a family planning method from the fieldworker.

Among those who were visited by a fieldworker, 60% were visited by a government family planning fieldworker, 28% by a government health fieldworker, and 13% by an NGO fieldworker (**Table 7.19**). It should be noted that family planning fieldworkers and health fieldworkers are government fieldworkers working under different directorates, the family planning directorate and the health directorate.

Patterns by background characteristics

- Visits from fieldworkers are more common in rural areas than in urban areas. Nineteen percent of women in rural areas reported a visit by a fieldworker, as compared with 12% of women in urban areas (**Table 7.18**).
- Fieldworkers visit women in the lowest wealth quintile more frequently than those in the highest wealth quintile (20% versus 11%).

7.10 POSTPARTUM COUNSELING AND FAMILY PLANNING

Among ever-married women age 15–49 who gave birth in a health facility in the 2 years before the survey and received postnatal care, 78% received counseling about exclusive breastfeeding, 71% received information on family planning methods, 61% received information on sources of family planning methods, and 58% received information on the importance of spacing and limiting births. Regarding other

types of counseling, 35% and 34% of women received information on immediate IUD and implant insertion, respectively; 29% on immediate tubal ligation; and 19% on the use of the lactational amenorrhea method (LAM) (Table 7.20).

LIST OF TABLES

For more information on family planning, see the following tables:

- **Table 7.1.1 Current use of contraception by age**
- **Table 7.1.2 Trends in current use of contraception**
- **Table 7.1.3 Current use of contraception according to background characteristics**
- **Table 7.2 Timing of sterilization**
- **Table 7.3 Use of emergency contraception**
- **Table 7.4 Source of modern contraceptive methods**
- **Table 7.5 Knowledge of specific sources of family planning services**
- **Table 7.6 Use of social marketing brand pills and condoms**
- **Table 7.7 Use of male condom brands by residence**
- **Table 7.8 Twelve-month contraceptive discontinuation rates**
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- **Table 7.20 Postpartum family planning**

Table 7.1.1 Current use of contraception by age

Percent distribution of currently married women age 15–49 by contraceptive method currently used, according to age, Bangladesh DHS 2022

Age	Modern method												Traditional method				Not currently using	Total	Number of women
	Any method	Any modern method	Female sterilization	Male sterilization	IUD	Injectables	Implants	Pill	Male condom	Emergency contraception	LAM	Other ¹	Any traditional method	Rhythm	Withdrawal	Other			
15–19	53.9	48.1	0.1	0.0	0.3	7.5	0.6	27.8	11.3	0.2	0.1	0.2	5.8	2.1	3.7	0.0	46.1	100.0	1,696
20–24	58.3	52.5	0.3	0.1	0.2	12.1	1.8	30.5	7.4	0.1	0.1	0.0	5.8	2.8	3.0	0.0	41.7	100.0	3,206
25–29	64.0	57.7	1.5	0.3	0.4	13.2	2.0	30.5	9.7	0.0	0.1	0.0	6.3	3.3	3.0	0.0	36.0	100.0	3,430
30–34	69.6	62.5	4.8	1.1	0.5	14.1	2.3	30.5	9.1	0.1	0.1	0.0	7.1	4.4	2.7	0.0	30.4	100.0	3,302
35–39	74.5	63.1	7.7	1.6	0.7	13.4	1.9	29.9	7.7	0.0	0.0	0.1	11.3	8.7	2.7	0.0	25.5	100.0	3,183
40–44	69.4	53.1	9.5	1.9	0.5	9.6	1.6	22.5	7.5	0.1	0.0	0.0	16.3	12.0	4.0	0.3	30.6	100.0	2,335
45–49	48.5	33.2	9.1	1.8	0.4	4.5	0.8	13.1	3.5	0.0	0.0	0.0	15.3	12.0	3.1	0.2	51.5	100.0	1,907
Total	64.0	54.7	4.5	0.9	0.4	11.4	1.7	27.4	8.1	0.1	0.1	0.0	9.3	6.1	3.1	0.1	36.0	100.0	19,060

Note: If more than one method is used, only the most effective method is considered in this tabulation.

¹ Other includes female condom, standard days method, and other modern methods.

LAM = lactational amenorrhea method

Table 7.1.2 Trends in current use of contraception

Percent distribution of currently married women age 15–49 by contraceptive method currently used, according to several surveys

Method	1993–94 BDHS	1996–97 BDHS	1999–2000 BDHS	2004 BDHS	2007 BDHS	2011 BDHS	2014 BDHS	2017–18 BDHS	2022 BDHS
Any method	44.9	49.8	54.3	58.5	55.8	61.2	62.4	61.9	64.0
Any modern method	36.6	42.1	44.0	47.6	47.5	52.1	54.1	51.9	54.7
Female sterilization	8.2	7.7	6.8	5.3	5.0	5.0	4.6	4.8	4.5
IUD	2.2	1.8	1.3	0.6	0.9	0.7	0.6	0.6	0.4
Injectables	4.6	6.3	7.3	9.8	7.0	11.2	12.4	10.7	11.4
Implants	nd	0.1	0.5	0.8	0.7	1.1	1.7	2.1	1.7
Pill	17.5	21.1	23.3	26.4	28.5	27.2	27.0	25.4	27.4
Male condom	3.0	3.9	4.3	4.2	4.5	5.5	6.4	7.2	8.1
Any traditional method	8.3	7.7	10.3	10.8	8.3	9.2	8.4	10.0	9.3
Rhythm	4.8	5.1	5.4	6.6	4.9	6.9	6.2	7.0	6.1
Withdrawal	2.4	1.9	4.0	3.6	2.9	1.9	1.9	2.8	3.1
Other	1.1	0.8	0.9	0.7	0.6	0.4	0.3	0.2	0.1
Not currently using	55.1	50.2	45.7	41.5	44.2	38.8	37.6	38.1	36.0
Number of women	8,980	8,450	9,720	10,582	10,192	16,635	16,858	18,984	19,060

nd = no data

Table 7.1.3 Current use of contraception according to background characteristics

Percent distribution of currently married women age 15–49 by contraceptive method currently used, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Modern method												Any traditional method	Traditional method			Not currently using	Total	Number of women
	Any method	Any modern method	Female sterilization	Male sterilization	IUD	Injectables	Implants	Pill	Male condom	Emergency contraception	LAM	Other ¹		Rhythm	Withdrawal	Other			
Number of living children																			
0	27.0	22.4	0.0	0.0	0.0	0.6	0.0	12.8	8.7	0.2	0.0	0.1	4.5	1.6	2.9	0.0	73.0	100.0	2,017
1–2	66.3	57.4	2.0	0.7	0.4	12.1	1.6	30.8	9.6	0.1	0.1	0.0	8.9	5.5	3.4	0.0	33.7	100.0	11,215
3–4	72.9	62.1	10.8	1.8	0.7	14.0	2.5	26.7	5.5	0.0	0.1	0.0	10.8	8.2	2.4	0.2	27.1	100.0	5,149
5+	67.4	50.1	11.6	1.8	0.9	11.6	1.9	20.6	1.6	0.0	0.1	0.0	17.3	14.1	3.1	0.2	32.6	100.0	678
Residence																			
Urban	66.5	55.6	4.7	0.7	0.6	9.5	1.0	26.1	12.9	0.1	0.0	0.0	10.9	6.3	4.6	0.1	33.5	100.0	5,385
Rural	63.0	54.4	4.4	1.0	0.4	12.1	2.0	28.0	6.2	0.1	0.1	0.0	8.6	6.1	2.5	0.1	37.0	100.0	13,675
Division																			
Barishal	64.8	54.0	2.5	0.4	0.4	15.7	1.7	28.2	5.0	0.0	0.0	0.0	10.8	7.7	3.2	0.0	35.2	100.0	1,153
Chattogram	57.5	49.0	3.2	0.5	0.5	10.9	1.9	26.7	5.1	0.2	0.0	0.0	8.5	6.2	2.2	0.1	42.5	100.0	3,559
Dhaka	63.0	53.2	4.6	0.9	0.5	9.5	1.0	24.9	11.7	0.0	0.0	0.1	9.8	6.1	3.7	0.1	37.0	100.0	4,817
Khulna	66.5	56.3	5.5	1.0	0.4	11.9	1.7	26.4	9.3	0.1	0.1	0.0	10.2	5.8	4.4	0.0	33.5	100.0	2,281
Mymensingh	66.1	59.0	3.5	0.7	0.4	10.9	1.7	35.2	6.2	0.0	0.1	0.1	7.1	5.2	2.0	0.0	33.9	100.0	1,450
Rajshahi	70.0	60.8	6.5	1.0	0.5	12.4	2.4	27.5	10.3	0.0	0.1	0.0	9.2	5.7	3.4	0.1	30.0	100.0	2,521
Rangpur	70.7	61.3	4.4	2.2	0.2	15.5	2.0	31.0	6.0	0.0	0.0	0.0	9.3	6.2	3.0	0.2	29.3	100.0	2,197
Sylhet	52.8	44.3	5.7	0.8	0.6	5.4	1.7	24.9	4.5	0.0	0.7	0.0	8.6	7.3	1.3	0.0	47.2	100.0	1,082
Education																			
No education	62.6	50.9	9.0	2.6	0.6	12.2	2.2	22.2	2.1	0.0	0.0	0.0	11.7	9.1	2.5	0.1	37.4	100.0	2,475
Primary incomplete	70.2	60.0	6.5	2.0	0.3	17.9	2.8	27.6	2.8	0.1	0.0	0.1	10.2	7.9	2.1	0.2	29.8	100.0	2,453
Primary complete	66.8	57.6	5.9	1.2	0.7	14.9	2.1	28.3	4.5	0.0	0.1	0.0	9.2	6.3	2.9	0.0	33.2	100.0	2,534
Secondary incomplete	64.4	56.6	3.3	0.5	0.5	11.9	1.8	30.4	7.9	0.0	0.1	0.0	7.8	4.9	2.8	0.0	35.6	100.0	6,892
Secondary complete or higher	59.4	49.7	2.2	0.0	0.2	4.9	0.5	25.3	16.3	0.1	0.1	0.0	9.7	5.3	4.4	0.0	40.6	100.0	4,705
Wealth quintile																			
Lowest	68.6	60.6	4.4	1.6	0.4	17.2	3.3	30.3	3.1	0.0	0.1	0.1	7.9	6.0	1.8	0.1	31.4	100.0	3,363
Second	65.2	56.5	4.7	1.1	0.4	13.8	2.1	29.5	4.7	0.0	0.0	0.0	8.7	6.3	2.4	0.1	34.8	100.0	3,846
Middle	64.5	55.3	4.3	1.1	0.6	12.0	1.3	29.4	6.6	0.1	0.0	0.0	9.2	6.3	2.9	0.0	35.5	100.0	3,930
Fourth	63.9	54.3	5.1	0.9	0.4	9.5	1.6	27.6	8.9	0.1	0.1	0.0	9.5	6.0	3.5	0.1	36.1	100.0	3,991
Highest	58.4	47.8	4.1	0.1	0.4	5.3	0.5	20.8	16.4	0.1	0.0	0.0	10.6	6.1	4.5	0.0	41.6	100.0	3,930
Total	64.0	54.7	4.5	0.9	0.4	11.4	1.7	27.4	8.1	0.1	0.1	0.0	9.3	6.1	3.1	0.1	36.0	100.0	19,060

Note: If more than one method is used, only the most effective method is considered in this tabulation.

LAM = lactational amenorrhea method

¹ Other includes female condom, standard days method, and other modern methods.

Table 7.2 Timing of sterilization

Percent distribution of sterilized women age 15–49 by age at the time of sterilization and median age at sterilization, according to the number of years since the operation, Bangladesh DHS 2022

Years since operation	Age at time of sterilization						Total	Number of women	Median age ¹
	<25	25–29	30–34	35–39	40–44	45–49			
<2	8.3	20.9	33.1	24.9	5.7	7.2	100.0	99	31.6
2–3	10.9	14.6	45.4	15.4	10.4	3.4	100.0	121	31.9
4–5	6.1	26.6	28.4	26.8	12.2	0.0	100.0	108	31.6
6–7	5.8	33.7	28.0	24.0	8.5	0.0	100.0	105	31.4
8–9	13.6	32.5	35.5	16.9	1.5	0.0	100.0	111	30.4
10+	31.9	37.0	26.6	4.5	0.0	0.0	100.0	314	a
Total	17.4	29.7	31.5	15.2	4.9	1.3	100.0	859	30.0

¹ Median age at sterilization is calculated only for women sterilized before age 40 to avoid problems of censoring.

a = not calculated due to censoring

Table 7.3 Use of emergency contraception

Percentage of ever-married women age 15–49 who used emergency contraception in the past 12 months, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage who used emergency contraception	Number of women
Age		
15–19	3.4	1,729
20–24	2.5	3,289
25–29	1.7	3,523
30–34	1.3	3,437
35–39	0.8	3,344
40–44	0.5	2,546
45–49	0.3	2,160
Residence		
Urban	1.8	5,700
Rural	1.3	14,328
Division		
Barishal	1.0	1,199
Chattogram	1.2	3,749
Dhaka	1.8	5,080
Khulna	1.6	2,389
Mymensingh	1.5	1,527
Rajshahi	1.3	2,625
Rangpur	1.5	2,291
Sylhet	1.0	1,169
Education		
No education	0.5	2,754
Primary incomplete	0.9	2,630
Primary complete	0.9	2,669
Secondary incomplete	1.4	7,131
Secondary complete or higher	2.7	4,844
Wealth quintile		
Lowest	1.1	3,583
Second	1.2	4,028
Middle	0.9	4,135
Fourth	1.8	4,189
Highest	2.3	4,094
Total	1.5	20,029

Table 7.4 Source of modern contraceptive methods

Percent distribution of users of modern contraceptive methods age 15–49 by most recent source of method, according to method, Bangladesh DHS 2022

Source	Female sterilization	Male sterilization	IUD	Injectables	Implants	Pill	Male condom	Total
Public sector	47.0	78.0	74.0	40.6	87.9	34.1	15.5	36.5
Medical college hospital	4.8	3.7	3.4	0.2	1.9	0.1	0.6	0.7
Specialized government hospital	1.1	1.8	3.6	0.3	0.4	0.0	0.0	0.2
District hospital	12.5	18.4	4.1	0.9	8.3	0.9	0.3	2.3
Mother and child welfare center	5.1	4.6	11.0	1.5	9.4	0.7	0.4	1.6
Upazila health complex	20.1	45.5	32.5	3.9	38.7	3.1	1.7	6.6
Union health and family welfare center	2.7	3.9	15.5	6.9	20.0	4.5	2.3	5.1
Community clinic	0.0	0.0	2.6	9.2	8.3	8.3	3.2	6.8
Satellite clinic/EPI outreach	0.0	0.0	1.2	4.0	0.3	2.1	0.2	1.9
Government fieldworker	0.0	0.0	0.0	13.6	0.5	14.4	6.9	11.1
Other public sector	0.7	0.0	0.0	0.1	0.0	0.1	0.1	0.1
Private medical sector	51.4	9.5	20.7	51.7	6.1	60.1	77.6	57.3
Private medical college hospital	0.3	0.1	1.2	0.0	0.0	0.0	0.0	0.0
Private hospital	16.4	3.2	6.1	0.4	1.9	0.1	0.2	1.7
Private clinic	34.5	5.5	13.4	1.4	3.3	0.2	0.2	3.6
Qualified doctor's chamber	0.2	0.8	0.0	2.2	0.4	0.4	0.3	0.7
Nonqualified doctor's chamber	0.0	0.0	0.0	2.2	0.0	0.3	0.6	0.7
Pharmacy/drug store	0.0	0.0	0.0	45.5	0.5	59.1	76.3	50.6
Other private medical	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NGO sector	0.9	2.0	5.4	5.8	5.6	1.5	1.1	2.5
NGO static clinic	0.9	2.0	5.4	2.2	5.6	0.5	0.5	1.1
NGO satellite clinic	0.0	0.0	0.0	1.0	0.0	0.1	0.0	0.3
NGO depot holder	0.0	0.0	0.0	0.2	0.0	0.1	0.0	0.1
NGO fieldworker	0.0	0.0	0.0	2.4	0.0	0.7	0.7	0.9
Other NGO medical sector	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other source	0.3	1.9	0.0	1.9	0.4	4.3	5.8	3.5
Shop	0.0	0.0	0.0	1.4	0.0	2.7	5.0	2.4
Friend/relative	0.0	0.0	0.0	0.2	0.0	1.5	0.3	0.8
Other	0.3	1.9	0.0	0.3	0.4	0.1	0.5	0.3
Don't know	0.4	8.6	0.0	0.0	0.0	0.0	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	859	180	85	2,169	326	5,231	1,547	10,415

Note: Total includes female condom, emergency contraception, standard days method (SDM), and other modern methods but excludes lactational amenorrhea method (LAM).

NGO = nongovernmental organization

EPI = expanded program on immunization

Table 7.5 Knowledge of specific sources of family planning services

Percentage of ever-married women age 15–49 who have never used family planning, by knowledge of specific sources of family planning services, Bangladesh DHS 2022

Source	Percentage
Public sector	55.8
Medical college hospital	1.5
Specialized government hospital	0.5
District hospital	9.9
Mother and child welfare center	2.9
Upazila health complex	18.8
Union health and family welfare center	13.1
Community clinic	19.3
Satellite clinic/EPI outreach	3.9
Government fieldworker	18.1
Other public sector	0.1
Private medical sector	55.8
Private medical college hospital	0.2
Private hospital	3.3
Private clinic	5.4
Qualified doctor's chamber	2.2
Nonqualified doctor's chamber	1.0
Pharmacy/drug store	52.7
Other private medical	0.1
NGO sector	4.4
NGO static clinic	2.0
NGO satellite clinic	0.5
NGO depot holder	0.0
NGO fieldworker	2.2
Other source	6.0
Shop	5.5
Friend/relative	0.3
Other	0.2
Number of women	3,566
NGO = nongovernmental organization	
EPI = expanded program on immunization	

Table 7.6 Use of social marketing brand pills and condoms

Percentage of pill and condom users age 15–49 using a social marketing brand, by background characteristics, Bangladesh DHS 2022

Background characteristic	Among pill users, percentage using:						Among condom users, ¹ percentage using:									Number of women
	Nor-dette-28	Femi-con	Minicon	Fempil	Shuki	Number of women	Raja	Panther	Hero	Sensation	U & Me	Xtreme	Nirapad	Amore		
Age																
15–19	3.2	53.1	9.1	7.0	18.5	471	9.1	44.4	16.8	6.2	2.1	0.8	6.1	0.0	187	
20–24	2.7	48.0	8.8	7.8	25.5	976	4.6	35.8	19.6	7.2	3.4	1.5	16.0	0.0	225	
25–29	2.9	37.6	5.5	9.2	36.1	1,046	6.7	32.7	19.8	13.1	2.3	1.4	13.7	0.0	322	
30–34	3.4	34.1	3.6	7.4	46.5	1,006	6.7	37.4	16.7	7.4	3.4	1.4	17.4	0.0	292	
35–39	3.3	35.6	2.9	6.9	47.7	952	18.4	34.2	12.2	7.8	2.5	0.1	14.6	0.0	231	
40–44	2.4	30.3	2.0	4.7	57.2	526	13.0	29.0	11.5	5.9	2.0	0.0	25.0	0.0	167	
45–49	3.4	28.7	3.0	4.9	56.4	249	10.2	33.0	16.3	13.5	0.0	0.0	18.6	0.0	66	
Residence																
Urban	4.7	43.7	4.6	7.7	30.8	1,403	9.0	36.5	15.1	12.9	2.6	1.1	10.2	0.0	663	
Rural	2.5	36.9	5.3	7.2	43.0	3,823	9.6	34.5	17.7	5.2	2.5	0.8	19.6	0.0	827	
Division																
Barishal	3.6	37.5	8.6	5.5	37.6	325	11.1	33.4	17.9	6.9	4.5	0.6	14.9	0.0	56	
Chattogram	4.3	41.3	4.9	8.8	32.4	949	9.1	47.3	12.5	10.6	3.6	0.6	7.8	0.0	172	
Dhaka	3.7	41.5	4.8	5.6	36.5	1,200	9.8	35.0	14.2	10.8	3.4	1.0	8.7	0.0	540	
Khulna	2.4	35.0	4.1	6.3	47.8	600	8.8	37.1	14.6	7.4	0.5	1.1	23.4	0.0	209	
Mymensingh	1.2	35.3	5.1	5.5	49.8	511	13.5	33.0	18.5	4.8	0.8	1.8	21.0	0.0	85	
Rajshahi	3.2	34.5	5.0	8.7	44.3	692	7.9	30.4	19.1	5.8	2.5	0.4	27.1	0.0	255	
Rangpur	2.1	41.6	5.7	9.0	36.7	680	5.0	31.3	29.2	8.8	1.7	1.3	12.7	0.0	126	
Sylhet	2.1	37.1	4.1	9.6	41.1	269	17.6	33.0	14.4	6.8	1.5	1.0	20.1	0.0	47	
Education																
No education	1.9	34.3	1.6	7.2	53.2	549	(16.9)	(28.2)	(22.7)	(1.8)	(0.0)	(0.0)	(20.1)	(0.0)	49	
Primary incomplete	1.6	35.8	4.9	6.6	50.1	675	11.3	26.9	11.0	0.5	3.4	5.7	21.7	0.0	65	
Primary complete	0.9	36.3	4.1	6.7	48.4	717	16.9	25.6	25.5	5.0	3.9	0.0	13.2	0.0	109	
Secondary incomplete	3.0	40.1	5.9	7.7	36.4	2,097	10.1	31.9	19.5	8.2	1.4	0.4	18.1	0.0	525	
Secondary complete or higher	5.8	41.5	6.2	7.5	28.1	1,188	7.0	40.6	13.2	10.6	3.2	1.1	13.1	0.0	742	
Wealth quintile																
Lowest	1.2	31.7	5.8	7.0	51.0	1,018	15.3	28.0	28.6	1.4	0.0	2.0	11.7	0.0	93	
Second	1.8	38.9	4.6	8.8	43.3	1,136	11.0	27.8	26.0	5.7	2.2	0.0	20.8	0.0	179	
Middle	3.0	39.3	5.8	7.3	38.4	1,154	10.2	34.2	17.9	4.5	1.9	0.2	20.3	0.0	255	
Fourth	4.0	41.7	4.5	7.1	36.2	1,099	8.5	37.7	16.4	6.9	1.9	1.5	17.7	0.0	339	
Highest	6.0	42.5	4.8	6.0	27.4	819	8.2	37.9	11.5	13.2	3.7	1.0	11.3	0.0	624	
Total	3.1	38.7	5.1	7.3	39.7	5,226	9.4	35.4	16.5	8.6	2.5	0.9	15.5	0.0	1,490	

Note: Table excludes pill and condom users who do not know the brand name. Condom use is based on women's reports. Figures in parentheses are based on 25–49 unweighted cases.

¹ Among condom users not also using the pill

Table 7.7 Use of male condom brands by residence

Percent distribution of currently married male condom users who know the brand name, by brand of condom used, according to residence, Bangladesh DHS 2022

Brand name	Residence		Total
	Urban	Rural	
Social marketing			
Raja	8.6	9.4	9.0
Panther	34.7	33.6	34.1
Hero	14.4	17.2	15.9
Sensation	12.3	5.0	8.3
U & me	2.5	2.4	2.4
Xtreme	1.0	0.8	0.9
Government			
Nirapad	9.8	19.1	14.9
Private			
Moods	0.2	0.2	0.2
Gamy	0.3	0.7	0.5
Wonder life	0.5	0.2	0.4
Romantex	0.0	0.6	0.3
Durex	3.3	1.2	2.1
Love guard	0.7	0.3	0.5
Coral	3.0	2.0	2.4
Jippy	0.1	0.9	0.5
Green love	0.8	0.5	0.6
Carex	1.6	1.5	1.5
Delux nirodh	1.1	0.0	0.5
Super guard	0.3	1.2	0.8
Other	0.1	0.5	0.3
Don't know	4.7	2.7	3.6
Total	100.0	100.0	100.0
Number of women	696	850	1,547

Table 7.8 Twelve-month contraceptive discontinuation rates

Among episodes of contraceptive use experienced in the 5 years preceding the survey, percentage of episodes discontinued within 12 months, according to reason for discontinuation and specific method, Bangladesh DHS 2022

Method	Method failure	Desire to become pregnant	Other fertility-related reasons ¹	Changes in menstrual bleeding	Other side effects/health concerns	Wanted more effective method	Other method-related reasons ²	Husband disapproved	Other reasons ³	Any reason ⁴	Switched to another method ⁵	Number of episodes of use ⁶
Female sterilization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	290
Injectables	0.6	4.8	4.5	2.2	14.0	1.0	0.8	0.2	0.5	28.7	12.2	2,484
Implants	0.4	1.8	1.3	1.1	8.7	0.6	0.5	0.0	0.3	14.6	7.6	400
Pill	4.2	11.0	8.6	0.4	7.8	1.8	1.3	0.4	0.5	36.1	8.0	6,913
Male condom	3.7	11.5	5.9	0.2	3.0	4.6	4.1	3.7	0.6	37.2	13.0	2,083
Rhythm	3.4	5.7	5.2	0.5	0.4	5.3	0.7	0.7	0.0	21.9	6.9	965
Withdrawal	5.8	8.4	6.3	0.0	0.8	7.4	1.6	1.7	0.7	32.5	9.8	694
Other ⁷	(2.8)	(1.3)	(1.0)	(0.5)	(8.6)	(4.6)	(0.0)	(0.6)	(0.0)	(19.4)	(12.5)	173
All methods	3.3	8.9	6.7	0.7	7.2	2.6	1.5	0.9	0.5	32.2	9.4	14,003

Note: Figures are based on life table calculations using information on episodes of use that occurred 3–62 months preceding the survey. Figures in parentheses are based on 25–49 unweighted cases.

¹ Includes infrequent sex/husband away, difficult to get pregnant/menopausal, and marital dissolution/separation

² Includes lack of access/too far, costs too much, and inconvenient to use

³ Includes up to God/fatalistic and other reasons

⁴ Reasons for discontinuation are mutually exclusive and add to the total in this column.

⁵ A woman is considered to have switched to another method if she used a different method in the month following discontinuation or if she gave “wanted a more effective method” as the reason for discontinuation and started another method within 2 months of discontinuation.

⁶ All episodes of use that occurred in the 5 years preceding the survey are included. Episodes of use include both episodes that were discontinued during the period of observation and episodes that were not discontinued during the period of observation.

⁷ Includes lactational amenorrhea method (LAM), male sterilization, IUD, emergency contraception, standard days method (SDM), female condom, and other methods

Table 7.9 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the 5 years preceding the survey by main reason stated for discontinuation, according to method, Bangladesh DHS 2022

Reason	IUD	Injectables	Implants	Pill	Male condom	Rhythm	Withdrawal	Other ¹	All methods
Became pregnant while using	1.0	6.2	1.1	13.8	12.5	17.6	21.5	(28.8)	12.3
Wanted to become pregnant	19.4	28.9	22.8	39.8	40.3	28.3	34.1	(13.3)	36.2
Husband disapproved	0.3	0.7	0.9	0.8	7.0	2.1	3.0	(2.6)	1.8
Wanted a more effective method	2.7	2.8	8.5	4.5	9.6	15.2	18.0	(24.5)	6.2
Changes in menstrual bleeding	5.6	5.0	4.0	1.3	0.7	1.8	0.0	(0.0)	2.0
Other side effects/health concerns	54.4	39.4	43.9	19.1	6.1	2.4	2.2	(12.2)	20.4
Lack of access/too far	2.9	1.0	1.1	0.3	0.1	0.1	0.0	(0.0)	0.4
Cost too much	0.0	0.2	0.0	0.1	0.4	0.0	0.0	(0.0)	0.1
Inconvenient to use	0.0	1.6	2.9	2.5	8.8	2.5	3.1	(5.4)	3.2
Up to God/fatalistic	0.0	0.1	0.4	0.1	0.0	1.0	0.4	(0.0)	0.2
Difficult to get pregnant/menopausal	0.8	5.1	1.7	2.3	1.7	10.0	1.6	(5.2)	3.2
Infrequent sex/husband away	2.0	6.9	3.5	13.4	11.1	16.7	13.3	(6.8)	11.7
Marital dissolution/separation	1.6	0.4	1.6	0.6	0.2	0.7	0.7	(0.0)	0.6
Other	9.3	1.5	7.5	1.4	1.3	1.6	2.0	(0.0)	1.7
Don't know	0.0	0.0	0.0	0.1	0.1	0.0	0.1	(1.2)	0.1
Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	64	1,922	290	5,584	1,353	603	417	30	10,265

Note: Figures in parentheses are based on 25–49 unweighted cases.

¹ Includes female condom, emergency contraception, standard days method (SDM), and lactational amenorrhea method (LAM)

Table 7.10 Need and demand for family planning among currently married women

Percentage of currently married women age 15–49 with unmet need for family planning, percentage with met need for family planning, total demand for family planning, percentage of the demand for family planning that is satisfied, and percentage of the demand for family planning that is satisfied by modern methods, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning ¹			Number of women	Percent- age of demand satisfied ²	Percent- age of demand satisfied by modern methods ³
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
Age												
15–19	12.3	0.4	12.7	49.9	4.0	53.9	62.2	4.3	66.5	1,696	81.0	72.3
20–24	10.8	1.9	12.7	43.6	14.7	58.3	54.4	16.6	71.0	3,206	82.1	74.0
25–29	7.1	4.8	11.9	28.9	35.1	64.0	36.0	39.9	75.9	3,430	84.3	76.0
30–34	3.5	8.4	11.9	13.4	56.2	69.6	16.9	64.6	81.5	3,302	85.4	76.7
35–39	1.0	7.4	8.4	4.9	69.5	74.5	5.9	77.0	82.9	3,183	89.8	76.2
40–44	0.2	5.8	6.1	1.7	67.7	69.4	1.9	73.5	75.5	2,335	91.9	70.4
45–49	0.1	4.1	4.2	0.3	48.2	48.5	0.4	52.3	52.7	1,907	92.1	63.1
Residence												
Urban	3.9	4.4	8.3	22.4	44.1	66.5	26.4	48.5	74.8	5,385	88.9	74.3
Rural	5.4	5.3	10.7	19.5	43.4	63.0	25.0	48.7	73.7	13,675	85.4	73.8
Division												
Barishal	5.3	5.0	10.3	20.8	44.0	64.8	26.1	48.9	75.1	1,153	86.3	71.9
Chattogram	7.9	7.7	15.6	19.2	38.4	57.5	27.1	46.0	73.2	3,559	78.7	67.0
Dhaka	4.8	5.3	10.1	21.3	41.7	63.0	26.1	47.0	73.1	4,817	86.2	72.8
Khulna	3.6	4.7	8.3	20.0	46.5	66.5	23.6	51.2	74.8	2,281	88.9	75.3
Mymensingh	4.2	3.9	8.1	21.1	45.0	66.1	25.3	48.9	74.2	1,450	89.1	79.5
Rajshahi	2.6	3.4	6.0	20.5	49.5	70.0	23.0	53.0	76.0	2,521	92.1	79.9
Rangpur	3.9	2.9	6.8	22.2	48.5	70.7	26.1	51.4	77.5	2,197	91.2	79.1
Sylhet	7.7	5.6	13.3	15.3	37.5	52.8	23.0	43.1	66.1	1,082	79.9	67.0
Education												
No education	1.4	4.7	6.0	4.2	58.4	62.6	5.6	63.1	68.7	2,475	91.2	74.2
Primary incomplete	2.5	5.3	7.8	12.8	57.4	70.2	15.3	62.8	78.0	2,453	90.0	76.9
Primary complete	3.5	5.9	9.3	15.2	51.6	66.8	18.7	57.4	76.1	2,534	87.8	75.7
Secondary incomplete	6.4	5.6	11.9	23.9	40.4	64.4	30.3	46.0	76.3	6,892	84.4	74.2
Secondary complete or higher	7.1	3.8	10.9	30.3	29.0	59.4	37.4	32.9	70.3	4,705	84.5	70.7
Wealth quintile												
Lowest	4.0	4.3	8.2	19.9	48.6	68.6	23.9	52.9	76.8	3,363	89.3	78.9
Second	5.8	4.5	10.3	20.2	45.0	65.2	26.0	49.5	75.5	3,846	86.3	74.8
Middle	4.2	5.4	9.5	21.7	42.8	64.5	25.9	48.2	74.1	3,930	87.1	74.6
Fourth	5.3	4.7	10.0	20.4	43.5	63.9	25.7	48.2	73.9	3,991	86.4	73.5
Highest	5.6	6.2	11.8	19.5	38.9	58.4	25.1	45.1	70.2	3,930	83.2	68.0
Total	5.0	5.0	10.0	20.4	43.6	64.0	25.4	48.7	74.0	19,060	86.4	73.9

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al. 2012.

¹ Total demand is the sum of unmet need and met need.

² Percentage of demand satisfied is met need divided by total demand.

³ Modern methods include female sterilization, male sterilization, IUD, injectables, implants, pill, male condom, female condom, emergency contraception, standard days method (SDM), lactational amenorrhea method (LAM), and other modern methods.

Table 7.11 Decision making about family planning

Percent distribution of currently married women by person who usually makes the decision to use or not use family planning, Bangladesh DHS 2022

Decision maker	Percentage
Mainly wife	10.9
Wife and husband jointly	79.5
Wife's opinion more important	5.1
Wife's and husband's opinion equally important	69.5
Wife's opinion less important than husband's	4.9
Mainly husband	8.2
Someone else/other	1.4
Total	100.0
Number of currently married women	19,060

Table 7.12 Decision making about family planning by background characteristics

Percent distribution of currently married women age 15–49 by person who usually makes the decision to use or not use family planning and percentage who participate in the decision to use or not use family planning, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Mainly wife	Wife and husband jointly	Mainly husband	Someone else/ other	Total	Percentage who participate in decision-making about family planning	Number of women
Age							
15–19	5.5	80.0	11.7	2.8	100.0	85.5	1,696
20–24	8.7	80.8	8.7	1.7	100.0	89.6	3,206
25–29	9.0	82.3	7.5	1.2	100.0	91.3	3,430
30–34	11.9	79.4	7.5	1.1	100.0	91.4	3,302
35–39	12.9	78.7	7.6	0.8	100.0	91.6	3,183
40–44	13.8	78.0	7.1	1.1	100.0	91.8	2,335
45–49	14.4	75.4	8.5	1.6	100.0	89.8	1,907
Family planning use							
Currently using	11.1	80.2	8.2	0.5	100.0	91.3	12,193
Not currently using ¹	10.6	78.4	8.1	2.9	100.0	89.0	6,866
Number of living children							
0	4.5	81.5	9.3	4.6	100.0	86.0	2,017
1–2	10.5	80.2	8.2	1.1	100.0	90.7	11,215
3–4	13.4	78.5	7.4	0.8	100.0	91.8	5,149
5+	18.4	70.8	9.9	0.9	100.0	89.2	678
Residence							
Urban	10.0	81.0	7.9	1.1	100.0	91.0	5,385
Rural	11.3	78.9	8.3	1.5	100.0	90.3	13,675
Division							
Barishal	11.2	75.1	12.9	0.8	100.0	86.3	1,153
Chattogram	10.5	80.9	6.9	1.7	100.0	91.5	3,559
Dhaka	10.8	81.7	6.4	1.1	100.0	92.5	4,817
Khulna	12.0	75.7	11.2	1.0	100.0	87.8	2,281
Mymensingh	13.3	78.2	7.4	1.1	100.0	91.5	1,450
Rajshahi	8.4	82.1	7.4	2.2	100.0	90.5	2,521
Rangpur	13.0	78.6	7.1	1.3	100.0	91.6	2,197
Sylhet	9.1	75.4	14.0	1.5	100.0	84.4	1,082
Education							
No education	15.8	73.3	9.3	1.6	100.0	89.1	2,475
Primary incomplete	15.3	75.4	7.7	1.6	100.0	90.7	2,453
Primary complete	12.1	78.9	7.9	1.0	100.0	91.1	2,534
Secondary incomplete	10.0	80.2	8.4	1.4	100.0	90.2	6,892
Secondary complete or higher	6.8	84.3	7.6	1.3	100.0	91.1	4,705
Wealth quintile							
Lowest	14.1	76.0	8.7	1.2	100.0	90.1	3,363
Second	11.9	78.5	8.3	1.4	100.0	90.3	3,846
Middle	10.8	79.5	8.3	1.4	100.0	90.3	3,930
Fourth	9.9	80.7	7.9	1.5	100.0	90.6	3,991
Highest	8.5	82.4	7.8	1.3	100.0	90.9	3,930
Total	10.9	79.5	8.2	1.4	100.0	90.5	19,060

¹ Non-users include pregnant women.

Table 7.13 Pressure to become pregnant

Percentage of currently married women who were ever pressured by their husband or any other family member to become pregnant when they did not want to, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage of women pressured to become pregnant by their husband or other family member	Number of women
Age		
15–19	6.0	1,696
20–24	4.0	3,206
25–29	2.9	3,430
30–34	3.2	3,302
35–39	2.2	3,183
40–44	2.5	2,335
45–49	2.3	1,907
Number of living children		
0	5.4	2,017
1–2	3.2	11,215
3–4	2.2	5,149
5+	3.2	678
Family planning use		
Currently using	3.0	12,193
Not currently using ¹	3.5	6,866
Residence		
Urban	3.1	5,385
Rural	3.2	13,675
Division		
Barishal	2.9	1,153
Chattogram	3.2	3,559
Dhaka	3.1	4,817
Khulna	3.9	2,281
Mymensingh	2.7	1,450
Rajshahi	2.9	2,521
Rangpur	3.4	2,197
Sylhet	2.9	1,082
Education		
No education	2.8	2,475
Primary incomplete	3.6	2,453
Primary complete	3.5	2,534
Secondary incomplete	3.5	6,892
Secondary complete or higher	2.5	4,705
Wealth quintile		
Lowest	3.5	3,363
Second	3.2	3,846
Middle	3.4	3,930
Fourth	3.4	3,991
Highest	2.3	3,930
Total	3.2	19,060

¹ Non-users include pregnant women.

Table 7.14 Future use of contraception

Percent distribution of currently married women age 15–49 who are not using a contraceptive method by intention to use in the next 12 months, according to number of living children, Bangladesh DHS 2022

Intention to use in the next 12 months	Number of living children ¹					Total
	0	1	2	3	4+	
Intends to use	21.8	43.4	36.7	33.1	18.9	34.2
Unsure	9.0	5.1	4.9	4.0	3.9	5.3
Does not intend to use	69.2	51.4	58.4	62.9	77.3	60.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	990	1,972	2,064	1,219	621	6,866

¹ Includes current pregnancy

Table 7.15 Preferred method of contraception for future use

Percent distribution of currently married women age 15–49 who are not using a contraceptive method but intend to do so in the next 12 months by preferred method, according to age, Bangladesh DHS 2022

Method	Age		Total
	15–29	30–49	
Female sterilization	1.1	2.3	1.4
Male sterilization	0.0	0.3	0.1
IUD	0.1	0.3	0.1
Injectables	16.9	17.7	17.1
Implants	1.4	0.8	1.3
Pill	54.9	55.8	55.2
Condom	7.6	8.3	7.8
Emergency contraception	0.0	0.4	0.1
Lactational amenorrhea method (LAM)	0.1	0.0	0.1
Safe period	1.5	3.6	2.1
Withdrawal	1.8	1.6	1.7
Other	0.3	0.4	0.3
Unsure	14.3	8.7	12.8
Total	100.0	100.0	100.0
Number of women	1,719	633	2,351

Table 7.16 Reason for not intending to use contraception

Percent distribution of currently married women age 15–49 who are not using a contraceptive method and who do not intend to use in the next 12 months by main reason for not intending to use, according to age, Bangladesh DHS 2022

Reason	Age		Total
	15–29	30–49	
Fertility-related reasons			
No sex	35.0	21.4	26.8
Infrequent sex	9.7	10.0	9.9
Menopausal/hysterectomy	1.1	32.3	20.0
Subfecund/infecund	2.8	4.0	3.5
Wants as many children as possible	13.5	8.1	10.3
Opposition to use			
Respondent opposed	3.3	2.5	2.8
Husband opposed	2.6	1.1	1.7
Others opposed	0.0	0.1	0.1
Religious prohibition	0.2	0.3	0.2
Method-related reasons			
Health concerns	1.1	1.8	1.6
Fear of side effects	1.8	2.0	1.9
Cost too much	0.0	0.0	0.0
Inconvenient to use	0.2	0.4	0.3
Interferes with body's normal processes	1.3	1.9	1.7
Other			
Knows no method	0.3	0.0	0.1
Other	26.1	13.7	18.6
Don't know	0.8	0.4	0.6
Total	100.0	100.0	100.0
Number of women	1,404	2,138	3,541

Table 7.17 Exposure to family planning messages

Percentage of women age 15–49 who heard or saw specific family planning messages in the past 12 months, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Radio	Television	News-paper/ magazine	Mobile phone	Social media ¹	Poster/ leaflet/ brochure	Outdoor sign or billboard	Communi- nity meeting or event	None of these eight sources	Number of women
Age										
15–19	1.5	16.8	2.4	6.9	11.8	11.6	26.1	3.9	60.1	1,729
20–24	1.4	19.4	3.3	9.2	12.9	15.3	29.1	5.3	56.8	3,289
25–29	1.6	21.6	3.5	8.6	13.2	15.3	29.9	5.6	55.4	3,523
30–34	2.0	24.5	3.5	7.0	9.3	14.6	29.7	6.4	56.1	3,437
35–39	1.0	20.8	2.9	4.5	5.0	12.4	25.8	6.4	60.9	3,344
40–44	0.8	17.1	3.2	3.7	4.9	9.8	20.5	5.5	66.7	2,546
45–49	1.1	16.9	2.2	2.4	3.0	8.5	18.5	4.2	70.1	2,160
Residence										
Urban	1.5	25.9	5.3	8.6	13.6	16.6	30.5	4.3	54.4	5,700
Rural	1.3	17.8	2.2	5.4	6.9	11.5	24.6	6.0	62.4	14,328
Division										
Barishal	1.5	13.8	1.6	3.8	6.9	14.4	27.3	6.9	60.5	1,199
Chattogram	1.3	17.1	2.0	4.6	7.2	11.9	24.8	3.7	65.0	3,749
Dhaka	1.1	22.0	3.7	9.0	12.5	14.0	28.2	3.5	58.0	5,080
Khulna	1.8	18.4	3.6	6.9	9.6	11.3	23.6	7.3	58.7	2,389
Mymensingh	0.8	20.5	3.2	6.1	7.9	13.9	26.8	6.3	60.2	1,527
Rajshahi	1.4	26.4	3.6	5.0	8.1	15.5	28.3	6.7	56.0	2,625
Rangpur	2.1	22.8	3.7	6.7	6.2	12.3	27.5	9.6	57.7	2,291
Sylhet	0.8	11.8	2.3	3.4	6.6	8.2	20.1	3.7	69.9	1,169
Education										
No education	0.4	11.5	0.3	0.8	1.2	5.4	11.9	5.3	76.8	2,754
Primary incomplete	0.9	14.0	0.4	1.6	2.2	6.4	15.6	4.8	72.3	2,630
Primary complete	1.0	16.6	0.9	2.7	3.1	9.8	20.4	4.9	67.6	2,669
Secondary incomplete	1.3	20.1	2.0	5.7	6.4	12.4	27.3	5.8	59.0	7,131
Secondary complete or higher	2.5	30.4	9.0	14.9	23.5	23.4	42.1	6.0	41.5	4,844
Wealth quintile										
Lowest	0.3	7.5	0.5	2.2	1.7	7.6	18.7	5.5	73.4	3,583
Second	1.5	15.8	1.3	3.9	4.1	9.4	22.0	6.1	65.7	4,028
Middle	1.6	21.3	2.3	5.2	6.8	12.6	25.7	6.7	58.9	4,135
Fourth	1.7	23.8	3.5	7.6	9.9	14.6	28.2	4.6	57.5	4,189
Highest	1.6	30.3	7.6	12.0	20.5	19.8	35.9	4.7	46.9	4,094
Total	1.4	20.1	3.1	6.3	8.8	13.0	26.3	5.5	60.1	20,029

¹ Social media includes platforms such as Facebook, Twitter, and Instagram.

Table 7.18 Contact with family planning providers

Percentage of currently married women age 15–49 who reported being visited by a fieldworker in the past 6 months and percent distribution of services provided by the fieldworker, by background characteristics, Bangladesh 2022

Background characteristic	Percentage of women who reported being visited by a fieldworker in the past 6 months	Number of women	Services provided by the fieldworker:			Total	Number of women
			Talked	Gave family planning method	Talked and gave family planning method		
Age							
15–19	12.5	1,696	68.0	17.4	14.6	100.0	212
20–24	16.0	3,206	67.1	19.0	13.9	100.0	513
25–29	18.4	3,430	61.0	22.7	16.3	100.0	630
30–34	18.8	3,302	57.5	23.7	18.8	100.0	622
35–39	19.0	3,183	52.2	26.5	21.3	100.0	605
40–44	17.5	2,335	57.4	25.9	16.7	100.0	408
45–49	13.1	1,907	65.4	21.8	12.7	100.0	251
Residence							
Urban	12.1	5,385	66.0	20.2	13.7	100.0	651
Rural	18.9	13,675	58.5	23.7	17.8	100.0	2,590
Division							
Barishal	15.9	1,153	65.0	21.8	13.2	100.0	183
Chattogram	12.5	3,559	70.9	15.9	13.2	100.0	444
Dhaka	10.9	4,817	63.8	19.6	16.6	100.0	523
Khulna	23.7	2,281	58.3	22.9	18.8	100.0	540
Mymensingh	26.6	1,450	50.7	26.6	22.7	100.0	385
Rajshahi	24.6	2,521	55.6	30.9	13.4	100.0	619
Rangpur	16.7	2,197	51.9	25.5	22.6	100.0	367
Sylhet	16.5	1,082	73.5	12.0	14.5	100.0	178
Education							
No education	16.5	2,475	52.5	27.2	20.2	100.0	409
Primary incomplete	20.0	2,453	56.3	26.5	17.2	100.0	490
Primary complete	17.1	2,534	60.2	19.6	20.2	100.0	434
Secondary incomplete	17.9	6,892	60.6	23.0	16.4	100.0	1,234
Secondary complete or higher	14.3	4,705	65.9	20.2	13.8	100.0	673
Wealth quintile							
Lowest	19.6	3,363	56.3	22.2	21.5	100.0	658
Second	19.9	3,846	56.3	24.7	19.0	100.0	765
Middle	19.6	3,930	59.4	25.0	15.7	100.0	769
Fourth	15.3	3,991	62.0	22.7	15.4	100.0	613
Highest	11.1	3,930	70.2	18.4	11.4	100.0	436
Total	17.0	19,060	60.0	23.0	17.0	100.0	3,241

Table 7.19 Contact with family planning providers: Type of fieldworker

Percentage of currently married women age 15-49 who reported being visited by a fieldworker in the past 6 months, by type of fieldworker, Bangladesh DHS 2022

Background characteristic	Visited in the past 6 months by:				Number of women
	Government family planning worker	Government health worker	NGO worker	Other	
Age					
15-19	54.7	28.2	16.8	1.7	212
20-24	59.3	27.5	14.4	0.0	513
25-29	59.3	27.1	15.9	0.8	630
30-34	58.5	29.8	12.8	0.3	622
35-39	63.8	26.3	11.9	0.5	605
40-44	62.9	28.0	9.5	0.0	408
45-49	62.0	27.0	12.1	0.9	251
Residence					
Urban	53.1	21.9	27.3	0.1	651
Rural	62.2	29.2	9.7	0.6	2,590
Division					
Barishal	50.1	31.5	18.7	0.1	183
Chattogram	52.7	32.3	15.2	2.7	444
Dhaka	65.1	20.8	16.3	0.3	523
Khulna	66.1	24.3	10.3	0.0	540
Mymensingh	73.4	20.3	8.1	0.2	385
Rajshahi	63.9	27.8	8.8	0.0	619
Rangpur	39.6	47.4	17.3	0.3	367
Sylhet	60.6	18.3	21.2	0.0	178
Education					
No education	58.0	31.4	12.0	0.0	409
Primary incomplete	59.8	28.4	14.6	0.0	490
Primary complete	61.8	25.7	14.1	0.7	434
Secondary incomplete	60.9	28.4	11.7	0.2	1,234
Secondary complete or higher	60.1	25.1	15.5	1.4	673
Wealth quintile					
Lowest	64.2	26.2	11.2	0.1	658
Second	60.7	29.2	11.6	0.4	765
Middle	58.6	30.8	12.1	0.1	769
Fourth	59.2	27.5	15.0	0.5	613
Highest	58.7	22.2	19.0	1.9	436
Total	60.3	27.7	13.3	0.5	3,241

NGO = nongovernmental organization

Table 7.20 Postpartum family planning

Among ever-married women who gave birth at a health facility in the 2 years before the survey and received postnatal care while in the facility, percentage who were counseled about specific issues, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Type of counseling								Number of women
	Information on family planning methods	Sources of family planning methods	Importance of spacing and limiting births	Immediate IUD insertion	Immediate implant insertion	Immediate tubal ligation	Use of LAM	Exclusive breast-feeding	
Age									
15–19	69.4	60.7	56.2	31.8	34.4	25.6	33.1	83.1	63
20–24	71.9	65.8	64.8	31.7	33.6	19.2	17.4	76.9	153
25–29	71.1	55.7	55.4	35.3	32.4	24.9	15.5	77.5	138
30–34	70.4	54.3	46.2	43.3	35.2	42.6	18.4	84.4	88
35–39	(75.9)	(78.6)	(62.6)	(26.8)	(32.7)	(55.8)	(8.5)	(71.2)	25
40–44	*	*	*	*	*	*	*	*	8
Residence									
Urban	72.1	56.5	54.6	35.5	35.2	31.3	19.2	77.0	176
Rural	70.1	63.5	59.2	35.4	33.9	27.6	18.3	79.1	299
Division									
Barishal	(87.7)	(70.4)	(67.6)	(61.8)	(58.7)	(46.0)	(30.4)	(71.3)	18
Chattogram	65.8	57.4	55.5	32.8	26.2	19.2	15.5	75.5	116
Dhaka	66.5	46.9	50.0	32.2	33.1	25.9	8.6	78.4	124
Khulna	63.8	56.7	60.2	27.9	25.6	26.1	20.3	70.4	61
Mymensingh	88.4	89.1	80.1	53.6	53.0	53.8	47.5	97.2	45
Rajshahi	(70.1)	(67.1)	(59.0)	(39.6)	(40.0)	(35.3)	(20.2)	(77.4)	41
Rangpur	(72.2)	(66.6)	(45.4)	(20.1)	(29.8)	(27.6)	(10.1)	(83.5)	40
Sylhet	85.1	78.0	64.3	46.3	45.2	31.4	28.1	74.7	31
Education									
No education	*	*	*	*	*	*	*	*	18
Primary incomplete	(66.3)	(51.9)	(47.0)	(31.2)	(30.2)	(23.5)	(10.1)	(84.8)	35
Primary complete	(69.2)	(76.6)	(63.9)	(42.9)	(40.6)	(39.8)	(19.9)	(81.2)	50
Secondary incomplete	74.5	63.7	56.6	38.5	34.7	29.8	18.5	74.1	195
Secondary complete or higher	67.0	53.6	57.1	31.0	31.7	24.3	18.5	80.0	177
Wealth quintile									
Lowest	71.3	64.3	58.2	24.7	31.7	27.0	20.7	70.3	54
Second	74.4	62.6	59.9	37.8	41.3	30.2	19.9	84.4	88
Middle	70.4	66.8	62.3	38.8	37.5	28.0	17.6	81.3	83
Fourth	73.8	62.7	54.8	34.5	23.6	30.8	22.8	78.0	112
Highest	66.1	53.6	54.8	36.8	37.8	28.1	14.4	75.9	138
Total	70.8	60.9	57.5	35.4	34.4	29.0	18.7	78.3	475

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

LAM = lactational amenorrhea method

INFANT AND CHILD MORTALITY

Key Findings

- **Current levels:** The under-5 mortality rate for the 3 years preceding the survey was 31 deaths per 1,000 live births. The infant mortality rate was 25 deaths per 1,000 live births, and the child mortality rate was 6 deaths per 1,000 children. The neonatal mortality rate was 20 deaths per 1,000 live births, and these deaths accounted for 65% of all under-5 deaths. Under-5-mortality, infant mortality, and neonatal mortality rates have declined gradually over the past three decades.
- **Perinatal mortality:** The perinatal mortality rate is 38 deaths per 1,000 pregnancies of 28 or more weeks' duration. Stillbirths account for more than half of perinatal mortality.
- **High-risk fertility behavior:** 60% of currently married women would have been in an avoidable high-risk category if they had conceived at the time of the survey.

Information on infant and child mortality is relevant to a demographic assessment of a country's population and is an important indicator of the country's socioeconomic development and people's quality of life. It can also help identify children who may be at higher risk of death and lead to strategies to reduce this risk, such as promoting birth spacing.

This chapter presents information on levels, trends, and differentials in perinatal, neonatal, infant, and under-5 mortality rates. It also examines biodemographic factors and fertility behaviors that increase mortality risks for infants and children. The information was collected as part of a retrospective pregnancy history in which female respondents listed all of the children to whom they have given birth, along with each child's date of birth, survivorship status, and current age or age at death.

In the 2022 BDHS, changes were made in the reporting of infant and child mortality data. In the 2017–18 BDHS, national mortality rates were calculated based on a 5-year recall period, roughly spanning 2012–18, and were approximately centered on 2015. The 2022 BDHS adopted a 3-year recall period for national mortality rates with estimates centering on 2021, thereby providing more up-to-date information. However, mortality rates disaggregated by background characteristics are still presented for the 5 years preceding the survey. Trend analyses use the 3-year childhood mortality rates from the eight previous BDHS surveys.

The quality of mortality estimates calculated from pregnancy histories depends on the mother's ability to recall all of the children she has given birth to, as well as their birth dates and ages at death. Potential data quality problems include:

- The selective omission from pregnancy histories of those births that did not survive, which can result in underestimation of childhood mortality.
- Displacement of birth dates, which could distort mortality trends. This can occur if an interviewer knowingly records a birth as occurring in a different year than the one in which it occurred. This could happen if an interviewer is trying to cut down on his or her overall workload, because live births occurring in the 3 years before the interview are subject to a lengthy set of additional questions.

- Misreporting the child's age at death which may distort the age pattern of mortality, especially if the net effect of the age misreporting is to transfer deaths from one age bracket to another.
- Any method of measuring childhood mortality that relies on mothers' reports (for example, pregnancy histories) assumes that female adult mortality is not high or, if it is high, that there is little or no correlation between the mortality risks of mothers and those of their children.

Selected indicators of the quality of the infant and child mortality data on which estimates in this chapter are based are presented in Appendix C, **Tables C.5** and **C.6**.

8.1 INFANT AND CHILD MORTALITY

Neonatal mortality: The probability of dying within the first month of life.

Postneonatal mortality: The probability of dying between the first month of life and the first birthday (computed as the difference between infant and neonatal mortality).

Infant mortality: The probability of dying between birth and the first birthday.

Child mortality: The probability of dying between the first and the fifth birthday.

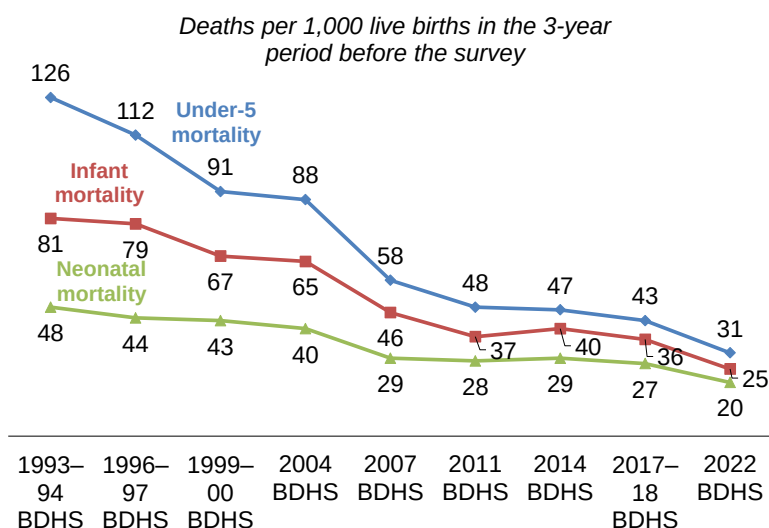
Under-5 mortality: The probability of dying between birth and the fifth birthday.

During the 3 years preceding the survey, the neonatal mortality rate was 20 deaths per 1,000 live births, the infant mortality rate was 25 deaths per 1,000 live births, and the under-5 mortality rate was 31 deaths per 1,000 live births (**Table 8.1**). Neonatal deaths account for four-fifths of infant deaths in Bangladesh. However, the country has already achieved the goal set by the 4th Health, Population and Nutrition Sector Program (HPNSP) of reducing under-5 mortality rate to 34 per 1,000 live births by 2023.

Bangladesh is also on track to achieve the 4th HPNSP's goal of reducing neonatal mortality to 18 per 1,000 live births by 2023.

Figure 8.1 shows trends in under-5, infant, and neonatal mortality rates over time based on estimates for the 3-year period before each survey. Note that in the figure, while the estimates are aligned with the survey years, they should be interpreted as representing the 3 years preceding the survey. Thus, for example, the 2022 mortality rates reflect estimates for 2019–22, centering around 2021.

Figure 8.1 Trends in early childhood mortality rates



Trends: All indicators related to childhood mortality have declined over the past three decades. Between 1993–94 and 2022, under-5, infant, and neonatal mortality rates dropped by 75%, 69%, and 58%, respectively. However, declines were notably slow or absent between 2011 and 2017–18 (**Figure 8.1**).

Attaining the aim of the SDG target will require additional efforts, namely achieving a further 19% reduction in under-5 mortality (from 31 to 25 deaths per 1,000 live births) and a further 40% reduction in neonatal mortality (from 20 to 12 deaths per 1,000 live births) by 2030.

Patterns by background characteristics

- Infant and child mortality is higher for boys than for girls. The neonatal mortality rate for the 5-year period preceding the survey is higher among male children than female children (26 versus 19 deaths per 1,000 live births). Likewise, under-5 mortality is 35 deaths per 1,000 live births among male children, as compared with 30 deaths per 1,000 live births among female children (**Table 8.2**).
- The infant mortality rate is the same in urban and rural areas (27 deaths per 1,000 live births). Under-5 mortality is slightly lower in urban areas than in rural areas (31 versus 33 deaths per 1,000 live births).

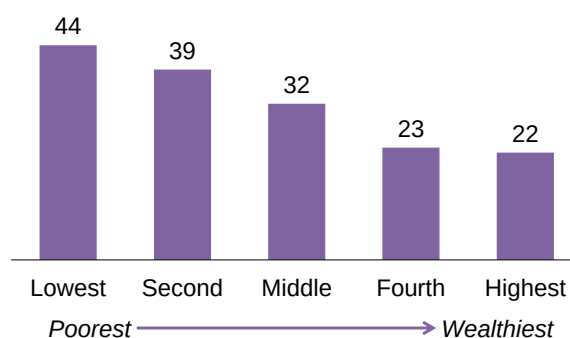
Table 8.3 presents data on the relationship between additional background characteristics and child mortality for the 5-year period preceding the survey.

Patterns by additional background characteristics

- Under-5 mortality varies by division. Sylhet has the highest level of under-5 mortality (52 deaths per 1,000 live births), followed by Rangpur (41 deaths per 1,000 live births), while Khulna has the lowest level (22 deaths per 1,000 live births) (**Table 8.3** and **Map 8.1**).
- Neonatal, infant, and under-5 mortality rates generally decrease with increasing household wealth. For instance, under-5 mortality is 44 deaths per 1,000 live births among children in the lowest wealth quintile, as compared with 22 deaths per 1,000 live births among children in the highest wealth quintile (**Figure 8.2**).

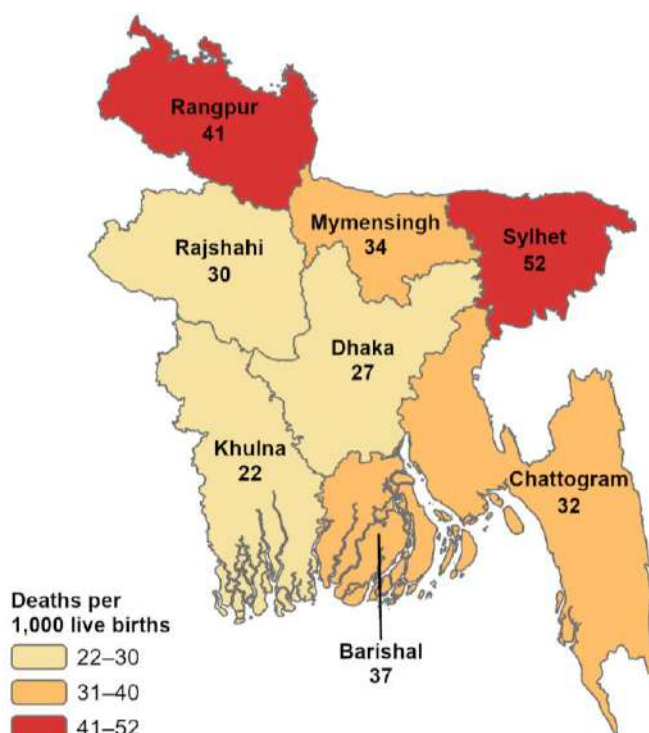
Figure 8.2 Under-5 mortality by household wealth

Deaths per 1,000 live births for the 5-year period before the survey



Map 8.1 Under-5 mortality by division

Deaths per 1,000 live births for the 5-year period before the survey



8.2 PERINATAL MORTALITY

Perinatal mortality rate

Perinatal deaths comprise stillbirths (pregnancy losses occurring after 28 weeks of gestation) and early neonatal deaths (deaths among live births in the first 7 days of life). The perinatal mortality rate is calculated as the number of perinatal deaths per 1,000 pregnancies of 28 or more weeks' duration.

Sample: Number of pregnancies of 28 or more weeks' duration among women age 15–49 in the 3 years before the survey

In 2014 the Every Newborn Action Plan, a global multipartner movement to end preventable maternal and newborn deaths and stillbirths, set a target for national stillbirth rates of 12 or fewer stillbirths per 1,000 births in all countries by 2030 (WHO and UNICEF 2014).

The perinatal mortality rate encompasses both stillbirths and early neonatal deaths. For the 3 years preceding the survey, the stillbirth rate was 21 per 1,000 pregnancies of 28 or more weeks and the early neonatal death rate was 17 per 1,000 live births in. The perinatal mortality rate was 38 deaths per 1,000 pregnancies of 28 or more weeks. Therefore, stillbirths account for more than half (55%) of perinatal mortality (**Table 8.4**).

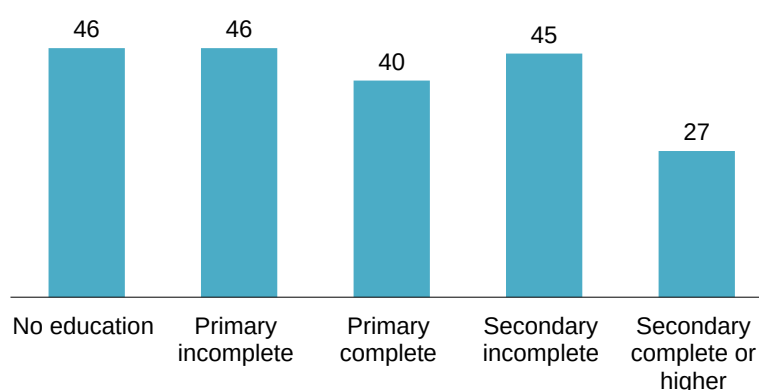
Trends: The perinatal mortality rate for the 3 years preceding the survey declined from 65 per 1,000 pregnancies for the period 2001–04 to 38 per 1,000 pregnancies of 28 or more weeks for the period 2019–22.

Patterns by background characteristics

- The perinatal mortality rate for the 5 years preceding the survey is highest for women who became pregnant 15–26 months after a previous pregnancy (44 deaths per 1,000 pregnancies of 28 or more weeks) and lowest for women who became pregnant 27–38 months after a previous pregnancy (27 deaths per 1,000 pregnancies of 28 or more weeks) (**Table 8.4**).
- The perinatal mortality rate is higher in rural areas (40 deaths per 1,000 pregnancies of 28 or more weeks) than in urban areas (35 deaths per 1,000 pregnancies of 28 or more weeks).
- By division, perinatal mortality rate ranges from 30 deaths per 1,000 pregnancies of 28 or more weeks in Dhaka to 48 deaths per 1,000 pregnancies of 28 or more weeks in Mymensingh.
- Perinatal mortality decreases as mother's level of education increases. It is higher among mothers who have no education and those who have not completed primary school (46 deaths per 1,000 pregnancies of 28 or more weeks) than among those with a secondary education or higher (27 deaths per 1,000 pregnancies of 28 or more weeks) (**Figure 8.3**).
- The perinatal mortality rate is inversely related to household wealth. It is highest for mothers

Figure 8.3 Perinatal mortality by mother's education

Deaths per 1,000 pregnancies of 7 or more months' duration in the 5-year period before the survey



in the lowest wealth quintile (53 deaths per 1,000 pregnancies of 28 or more weeks) and lowest for mothers in the highest wealth quintile (23 deaths per 1,000 pregnancies of 28 or more weeks).

8.3 HIGH-RISK FERTILITY BEHAVIOR

The survival of infants and children depends in part on the demographic and biological characteristics of their mothers. Typically, the probability of dying in infancy is much greater among children born to mothers who are too young (under age 18) or too old (over age 34), children born after a short birth interval (less than 24 months after the preceding birth), and children born to mothers of high parity (more than three children). **Table 8.5** shows the percent distribution of children born in the 5-year period preceding the survey by category of elevated risk of mortality (along with risk ratios) and the percent distribution of currently married women by their category of risk if they were to conceive a child at the time of the survey.

Forty-five percent of births in the 5 years preceding the survey are not in any high-risk category. Twenty-nine percent fall under the unavoidable risk category (first-order births to women between age 18 and age 34) and 27% are in an avoidable high-risk category, with 23% in a single high-risk category and 4% in multiple high-risk categories.

The risk ratio denotes the relationship between risk factors and child mortality. Among the single high-risk categories, the risk ratio is highest (1.56) for births that occur within 24 months of a previous birth. Among the multiple high-risk categories, the risk ratio is highest (1.47) for births in which the mother is over age 34 and the birth order exceeds three.

Sixty percent of currently married women in Bangladesh would have been in an avoidable high-risk category if they had conceived at the time of the survey; 33% would have been in a single high-risk category, and 26% would have been in a multiple high-risk category. Thirty-three percent of women would not have been in any high-risk category, while 8% would have been in an unavoidable risk category (**Table 8.5**).

LIST OF TABLES

For more information on infant and child mortality, see the following tables:

- **Table 8.1** Early childhood mortality rates
- **Table 8.2** Five-year early childhood mortality rates according to background characteristics
- **Table 8.3** Five-year early childhood mortality rates according to additional characteristics
- **Table 8.4** Perinatal mortality
- **Table 8.5** High-risk fertility behavior

Table 8.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-5 mortality rates for 3-year periods preceding the survey, Bangladesh DHS 2022

Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$)	Under-5 mortality (${}_5q_0$)
0–2	20	5	25	6	31
3–5	24	6	30	5	35
6–8	31	9	40	7	47

¹ Computed as the difference between the infant and neonatal mortality rates

Table 8.2 Five-year early childhood mortality rates according to background characteristics

Neonatal, postneonatal, infant, child, and under-5 mortality rates for the 5-year period preceding the survey, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN) ¹	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$)	Under-5 mortality (${}_5q_0$)
Child's sex					
Male	26	4	29	6	35
Female	19	7	25	5	30
Residence					
Urban	22	6	27	4	31
Rural	22	5	27	5	33
Total	22	5	27	5	32

¹ Computed as the difference between the infant and neonatal mortality rates

Table 8.3 Five-year early childhood mortality rates according to additional characteristics

Neonatal, postneonatal, infant, child, and under-5 mortality rates for the 5-year period preceding the survey, according to additional characteristics, Bangladesh DHS 2022

Characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN) ¹	Infant mortality (1q0)	Child mortality (4q1)	Under-5 mortality (5q0)
Mother's age at birth					
<20	22	6	29	4	32
20–29	22	5	27	6	32
30–39	21	6	28	5	32
Birth order					
1	23	5	28	4	32
2–3	21	5	27	5	32
4–6	22	6	29	7	35
7+	*	*	*	*	*
Previous birth interval²					
<2 years	26	13	39	9	48
2 years	26	8	34	6	39
3 years	20	6	27	9	36
4+ years	20	4	24	4	28
7+ years	*	*	*	*	*
Division					
Barishal	18	6	24	14	37
Chattogram	23	3	26	6	32
Dhaka	19	6	25	2	27
Khulna	18	1	19	4	22
Mymensingh	25	5	30	4	34
Rajshahi	20	6	26	4	30
Rangpur	30	3	33	8	41
Sylhet	29	17	46	6	52
Mother's education					
No education	28	6	34	4	38
Primary incomplete	27	8	35	6	40
Primary complete	20	7	27	4	31
Secondary incomplete	25	5	30	7	37
Secondary complete or higher	16	4	19	4	23
Wealth quintile					
Lowest	31	6	36	8	44
Second	30	5	35	4	39
Middle	23	4	27	6	32
Fourth	14	6	20	3	23
Highest	12	6	18	5	22

Note: An asterisk indicates that a figure is based on fewer than 250 person-years of exposure to the risk of death and has been suppressed.

¹ Computed as the difference between the infant and neonatal mortality rates

² Excludes first-order births

Table 8.4 Perinatal mortality

Number of stillbirths, number of early neonatal deaths, stillbirth rate, early neonatal rate, perinatal mortality rate, and the ratio of stillbirths to early neonatal deaths for the 5-year period preceding the survey, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Number of stillbirths ¹	Number of early neonatal deaths ²	Stillbirth rate ³	Early neonatal mortality rate ⁴	Perinatal mortality rate ⁵	Number of pregnancies of 28+ weeks' duration ⁶	Ratio of stillbirths to early neonatal deaths
Mother's age at birth							
<20	82	66	25	21	46	3,228	1.2
20–29	150	123	19	16	35	7,772	1.2
30–39	53	45	21	19	39	2,503	1.2
40–49	7	3	70	34	102	94	2.2
Previous pregnancy interval in months⁷							
First pregnancy	116	86	25	19	43	4,677	1.3
<15	40	25	26	17	42	1,543	1.6
15–26	27	28	21	23	44	1,251	1.0
27–38	16	18	13	14	27	1,240	0.9
39+	94	81	19	17	36	4,884	1.2
Residence							
Urban	67	63	18	17	35	3,693	1.1
Rural	225	175	23	18	40	9,903	1.3
Division							
Barishal	19	12	21	15	35	876	1.5
Chattogram	65	54	22	19	41	2,915	1.2
Dhaka	57	46	17	14	30	3,418	1.2
Khulna	30	21	22	16	37	1,373	1.4
Mymensingh	33	23	28	20	48	1,159	1.4
Rajshahi	34	23	24	17	40	1,414	1.5
Rangpur	28	41	19	28	46	1,493	0.7
Sylhet	27	18	29	19	47	947	1.6
Mother's education							
No education	21	19	24	23	46	869	1.1
Primary incomplete	34	31	24	23	46	1,426	1.1
Primary complete	44	28	25	16	40	1,791	1.6
Secondary incomplete	134	113	24	21	45	5,506	1.2
Secondary complete or higher	60	47	15	12	27	4,004	1.3
Wealth quintile							
Lowest	79	78	27	27	53	2,980	1.0
Second	64	57	23	21	44	2,770	1.1
Middle	54	52	20	19	39	2,739	1.0
Fourth	60	29	23	11	34	2,623	2.1
Highest	35	23	14	9	23	2,483	1.5
Total (5-year period)	292	238	21	18	39	13,595	1.2
Total (3-year period)	177	138	21	17	38	8,249	1.3

Note: Respondents may choose to report the duration of their pregnancy in either weeks or months.

¹ Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months.

² Early neonatal deaths are deaths at age 0–6 days among live-born children.

³ Stillbirth rate: the number of stillbirths divided by the number of pregnancies lasting 28 or more weeks, expressed per 1,000

⁴ Early neonatal mortality rate: the number of early neonatal deaths divided by the number of live births, expressed per 1,000

⁵ Perinatal mortality rate: the sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies lasting 28 or more weeks, expressed per 1,000

⁶ Includes pregnancies lasting 7 or more months when duration of pregnancy is reported in months

⁷ Pregnancy interval categories correspond to birth interval categories of <24 months, 24–35 months, 36–47 months, and 48+ months assuming a pregnancy duration of 9 months.

Table 8.5 High-risk fertility behavior

Percent distribution of children born in the 5 years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Bangladesh DHS 2022

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women ¹
	Percentage of births	Risk ratio	
Not in any high-risk category	44.8	1.00	32.6 ^a
Unavoidable risk category			
First-order births between age 18 and age 34	28.5	1.00	7.9
In any avoidable high-risk category (5-year period)	26.7	1.23	59.5
In any avoidable high-risk category (3-year period)	25.7	1.10	59.5
Single high-risk category			
Mother's age <18 only	9.9	1.19	1.6
Mother's age >34 only	2.4	1.00	16.5
Birth interval <24 months only	4.5	1.56	8.4
Birth order >3 only	5.9	1.05	7.0
Subtotal	22.8	1.21	33.4
Multiple high-risk category			
Age <18 and birth interval <24 months ²	0.3	(0.00)	0.4
Age >34 and birth interval <24 months	0.0	*	0.3
Age >34 and birth order >3	2.5	1.47	22.2
Age >34 and birth interval <24 months and birth order >3	0.2	*	0.8
Birth interval <24 months and birth order >3	0.9	1.27	2.5
Subtotal	4.0	1.34	26.1
Total	100.0	na	100.0
Subtotals by individual avoidable high-risk category			
Mother's age <18	10.3	1.15	1.9
Mother's age >34	5.1	1.28	39.7
Birth interval <24 months	6.0	1.45	12.3
Birth order >3	9.5	1.20	32.5
Number of births/women	13,303	na	28,594

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category. Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

na = not applicable

¹ Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.

² Includes the category age <18 and birth order >3

^a Includes sterilized women

Key Findings

- **Antenatal care:** The percentage of women receiving antenatal care (ANC) from a medically trained provider has increased gradually over the past three decades, from 21% in 1993–94 to 88% in 2022. Forty-one percent of women had at least four ANC visits for their most recent live birth in the 2 years preceding the survey.
- **Components of antenatal care:** Among women who received ANC for their most recent live birth, only 21% received quality ANC.
- **Protection against neonatal tetanus:** 83% of the most recent live births to women in the 2 years preceding the survey were protected against neonatal tetanus.
- **Delivery services:** 65% of deliveries that resulted in a live birth were conducted in a health facility, and 45% took place in a private medical sector health facility. Overall, 70% of live births were assisted by medically trained providers.
- **Cesarean section:** 45% of live births in the 2 years preceding the survey were delivered via cesarean section, a notable increase from 3% in 1999–2000.
- **Postnatal care:** 55% of mothers and 56% of newborns received a postnatal check during the first 2 days after delivery.
- **Essential newborn care:** The five recommended essential newborn care practices were instituted for only 3% of newborns among noninstitutional deliveries.
- **Problems in accessing health care:** 66% of women reported at least one problem in accessing health care.

Health care services during pregnancy and childbirth and after delivery are important for the survival and well-being of both the mother and the infant. Antenatal care (ANC) can reduce health risks for mothers and infants through monitoring pregnancies and screening for complications. Delivery at a health facility, under skilled medical attention and hygienic conditions, reduces the risk of complications and infections during labor and delivery. Timely postnatal care provides an opportunity to diagnose and treat complications arising from delivery and teach the mother how to care for herself and her newborn after delivery.

The first part of this chapter presents information on ANC coverage, the number and timing of ANC visits, and various components of care. The second focuses on childbirth and provides information on place of delivery, assistance during delivery, and cesarean deliveries. The third section focuses on postnatal care and presents information on postnatal health checks for mothers and newborns as well as newborn care. The final section covers an issue that affects women’s health regardless of their maternal status: problems they experience accessing health care.

The Government of Bangladesh is committed to achieving the Sustainable Development Goals of reducing maternal and child mortality and improving access to health care services for all irrespective of

sociodemographic background. The Bangladesh National Strategy for Maternal Health 2019–2030 (MoHFW 2019) aims to guide the government in addressing the existing gaps and inequities in delivery of quality maternal health services as well as the social and development factors that impact maternal health. The government has published the Standard Clinical Management Protocols and Flowcharts on Emergency Obstetric and Neonatal Care (EmONC) to manage labor and common obstetric emergencies in EmONC centers (OGSB and MoHFW 2019). An operational manual for the Maternal and Newborn Health Services Accreditation Program has been developed to maintain minimum standards for maternal and newborn health services in the country’s health facilities (DGHS 2022).

9.1 ANTENATAL CARE COVERAGE AND CONTENT

ANC from a medically trained provider is a crucial component of maternal and fetal health care. It involves regular medical check-ups, screenings, and guidance provided to pregnant women. ANC is important to monitor the health of the mother and the developing fetus, to identify potential complications, and to take preventive measures to ensure a safe, healthy pregnancy and delivery. To be most effective, ANC visits/contacts should occur regularly throughout the pregnancy.

9.1.1 Skilled Providers

Antenatal care (ANC) from a medically trained provider

Pregnancy care received from medically trained providers, such as qualified doctors, nurses, midwives, paramedics, family welfare visitors (FWVs), community skilled birth attendants (CSBAs), and sub-assistant community medical officers (SACMOs).

Sample: Women age 15–49 who had a live birth or stillbirth in the 2 years before the survey

Eighty-eight percent of women who had a live birth in the 2 years preceding the survey received ANC from a medically trained provider for their most recent live birth. Among those who had a stillbirth in the 2 years preceding the survey, 77% received ANC for their most recent stillbirth. Eighty-four percent of women who had a live birth in the 2 years preceding the survey received ANC for their most recent live birth from a qualified doctor (Table 9.1).

Trends: The proportion of women receiving ANC for their most recent live birth from a medically trained provider has increased fourfold since 1993–94, from 21% to 88% (Figure 9.1).

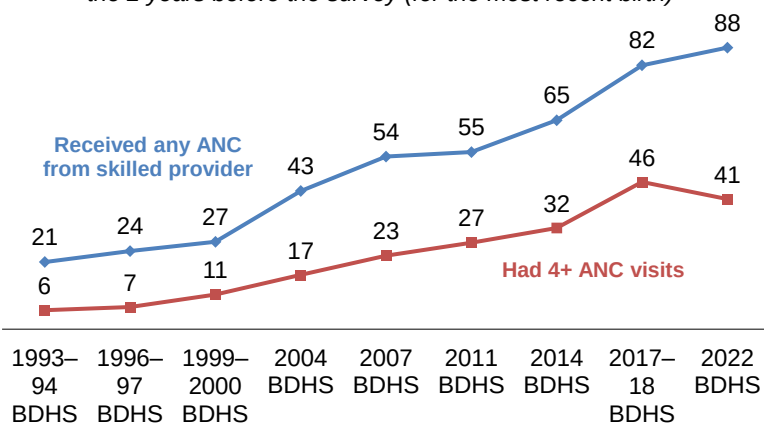
Patterns by background characteristics

- Women with first-order live births (91%) are more likely to receive ANC from a medically trained provider than women with higher-order live births (Table 9.1).

- By division, Khulna (91%) has the highest proportion of women receiving ANC from a medically trained provider, whereas Sylhet (80%) has the lowest.

Figure 9.1 Trends in antenatal care coverage

Percentage of women age 15–49 who had a live birth in the 2 years before the survey (for the most recent birth)



- The likelihood of receiving ANC from a medically trained provider increases with increasing education. The proportion of women receiving ANC from a medically trained provider is 73% among those with no education, as compared with 95% among those with a secondary or higher education.
- The likelihood of receiving ANC from a medically trained provider also rises with increasing household wealth, from 76% among women in the lowest wealth quintile to 97% among women in the highest wealth quintile.

9.1.2 Place of Antenatal Care

The place where a woman receives antenatal care has an impact on both frequency and quality of care. Information on source of ANC also assists policymakers with decisions on how to allocate resources. Women who had a live birth in the 2 years preceding the survey were asked whether they received ANC for their most recent birth and where they received it. As women may visit more than one type of facility for ANC during the same pregnancy, the facility categories are not mutually exclusive and do not sum to 100%. The private sector is the leading source for ANC (72%). About one in three women received ANC from public sector health facilities (34%), 4% from nongovernmental organization (NGO) facilities, and 6% at home (**Table 9.2**).

Trends: The proportion of women receiving ANC from the private sector increased from 64% in the 2017–18 BDHS to 72% in the 2022 BDHS, while the proportion of women receiving ANC from the public sector remained nearly the same (36% in the 2017–18 BDHS and 34% in the 2022 BDHS). The proportion of women receiving ANC at home decreased by 30 percentage points between the 2017–18 and 2022 BDHS surveys (from 36% to 6%).

Patterns by background characteristics

- Women with a secondary education or higher (79%) are more likely to receive ANC from the private sector than women with no education (63%).
- Sixty-four percent of women in the lowest wealth quintile received ANC from the private sector, as compared with 79% of women in the highest wealth quintile.

9.1.3 Timing and Number of Antenatal Care Visits

Forty-one percent of women had at least four ANC visits for their most recent live birth in the 2 years preceding the survey; only 5% had eight or more visits. More than one-third of women (37%) received ANC during their first trimester of pregnancy. The median gestational age at the first ANC visit among those who received ANC is 4.7 months. Among women who had a stillbirth in the 2 years preceding the survey, 36% had at least four ANC visits for their most recent stillbirth (**Table 9.3**).

Trends: The proportion of women with at least four ANC visits for their most recent live birth increased from 6% in the 1993–94 BDHS to 46% in the 2017–18 BDHS but declined in the 2022 BDHS (41%) (**Figure 9.1**). The percentage of women receiving ANC during the first trimester increased from 11% in the 1993–94 BDHS to 37% in the 2017–18 BDHS and remained unchanged in the 2022 BDHS.

9.2 COMPONENTS OF ANTENATAL CARE

Components of antenatal care

Specific antenatal care services performed by a health care provider include measuring blood pressure, taking a urine sample, taking a blood sample, measuring weight, and counseling about pregnancy danger signs.

Sample—quality of care indicator: Women age 15–49 who had a live birth or stillbirth in the 2 years before the survey and had at least one ANC visit

Sample—population-based indicator: All women age 15–49 who had a live birth or stillbirth in the 2 years before the survey

The ability for ANC to act as an effective intervention for identifying issues occurring during pregnancy that could adversely affect pregnancy outcomes is dictated in large part by the components of ANC services offered by the health care provider.

As a part of ANC, certain interventions and tests are recommended at each ANC contact. These include but are not limited to the following:

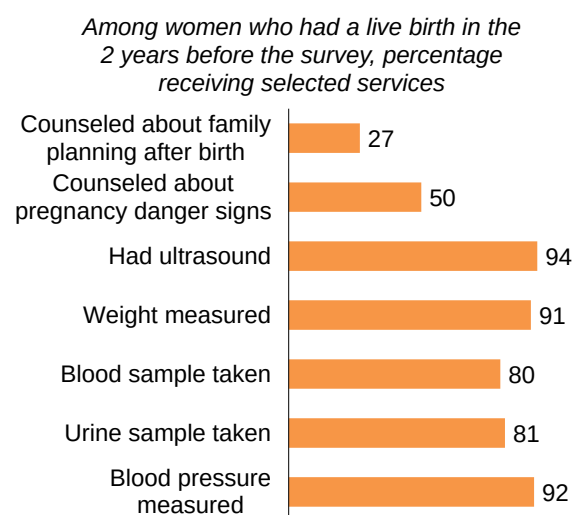
- Measuring blood pressure. Taking a woman's blood pressure at each antenatal care visit is essential to monitor for gestational hypertension or preeclampsia.
- Conducting urine and blood tests. These tests assess signs of infection or other diseases and conditions that could negatively affect a woman or her baby during or after pregnancy.
- Measuring weight. Measuring a woman's weight at routine ANC visits helps in understanding gestational weight gain.
- Counseling about pregnancy danger signs. Providing information about pregnancy danger signs is important for helping the woman understand when to go to a health facility so that a health care provider can assess her condition.

In the 2022 BDHS, data collected on components of ANC were tabulated in two ways. **Table 9.4.1** shows the percentage of women with at least one ANC visit for a live birth or stillbirth in the 2 years before the survey who received specified ANC services. This tabulation is a measure of the quality of the ANC services these women received. **Table 9.4.2** shows the percentage of all women with a live birth or stillbirth in the past 2 years who received specified ANC services, regardless of whether they reported an ANC visit. This tabulation is a measure of coverage of these key ANC interventions among the population of women in need of them.

Among women who received ANC for their most recent live birth, 92% had their blood pressure checked, 94% had an ultrasound, and 91% had their weight measured. Urine samples (81%) and blood samples (80%) were taken for four out of five women who received ANC. Only 50% of women received counseling on pregnancy danger signs, and 27% received counseling about family planning after birth (**Table 9.4.1** and **Figure 9.2**).

Among all women who had a live birth in the 2 years preceding the survey, 86% had their blood pressure measured, 87% had an ultrasound, and 84% had their weight measured (**Table 9.4.2**).

Figure 9.2 Components of antenatal care



Patterns by background characteristics

- Among women who received ANC for their most recent live birth, those from urban areas were more likely to have their blood pressure measured (96%), to have a blood sample taken (88%), and to have an ultrasound done (97%) than those from rural areas (91%, 77%, and 93%, respectively) (**Table 9.4.1**).
- Fewer women in the lowest wealth quintile had their blood pressure measured (85%) and an ultrasound done (86%) than women in the highest wealth quintile (98% and 97%, respectively).
- Among all women with a live birth in the 2 years preceding the survey, those with a secondary education or higher were more likely to have their blood pressure measured (94%) and to be counseled about pregnancy danger signs (56%) than those with no education (63% and 31%, respectively) (**Table 9.4.2**).

9.3 QUALITY OF ANTENATAL CARE

The 2022 BDHS defines quality ANC as follows: a woman has four or more ANC visits, of which at least one is with a medically trained provider and receives all five basic components of ANC (weight and blood pressure measurements, urine and blood tests, and counseling on danger signs in pregnancy) at least once. The results showed that 38% of women had four or more ANC visits, at least one with a medically trained provider; an equal proportion of women received all five basic components of ANC. According to the 2022 BDHS definition, only 21% of women with a live birth in the 2 years preceding the survey received quality ANC for their most recent birth (**Table 9.5**).

Patterns by background characteristics

- Urban women receive quality ANC more often than rural women (33% versus 17%) (**Table 9.5**).
- Quality ANC is more common among women with a secondary education or higher (33%) than among women with a primary incomplete education (9%).
- Household wealth appears to be correlated with receipt of quality care. The percentage of women receiving quality ANC ranges from 8% in the lowest wealth quintile to 39% in the highest wealth quintile.

9.4 PROTECTION AGAINST NEONATAL TETANUS

Protection against neonatal tetanus

The number of tetanus toxoid injections needed to protect a baby from neonatal tetanus depends on the mother's vaccinations. A birth is protected against neonatal tetanus if the mother has received any of the following:

- Two tetanus toxoid injections during the pregnancy
- Two or more injections, the last one within 3 years of the birth
- Three or more injections, the last one within 5 years of the birth
- Four or more injections, the last one within 10 years of the birth
- Five or more injections at any time prior to the birth

Sample: Women age 15–49 with a live birth in the 2 years before the survey

Among women age 15–49 with a live birth in the 2 years preceding the survey, 83% had their most recent live birth protected against neonatal tetanus; 25% received two or more injections during the pregnancy (**Table 9.6**).

Patterns by background characteristics

- Mothers age 35–49 are less likely to have received two or more injections during the pregnancy for their most recent live birth (17%) than mothers age 20–34 (22%) and those under age 20 (35%) (**Table 9.6**).
- The percentage of women whose most recent live birth was protected against neonatal tetanus is lowest among those with fourth- or fifth-order births (75%) and highest among those with first-order births (87%).
- By division, the proportion of women whose most recent live birth was protected against neonatal tetanus ranges from 77% in Sylhet division to 87% in Mymensingh division.
- The proportion of women whose most recent live birth was protected against neonatal tetanus is lowest among those with no education (64%) and highest among those with a secondary education or higher (89%).

9.5 DELIVERY SERVICES

Delivery under proper medical attention and hygienic conditions can reduce the risk of complications and infections that can cause death or serious illness for the mother or the newborn. The Bangladesh Maternal Health Strategy, which encourages women to deliver under the care of medically trained birth attendants (TBAs), promotes safe motherhood through various activities, especially delivery by a skilled birth attendant (MoHFW 2019).

9.5.1 Institutional Deliveries

Institutional deliveries

Deliveries that occur in a health facility.

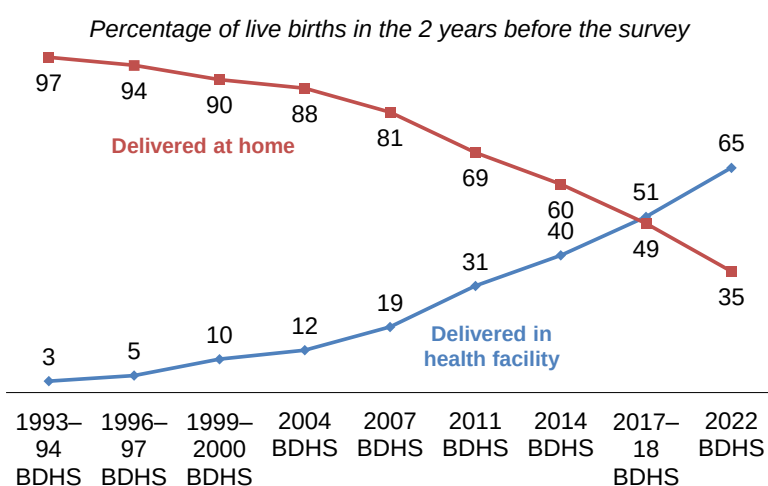
Sample: All live births and/or stillbirths in the 2 years before the survey

Sixty-five percent of live births in the 2 years preceding the survey were delivered in health facilities, while 35% were delivered at home (**Table 9.7**). In the case of stillbirths, 66% were delivered in health facilities and 34% at home.

Eighteen percent of deliveries resulting in a live birth took place in a public sector health facility and 45% in a private medical sector health facility; only 2% occurred in an NGO health facility.

Trends: The proportion of live births delivered in a health facility has increased notably over time, from 3% in the 1993–94 BDHS to 65% in the 2022 BDHS. The proportion of home deliveries decreased from 97% in the 1993–94 BDHS to 35% in the 2022 BDHS (**Figure 9.3**).

Figure 9.3 Trends in place of birth

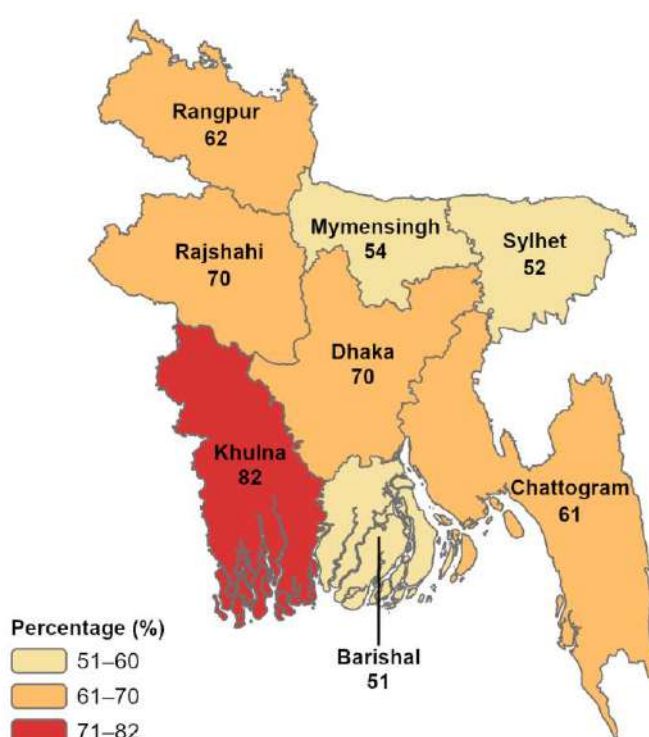


Patterns by background characteristics

- Mothers aged 35–49 deliver live births in a health facility less frequently (55%) than mothers aged 20–34 and those under age 20 (65% each) (**Table 9.7**).
- First-order births are more often (73%) delivered in a health facility than second- or third-order births (63%) and fourth- or fifth-order births (40%).
- Births to mothers who had at least four ANC visits (80%) take place more often in health facilities than births to mothers who had no ANC visits (22%).
- Institutional births are more common in urban areas than rural areas (76% versus 61%).
- By division, the percentage of deliveries that occur in a health facility is highest in Khulna (82%) and lowest in Barishal (51%) (**Map 9.1**).

Map 9.1 Health facility births by division

Percentage of live births in the 2 years before the survey that were delivered in a health facility



- The percentage of institutional births is lower among women with no education (44%) than women with a secondary education or higher (81%).
- Deliveries in a health facility are least common among women in the lowest wealth quintile (42%) and most common among women in the highest wealth quintile (87%) (**Figure 9.4**).

9.5.2 Delivery by Cesarean Section

Access to cesarean sections (C-sections) can reduce maternal and neonatal mortality and complications such as obstetric fistula. However, use of C-sections without medical need can put women at risk of short-term and long-term health problems. The World Health Organization (WHO) advises that C-sections be done when medically necessary but does not recommend a specific rate for countries to achieve at the population level (WHO 2015a). However, the percentage of C-section births is sometimes considered to be a proxy indicator of women's access to skilled care for complicated deliveries.

In the 2022 BDHS, 45% of live births were delivered via C-section in Bangladesh; 21% of stillbirths were delivered via C-section (**Table 9.8**).

Trends: The percentage of live births delivered via C-section increased from 3% in the 1999–2000 BDHS to 45% in the 2022 BDHS.

Patterns by background characteristics

- The C-section rate is higher among first-order live births (51%) than fourth- or fifth-order births (21%) (**Table 9.8**).
- Eighty-three percent of births in private medical sector health facilities are delivered via C-section, as compared with 36% of births in public sector health facilities.
- The C-section rate is higher in urban areas (56%) than in rural areas (40%).
- The C-section rate increases with the mother's level of education. Only 24% of births among mothers with no education are delivered via C-section, compared with 59% of births among mothers with a secondary education or higher.
- C-section deliveries increase with increasing household wealth, from 23% among mothers in the lowest wealth quintile to 67% among mothers in the highest wealth quintile (**Figure 9.5**).

Figure 9.4 Health facility births by household wealth

Percentage of live births in the 2 years before the survey that were delivered in a health facility

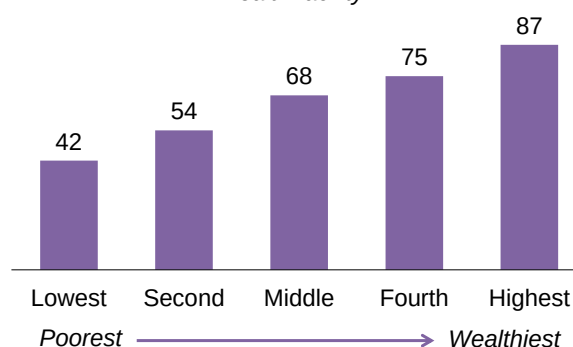
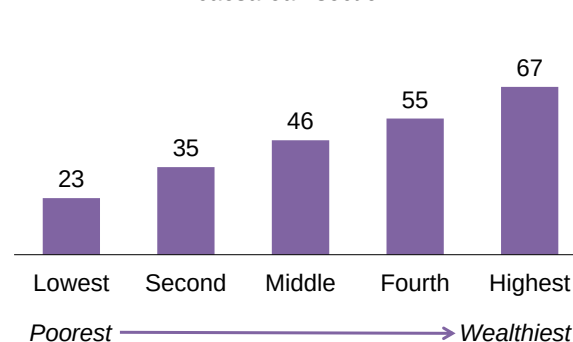


Figure 9.5 Cesarean section by household wealth

Percentage of live births in the 2 years before the survey that were delivered by caesarean section



9.5.3 Skilled Assistance during Delivery

Delivery by a medically trained provider

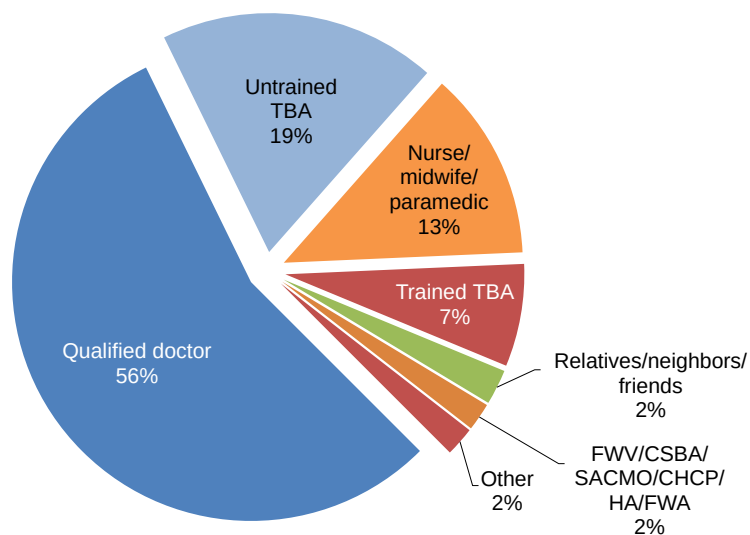
Births delivered with the assistance of a qualified doctor, nurse, midwife, paramedic, family welfare visitor, community skilled birth attendant, or sub-assistant community medical officer.

Sample: All live births and/or stillbirths in the 2 years before the survey

Obstetric care from a medically trained provider during delivery is a critical factor in reducing maternal and neonatal mortality. The aim of the 4th HPNSP was to increase the percentage of deliveries by medically trained providers to 65% by 2023. The results of the 2022 BDHS suggest that Bangladesh has surpassed this goal. Seventy percent of deliveries resulting in a live birth in Bangladesh were assisted by a medically trained provider, with 56% assisted by a qualified doctor and 13% by a nurse, midwife, or paramedic (**Figure 9.6**). Seventy-three percent of deliveries resulting in a stillbirth were assisted by a medically trained provider. Among most recent live births in the 2 years preceding the survey, 17% had skin-to-skin contact immediately after birth (**Table 9.9**).

Figure 9.6 Assistance during delivery

Percent distribution of births in the 2 years before the survey



Note: "Other" includes NGO worker and unqualified doctor (1% each).

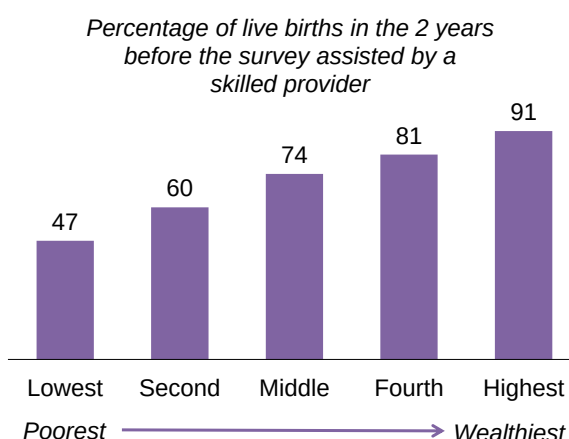
Trends: The proportion of live births assisted by a medically trained provider has increased notably over time, from 23% in the 2007 BDHS to 70% in the 2022 BDHS.

Patterns by background characteristics

- Live births among mothers with at least four ANC visits (84%) are more often assisted by a medically trained provider than births among mothers with no ANC visits (31%) (**Table 9.9**).
- The percentage of deliveries assisted by a medically trained provider is lowest in Mymensingh (57%) and highest in Khulna (87%).

- The proportion of deliveries assisted by a medically trained provider increases with increasing mother's education, from 48% among mothers with no education to 86% among those with a secondary education or higher.
- Assistance from medically trained providers during delivery also increases with increasing household wealth, from 47% among mothers in the lowest wealth quintile to 91% among those in the highest quintile (**Figure 9.7**).

Figure 9.7 Skilled assistance at delivery by household wealth



Duration of Stay at the Health Facility

Among women who underwent a C-section delivery for their most recent live birth, 94% remained in the health facility for at least 3 days following delivery. In contrast, only 11% of those who had a vaginal delivery stayed for the same duration (**Table 9.10**).

Staying at the hospital for 7 days or more after a cesarean section delivery resulting in a live birth is more common in public sector facilities (16%) than private sector facilities (8%) (**Table 9.11**).

Cost of Delivery at a Health Facility

Information on cost of delivery was collected from the survey respondents. Deliveries in private facilities generally incurred higher costs than those in public facilities. For instance, 95% of C-section deliveries in private facilities cost 10,000 takas or more, as compared with 74% of C-section deliveries in public facilities. A similar disparity is observed for normal deliveries, with 41% of C-sections in private facilities falling in that cost range versus 17% in public facilities (**Table 9.12**). Financial payment for deliveries is derived mostly from family sources (85%) (**Table 9.13**). Twenty percent of respondents reported borrowing money to cover delivery costs.

9.6 POSTNATAL CARE

Postnatal care (PNC) stands as a pivotal element in ensuring the well-being of both mothers and newborns. Postnatal check-ups offer a crucial opportunity for evaluating and addressing any potential delivery-related complications and counseling mothers on how to care for themselves and their newborn infant after delivery. The World Health Organization recommends that women receive a postnatal health check within 24 hours after delivery (WHO 2015b). In addition, the first 2 days following delivery are critical for monitoring complications among both mothers and their newborns. The 4th HPNSP aimed to increase coverage of PNC from a medically trained provider within 2 days of birth for noninstitutional deliveries from 5% (the figure reported in the 2014 BDHS) to 10% by 2023.

9.6.1 Postnatal Health Check for Mothers

Overall, 55% of mothers received a postnatal check for their most recent live birth during the first 2 days after delivery, with 43% receiving a check-up within 4 hours of delivery. Fifty-two percent of mothers received a postnatal check for their most recent stillbirth (**Table 9.14**).

Trends: The percentage of mothers giving birth in the 2 years preceding the survey who had their first postnatal check-up within the first 2 days after birth has increased over time, from 29% in the 2011 BDHS to 55% in the 2022 BDHS.

Patterns by background characteristics

- The proportion of mothers receiving a postnatal check during the first 2 days after delivery for their most recent live birth decreases as birth order increases, from 61% for first-order births to 36% for fourth- or fifth-order births (**Table 9.14**).
- The proportion of mothers who received a postnatal check during the first 2 days after delivery is higher among those who delivered in a health facility than among those who delivered elsewhere (78% versus 13%).
- Less than half of mothers in Barishal (47%), Mymensingh (45%), Rangpur (49%), and Sylhet (45%) received a postnatal check during the first 2 days after birth, as compared with 73% of mothers in Khulna.
- Sixty-seven percent of mothers with a secondary or higher education received a postnatal check during the first 2 days after birth, compared with 37% of those with no education.
- The percentage of mothers receiving postnatal care during the first 2 days after birth increases with increasing household wealth, from 37% among those in the lowest wealth quintile to 72% among those in the highest wealth quintile.

Type of Provider for Mother

Among mothers who had a live birth in the 2 years preceding the survey, 35% received care from qualified doctors during the first 2 days after the delivery of their most recent live birth and 20% received PNC from a nurse, midwife, paramedic, or family welfare visitor; 31% did not receive any check during the first 2 days. Among those who had a stillbirth in the 2 years preceding the survey, 41% did not receive a postnatal check during the first 2 days for their most recent stillbirth (**Table 9.15**). The proportion of mothers receiving a postnatal check from a qualified doctor for their most recent live birth is higher among those who delivered at a health facility than among those who delivered elsewhere (51% versus 5%).

Content of Care for Mother

Among mothers who received a postnatal check after their most recent live birth, 56% had their blood pressure measured, 47% were asked about vaginal bleeding, and 22% were counseled about family planning during the first 2 days. Only 17% had all three critical checks performed in the first 2 days after birth. Among women who received a postnatal check after their most recent stillbirth, 16% had all three checks performed in the first 2 days after delivery (**Table 9.16**).

9.6.2 Postnatal Health Check for Newborns

Proper care for newborns is essential in reducing neonatal morbidity and mortality. The first 48 hours of life are critical, as most neonatal deaths occur within that period (WHO 2015b). Postnatal care for newborns should start as soon as possible after birth.

Fifty-six percent of newborns received a postnatal check within the first 2 days after birth. Sixteen percent had a postnatal check within the first hour of life (**Table 9.17**).

Trends: The percentage of newborns in the 2 years preceding the survey who had their first postnatal check within the first 2 days after birth increased from 39% in the 2011 BDHS to 56% in the 2022 BDHS.

Patterns by background characteristics

- The percentage of newborns receiving a postnatal check during the first 2 days after birth decreases as birth order increases, from 63% among first-order births to 39% among fourth- or fifth-order births (**Table 9.17**).
- Newborns delivered in a health facility are more likely to receive a postnatal check within 2 days of birth than those delivered elsewhere (80% versus 12%).
- By division, Khulna has the highest percentage of newborns receiving a postnatal check within 2 days of birth (74%). Less than half of newborns in Barishal (46%), Mymensingh (45%), and Sylhet (45%) received postnatal checks.
- The likelihood of newborns receiving postnatal checks increases with the mother's level of education. Seventy percent of babies born to mothers with a secondary education or higher received a postnatal check within the first 2 days after birth, as compared with 38% of babies born to mothers with no education.

Type of Provider for Newborns

Thirty-eight percent of newborns received a postnatal check from a qualified doctor during the first 2 days after birth; 18% received care from a nurse, midwife, paramedic, or family welfare visitor (**Table 9.18**). The proportion of newborns receiving a postnatal check from a qualified doctor is higher among those delivered in health facilities than among those delivered elsewhere (56% versus 5%). However, 19% of newborns delivered in health facilities did not receive a postnatal check during the first 2 days after birth.

Content of Care for Newborns

The five recommended signal functions to be performed as part of postnatal care are (1) examining the umbilical cord, (2) measuring temperature, (3) observing and/or counseling on breastfeeding, (4) telling the mother about danger signs and how to recognize if the baby needs immediate attention, and (5) weighing the newborn. Approximately two-thirds of newborns underwent cord examinations, had their temperatures taken, and were weighed. Additionally, 51% of mothers of newborns were both observed while breastfeeding and counseled on the practice, and 33% were instructed on how to recognize if the baby needs immediate medical attention. Overall, 23% of newborns had all five signal functions performed during the first 2 days after birth (**Table 9.19**).

9.6.3 Postnatal Health Checks for Mothers and Newborns

Postnatal health checks are equally vital for the mother and the newborn. **Table 9.20** provides an overview of the receipt of postnatal care by mothers and newborns during the first 2 days after birth. Fifty-five percent of mothers and 56% of newborns received a postnatal check within the first 2 days after birth. In the case of 51% of these births, both the mother and the newborn received a postnatal check. However, in 40% neither the mother nor the newborn had a postnatal check.

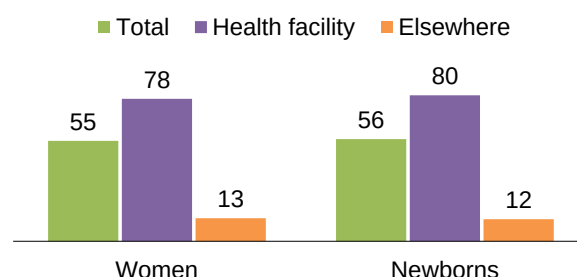
The likelihood of mothers and newborns receiving a postnatal check within the first 2 days after birth is higher for births in a health facility (78% and 80%) than for births that take place elsewhere (13% and 12%) (**Figure 9.8**).

9.7 NEWBORN CARE

Newborn primary care focuses on the use of clean instruments to cut the umbilical cord, cord care, bathing delay, prevention of hypothermia, and keeping the newborn warm. Newborns should be dried within minutes after birth and placed on the mother's bare chest. They should not be bathed during the first 24 hours to reduce the risk of hypothermia (WHO 2012). The National Neonatal Health Strategy and Guidelines for Bangladesh recommends a set of essential newborn care practices (MoHFW 2009). Essential newborn care focuses on using clean instruments to cut the umbilical cord, not applying any substances to the cord, immediate drying (within 5 minutes) to keep the baby warm, delaying bathing until 72 hours after birth, and initiating breastfeeding within 1 hour of delivery.

Figure 9.8 Postnatal care by place of delivery

Percentage of most recent live births in the 2 years before the survey for which women and newborns received a postnatal check during the first 2 days after birth



9.7.1 Care of the Umbilical Cord

Table 9.21 shows that in noninstitutional births, a razor blade was the most common instrument used to cut the umbilical cord (92%). Mustard oil (38%) was the most common substance applied to the cord after it was cut. In 15% of births chlorhexidine was applied to the cord, and nothing was applied to the cord in 31% of births (**Table 9.22**).

Patterns by background characteristics

- Using a razor blade to cut the umbilical cord is more common among births to mothers in the lowest wealth quintile than births to mothers in the highest wealth quintile (95% versus 80%).
- Use of chlorhexidine is slightly more common in urban areas (18%) than in rural areas (14%), while use of mustard oil is more common in rural areas (39% versus 34%) (**Table 9.22**).

9.7.2 Bathing the Newborn

The 2022 BDHS asked mothers who had noninstitutional deliveries in the past 2 years about when the newborn was first bathed. Forty-four percent of newborns are first bathed 72 or more hours following the birth, which is the recommended practice in Bangladesh. Twenty-two percent of newborns are bathed within the first 6 hours of birth, while 26% are bathed within the first 24 hours (**Table 9.23**).

Trends: The percentage of newborns for whom bathing was delayed until at least 72 hours after birth increased from 17% in the 2007 BDHS to 46% in the 2017–18 BDHS but declined slightly to 44% in the 2022 BDHS.

Patterns by background characteristics

- The recommended practice of bathing newborns 72 or more hours after birth is most common in Rajshahi (54%) and least common in Dhaka (35%) (**Table 9.23**).
- Newborns of women with no education are less likely to be bathed 72 or more hours after birth than those born to women with a secondary education or higher (34% versus 59%).

9.7.3 Essential Newborn Care

The survey assessed essential newborn care practices (use of a safe delivery kit or boiled blade to cut the umbilical cord, applying nothing or only chlorhexidine to the cord, immediate drying after birth, bathing delayed 72 or more hours, and immediate breastfeeding) among newborns born outside of a health care facility. The results showed that the five recommended essential newborn care practices were instituted for only 3% of such newborns (**Table 9.24**).

9.8 PROBLEMS IN ACCESSING HEALTH CARE

Problems in accessing health care

Women were asked whether each of the following factors is a big problem in seeking medical advice or treatment for themselves when they are sick:

- Getting permission to go to the doctor
- Getting money for advice or treatment
- Distance to a health facility
- Not wanting to go alone

Sample: Women age 15–49

Two-thirds of women (66%) reported that they have at least one problem in accessing health care. The most commonly reported problem was getting money for treatment (47%), followed by distance to a health facility (46%), not wanting to go alone (40%), and getting permission (26%) (**Table 9.25**).

Patterns by background characteristics

- By division, the proportion of women who have at least one problem in accessing health care is highest in Chattogram and Mymensingh (73% each) and lowest in Khulna and Rangpur (59% each) (**Table 9.25**).
- A larger proportion of women in rural areas (68%) than urban areas (61%) have at least one problem in accessing health care.
- Women in the lowest wealth quintile reported experiencing at least one problem in accessing health care more frequently than those in the highest quintile (75% versus 57%).

LIST OF TABLES

For more information on maternal and newborn health care, see the following tables:

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- **Table 9.2** Place of antenatal care
- **Table 9.3** Number of antenatal care visits and timing of first visit
- **Table 9.4.1** Components of antenatal care among women receiving ANC
- **Table 9.4.2** Components of antenatal care among all women
- **Table 9.5** Quality of antenatal care
- **Table 9.6** Tetanus toxoid injections
- **Table 9.7** Place of delivery
- **Table 9.8** Cesarean section
- **Table 9.9** Assistance during delivery
- **Table 9.10** Duration of stay in health facility after birth
- **Table 9.11** Duration of stay in facility after C-section
- **Table 9.12** Cost of delivery
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- **Table 9.14** Timing of first postnatal check for the mother
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- **Table 9.19** Content of postnatal care for newborns
- **Table 9.20** Postnatal checks for mothers and newborns
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- **Table 9.22** Application of material after the umbilical cord was cut
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- **Table 9.24** Essential newborn care
- **Table 9.25** Problems in accessing health care

Table 9.1 Antenatal care

Percent distribution of women age 15–49 who had a live birth and/or stillbirth in the 2 years preceding the survey by antenatal care (ANC) provider during the pregnancy for the most recent live birth or stillbirth and percentage receiving antenatal care from a medically trained provider for the most recent live birth or stillbirth, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Antenatal care provider											Total	Percent- age receiving ante- natal care from a medic- ally trained provider ²	Number of women
	Qualified doctor	Nurse/ midwife/ para- medic	FWV	SACMO	CHCP	NGO worker	Trained tradi- tional birth attend- ant	Un- trained tradi- tional birth attend- ant	Unquali- fied doctor	Other ¹	No ANC			
LIVE BIRTHS														
Age at birth														
<20	83.8	3.0	1.9	0.0	1.1	0.7	0.4	0.0	1.8	1.8	5.5	100.0	88.7	875
20–34	84.1	2.0	1.1	0.2	0.9	1.3	0.0	0.0	1.0	1.6	7.8	100.0	87.4	2,549
35–49	82.9	0.5	1.7	0.0	1.3	0.4	0.0	0.0	0.5	1.2	11.4	100.0	85.1	185
Birth order ³														
1	87.9	2.0	1.4	0.0	0.9	0.9	0.2	0.0	1.5	1.3	3.9	100.0	91.2	1,432
2–3	83.3	2.3	1.3	0.2	1.0	1.2	0.1	0.0	0.8	1.9	7.9	100.0	87.1	1,856
4–5	71.2	2.0	1.9	0.0	0.6	1.2	0.0	0.0	1.7	1.1	20.3	100.0	75.1	296
6+	(65.8)	(0.0)	(0.0)	(0.0)	(0.0)	(3.1)	(0.0)	(0.0)	(0.0)	(6.4)	(24.7)	100.0	(65.8)	25
Residence														
Urban	89.2	1.8	1.3	0.0	0.9	0.9	0.0	0.0	0.4	0.8	4.6	100.0	92.3	970
Rural	82.1	2.3	1.4	0.2	0.9	1.2	0.1	0.0	1.4	1.9	8.5	100.0	85.9	2,638
Division														
Barishal	82.5	3.8	0.3	0.3	1.0	1.3	0.4	0.0	0.3	1.1	8.9	100.0	87.0	216
Chattogram	83.6	2.8	1.4	0.2	0.3	0.2	0.0	0.0	1.3	1.5	8.6	100.0	88.0	776
Dhaka	88.0	1.4	1.4	0.0	0.9	1.5	0.0	0.0	0.8	1.5	4.6	100.0	90.7	903
Khulna	88.8	2.1	0.3	0.2	0.9	0.9	0.0	0.0	0.9	1.4	4.6	100.0	91.4	374
Mymensingh	83.7	1.3	0.0	0.0	1.0	0.8	0.0	0.0	0.6	1.4	11.2	100.0	85.0	324
Rajshahi	84.1	1.5	2.2	0.4	1.7	0.4	0.3	0.0	3.1	1.4	4.9	100.0	88.1	377
Rangpur	75.6	3.3	3.6	0.0	1.6	3.0	0.0	0.0	1.2	3.5	8.3	100.0	82.5	409
Sylhet	78.1	1.5	0.5	0.0	0.9	0.8	0.7	0.0	0.8	1.2	15.5	100.0	80.1	230
Education														
No education	68.1	3.4	0.7	0.9	0.8	0.4	0.0	0.0	0.9	0.4	24.5	100.0	73.1	178
Primary incomplete	71.1	3.3	1.1	0.2	0.7	3.1	0.1	0.1	1.1	4.3	15.1	100.0	75.6	369
Primary complete	79.3	2.5	1.3	0.0	0.3	1.7	0.3	0.0	0.9	2.4	11.2	100.0	83.1	455
Secondary incomplete	84.5	2.1	1.7	0.1	1.4	0.8	0.0	0.0	1.5	1.8	6.1	100.0	88.4	1,475
Secondary complete or higher	91.9	1.5	1.2	0.1	0.6	0.6	0.2	0.0	0.9	0.6	2.5	100.0	94.6	1,132
Wealth quintile														
Lowest	70.4	2.4	2.6	0.2	1.3	1.5	0.1	0.0	1.9	3.1	16.4	100.0	75.7	730
Second	78.0	3.7	1.9	0.3	1.3	1.3	0.3	0.0	0.7	2.5	10.1	100.0	83.8	760
Middle	86.4	2.1	1.1	0.0	0.5	1.1	0.1	0.0	1.4	1.5	5.8	100.0	89.7	764
Fourth	91.4	1.2	0.9	0.1	1.0	0.9	0.0	0.0	0.8	0.8	2.9	100.0	93.7	708
Highest	95.4	1.0	0.1	0.0	0.6	0.7	0.0	0.0	1.0	0.2	1.1	100.0	96.5	646
Total	84.0	2.1	1.4	0.1	0.9	1.1	0.1	0.0	1.2	1.6	7.4	100.0	87.6	3,609
STILLBIRTHS														
Total	70.1	1.2	5.7	0.0	2.3	1.7	0.0	0.0	1.5	1.2	16.3	100.0	77.0	69
LIVE BIRTHS AND STILLBIRTHS ⁴														
Total	83.7	2.1	1.4	0.1	1.0	1.1	0.1	0.0	1.2	1.6	7.6	100.0	87.4	3,678

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation. Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months.

FWV = family welfare visitor

SACMO = sub-assistant community medical officer

CHCP = community health care provider

NGO = nongovernmental organization

¹ Includes health assistant, family welfare assistant, and other providers

² Includes qualified doctor, nurse/midwife/paramedic, FWV, community skilled birth attendant, and SACMO. Antenatal care provided by community skilled birth attendants are not shown separately due to too few cases.

³ Birth order refers to the order of the birth among the respondent's live births.

⁴ For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 9.2 Place of antenatal care

Among women age 15–49 who had a live birth in the 2 years preceding the survey and received ANC, percentage who received antenatal care (ANC) during the pregnancy for the most recent birth by place of ANC care, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Place of antenatal care					Number of women with ANC
	Home	Public sector	Private sector	NGO sector	Other	
Age at birth						
<20	8.7	36.5	70.3	3.8	0.9	827
20–34	5.8	32.9	72.6	3.6	0.6	2,350
35–49	3.6	35.4	70.6	4.6	1.2	164
Birth order¹						
1	7.3	34.3	72.9	3.1	0.8	1,376
2–3	5.9	34.1	71.0	4.3	0.8	1,710
4–5	5.1	30.4	72.8	2.6	0.0	235
6+	*	*	*	*	*	19
Residence						
Urban	4.6	32.7	70.2	7.4	0.6	926
Rural	7.1	34.4	72.5	2.3	0.8	2,415
Division						
Barishal	4.2	30.0	69.5	4.3	0.1	196
Chattogram	4.7	30.0	74.7	4.4	1.0	710
Dhaka	7.1	32.2	71.8	4.9	1.1	861
Khulna	5.7	39.7	72.5	3.1	0.6	357
Mymensingh	3.3	34.5	72.6	2.9	0.5	288
Rajshahi	6.5	30.3	79.5	2.0	0.6	358
Rangpur	13.2	44.4	61.1	2.7	0.3	375
Sylhet	4.0	34.9	69.3	2.9	0.7	195
Education						
No education	4.0	39.8	63.4	2.8	0.8	134
Primary incomplete	6.3	35.9	62.9	6.0	1.4	314
Primary complete	6.6	35.1	68.8	4.6	1.0	404
Secondary incomplete	7.6	36.1	70.4	3.6	0.7	1,385
Secondary complete or higher	5.1	29.4	78.5	3.0	0.5	1,104
Wealth quintile						
Lowest	8.9	39.1	64.0	2.7	0.6	610
Second	7.3	40.8	65.7	2.4	1.1	683
Middle	6.4	33.8	73.9	4.6	0.9	720
Fourth	5.7	31.9	76.2	4.2	0.4	688
Highest	3.8	23.9	79.1	4.7	0.7	639
Total	6.4	33.9	71.9	3.7	0.7	3,340

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

NGO = nongovernmental organization

¹ Birth order refers to the order of the birth among the respondent's live births.

Table 9.3 Number of antenatal care visits and timing of first visit

Percent distribution of women age 15–49 who had a live birth and/or a stillbirth in the 2 years preceding the survey by number of antenatal care (ANC) visits during the pregnancy for the most recent live birth or stillbirth and by the timing of the first visit; and among women with ANC, median months pregnant at first visit, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Number of ANC visits							Total	4+ ANC visits	Number of months pregnant at time of first ANC visit					Total	Number of women	Median months pregnant at first visit (for those with ANC)	Number of women with ANC
	None	1	2	3	4–7	8+	Don't know			No ante-natal care	<4	4–6	7+	Don't know				
LIVE BIRTHS																		
Age at birth																		
<20	5.5	18.1	21.0	19.8	32.5	3.0	0.0	100.0	35.5	5.5	31.0	41.7	21.8	0.0	100.0	875	5.0	827
20–34	7.8	13.5	18.9	17.7	36.5	5.5	0.0	100.0	42.0	7.8	38.7	34.9	18.6	0.0	100.0	2,549	4.6	2,350
35–49	11.4	12.6	14.9	17.4	35.2	8.4	0.0	100.0	43.6	11.4	42.5	30.6	15.5	0.0	100.0	185	4.1	164
Birth order ¹																		
1	3.9	12.8	17.9	20.9	38.8	5.7	0.0	100.0	44.5	3.9	40.6	38.1	17.5	0.0	100.0	1,432	4.5	1,376
2–3	7.9	15.3	20.1	16.9	35.0	4.8	0.0	100.0	39.8	7.9	36.6	35.9	19.6	0.0	100.0	1,856	4.7	1,710
4–5	20.3	18.2	19.6	15.1	23.8	3.1	0.0	100.0	26.9	20.3	24.5	31.0	24.2	0.0	100.0	296	5.4	235
6+	(24.7)	(20.1)	(24.4)	(5.6)	(25.1)	(0.0)	(0.0)	100.0	(25.1)	(24.7)	(12.9)	(29.3)	(33.1)	(0.0)	100.0	25	a	19
Residence																		
Urban	4.6	8.2	13.1	17.1	47.7	9.2	0.0	100.0	56.9	4.6	50.1	34.2	11.1	0.0	100.0	970	3.9	926
Rural	8.5	16.9	21.5	18.6	31.0	3.5	0.0	100.0	34.5	8.5	32.2	37.1	22.2	0.0	100.0	2,638	5.1	2,415
Division																		
Barishal	8.9	19.8	21.8	20.6	25.8	3.2	0.0	100.0	28.9	8.9	32.7	36.4	22.0	0.0	100.0	216	5.3	196
Chattogram	8.6	15.5	19.6	18.0	33.8	4.5	0.0	100.0	38.3	8.6	33.2	37.5	20.7	0.0	100.0	776	5.0	710
Dhaka	4.6	11.9	16.8	17.9	39.8	9.0	0.0	100.0	48.8	4.6	47.3	31.0	17.1	0.0	100.0	903	4.0	861
Khulna	4.6	13.9	22.2	17.7	36.4	5.3	0.0	100.0	41.7	4.6	36.0	41.0	18.5	0.0	100.0	374	4.9	357
Mymensingh	11.2	11.5	16.1	14.3	44.4	2.5	0.0	100.0	46.9	11.2	34.8	36.0	17.9	0.2	100.0	324	4.6	288
Rajshahi	4.9	16.7	19.9	22.5	33.0	3.1	0.0	100.0	36.1	4.9	34.6	38.3	22.2	0.0	100.0	377	4.8	358
Rangpur	8.3	14.4	21.9	20.1	32.2	3.2	0.0	100.0	35.3	8.3	27.6	45.7	18.4	0.0	100.0	409	5.0	375
Sylhet	15.5	19.4	19.1	14.4	29.3	2.3	0.0	100.0	31.6	15.5	39.2	26.1	19.3	0.0	100.0	230	4.3	195
Education																		
No education	24.5	21.5	18.7	12.2	20.6	2.6	0.0	100.0	23.2	24.5	21.9	28.8	24.8	0.0	100.0	178	5.5	134
Primary incomplete	15.1	24.8	24.6	13.1	20.8	1.7	0.0	100.0	22.5	15.1	21.0	38.1	25.8	0.0	100.0	369	5.5	314
Primary complete	11.2	20.9	21.6	15.2	29.0	2.0	0.0	100.0	31.0	11.2	28.9	32.9	26.8	0.1	100.0	455	5.4	404
Secondary incomplete	6.1	14.8	20.8	20.1	35.3	2.9	0.0	100.0	38.2	6.1	33.0	40.4	20.4	0.0	100.0	1,475	4.9	1,385
Secondary complete or higher	2.5	7.4	14.6	19.6	45.5	10.5	0.0	100.0	56.0	2.5	53.2	32.9	11.5	0.0	100.0	1,132	3.8	1,104
Wealth quintile																		
Lowest	16.4	23.8	21.4	14.3	22.9	1.2	0.0	100.0	24.0	16.4	20.8	36.3	26.4	0.1	100.0	730	5.6	610
Second	10.1	19.4	25.6	15.3	28.3	1.4	0.0	100.0	29.6	10.1	25.0	38.0	26.9	0.0	100.0	760	5.5	683
Middle	5.8	15.3	20.6	21.7	33.3	3.4	0.0	100.0	36.7	5.8	32.9	40.6	20.7	0.0	100.0	764	5.0	720
Fourth	2.9	9.7	16.6	21.4	43.8	5.7	0.0	100.0	49.4	2.9	45.1	37.0	15.0	0.0	100.0	708	4.2	688
Highest	1.1	3.0	10.6	18.7	51.7	15.0	0.0	100.0	66.6	1.1	65.5	28.6	4.8	0.0	100.0	646	3.4	639
Total	7.4	14.6	19.2	18.2	35.5	5.0	0.0	100.0	40.5	7.4	37.0	36.3	19.2	0.0	100.0	3,609	4.7	3,340
STILLBIRTHS																		
Total	16.3	15.0	21.7	10.6	34.5	1.9	0.0	100.0	36.4	16.3	31.3	38.7	13.7	0.0	100.0	69	5.0	58
LIVE BIRTHS AND STILLBIRTHS ²																		
Total	7.6	14.5	19.3	18.1	35.5	5.0	0.0	100.0	40.5	7.6	37.0	36.4	19.0	0.0	100.0	3,661	4.7	3,382

Note: Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months. Figures in parentheses are based on 25–49 unweighted cases.

a = omitted since median is based on less than 25 unweighted cases

¹ Birth order refers to the order of the birth among the respondent's live births.

² For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 9.4.1 Components of antenatal care among women receiving ANC

Among women age 15–49 who received antenatal care (ANC) for their most recent live birth and/or stillbirth in the 2 years preceding the survey, percentage receiving specific antenatal services from a health care provider, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Among women who received antenatal care for their most recent live birth or stillbirth in the past 2 years, percentage who received specific services during ANC from a health care provider:							Number of women with ANC for their most recent live birth and/or stillbirth in the past 2 years
	Blood pressure measured	Urine sample taken	Blood sample taken	Weight measured	Had ultrasound	Counseled about pregnancy danger signs	Counseled about family planning after birth	
LIVE BIRTHS								
Age at birth								
<20	89.9	79.0	78.2	88.3	93.8	42.7	21.5	827
20–34	93.2	81.6	79.8	92.0	93.5	52.2	28.0	2,350
35–49	93.3	89.0	86.6	94.3	95.2	53.3	35.7	164
Birth order ¹								
1	92.8	84.5	84.2	91.6	94.8	48.8	23.9	1,376
2–3	92.2	79.4	77.6	91.2	93.4	51.9	28.9	1,710
4–5	91.2	76.7	69.6	88.6	88.3	42.5	27.7	235
6+	*	*	*	*	*	*	*	19
Residence								
Urban	96.3	89.9	87.9	96.1	96.5	55.5	31.1	926
Rural	90.9	78.1	76.6	89.3	92.5	47.7	25.2	2,415
Division								
Barishal	93.7	84.9	85.6	89.7	95.5	55.0	34.2	196
Chattogram	94.0	81.7	80.4	94.0	93.6	49.0	23.7	710
Dhaka	92.2	84.6	84.3	92.4	93.1	51.3	26.8	861
Khulna	92.7	78.9	80.3	89.9	96.7	50.7	24.9	357
Mymensingh	91.8	82.1	76.9	88.5	95.4	53.0	33.6	288
Rajshahi	90.4	78.1	79.6	89.5	96.3	45.9	24.1	358
Rangpur	91.3	75.5	70.9	90.6	89.9	47.2	27.2	375
Sylhet	92.0	82.4	71.9	88.3	88.1	48.1	28.1	195
Education								
No education	83.7	72.1	64.3	80.3	90.9	40.9	21.5	134
Primary incomplete	88.8	69.7	66.7	81.9	86.2	35.4	26.5	314
Primary complete	89.0	72.3	70.3	86.2	91.0	47.5	26.2	404
Secondary incomplete	91.6	80.8	79.9	92.0	93.9	48.7	26.1	1,385
Secondary complete or higher	96.6	89.7	88.6	96.0	96.7	57.5	28.6	1,104
Wealth quintile								
Lowest	85.0	68.7	64.0	82.4	86.0	40.6	24.9	610
Second	92.2	73.6	72.5	88.1	92.9	47.5	22.9	683
Middle	91.5	80.1	79.8	90.4	95.7	51.3	26.7	720
Fourth	95.1	89.1	88.0	96.6	95.8	53.6	27.9	688
Highest	97.6	94.7	93.6	98.0	97.1	55.7	31.7	639
Total	92.4	81.4	79.7	91.2	93.6	49.9	26.8	3,340
STILLBIRTHS								
Total	98.6	75.7	74.3	91.9	87.5	54.0	20.9	58
LIVE BIRTHS AND STILLBIRTHS ²								
Total	92.4	81.3	79.7	91.2	93.6	50.0	26.8	3,382

Note: The denominator for this table includes all women with a birth in the 2 years preceding the survey who received ANC for that birth. Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Birth order refers to the order of the birth among the respondent's live births.

² For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 9.4.2 Components of antenatal care among all women

Among all women age 15–49 with a live birth and/or stillbirth in the 2 years preceding the survey, percentage receiving specific antenatal services from a health care provider for their most recent live birth and/or stillbirth, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage who received specific services during ANC from a health care provider for their most recent live birth or stillbirth:							Number of women with a live birth and/or stillbirth in the past 2 years
	Blood pressure measured	Urine sample taken	Blood sample taken	Weight measured	Had ultrasound	Counseled about pregnancy danger signs	Counseled about family planning after birth	
LIVE BIRTHS								
Age at birth								
<20	84.9	74.7	73.9	83.4	88.6	40.4	20.3	875
20–34	85.9	75.3	73.6	84.8	86.2	48.1	25.9	2,549
35–49	82.6	78.8	76.7	83.5	84.3	47.2	31.6	185
Birth order ¹								
1	89.2	81.2	80.9	88.1	91.1	46.9	23.0	1,432
2–3	84.9	73.2	71.5	84.1	86.1	47.8	26.6	1,856
4–5	72.7	61.1	55.4	70.6	70.3	33.8	22.1	296
6+	(71.3)	(64.5)	(56.5)	(68.2)	(72.2)	(29.3)	(24.0)	25
Residence								
Urban	91.9	85.8	83.9	91.7	92.0	52.9	29.6	970
Rural	83.2	71.5	70.1	81.7	84.7	43.7	23.0	2,638
Division								
Barishal	85.4	77.3	77.9	81.7	86.9	50.1	31.1	216
Chattogram	85.9	74.7	73.5	85.9	85.6	44.8	21.7	776
Dhaka	88.0	80.8	80.4	88.2	88.9	48.9	25.5	903
Khulna	88.5	75.3	76.6	85.8	92.3	48.4	23.8	374
Mymensingh	81.5	73.0	68.4	78.6	84.7	47.1	29.9	324
Rajshahi	85.9	74.3	75.7	85.1	91.5	43.7	22.9	377
Rangpur	83.8	69.3	65.0	83.1	82.4	43.3	24.9	409
Sylhet	77.7	69.6	60.7	74.6	74.4	40.7	23.8	230
Education								
No education	63.2	54.5	48.6	60.7	68.6	30.9	16.2	178
Primary incomplete	75.4	59.2	56.7	69.5	73.2	30.1	22.5	369
Primary complete	79.0	64.2	62.4	76.5	80.8	42.2	23.2	455
Secondary incomplete	86.0	75.9	75.0	86.4	88.1	45.7	24.5	1,475
Secondary complete or higher	94.2	87.5	86.5	93.7	94.4	56.0	27.9	1,132
Wealth quintile								
Lowest	71.1	57.4	53.5	68.9	71.9	33.9	20.8	730
Second	82.9	66.2	65.2	79.3	83.5	42.7	20.6	760
Middle	86.2	75.5	75.2	85.2	90.2	48.3	25.1	764
Fourth	92.4	86.5	85.4	93.8	93.0	52.1	27.1	708
Highest	96.5	93.7	92.6	96.9	96.0	55.1	31.3	646
Total	85.5	75.3	73.8	84.4	86.7	46.2	24.8	3,609
STILLBIRTHS								
Total	82.5	63.3	62.2	76.9	73.2	45.2	17.5	69
LIVE BIRTHS AND STILLBIRTHS ²								
Total	85.4	75.1	73.6	84.3	86.4	46.2	24.8	3,661

Note: The denominator for this table includes all women with a birth in the 2 years preceding the survey, whether or not they received ANC for that birth. Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months. Figures in parentheses are based on 25–49 unweighted cases.

¹ Birth order refers to the order of the birth among the respondent's live births.

² For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 9.5 Quality of antenatal care

Percentage of women age 15–49 with a live birth in the 2 years preceding the survey who had four or more antenatal care (ANC) visits for the most recent birth, of which at least one was with a medically trained provider; percentage who received all basic ANC components; and percentage who had four or more ANC visits and received all basic ANC components, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage with 4+ ANC visits, at least one with a medically trained provider ¹	Percentage receiving all basic components of ANC ²	Percentage with 4+ ANC visits and all components of ANC	Number of women
Residence				
Urban	54.8	47.7	33.2	970
Rural	32.3	34.1	16.8	2,638
Division				
Barishal	28.3	43.5	17.7	216
Chattogram	36.8	37.1	20.9	776
Dhaka	45.9	41.4	26.4	903
Khulna	40.1	37.2	21.4	374
Mymensingh	44.9	38.1	23.6	324
Rajshahi	34.6	37.2	20.6	377
Rangpur	31.3	33.3	14.3	409
Sylhet	29.7	30.1	14.4	230
Education				
No education	22.8	22.8	12.3	178
Primary incomplete	18.3	22.4	8.9	369
Primary complete	29.0	29.9	14.4	455
Secondary incomplete	35.6	36.7	18.5	1,475
Secondary complete or higher	54.7	49.8	32.8	1,132
Wealth quintile				
Lowest	21.1	21.8	8.3	730
Second	26.9	33.0	13.8	760
Middle	35.4	39.0	19.4	764
Fourth	47.7	45.4	28.2	708
Highest	64.6	51.7	38.8	646
Total	38.3	37.8	21.2	3,609

¹ Includes qualified doctor, nurse/midwife/paramedic, family welfare visitor, community skilled birth attendant, and sub-assistant community medical officer

² Weighed, blood pressure measured, urine and blood samples taken, and informed about danger signs during pregnancy

Table 9.6 Tetanus toxoid injections

Among women age 15–49 with a live birth in the 2 years preceding the survey, percentage receiving two or more tetanus toxoid injections during the pregnancy for the most recent live birth, and percentage whose most recent live birth was protected against neonatal tetanus, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage receiving two or more injections during the pregnancy for the most recent live birth	Percentage whose most recent live birth was protected against neonatal tetanus ¹	Number of women
Age at birth			
<20	34.8	85.9	875
20–34	21.6	81.6	2,549
35–49	16.8	83.2	185
Birth order²			
1	33.7	87.1	1,432
2–3	19.4	81.1	1,856
4–5	13.8	75.1	296
6+	(13.3)	(46.5)	25
Residence			
Urban	22.5	82.5	970
Rural	25.4	82.8	2,638
Division			
Barishal	38.0	79.5	216
Chattogram	28.5	85.1	776
Dhaka	21.9	79.9	903
Khulna	21.3	84.3	374
Mymensingh	26.7	87.4	324
Rajshahi	23.6	83.7	377
Rangpur	22.9	83.6	409
Sylhet	16.5	76.8	230
Education			
No education	26.5	63.7	178
Primary incomplete	26.7	72.7	369
Primary complete	29.7	79.1	455
Secondary incomplete	25.3	84.1	1,475
Secondary complete or higher	20.5	88.7	1,132
Wealth quintile			
Lowest	26.1	79.5	730
Second	27.1	82.1	760
Middle	22.0	81.3	764
Fourth	26.1	85.9	708
Highest	21.4	85.4	646
Total	24.6	82.7	3,609

Note: Figures in parentheses are based on 25–49 unweighted cases.

¹ Includes women with two injections during the pregnancy for the most recent live birth, or two or more injections (the last within 3 years of the most recent live birth), or three or more injections (the last within 5 years of the most recent live birth), or four or more injections (the last within 10 years of the most recent live birth), or five or more injections at any time prior to the most recent birth

² Birth order refers to the order of the birth among the respondent's live births.

Table 9.7 Place of delivery

Percent distribution of live births and/or stillbirths in the 2 years preceding the survey by place of delivery and percentage delivered in a health facility, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Health facility					Total	Percentage delivered in a health facility	Number of births
	Public sector	Private medical sector	NGO sector	Home	Other ¹			
LIVE BIRTHS								
Mother's age at birth								
<20	19.0	44.1	1.7	34.8	0.4	100.0	64.8	891
20–34	17.7	45.9	1.8	34.2	0.4	100.0	65.4	2,613
35–49	16.0	38.3	1.0	44.1	0.5	100.0	55.4	187
Birth order ²								
1	20.0	51.0	1.7	27.0	0.3	100.0	72.8	1,471
2–3	17.2	44.3	1.6	36.7	0.3	100.0	63.1	1,890
4–5	13.3	23.6	2.7	58.8	1.5	100.0	39.7	304
6+	(9.3)	(16.4)	(0.0)	(74.3)	(0.0)	100.0	(25.7)	25
Antenatal care visits ³								
None	11.8	10.1	0.4	76.3	1.4	100.0	22.3	268
1–3	17.4	40.1	1.2	41.2	0.2	100.0	58.6	1,878
4+	19.5	58.0	2.8	19.2	0.5	100.0	80.3	1,462
Residence								
Urban	19.4	54.1	2.9	23.4	0.3	100.0	76.3	997
Rural	17.4	41.8	1.3	39.1	0.4	100.0	60.5	2,694
Division								
Barishal	13.2	36.8	1.1	48.9	0.0	100.0	51.1	219
Chattogram	21.3	36.7	2.9	38.9	0.2	100.0	60.9	793
Dhaka	17.5	50.6	2.3	29.2	0.4	100.0	70.4	926
Khulna	18.2	63.2	0.8	17.5	0.3	100.0	82.2	380
Mymensingh	18.5	35.2	0.7	45.4	0.3	100.0	54.3	333
Rajshahi	13.0	55.8	1.2	29.3	0.7	100.0	70.0	381
Rangpur	17.1	44.3	0.4	37.4	0.8	100.0	61.8	419
Sylhet	21.0	28.3	2.3	48.4	0.0	100.0	51.6	240
Mother's education								
No education	19.2	22.7	2.4	55.7	0.0	100.0	44.3	183
Primary incomplete	15.2	24.2	2.0	58.4	0.3	100.0	41.3	374
Primary complete	13.7	35.6	1.2	48.7	0.8	100.0	50.5	469
Secondary incomplete	18.9	44.7	1.6	34.5	0.3	100.0	65.2	1,503
Secondary complete or higher	19.0	59.7	2.0	19.0	0.4	100.0	80.6	1,161
Wealth quintile								
Lowest	17.2	24.6	0.6	57.3	0.3	100.0	42.4	745
Second	18.7	34.5	1.0	45.5	0.3	100.0	54.2	780
Middle	18.9	46.2	2.6	31.6	0.6	100.0	67.8	787
Fourth	16.9	56.3	2.0	24.6	0.2	100.0	75.2	718
Highest	17.7	67.2	2.4	12.1	0.6	100.0	87.4	661
Total	17.9	45.1	1.7	34.9	0.4	100.0	64.7	3,691
STILLBIRTHS								
Total	29.8	34.0	2.0	34.2	0.0	100.0	65.8	72
LIVE BIRTHS AND STILLBIRTHS								
Total	18.1	44.9	1.7	34.9	0.4	100.0	64.8	3,762

Note: Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months. Figures in parentheses are based on 25–49 unweighted cases.

NGO = nongovernmental organization

¹ Includes birthing huts (delivery centers) and other facilities

² Birth order refers to the order of the birth among the respondent's live births.

Table 9.8 Cesarean section

Percentage of live births and/or stillbirths in the 2 years preceding the survey delivered via cesarean section (C-section), according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage delivered via C-section	Number of births
LIVE BIRTHS		
Mother's age at birth		
<20	44.3	891
20–34	45.1	2,613
35–49	36.3	187
Birth order¹		
1	51.0	1,471
2–3	43.6	1,890
4–5	20.8	304
6+	(12.6)	25
Antenatal care visits²		
None	10.3	268
1–3	39.1	1,878
4+	57.9	1,462
Place of delivery		
Health facility	68.7	2,391
Public sector	35.6	661
Private medical sector	83.1	1,664
NGO sector	35.1	65
Elsewhere	0.0	1,300
Residence		
Urban	56.0	997
Rural	40.2	2,694
Division		
Barishal	35.0	219
Chattogram	31.0	793
Dhaka	53.1	926
Khulna	66.0	380
Mymensingh	38.9	333
Rajshahi	53.6	381
Rangpur	43.1	419
Sylhet	25.7	240
Mother's education		
No education	24.0	183
Primary incomplete	21.4	374
Primary complete	35.2	469
Secondary incomplete	44.8	1,503
Secondary complete or higher	58.5	1,161
Wealth quintile		
Lowest	22.7	745
Second	35.1	780
Middle	45.9	787
Fourth	54.6	718
Highest	67.3	661
Total	44.5	3,691
STILLBIRTHS		
Total	20.8	72
LIVE BIRTHS AND STILLBIRTHS		
Total	44.0	3,762

Note: The question on C-section is asked only of women who delivered in a health facility. In this table, it is assumed that women who did not give birth in a health facility did not receive a C-section. Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months. Figures in parentheses are based on 25–49 unweighted cases.

NGO = nongovernmental organization

¹ Birth order refers to the order of the birth among the respondent's live births.

² Includes only the most recent birth in the 2 years preceding the survey

Table 9.9 Assistance during delivery

Percent distribution of live births and/or stillbirths in the 2 years preceding the survey by person providing assistance during delivery and percentage assisted by a medically trained provider; and among most recent live births in the 2 years preceding the survey, percentage with skin-to-skin contact immediately after birth, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Person providing assistance during delivery														Total	Percentage delivered by a medically trained provider ¹	Number of live births and/or stillbirths	Among most recent live births	
	Qualified doctor	Nurse/ midwife/ paramedic	FWV	CSBA	SACMO	CHCP	HA/FWA	NGO worker	Trained traditional birth attendant	Untrained traditional birth attendant	Unqualified doctor	Relative/ neighbor/ friend	Other	Percentage with skin-to-skin contact immediately after birth				Number of live births	
LIVE BIRTHS																			
Mother's age at birth																			
<20	56.4	13.9	0.7	0.0	0.1	0.1	0.4	0.2	8.7	16.7	0.4	2.3	0.0	100.0	71.1	891	16.6	875	
20–34	56.1	12.6	0.9	0.4	0.1	0.2	0.5	0.6	6.4	19.2	0.6	2.2	0.1	100.0	70.1	2,613	17.7	2,549	
35–49	47.4	13.1	0.3	0.0	0.0	0.0	0.9	0.0	7.4	25.4	0.4	5.1	0.0	100.0	60.7	187	16.5	185	
Birth order²																			
1	63.9	14.1	0.7	0.1	0.1	0.1	0.5	0.2	6.6	11.9	0.5	1.5	0.0	100.0	78.7	1,471	15.2	1,432	
2–3	53.7	12.2	1.1	0.3	0.1	0.3	0.5	0.7	6.5	21.2	0.6	2.7	0.1	100.0	67.4	1,890	18.4	1,856	
4–5	32.0	11.5	0.0	1.5	0.0	0.1	0.4	0.5	12.3	35.9	0.4	5.4	0.0	100.0	45.0	304	22.2	296	
6+	(15.4)	(20.9)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(10.1)	(53.6)	(0.0)	(0.0)	(0.0)	100.0	(36.3)	25	(12.2)	25	
Antenatal care visits³																			
None	16.8	12.4	1.3	0.1	0.0	0.0	1.1	0.0	14.7	45.6	0.9	7.1	0.0	100.0	30.6	268	19.4	268	
1–3	50.3	13.3	0.3	0.2	0.2	0.2	0.4	0.5	7.8	23.8	0.7	2.2	0.1	100.0	64.4	1,878	16.2	1,878	
4+	69.9	12.4	1.5	0.4	0.0	0.2	0.5	0.7	4.6	7.9	0.2	1.7	0.0	100.0	84.1	1,462	18.5	1,462	
Place of delivery																			
Health facility	84.5	13.1	1.0	0.1	0.0	0.2	0.1	0.3	0.2	0.1	0.1	0.2	0.0	100.0	98.7	2,391	16.2	2,337	
Public sector	65.5	28.6	3.2	0.0	0.1	0.5	0.2	0.6	0.3	0.4	0.0	0.5	0.0	100.0	97.4	661	22.3	643	
Private medical sector	92.6	6.5	0.2	0.0	0.0	0.1	0.0	0.1	0.1	0.0	0.2	0.0	0.0	100.0	99.4	1,664	13.3	1,629	
NGO sector	68.5	22.4	0.0	2.3	0.3	0.0	2.3	3.2	1.0	0.0	0.0	0.0	0.0	100.0	93.5	65	27.7	65	
Elsewhere	2.9	12.7	0.5	0.7	0.2	0.1	1.1	0.9	19.6	53.5	1.2	6.5	0.1	100.0	16.9	1,300	19.6	1,272	
Residence																			
Urban	68.3	12.7	0.5	0.7	0.0	0.2	0.2	0.1	5.4	9.8	0.3	1.9	0.0	100.0	82.2	997	16.3	970	
Rural	51.1	13.0	1.0	0.1	0.1	0.1	0.6	0.7	7.7	22.3	0.6	2.6	0.1	100.0	65.3	2,694	17.8	2,638	
Division																			
Barishal	44.5	15.4	0.4	0.5	0.0	0.0	0.3	0.0	8.0	27.8	0.0	2.6	0.0	100.0	60.9	219	19.9	216	
Chattogram	47.3	18.0	1.1	0.0	0.0	0.2	0.4	0.8	5.7	25.0	0.7	0.9	0.0	100.0	66.4	793	22.8	776	
Dhaka	63.9	10.4	0.8	1.0	0.1	0.2	0.5	0.7	7.2	12.9	0.2	2.2	0.0	100.0	76.1	926	10.1	903	
Khulna	73.3	12.1	0.6	0.0	0.5	0.3	0.0	0.0	5.2	6.6	0.6	0.8	0.0	100.0	86.5	380	13.4	374	
Mymensingh	46.8	10.2	0.1	0.0	0.0	0.0	0.2	0.2	11.9	26.1	0.9	3.3	0.2	100.0	57.1	333	17.4	324	
Rajshahi	61.1	10.7	0.4	0.1	0.0	0.0	1.2	0.0	2.6	21.1	0.1	2.4	0.3	100.0	72.3	381	17.4	377	
Rangpur	53.1	11.5	1.8	0.0	0.0	0.3	0.6	1.2	9.5	15.7	1.4	5.0	0.0	100.0	66.3	419	16.4	409	
Sylhet	43.0	15.3	0.9	0.0	0.1	0.1	0.6	0.2	9.1	26.0	0.3	4.4	0.0	100.0	59.3	240	33.5	230	
Mother's education																			
No education	32.2	13.2	1.5	0.8	0.1	0.9	1.5	0.9	10.0	33.1	0.9	4.7	0.0	100.0	48.0	183	12.1	178	
Primary incomplete	32.5	14.4	0.3	0.5	0.0	0.0	0.8	1.4	10.0	36.9	0.9	2.2	0.0	100.0	47.7	374	21.0	369	
Primary complete	41.4	13.3	1.0	0.2	0.4	0.0	0.7	0.3	10.2	27.7	0.5	4.2	0.0	100.0	56.4	469	20.2	455	
Secondary incomplete	56.9	12.1	1.0	0.0	0.1	0.2	0.4	0.4	7.5	18.0	0.7	2.7	0.1	100.0	70.0	1,503	18.0	1,475	
Secondary complete or higher	71.2	13.4	0.7	0.5	0.0	0.2	0.2	0.4	3.8	8.5	0.2	1.0	0.0	100.0	85.8	1,161	15.1	1,132	
Wealth quintile																			
Lowest	32.3	12.8	1.4	0.4	0.0	0.3	1.3	0.2	11.2	35.6	0.7	3.7	0.0	100.0	47.0	745	20.9	730	
Second	46.1	13.3	0.7	0.0	0.0	0.2	0.2	0.7	6.6	27.7	1.0	3.4	0.0	100.0	60.3	780	17.7	760	
Middle	57.2	15.1	0.8	0.2	0.1	0.0	0.3	1.0	6.5	16.0	0.3	2.4	0.0	100.0	73.5	787	15.4	764	
Fourth	66.5	12.7	0.9	0.9	0.3	0.0	0.3	0.4	7.2	9.0	0.2	1.4	0.3	100.0	81.2	718	16.3	708	
Highest	80.0	10.3	0.3	0.0	0.0	0.3	0.3	0.3	3.3	4.0	0.4	0.8	0.0	100.0	90.5	661	16.5	646	
Total	55.7	12.9	0.8	0.3	0.1	0.2	0.5	0.5	7.0	18.9	0.5	2.4	0.1	100.0	69.9	3,691	17.4	3,609	

Continued...

Table 9.9—Continued

Background characteristic	Person providing assistance during delivery														Total	Percentage delivered by a medically trained provider ¹	Number of live births and/or stillbirths	Among most recent live births	
	Qualified doctor	Nurse/ midwife/ paramedic	FWV	CSBA	SACMO	CHCP	HA/FWA	NGO worker	Trained traditional birth attendant	Untrained traditional birth attendant	Unqualified doctor	Relative/ neighbor/ friend	Other	Percentage with skin-to-skin contact immediately after birth				Number of live births	
STILLBIRTHS																			
Total	44.3	28.7	0.0	0.0	0.0	0.0	0.0	0.0	7.1	16.5	1.1	0.0	0.0	100.0	73.0	72	na	na	
LIVE BIRTHS AND STILLBIRTHS																			
Total	55.5	13.2	0.8	0.3	0.1	0.2	0.5	0.5	7.0	18.9	0.5	2.4	0.1	100.0	69.9	3,762	na	na	

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation. Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months. Figures in parentheses are based on 25–49 unweighted cases.

na = not applicable

CHCP = community health care provider

CSBA = community skilled birth attendant

FWA = family welfare assistant

FWV = family welfare visitor

HA = health assistant

NGO = nongovernmental organization

SACMO = sub-assistant community medical officer

¹ Includes qualified doctor, nurse/midwife/paramedic, FWV, CSBA, and SACMO

² Birth order refers to the order of the birth among the respondent's live births.

³ Includes only the most recent birth in the 2 years preceding the survey

Table 9.10 Duration of stay in health facility after birth

Among women with a live birth and/or stillbirth in the 2 years preceding the survey who delivered their most recent birth in a health facility, percent distribution by duration of stay in the health facility following their most recent birth, according to type of delivery, Bangladesh DHS 2022

Type of delivery	<6 hours	6–11 hours	12–23 hours	1–2 days	3+ days	Don't know/ missing	Total	Number of women
LIVE BIRTHS								
Vaginal birth	27.0	10.4	5.4	45.6	11.3	0.3	100.0	718
Cesarean section	2.5	0.1	0.0	3.3	94.1	0.1	100.0	1,609
Don't know/missing	*	*	*	*	*	*	100.0	9
STILLBIRTHS								
Vaginal birth	(28.5)	(2.8)	(0.0)	(43.5)	(25.2)	(0.0)	100.0	29
Cesarean section	*	*	*	*	*	*	100.0	15
Don't know/missing	*	*	*	*	*	*	100.0	2
LIVE BIRTHS AND STILLBIRTHS ¹								
Vaginal birth	27.0	10.1	5.3	45.5	11.9	0.3	100.0	744
Cesarean section	2.5	0.1	0.0	3.2	94.1	0.1	100.0	1,620
Don't know/missing	*	*	*	*	*	*	100.0	12

Note: Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months. Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 9.11 Duration of stay in facility after C-section

Among women with a birth in the 2 years preceding the survey who delivered their most recent birth via C-section, percent distribution by duration of stay in the health facility following their most recent live birth, according to type of facility, Bangladesh DHS 2022

Type of health facility	Time spent in facility after delivery				Don't know/ missing	Total	Number of women
	Within 1 day	1–2 days	3–6 days	7 days or more			
Public sector	4.5	4.1	75.5	15.9	0.0	100.0	232
NGO sector	(2.0)	(17.1)	(75.8)	(5.1)	(0.0)	100.0	23
Private sector	2.3	2.9	87.0	7.8	0.1	100.0	1,354
Total	2.6	3.3	85.2	8.9	0.1	100.0	1,609

Note: Figures in parentheses are based on 25–49 unweighted cases.
NGO = nongovernmental organization

Table 9.12 Cost of delivery

Percent distribution of most recent births in the 2 years preceding the survey occurring in a health facility by amount spent for delivery, according to type of delivery and type of facility, Bangladesh DHS 2022

Type of delivery and facility	Amount spent on last delivery (Tk)						Don't know/missing	Total	Number of women
	Nothing	<500	500–999	1,000–4,999	5,000–9,999	10,000 or more			
Normal delivery									
Public facility	1.1	1.2	3.4	47.2	28.3	17.0	2.0	100.0	411
Private facility	0.5	0.0	0.3	17.8	37.8	41.4	2.2	100.0	275
NGO facility	(0.0)	(0.0)	(0.0)	(29.5)	(44.5)	(17.1)	(8.9)	100.0	42
C-section									
Public facility	0.0	0.7	0.3	7.1	14.7	73.7	3.5	100.0	232
Private facility	0.0	0.1	0.0	1.7	3.3	94.5	0.3	100.0	1,354
NGO facility	(0.0)	(0.0)	(0.0)	(0.0)	(0.6)	(99.4)	(0.0)	100.0	23
All deliveries									
Public facility	0.7	1.0	2.2	32.7	23.4	37.4	2.6	100.0	643
Private facility	0.1	0.1	0.1	4.5	9.1	85.6	0.7	100.0	1,629
NGO facility	0.0	0.0	0.0	19.1	29.1	46.0	5.8	100.0	65
Total	0.2	0.3	0.7	12.6	13.6	71.2	1.3	100.0	2,337

Note: Figures in parentheses are based on 25–49 unweighted cases.

NGO = nongovernmental organization

Table 9.13 Source of delivery payment

Percentage of most recent births in the 2 years preceding the survey occurring in a health facility for which money was spent on delivery, by source of payment, Bangladesh DHS 2022

Source of payment	Percent
Family	85.2
Loan	19.7
Sold assets/mortgage	1.7
Gift from family/neighbor/friends	27.1
Voucher/insurance	0.2
Other	0.3
Number of births	2,322

Table 9.14 Timing of first postnatal check for the mother

Among women age 15–49 with a live birth and/or stillbirth in the 2 years preceding the survey, percent distribution of the mother's first postnatal check for the most recent live birth or stillbirth by time after delivery, and percentage of women with a live birth or stillbirth in the 2 years preceding the survey who received a postnatal check during the first 2 days after giving birth, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Time after delivery of mother's first postnatal check ¹						No postnatal check ²	Total	Percentage of women with a postnatal check during the first 2 days after birth ¹	Number of women
	Less than 4 hours	4–23 hours	1–2 days	3–6 days	7–41 days	Don't know/ missing				
LIVE BIRTHS										
Age at birth										
<20	42.8	4.9	8.1	3.1	2.0	0.3	38.8	100.0	55.8	875
20–34	43.1	3.4	8.9	3.3	2.4	0.3	38.5	100.0	55.5	2,549
35–49	40.2	2.2	6.9	4.4	3.6	1.0	41.7	100.0	49.4	185
Birth order ³										
1	47.0	4.1	10.0	3.7	2.7	0.4	32.1	100.0	61.1	1,432
2–3	42.5	3.6	8.1	3.0	2.2	0.4	40.2	100.0	54.3	1,856
4–5	28.1	2.8	5.2	3.4	1.9	0.0	58.5	100.0	36.1	296
6+	(7.9)	(4.0)	(8.5)	(0.0)	(0.0)	(0.0)	(79.7)	100.0	(20.3)	25
Place of delivery										
Health facility	61.1	5.2	12.2	5.0	3.0	0.5	13.1	100.0	78.4	2,337
Elsewhere	9.4	1.1	2.1	0.3	1.2	0.0	85.9	100.0	12.6	1,272
Residence										
Urban	50.5	3.3	10.1	3.7	3.0	0.3	29.1	100.0	63.8	970
Rural	40.1	3.9	8.1	3.2	2.1	0.3	42.3	100.0	52.1	2,638
Division										
Barishal	32.4	3.1	11.1	1.8	3.7	0.3	47.5	100.0	46.7	216
Chattogram	40.8	4.8	8.2	2.6	2.7	0.4	40.7	100.0	53.7	776
Dhaka	46.4	2.6	8.9	3.4	2.3	0.4	35.9	100.0	57.9	903
Khulna	57.9	6.1	9.3	3.4	2.1	0.0	21.2	100.0	73.3	374
Mymensingh	34.5	2.5	7.6	6.2	2.0	0.4	46.8	100.0	44.6	324
Rajshahi	44.0	3.3	13.5	1.8	2.0	0.4	35.0	100.0	60.8	377
Rangpur	40.2	4.0	5.0	5.1	1.9	0.5	43.4	100.0	49.1	409
Sylhet	35.9	3.5	5.7	2.1	2.4	0.0	50.3	100.0	45.2	230
Education										
No education	27.0	2.7	7.1	2.8	0.4	1.0	59.2	100.0	36.7	178
Primary incomplete	29.5	1.7	5.5	0.8	1.1	0.0	61.3	100.0	36.8	369
Primary complete	33.0	3.2	9.2	2.0	2.4	0.2	50.1	100.0	45.4	455
Secondary incomplete	44.0	4.5	7.4	2.7	2.1	0.4	38.8	100.0	55.9	1,475
Secondary complete or higher	52.2	3.9	11.2	5.6	3.3	0.3	23.5	100.0	67.3	1,132
Wealth quintile										
Lowest	28.5	1.9	6.2	1.9	1.5	0.4	59.6	100.0	36.6	730
Second	37.1	3.7	8.3	2.3	1.1	0.5	46.9	100.0	49.2	760
Middle	44.9	5.1	7.9	3.2	3.2	0.1	35.7	100.0	57.9	764
Fourth	51.4	3.6	7.9	3.4	3.6	0.2	30.0	100.0	62.9	708
Highest	54.1	4.4	13.4	6.2	2.3	0.7	18.9	100.0	71.9	646
Total	42.9	3.7	8.6	3.3	2.3	0.3	38.8	100.0	55.2	3,609
STILLBIRTHS										
Total	37.0	3.9	11.0	2.1	0.5	0.0	45.5	100.0	51.9	69
LIVE BIRTHS AND STILLBIRTHS ⁴										
Total	42.8	3.8	8.7	3.3	2.3	0.3	38.8	100.0	55.3	3,661

Note: Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months. Figures in parentheses are based on 25–49 unweighted cases.

¹ Includes women who received a check from a qualified doctor, nurse, midwife, paramedic, family welfare visitor, community skilled birth attendant, and sub-assistant community medical officer

² Includes women who received a check after 41 days or from a non-medically trained provider

³ Birth order refers to the order of the birth among the respondent's live births.

⁴ For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 9.15 Type of provider of first postnatal check for the mother

Among women age 15-49 with a live birth and/or stillbirth in the 2 years preceding the survey, percent distribution by type of provider of the mother's first postnatal health check during the 2 days after the most recent birth, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Type of health provider of mother's first postnatal check				No postnatal check during the first 2 days after birth	Total	Number of women
	Qualified doctor	Nurse/midwife/paramedic/FWV	CSBA/SACMO	Other non-medically trained provider ¹			
LIVE BIRTHS							
Age at birth							
<20	34.7	21.0	0.2	14.6	29.6	100.0	875
20-34	35.2	19.7	0.6	13.7	30.9	100.0	2,549
35-49	33.0	16.3	0.0	16.6	34.0	100.0	185
Birth order ²							
1	40.4	20.5	0.2	10.5	28.4	100.0	1,432
2-3	33.1	20.5	0.6	15.0	30.8	100.0	1,856
4-5	22.2	13.2	0.7	23.7	40.2	100.0	296
6+	(12.7)	(7.6)	(0.0)	(32.8)	(46.9)	100.0	25
Place of delivery							
Health facility	51.1	27.1	0.3	0.7	21.0	100.0	2,337
Elsewhere	5.4	6.5	0.7	38.6	48.7	100.0	1,272
Residence							
Urban	44.1	19.1	0.6	7.8	28.4	100.0	970
Rural	31.6	20.1	0.4	16.3	31.6	100.0	2,638
Division							
Barishal	25.5	20.3	0.5	17.8	35.9	100.0	216
Chattogram	30.9	22.8	0.0	20.4	25.9	100.0	776
Dhaka	38.7	18.0	1.3	8.5	33.5	100.0	903
Khulna	48.0	24.8	0.5	6.9	19.8	100.0	374
Mymensingh	28.8	15.6	0.2	18.6	36.8	100.0	324
Rajshahi	40.3	20.4	0.1	12.8	26.3	100.0	377
Rangpur	30.1	18.9	0.0	13.5	37.4	100.0	409
Sylhet	30.3	14.5	0.3	19.0	35.8	100.0	230
Education							
No education	17.5	17.4	1.8	22.8	40.5	100.0	178
Primary incomplete	22.2	13.9	0.5	21.7	41.7	100.0	369
Primary complete	27.9	17.3	0.2	19.2	35.4	100.0	455
Secondary incomplete	34.6	21.1	0.2	14.8	29.3	100.0	1,475
Secondary complete or higher	45.2	21.5	0.6	7.1	25.6	100.0	1,132
Wealth quintile							
Lowest	19.9	15.8	0.8	26.1	37.4	100.0	730
Second	30.5	18.7	0.0	18.5	32.3	100.0	760
Middle	35.7	21.5	0.6	10.6	31.5	100.0	764
Fourth	38.1	24.1	0.7	9.8	27.3	100.0	708
Highest	52.9	18.9	0.0	3.9	24.2	100.0	646
Total	35.0	19.8	0.4	14.0	30.7	100.0	3,609
STILLBIRTHS							
Total	34.4	17.5	0.0	7.0	41.1	100.0	69
LIVE BIRTHS AND STILLBIRTHS ³							
Total	35.0	19.8	0.4	13.9	30.8	100.0	3,661

Note: Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months. Figures in parentheses are based on 25-49 unweighted cases.

CSBA = community skilled birth attendant

FWV = family welfare visitor

SACMO = sub-assistant community medical officer

¹ Includes community health care provider, health assistant, family welfare assistant, nongovernmental organization worker, trained traditional birth attendant (TBA), untrained TBA, unqualified doctor, relative/neighbor/friend, and "other"

² Birth order refers to the order of the birth among the respondent's live births.

³ For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 9.16 Content of postnatal care for the mother

Among women age 15–49 with a live birth and/or stillbirth in the 2 years preceding the survey, percentage for whom selected checks were performed during the first 2 days after the most recent birth, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage for whom during the first 2 days after the most recent birth, any health care provider:			Percentage with all three checks performed in the first 2 days after birth	Number of women
	Measured blood pressure	Discussed vaginal bleeding	Discussed family planning		
LIVE BIRTHS					
Age at birth					
<20	52.2	45.3	20.2	13.1	875
20–34	57.3	47.5	23.3	17.8	2,549
35–49	50.1	47.5	19.5	15.6	185
Birth order ¹					
1	60.0	49.4	22.1	17.2	1,432
2–3	56.1	46.7	23.7	17.1	1,856
4–5	35.6	37.2	16.0	10.9	296
6+	(20.7)	(40.3)	(14.9)	(5.3)	25
Place of delivery					
Health facility	77.6	56.7	28.6	23.1	2,337
Public sector	61.8	46.7	25.4	18.6	643
Private medical sector	84.3	61.1	30.0	25.2	1,629
NGO sector	64.3	45.7	23.5	17.2	65
Elsewhere	15.5	29.0	11.0	4.4	1,272
Residence					
Urban	66.1	51.3	26.6	20.8	970
Rural	51.9	45.4	20.8	15.0	2,638
Division					
Barishal	50.4	47.0	23.5	20.0	216
Chattogram	51.5	47.7	23.3	16.3	776
Dhaka	59.0	45.8	20.1	15.2	903
Khulna	73.4	53.4	25.1	20.9	374
Mymensingh	51.1	51.6	28.7	21.9	324
Rajshahi	58.5	50.0	21.1	13.3	377
Rangpur	49.7	40.1	20.1	14.3	409
Sylhet	46.1	39.5	20.1	13.8	230
Education					
No education	34.8	37.7	13.2	10.3	178
Primary incomplete	34.9	34.1	17.8	9.8	369
Primary complete	41.1	40.1	16.6	10.6	455
Secondary incomplete	56.9	47.0	21.6	16.2	1,475
Secondary complete or higher	70.1	55.4	28.6	22.5	1,132
Wealth quintile					
Lowest	33.8	39.2	17.5	11.2	730
Second	49.0	43.8	20.0	15.2	760
Middle	58.3	46.2	22.7	17.0	764
Fourth	62.9	49.0	22.7	15.7	708
Highest	77.5	58.2	29.9	24.5	646
Total	55.7	47.0	22.4	16.5	3,609
STILLBIRTHS					
Total	58.1	39.0	17.6	15.5	69
LIVE BIRTHS AND STILLBIRTHS ²					
Total	55.8	47.0	22.4	16.6	3,661

Note: Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months. Figures in parentheses are based on 25–49 unweighted cases.
 NGO = nongovernmental organization

¹ Birth order refers to the order of the birth among the respondent's live births.

² For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 9.17 Timing of first postnatal check for the newborn

Percent distribution of most recent live births in the 2 years preceding the survey by time after birth of first postnatal check, and percentage of births with a postnatal check during the first 2 days after birth, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Time after delivery of newborn's first postnatal check ¹						No postnatal check ²	Total	Percentage of births with a postnatal check during the first 2 days after birth ¹	Number of births
	Less than 1 hour	1–3 hours	4–23 hours	1–2 days	3–6 days	Don't know				
Mother's age at birth										
<20	15.9	28.7	3.8	7.4	3.3	0.6	40.4	100.0	55.8	875
20–34	16.1	30.2	3.3	7.2	2.5	0.8	39.9	100.0	56.8	2,549
35–49	13.2	23.6	5.3	7.7	3.0	1.6	45.6	100.0	49.9	185
Birth order³										
1	17.7	32.0	3.8	9.2	3.0	1.0	33.4	100.0	62.6	1,424
2–3	15.4	29.2	3.5	6.5	2.6	0.7	42.2	100.0	54.5	1,850
4–5	10.3	22.0	2.5	3.8	1.6	0.0	59.8	100.0	38.6	296
6+	(1.6)	(12.6)	(4.0)	(4.7)	(0.0)	(0.0)	(77.1)	100.0	(22.9)	25
Place of delivery										
Health facility	23.0	42.3	4.8	10.1	3.9	1.2	14.6	100.0	80.3	2,337
Elsewhere	2.9	6.0	1.2	2.0	0.5	0.0	87.4	100.0	12.1	1,272
Residence										
Urban	16.2	36.8	3.9	8.4	2.5	0.6	31.5	100.0	65.4	970
Rural	15.8	26.8	3.4	6.8	2.8	0.8	43.5	100.0	52.9	2,638
Division										
Barishal	10.5	21.9	2.7	10.9	1.8	0.2	52.0	100.0	46.0	216
Chattogram	12.9	31.3	4.2	7.3	2.0	0.6	41.8	100.0	55.6	776
Dhaka	13.7	34.8	3.3	7.5	1.8	0.6	38.3	100.0	59.4	903
Khulna	25.6	36.4	5.7	6.7	3.1	1.7	20.8	100.0	74.4	374
Mymensingh	16.3	20.2	2.0	6.2	5.5	1.0	48.8	100.0	44.7	324
Rajshahi	19.1	27.8	3.1	9.7	2.9	0.6	36.8	100.0	59.7	377
Rangpur	17.2	25.6	3.6	5.1	4.2	0.8	43.4	100.0	51.5	409
Sylhet	16.3	21.4	2.3	5.1	2.0	0.9	52.1	100.0	45.1	230
Mother's education										
No education	9.0	20.6	1.4	6.7	0.6	1.1	60.6	100.0	37.7	178
Primary incomplete	11.4	20.4	2.2	4.0	0.7	0.3	60.9	100.0	38.1	369
Primary complete	9.9	24.3	2.4	6.6	2.2	0.4	54.2	100.0	43.1	455
Secondary incomplete	16.6	29.0	3.9	6.7	2.3	0.8	40.7	100.0	56.1	1,475
Secondary complete or higher	20.0	36.7	4.3	9.4	4.4	0.9	24.3	100.0	70.4	1,132
Wealth quintile										
Lowest	12.0	17.8	1.6	4.8	1.6	0.7	61.5	100.0	36.2	730
Second	14.0	24.8	3.9	7.4	1.1	0.9	47.9	100.0	50.1	760
Middle	16.1	32.1	3.7	7.6	3.0	0.7	36.8	100.0	59.5	764
Fourth	20.1	33.0	3.9	6.2	3.6	0.7	32.5	100.0	63.2	708
Highest	17.9	41.4	4.5	10.7	4.6	0.9	20.1	100.0	74.4	646
Total	15.9	29.5	3.5	7.3	2.7	0.8	40.3	100.0	56.2	3,609

Note: Figures in parentheses are based on 25–49 unweighted cases.

¹ Includes newborns who received a check from a qualified doctor, nurse, midwife, paramedic, family welfare visitor, community skilled birth attendant, and sub-assistant community medical officer

² Includes newborns who received a check after the first week of life or received a check from a non-medically trained provider

³ Birth order refers to the order of the birth among the respondent's live births.

Table 9.18 Type of provider of first postnatal check for the newborn

Percent distribution of most recent live births in the 2 years preceding the survey by type of provider of the newborn's first postnatal health check during the 2 days after the birth, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Provider of newborn's first postnatal check				No postnatal check during the first 2 days after birth	Total	Number of births
	Qualified doctor	Nurse/midwife/paramedic/FWV	CSBA/SACMO	Other non-medically trained provider ¹			
Mother's age at birth							
<20	36.1	19.6	0.2	16.2	28.0	100.0	875
20–34	39.1	17.2	0.5	15.2	28.0	100.0	2,549
35–49	35.2	14.7	0.0	17.2	32.9	100.0	185
Birth order²							
1	43.6	18.8	0.2	12.0	25.5	100.0	1,432
2–3	36.4	17.8	0.5	16.4	29.0	100.0	1,856
4–5	25.9	12.0	0.7	25.7	35.7	100.0	296
6+	(8.9)	(14.0)	(0.0)	(38.3)	(38.8)	100.0	25
Place of delivery							
Health facility	56.2	23.8	0.3	0.6	19.1	100.0	2,337
Elsewhere	5.1	6.4	0.6	42.9	45.0	100.0	1,272
Residence							
Urban	49.2	15.6	0.6	9.3	25.3	100.0	970
Rural	34.1	18.4	0.3	17.8	29.3	100.0	2,638
Division							
Barishal	29.0	16.5	0.5	19.6	34.4	100.0	216
Chattogram	35.0	20.5	0.0	20.5	23.9	100.0	776
Dhaka	41.9	16.3	1.1	10.8	29.8	100.0	903
Khulna	53.1	20.7	0.5	8.9	16.7	100.0	374
Mymensingh	29.1	15.5	0.2	21.0	34.2	100.0	324
Rajshahi	43.3	16.3	0.1	15.0	25.3	100.0	377
Rangpur	32.8	18.8	0.0	13.6	34.9	100.0	409
Sylhet	32.3	12.5	0.3	21.0	33.9	100.0	230
Mother's education							
No education	20.9	15.1	1.8	24.4	37.8	100.0	178
Primary incomplete	25.1	12.9	0.1	25.2	36.7	100.0	369
Primary complete	27.5	15.4	0.2	20.4	36.5	100.0	455
Secondary incomplete	37.5	18.4	0.2	16.4	27.5	100.0	1,475
Secondary complete or higher	50.3	19.5	0.6	8.0	21.6	100.0	1,132
Wealth quintile							
Lowest	21.0	14.4	0.8	27.8	35.9	100.0	730
Second	32.5	17.6	0.0	19.7	30.2	100.0	760
Middle	39.6	19.5	0.4	12.5	28.0	100.0	764
Fourth	41.8	20.7	0.7	11.4	25.4	100.0	708
Highest	58.6	15.9	0.0	4.9	20.6	100.0	646
Total	38.2	17.7	0.4	15.5	28.2	100.0	3,609

Note: Figures in parentheses are based on 25–49 unweighted cases.

CSBA = community skilled birth attendant

FWV = family welfare visitor

SACMO = sub-assistant community medical officer

¹ Includes community health care provider, health assistant, family welfare assistant, nongovernmental organization worker, trained traditional birth attendant (TBA), untrained TBA, unqualified doctor, relative/neighbor/friend, and "other"

² Birth order refers to the order of the birth among the respondent's live births.

Table 9.19 Content of postnatal care for newborns

Among most recent live births in the 2 years preceding the survey, percentage for whom selected functions were performed during the first 2 days after the birth and percentage with five signal functions performed during the first 2 days after the birth, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage of most recent live births for whom a health care provider performed the selected functions during the first 2 days after the birth:							Percentage with five ² signal functions performed during the first 2 days after birth	Number of births
	Cord examined	Temperature measured	Mother told how to recognize if the baby needs immediate medical attention	Mother counseled on breastfeeding	Mother observed breastfeeding	Mother both counseled on breastfeeding and observed breastfeeding	Weighed ¹		
Mother's age at birth									
<20	62.9	65.1	32.1	66.1	57.1	52.3	66.2	21.5	875
20–34	64.7	66.0	32.8	62.9	55.2	51.0	65.2	23.1	2,549
35–49	58.8	58.7	37.2	57.8	46.5	44.4	61.8	28.1	185
Birth order³									
1	66.6	68.5	33.9	67.2	57.7	54.1	74.0	24.9	1,432
2–3	64.1	65.1	33.7	62.7	55.0	50.4	62.5	23.0	1,856
4–5	52.1	52.9	23.9	50.4	45.1	40.1	43.4	13.7	296
6+	(50.0)	(54.0)	(22.4)	(52.8)	(46.7)	(43.1)	(27.7)	(14.0)	25
Place of delivery									
Health facility	74.6	77.8	39.8	72.0	62.7	58.3	92.3	33.3	2,337
Elsewhere	44.4	42.6	20.1	47.5	41.5	37.6	15.6	3.9	1,272
Residence									
Urban	66.4	69.7	33.9	68.4	58.2	54.4	77.1	25.7	970
Rural	63.1	63.8	32.5	61.5	54.1	49.7	60.9	21.9	2,638
Division									
Barishal	57.8	56.7	27.3	52.9	46.6	41.3	55.3	17.3	216
Chattogram	67.3	66.2	36.0	65.1	58.6	54.9	56.6	21.9	776
Dhaka	58.1	62.2	28.6	63.3	52.6	47.8	72.9	21.2	903
Khulna	74.4	80.1	39.2	68.5	57.2	54.3	83.5	32.6	374
Mymensingh	62.5	62.9	35.0	66.3	59.1	56.3	56.6	22.6	324
Rajshahi	69.4	68.0	39.5	68.0	57.9	53.2	70.8	28.9	377
Rangpur	62.1	62.8	27.7	58.3	56.3	50.1	65.2	20.2	409
Sylhet	61.4	63.4	29.6	57.1	47.3	44.2	47.4	18.7	230
Mother's education									
No education	47.7	45.3	30.1	51.5	47.9	42.1	46.1	18.0	178
Primary incomplete	52.2	52.2	25.1	54.0	45.5	40.9	40.2	13.0	369
Primary complete	55.5	55.9	29.6	56.9	47.8	45.0	51.0	18.7	455
Secondary incomplete	64.6	66.1	31.6	63.8	55.5	51.4	64.4	21.1	1,475
Secondary complete or higher	73.0	75.7	38.8	70.4	62.2	57.4	83.3	31.0	1,132
Wealth quintile									
Lowest	54.8	54.3	25.4	54.9	48.7	44.5	42.8	14.6	730
Second	58.7	60.6	31.1	60.7	52.6	48.6	55.0	18.9	760
Middle	65.7	67.4	34.9	64.7	56.4	51.5	67.4	24.2	764
Fourth	68.0	70.4	34.8	66.5	58.6	55.1	77.2	25.8	708
Highest	74.1	75.9	38.8	71.3	60.5	55.8	87.1	32.4	646
Total	64.0	65.4	32.9	63.4	55.2	51.0	65.3	22.9	3,609

Note: Figures in parentheses are based on 25–49 unweighted cases.

¹ Captures newborns who were weighed “at birth.” May exclude some newborns who were weighed during the 2 days after birth.

² The functions are (1) examining the umbilical cord, (2) measuring temperature, (3) observing and/or counseling on breastfeeding, (4) telling the mother about danger signs/how to recognize if the baby needs immediate attention, and (5) weighing. Corresponds to the definition of the five signal functions to assess the content of postnatal care for newborns described in Moran et al. 2013.

³ Birth order refers to the order of the birth among the respondent's live births.

Table 9.20 Postnatal checks for mothers and newborns

Among most recent live births in the 2 years preceding the survey, percentage for which mothers age 15–49 received a postnatal check during the first 2 days after birth, percentage for which newborns received a postnatal check during the first 2 days after birth, percentage for which both mothers and newborns received a postnatal check, and percentage for which neither mothers nor newborns received a postnatal check, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage who received a postnatal check ¹ during the first 2 days after birth				Number of births
	Mother	Newborn	Both mother and newborn	Neither mother nor newborn received a postnatal check ²	
Mother's age at birth					
<20	55.8	55.8	51.1	39.5	875
20–34	55.4	56.8	51.7	39.4	2,549
35–49	49.4	49.9	46.1	46.9	185
Birth order³					
1	61.1	62.6	56.9	33.3	1,432
2–3	54.2	54.6	50.1	41.3	1,856
4–5	36.1	38.6	34.2	59.4	296
6+	(20.3)	(22.9)	(16.6)	(73.4)	25
Place of delivery					
Health facility	78.4	80.3	73.6	15.0	2,337
Public sector	73.5	76.3	67.8	18.0	643
Private medical sector	80.8	82.0	76.3	13.5	1,629
NGO sector	65.4	77.3	64.2	21.5	65
Elsewhere	12.6	12.1	10.2	85.5	1,272
Residence					
Urban	63.8	65.4	60.2	31.0	970
Rural	52.0	52.9	48.0	43.1	2,638
Division					
Barishal	46.3	46.0	41.0	48.8	216
Chattogram	53.7	55.6	50.3	41.0	776
Dhaka	57.9	59.4	54.1	36.8	903
Khulna	73.3	74.4	69.4	21.7	374
Mymensingh	44.6	44.7	41.5	52.2	324
Rajshahi	60.8	59.7	56.4	35.9	377
Rangpur	49.1	51.5	44.1	43.5	409
Sylhet	45.2	45.1	41.5	51.2	230
Mother's education					
No education	36.7	37.7	33.9	59.5	178
Primary incomplete	36.6	38.1	33.9	59.2	369
Primary complete	45.4	43.1	40.0	51.5	455
Secondary incomplete	55.9	56.1	52.1	40.0	1,475
Secondary complete or higher	67.3	70.4	63.1	25.5	1,132
Wealth quintile					
Lowest	36.5	36.2	32.7	60.0	730
Second	49.2	50.1	44.9	45.7	760
Middle	57.9	59.5	54.1	36.7	764
Fourth	62.9	63.2	58.8	32.7	708
Highest	71.9	74.4	68.2	21.9	646
Total	55.2	56.2	51.3	39.8	3,609

NGO = nongovernmental organization

¹ Includes checks from a qualified doctor, nurse, midwife, paramedic, family welfare visitor, community skilled birth attendant, and sub-assistant community medical officer

² Includes checks after the first 2 days or by other persons

³ Birth order refers to the order of the birth among the respondent's live births.

Table 9.21 Type of instrument used to cut the umbilical cord

Percent distribution of most recent noninstitutional live births in the 2 years preceding the survey by type of instrument used to cut the umbilical cord, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Instrument used to cut the umbilical cord					Total	Number of births
	Razor blade	Knife	Scissors	Other	Don't know		
Mother's age at birth							
<20	92.3	1.1	4.5	0.0	2.1	100.0	308
20–34	92.6	0.6	4.7	1.3	0.8	100.0	882
35–49	88.9	2.7	4.9	0.0	3.6	100.0	82
Birth order¹							
1	90.8	1.3	5.0	0.8	2.1	100.0	391
2–3	93.7	0.7	4.0	1.1	0.6	100.0	684
4–5	91.4	0.0	6.5	0.7	1.5	100.0	178
6+	*	*	*	*	*	*	19
Residence							
Urban	91.6	1.3	5.9	1.1	0.2	100.0	229
Rural	92.5	0.7	4.4	0.9	1.5	100.0	1,043
Division							
Barishal	91.4	1.4	5.8	0.7	0.7	100.0	105
Chattogram	94.2	1.0	2.8	0.0	2.0	100.0	305
Dhaka	89.2	0.7	5.9	2.0	2.2	100.0	267
Khulna	88.6	1.5	7.9	0.0	1.9	100.0	66
Mymensingh	95.1	0.0	4.6	0.0	0.3	100.0	147
Rajshahi	94.7	1.0	2.1	1.1	1.0	100.0	113
Rangpur	90.1	1.5	6.2	2.2	0.0	100.0	159
Sylhet	94.7	0.0	4.3	0.4	0.6	100.0	110
Mother's education							
No education	92.1	1.0	5.6	1.2	0.0	100.0	96
Primary incomplete	93.8	0.3	2.6	2.0	1.2	100.0	217
Primary complete	95.3	1.4	2.8	0.5	0.0	100.0	221
Secondary incomplete	92.3	0.6	4.3	0.9	2.0	100.0	517
Secondary complete or higher	88.1	1.4	9.0	0.0	1.5	100.0	221
Wealth quintile							
Lowest	95.1	0.3	2.9	1.1	0.6	100.0	420
Second	92.2	1.0	5.3	0.1	1.4	100.0	345
Middle	91.7	0.7	3.6	1.6	2.3	100.0	246
Fourth	92.5	1.3	5.5	0.7	0.0	100.0	177
Highest	80.2	2.5	11.9	1.4	3.9	100.0	83
Total	92.3	0.8	4.6	0.9	1.3	100.0	1,272

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Birth order refers to the order of the birth among the respondent's live births.

Table 9.22 Application of material after the umbilical cord was cut

Percentage of most recent noninstitutional live births in the 2 years preceding the survey by material applied to the cord immediately after cutting and tying, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Material applied to the cord								Number of births
	Chlorhexidine	Other antiseptic (alcohol, spirit, gentian violet)	Mustard oil	Ash	Animal dung	Other	Don't know	Nothing applied to the cord	
Mother's age at birth									
<20	13.0	17.8	44.0	1.0	0.0	5.5	0.2	28.9	308
20–34	15.3	16.8	35.2	0.7	0.1	4.2	1.3	32.2	882
35–49	15.7	18.9	40.2	0.7	0.0	6.3	0.0	28.4	82
Birth order¹									
1	16.4	18.1	39.6	0.6	0.1	4.1	0.0	29.4	391
2–3	14.2	17.0	37.1	1.0	0.0	4.1	1.5	31.5	684
4–5	13.6	16.7	34.9	0.3	0.0	6.8	1.0	34.6	178
6+	*	*	*	*	*	*	*	*	19
Residence									
Urban	18.3	15.1	33.5	0.0	0.0	2.5	1.4	35.2	229
Rural	14.0	17.6	38.6	0.9	0.1	5.1	0.8	30.3	1,043
Division									
Barishal	6.8	12.8	58.7	0.0	0.0	4.7	0.6	23.5	105
Chattogram	11.5	13.0	56.0	0.5	0.0	4.3	1.2	22.6	305
Dhaka	14.4	11.4	33.6	0.3	0.0	1.7	0.3	42.8	267
Khulna	17.5	18.9	41.2	1.6	0.0	11.1	1.8	18.4	66
Mymensingh	17.8	30.2	14.3	0.0	0.0	7.4	0.7	34.4	147
Rajshahi	20.3	22.8	33.9	0.0	0.0	0.6	0.0	30.3	113
Rangpur	16.7	25.9	20.4	0.0	0.0	2.6	2.3	38.0	159
Sylhet	17.9	10.3	35.0	5.4	0.5	12.4	0.7	28.2	110
Mother's education									
No education	12.2	16.3	33.3	0.7	0.6	3.0	0.8	39.3	96
Primary incomplete	11.5	19.2	33.9	1.0	0.0	6.6	1.7	32.2	217
Primary complete	15.2	15.4	42.3	1.5	0.0	6.2	0.4	29.0	221
Secondary incomplete	15.5	17.8	38.3	0.5	0.0	4.4	0.7	30.5	517
Secondary complete or higher	16.8	15.9	37.2	0.3	0.0	2.6	1.3	30.5	221
Wealth quintile									
Lowest	15.5	17.1	38.0	0.9	0.1	4.3	1.3	29.9	420
Second	12.2	15.8	37.8	0.8	0.0	6.6	0.6	31.9	345
Middle	12.2	17.0	38.5	0.0	0.0	4.2	0.7	35.1	246
Fourth	20.5	19.1	35.0	1.7	0.0	2.4	0.4	28.8	177
Highest	17.0	19.6	38.7	0.0	0.0	4.7	2.3	28.4	83
Total	14.7	17.2	37.7	0.8	0.0	4.7	0.9	31.2	1,272

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Birth order refers to the order of the birth among the respondent's live births.

Table 9.23 Timing of first bath

Percent distribution of most recent noninstitutional live births in the 2 years preceding the survey by timing of first bath, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Timing of first bath after delivery					Don't know/missing	Total	Number of births
	0–5 hours	6–11 hours	12–23 hours	24–71 hours	72+ hours			
Mother's age at birth								
<20	22.9	3.9	1.3	26.4	44.3	1.2	100.0	308
20–34	21.0	2.2	1.7	30.4	43.2	1.5	100.0	882
35–49	21.9	7.4	0.0	22.5	48.2	0.0	100.0	82
Birth order¹								
1	19.3	3.1	1.6	25.9	48.1	2.1	100.0	391
2–3	22.0	2.3	1.6	30.9	42.4	0.9	100.0	684
4–5	22.2	5.2	0.9	30.1	39.9	1.7	100.0	178
6+	*	*	*	*	*	*	*	19
Residence								
Urban	22.6	2.3	1.6	27.9	44.4	1.3	100.0	229
Rural	21.3	3.1	1.4	29.1	43.7	1.4	100.0	1,043
Division								
Barishal	13.3	0.7	0.7	37.8	45.0	2.6	100.0	105
Chattogram	27.2	2.0	1.4	20.2	48.7	0.6	100.0	305
Dhaka	25.8	4.4	2.8	31.7	34.7	0.6	100.0	267
Khulna	13.0	6.4	2.6	38.6	39.3	0.0	100.0	66
Mymensingh	25.7	1.9	1.2	34.2	36.7	0.3	100.0	147
Rajshahi	6.5	1.3	0.8	35.8	54.3	1.2	100.0	113
Rangpur	12.1	5.8	1.3	31.2	46.1	3.5	100.0	159
Sylhet	31.7	1.2	0.0	14.6	49.1	3.4	100.0	110
Mother's education								
No education	35.6	1.7	0.0	26.8	33.5	2.4	100.0	96
Primary incomplete	25.3	4.9	1.5	31.1	35.2	2.0	100.0	217
Primary complete	23.0	2.6	4.1	29.4	40.2	0.6	100.0	221
Secondary incomplete	20.0	2.7	0.8	31.5	44.4	0.5	100.0	517
Secondary complete or higher	13.7	2.5	1.0	21.0	58.9	2.9	100.0	221
Wealth quintile								
Lowest	22.1	3.3	2.1	30.4	40.9	1.3	100.0	420
Second	19.6	2.6	1.1	30.0	45.5	1.3	100.0	345
Middle	20.4	1.4	2.3	27.6	46.5	1.8	100.0	246
Fourth	23.3	3.8	0.5	27.0	44.4	1.0	100.0	177
Highest	26.0	5.7	0.0	24.9	42.3	1.1	100.0	83
Total	21.5	3.0	1.5	28.9	43.8	1.4	100.0	1,272

¹ Birth order refers to the order of the birth among the respondent's live births.

Table 9.24 Essential newborn care

Percentage of most recent noninstitutional live births in the 2 years preceding the survey by essential newborn care received, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Use of a safe delivery kit or boiled blade to cut the umbilical cord ¹	Nothing applied to the umbilical cord or only chlorhexidine applied	Bathing delayed 72 or more hours	Immediate breastfeeding (within 1 hour after delivery)	Skin-to-skin care immediately after birth (within 1 hour)	Four essential newborn care practices ²	All five essential newborn care practices	Number of births
Mother's age at birth								
<20	97.9	37.4	44.3	48.4	20.2	9.2	2.1	308
20–34	96.6	42.8	43.2	52.9	19.8	8.1	2.9	882
35–49	96.4	38.1	48.2	51.8	15.8	9.3	2.2	82
Birth order³								
1	96.2	39.9	48.1	47.9	16.9	9.1	2.3	391
2–3	97.5	41.8	42.4	53.5	21.4	8.5	2.8	684
4–5	96.9	44.0	39.9	50.7	19.8	6.9	3.1	178
6+	*	*	*	*	*	*	*	19
Residence								
Urban	98.6	48.7	44.4	48.7	16.5	9.8	3.9	229
Rural	96.6	39.6	43.7	52.4	20.3	8.1	2.4	1,043
Division								
Barishal	97.1	25.7	45.0	51.5	21.6	4.9	1.4	105
Chattogram	97.6	30.5	48.7	50.2	22.1	7.6	1.3	305
Dhaka	93.6	50.9	34.7	44.5	7.8	7.3	1.2	267
Khulna	94.5	33.1	39.3	54.0	21.1	7.7	1.7	66
Mymensingh	99.4	49.3	36.7	54.1	21.3	8.5	3.5	147
Rajshahi	97.8	41.8	54.3	53.6	19.7	7.3	0.4	113
Rangpur	97.8	49.7	46.1	54.8	22.2	13.1	7.4	159
Sylhet	99.0	43.0	49.1	62.7	32.6	11.8	6.1	110
Mother's education								
No education	97.6	48.3	33.5	44.1	12.0	5.3	1.1	96
Primary incomplete	95.8	39.2	35.2	52.6	19.7	6.7	1.9	217
Primary complete	98.6	38.6	40.2	53.2	25.4	7.1	3.7	221
Secondary incomplete	96.2	42.4	44.4	52.6	20.7	9.2	2.6	517
Secondary complete or higher	97.8	39.8	58.9	50.5	14.5	11.0	3.0	221
Wealth quintile								
Lowest	97.3	41.3	40.9	52.4	22.2	8.9	2.7	420
Second	97.7	39.1	45.5	56.2	22.0	8.0	2.2	345
Middle	95.5	41.2	46.5	46.8	14.4	7.1	2.7	246
Fourth	98.6	46.0	44.4	49.6	17.6	11.6	3.9	177
Highest	92.8	39.3	42.3	48.6	16.4	4.9	1.6	83
Total	96.9	41.2	43.8	51.7	19.6	8.4	2.7	1,272

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Razor blade/knife/scissors, either new or boiled

² New or boiled blade/knife/scissors used, nothing or only chlorhexidine applied, bathing delayed 72 or more hours, and immediate breastfeeding

³ Birth order refers to the order of the birth among the respondent's live births.

Table 9.25 Problems in accessing health care

Percentage of women age 15–49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Problems in accessing health care					Number of women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Not wanting to go alone	At least one problem accessing health care	
Age						
15–19	26.9	42.8	43.9	49.7	68.0	1,729
20–34	24.8	45.6	45.3	38.6	65.0	10,249
35–49	26.8	50.1	47.7	39.7	67.3	8,050
Number of living children						
0	26.0	42.0	44.6	45.7	66.5	2,169
1–2	24.8	45.1	45.1	38.4	64.7	11,739
3–4	27.0	51.9	47.9	40.1	68.0	5,390
5+	32.1	60.4	54.0	47.3	76.7	731
Marital status						
Currently married	25.6	46.5	45.9	39.9	65.9	19,060
Divorced/separated/deserted/widowed	30.1	60.3	50.1	40.9	72.9	969
Employment (last 12 months)						
Not employed	27.7	46.9	46.8	40.9	66.6	12,561
Employed for cash	22.3	47.7	44.8	37.8	65.5	6,866
Employed not for cash	26.7	47.9	46.8	44.8	66.0	602
Residence						
Urban	23.2	44.2	39.0	34.1	61.4	5,700
Rural	26.8	48.4	48.9	42.3	68.1	14,328
Division						
Barishal	27.5	48.9	48.7	38.0	65.8	1,199
Chattogram	30.9	52.3	53.5	46.6	73.2	3,749
Dhaka	24.3	44.7	41.2	35.7	63.6	5,080
Khulna	13.4	37.3	40.9	36.0	59.1	2,389
Mymensingh	31.5	58.3	50.5	47.4	73.2	1,527
Rajshahi	27.4	50.4	49.1	42.3	69.0	2,625
Rangpur	27.4	43.2	41.2	36.3	58.7	2,291
Sylhet	24.8	46.0	48.6	40.0	69.1	1,169
Education						
No education	32.4	59.6	52.9	45.7	73.8	2,754
Primary incomplete	26.3	54.4	48.4	42.8	71.8	2,630
Primary complete	30.2	53.9	49.7	43.3	70.0	2,669
Secondary incomplete	24.5	45.3	46.1	39.6	65.9	7,131
Secondary complete or higher	21.2	35.2	39.0	33.9	57.2	4,844
Wealth quintile						
Lowest	32.7	60.0	55.0	48.4	75.1	3,583
Second	27.9	52.3	47.5	41.2	69.0	4,028
Middle	26.3	48.1	46.7	40.6	67.4	4,135
Fourth	23.2	42.4	45.0	37.5	63.4	4,189
Highest	19.8	34.8	37.5	33.3	57.2	4,094
Total	25.8	47.2	46.1	40.0	66.2	20,029

Key Findings

- **Acute respiratory infection:** Advice or treatment from health facilities or health providers was sought for 84% of children under age 5 with symptoms of acute respiratory infection (ARI).
- **Fever:** 31% of children under age 5 had a fever in the 2 weeks before the survey, and 75% of them were taken to a health facility or qualified health provider for advice or treatment.
- **Diarrhea:** 5% of children under age 5 had diarrhea in the 2 weeks preceding the survey, and advice or treatment was sought for 66% of them. Among children with diarrhea, 77% received oral rehydration therapy (ORT) and 44% were treated with a combination of ORT and zinc.

Information on child health and survival can help policymakers and program managers assess the efficacy of current strategies, formulate appropriate interventions to prevent deaths from childhood illnesses, and improve the health of children in Bangladesh.

This chapter presents information on birth weight for young children and looks at the prevalence of, and care-seeking behaviors for, three common childhood illnesses: symptoms of acute respiratory infection (ARI), fever, and diarrhea.

10.1 CHILD'S SIZE AND BIRTH WEIGHT

Low birth weights (below 2,500 kilograms) are frequently considered a sign of inadequate fetal growth and can lead to various health issues such as brain injury, chronic lung and liver disease, deafness, blindness, epilepsy, intellectual impairment, cerebral palsy, mental retardation, developmental conditions, physical disability, cardiovascular disease, stomach complications, elevated blood pressure, type 2 diabetes, and attention deficit disorder (Islam Pollob et al. 2022). Low-income households face challenges in ensuring adequate nutrition, health care, and medical support for expectant mothers, leading to a higher incidence of low birth weights. This situation often arises due to reliance on a single earner in these households, resulting in limited family income.

Data on birth weight were derived from written records or the mother's report. Overall, information on birth weight was available for 65% of infants (data were captured through written records for 12% of infants and through the mother's recall for 54%).

Table 10.1 shows the distribution of live births in the 2 years preceding the survey by the mother's estimate of her baby's size at birth. Eighty-six percent of live births were reported to be average or larger, 13% were reported as smaller than average, and 1% were reported as very small.

Patterns by background characteristics

- Small size at birth varies by division. The percentage of children reported as being smaller than average or very small is highest in Sylhet (19%), Dhaka (16%), and Chattogram (16%) and lowest in Khulna (11%) (**Table 10.1**).

- Children born to mothers with no education (21%) are more likely to be smaller than average or very small than those born to mothers with a secondary education or higher (12%).
- Similarly, children born to mothers from households in the lowest wealth quintile are more likely to be smaller than average or very small (17%) than children born to mothers from households in the highest wealth quintile (13%).

10.2 SYMPTOMS OF ACUTE RESPIRATORY INFECTION AND CARE-SEEKING BEHAVIOR

Acute respiratory infection (ARI), one of the most common childhood illnesses, leads to a significant number of deaths in low- and middle-income countries where health services are limited, and the quality of care is often substandard. Timely identification and appropriate administration of antibiotics have the potential to decrease ARI-related mortality among children, particularly deaths stemming from pneumonia.

In 1998, the Government of Bangladesh launched the Integrated Management of Childhood Illness (IMCI) initiative, which has since been extensively rolled out across all districts in the country. Most union health and family welfare centers where outpatient services are offered employ sub-assistant community medical officers (SACMOs) to execute IMCI protocols. Additionally, IMCI is practiced in union health centers and community clinics, which serve as primary-level health care facilities in Bangladesh. The 5th Health, Population and Nutrition Sector Program (HPNSP) for the period 2024–2029 aims to enhance both the accessibility and use of child health care services through IMCI (MoHFW 2023).

Care seeking for symptoms of acute respiratory infection (ARI)

Children with symptoms of ARI for whom advice or treatment was sought. ARI symptoms consist of short, rapid breathing that is chest-related and/or difficult breathing that is chest-related.

Sample: Children under age 5 with symptoms of ARI in the 2 weeks before the survey

Table 10.2 shows that only 1% of children under age 5 had symptoms of ARI in the 2 weeks before the survey. Eighty-four percent of children with ARI symptoms were taken to a health facility or provider for advice or treatment; 54% of children were taken for advice or treatment on the same or next day.

Source of Advice or Treatment for Symptoms of ARI

There is a notable disparity in care seeking for children exhibiting ARI symptoms between the private and public sectors. A substantial majority of caregivers of children with symptoms of ARI (70%) seek advice or treatment from private health care sources rather than public sources (17%) (**Table 10.3**).

Within the public sector, specialized government hospitals are the primary choice for advice or treatment, constituting 5% of consultations, followed by upazila health complexes (4%). The most common private sector providers are pharmacies/drug stores (34%) and qualified doctor's chambers (22%).

10.3 FEVER AND CARE-SEEKING BEHAVIOR

In the context of childhood illnesses in Bangladesh, fever emerges as the prevailing and most frequently encountered symptom. Fever in children can be attributed to a variety of causes, from relatively benign conditions such as the common cold to more severe and potentially fatal illnesses such as malaria and dengue hemorrhagic fever. The diverse etiologies of fever necessitate diligent clinical assessment and timely interventions for optimal management and favorable health outcomes.

Care seeking for fever

Children with fever for whom advice or treatment was sought.

Sample: Children under age 5 with a fever in the 2 weeks before the survey

Thirty-one percent of children under age 5 had a fever during the 2 weeks before the survey. Medical advice or treatment was sought from health care facilities or qualified health providers for a substantial proportion (75%), and 52% were taken for advice or treatment either on the day of symptom onset or the following day. According to the survey results, 12% of children with fever were prescribed antibiotics as part of their treatment regimen (**Table 10.4**).

Source of Advice or Treatment for Fever

Sixty-four percent of children under age 5 who had a fever in the 2 weeks before the survey were taken for advice or treatment to private sector providers, as compared with 12% for whom care was sought from the public sector. Among those who were taken for advice or treatment, 60% received treatment from a pharmacy or drug store, while 14% received care from a qualified doctor's chamber (**Table 10.5**). **Table 10.6** shows that among children with a fever in the past 2 weeks, private pharmacies/drug stores were the first source of treatment for 44%, highlighting their significant role as the initial point of care for fever management.

10.4 DIARRHEAL DISEASE

Diarrheal disease remains an important cause of morbidity and mortality among young children in Bangladesh. Oral rehydration therapy (ORT) and supplemental zinc, combined with continued feeding, are the recommended interventions for treating diarrhea. ORT can be provided as increased fluids (especially increased breastfeeding), as fluid prepared from a packet of oral rehydration salts (ORS), or as recommended home fluids (RHF). Zinc has been shown to reduce the severity and duration of diarrhea, and it is recommended that all children with diarrhea receive a 5-day course of zinc.

10.4.1 Diarrhea and Care-seeking Behavior

Care seeking for diarrhea

Children with diarrhea for whom advice or treatment was sought.

Sample: Children under age 5 with diarrhea in the 2 weeks before the survey

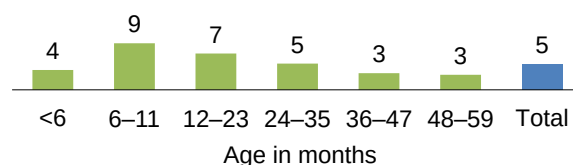
According to the 2022 BDHS, diarrhea is the second most prevalent cause of death (11%) among children age 29 days to 11 months in Bangladesh (see Chapter 16). Five percent of children under age 5 had diarrhea in the 2 weeks preceding the survey. Advice or treatment was sought for 66% of children with diarrhea (**Table 10.7**).

Patterns by background characteristics

- Children age 6 to 11 months had the highest prevalence of diarrhea (9%), while those age 36–47 months and 48–59 months had the lowest prevalence (3% each) (**Figure 10.1**).
- By division, Rajshahi has the highest percentage of children with diarrhea (7%) and the lowest percentage of children who were taken for advice or treatment for the condition. Dhaka has the lowest prevalence of diarrhea (3%) (**Table 10.7**).
- Children from households in the lowest wealth quintile have a higher diarrhea prevalence (6%) and are less likely to be taken for advice or treatment (59%) than those from households in the highest wealth quintile (5% and 67%, respectively). Children from households in the middle and fourth wealth quintiles are least likely to have had diarrhea (4% each) and most likely to have been taken for advice or treatment (74% and 69%, respectively).

Figure 10.1 Diarrhea prevalence by age

Percentage of children under age 5 who had diarrhea in the 2 weeks before the survey



10.4.2 Feeding Practices

Appropriate feeding practices

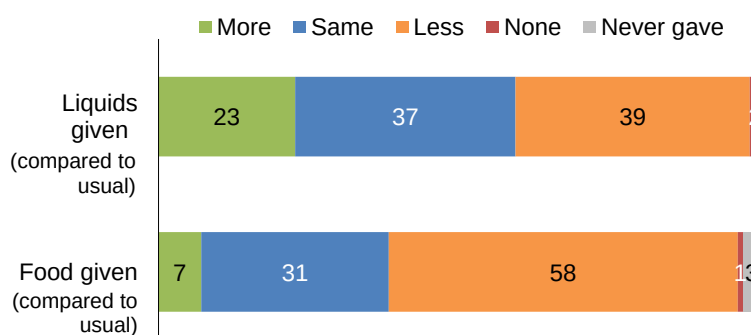
Children with diarrhea are given more liquids than usual and as much food or more than usual.

Sample: Children under age 5 with diarrhea in the 2 weeks before the survey

To reduce dehydration and minimize the effects of diarrhea on nutritional status, mothers are encouraged to continue normal feeding of children with diarrhea and to increase the amount of fluids given. Overall, 23% of children under age 5 with diarrhea in the 2 weeks prior to the survey received more fluids than usual, 37% received the same amount, 39% received less, and 2% received no liquids (**Table 10.8** and **Figure 10.2**). In addition, 7% of children received more food than usual, 31% received the same amount, 58% received less, and only 1% received no food.

Figure 10.2 Feeding practices during diarrhea

Percentage of children under age 5 with diarrhea in the 2 weeks before the survey



10.4.3 Oral Rehydration Therapy, Zinc, Continued Feeding, and Other Treatments

Oral rehydration therapy

Children with diarrhea are given increased fluids, a fluid made from a special packet of oral rehydration salts (ORS), or recommended home fluids (RHF).

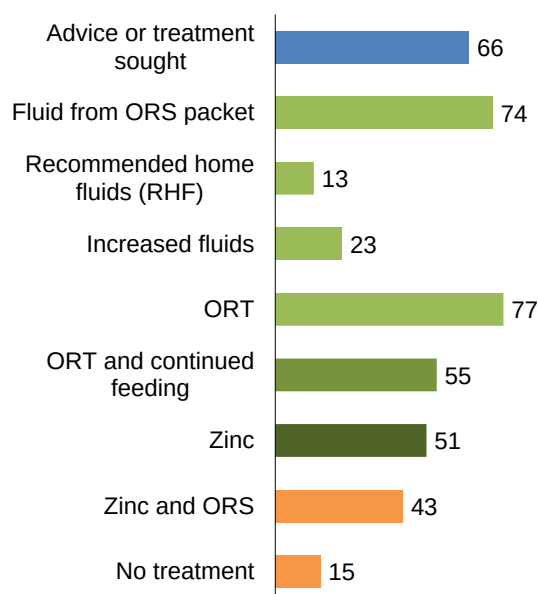
Sample: Children under age 5 with diarrhea in the 2 weeks before the survey

Table 10.9 and **Figure 10.3** show that 77% of children under age 5 with diarrhea in the 2 weeks before the survey received some form of ORT (ORS packets, recommended home fluids, or increased fluids). Around half of children (51%) with diarrhea were given zinc, and 43% received a combination of ORS and zinc. Overall, 55% of children under age 5 who had diarrhea in the 2-week period preceding the survey were given ORT and continued feeding. Fifteen percent did not receive any treatment for diarrhea (**Table 10.9**). Furthermore, less than half (44%) of children received ORT along with zinc (**Table 10.10**).

Trends: The percentage of children with diarrhea receiving ORS rose steadily from 48% in 1996–97 to 83% in 2017–18 before decreasing to 74% in 2022. The percentage of children receiving ORT or increased fluids decreased from 87% in 2017–18 to 77% in 2022. Over the same period, the percentage of children receiving ORT and zinc remained steady at 44%.

Figure 10.3 Treatment of diarrhea

Percentage of children under age 5 with diarrhea in the 2 weeks before the survey



Patterns by background characteristics

- Use of ORS for treating diarrhea is more common in urban areas (83%) than in rural areas (71%). Conversely, use of zinc as a treatment for diarrhea is more common in rural areas (52% versus 48%) (**Table 10.9**).
- The likelihood of using ORS for treating diarrhea rises with increasing household wealth. Specifically, 67% of children from households in the lowest wealth quintile are given ORS for diarrhea, as compared with 80% of those from households in the highest wealth quintile.
- More male children (47%) receive ORT and zinc as part of their diarrheal treatment than female children (40%) (**Table 10.10**).

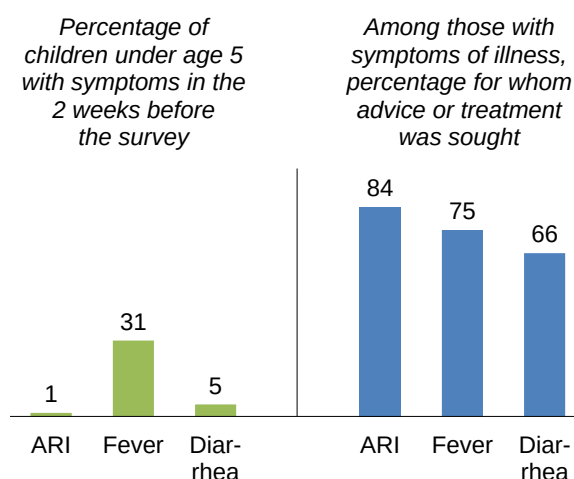
Source of Advice or Treatment for Diarrhea

Similar to trends observed for ARI symptoms and fever, the private sector is a more common source of advice or treatment for children with diarrhea than the public sector. Fifty-three percent of children with diarrhea were taken to a private sector facility for advice or treatment, while 14% were taken to a public sector facility. Among children for whom advice or treatment was sought, almost half (49%) were taken to a pharmacy/drug store (**Table 10.11**).

10.5 TREATMENT OF CHILDHOOD ILLNESS

During the 2 weeks preceding the survey, 1% of children under age 5 had symptoms of ARI, 31% had a fever, and 5% had diarrhea. Advice or treatment was sought for 84% of children experiencing ARI symptoms, 75% of those with a fever, and 66% of those with diarrhea (**Figure 10.4**).

Figure 10.4 Symptoms of childhood illness and care seeking



LIST OF TABLES

For more information on child health, see the following tables:

- **Table 10.1** Child's size and weight at birth
- **Table 10.2** Children with symptoms of ARI and care seeking for symptoms of ARI
- **Table 10.3** Source of advice or treatment for children with symptoms of ARI
- **Table 10.4** Children with fever and care-seeking for fever
- **Table 10.5** Source of advice or treatment for children with fever
- **Table 10.6** First source of treatment of fever
- **Table 10.7** Children with diarrhea and care seeking for diarrhea
- **Table 10.8** Feeding practices during diarrhea
- **Table 10.9** Oral rehydration salts, zinc, continued feeding, and other treatments for diarrhea
- **Table 10.10** Diarrhea treatment with ORT and zinc
- **Table 10.11** Source of advice or treatment for children with diarrhea

Table 10.1 Child's size and weight at birth

Percent distribution of live births in the 2 years preceding the survey by mother's estimate of baby's size at birth, and percentage of live births in the 2 years preceding the survey that have a reported birth weight by source of information (written record or mother's report), according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percent distribution of births by size of baby at birth based on mother's estimate					Percentage of births that have a reported birth weight according to:			Number of births
	Very small	Smaller than average	Average or larger	Don't know	Total	Written record	Mother's report	Either	
Mother's age at birth									
<20	1.2	11.2	87.1	0.5	100.0	10.4	55.7	66.1	891
20–34	0.7	13.5	85.6	0.2	100.0	11.9	53.4	65.3	2,613
35–49	0.2	22.9	76.8	0.0	100.0	11.6	49.3	60.9	187
Birth order									
1	0.8	11.8	87.0	0.4	100.0	12.0	62.0	74.1	1,471
2–3	0.8	13.3	85.6	0.3	100.0	11.9	50.6	62.5	1,890
4–5	0.4	21.5	78.1	0.0	100.0	8.0	35.2	43.3	304
6+	(6.4)	(16.9)	(76.7)	(0.0)	100.0	(1.4)	(26.3)	(27.7)	25
Residence									
Urban	1.2	13.1	85.8	0.0	100.0	15.8	61.3	77.1	997
Rural	0.7	13.5	85.4	0.4	100.0	10.0	50.9	60.9	2,694
Division									
Barishal	0.3	13.2	86.5	0.0	100.0	11.0	44.0	55.0	219
Chattogram	0.7	14.8	83.5	1.0	100.0	10.6	46.3	56.9	793
Dhaka	1.4	14.8	83.8	0.0	100.0	14.5	58.6	73.0	926
Khulna	0.5	10.3	89.2	0.0	100.0	13.5	69.8	83.2	380
Mymensingh	1.1	10.1	88.4	0.5	100.0	12.3	43.8	56.1	333
Rajshahi	0.5	11.1	88.4	0.0	100.0	7.9	62.9	70.8	381
Rangpur	0.0	13.1	86.9	0.0	100.0	9.6	56.2	65.8	419
Sylhet	1.1	17.4	80.8	0.6	100.0	8.7	38.5	47.2	240
Education									
No education	1.6	18.9	79.4	0.0	100.0	8.2	36.9	45.1	183
Primary incomplete	0.6	14.5	84.8	0.2	100.0	5.9	34.1	40.1	374
Primary complete	0.9	13.4	85.0	0.7	100.0	10.0	40.3	50.3	469
Secondary incomplete	0.9	14.0	84.8	0.3	100.0	11.7	53.0	64.6	1,503
Secondary complete or higher	0.6	11.3	87.8	0.2	100.0	14.3	69.1	83.5	1,161
Wealth quintile									
Lowest	0.7	16.7	82.3	0.3	100.0	5.9	36.7	42.6	745
Second	0.9	14.0	84.7	0.4	100.0	9.7	45.0	54.8	780
Middle	1.1	14.6	83.8	0.5	100.0	10.5	57.0	67.5	787
Fourth	0.9	9.0	89.9	0.2	100.0	12.7	64.6	77.4	718
Highest	0.4	12.4	87.2	0.0	100.0	19.9	67.5	87.4	661
Total	0.8	13.4	85.5	0.3	100.0	11.5	53.7	65.3	3,691

Note: Figures in parentheses are based on 25–49 unweighted cases.

Table 10.2 Children with symptoms of ARI and care seeking for symptoms of ARI

Among children under age 5, percentage who had symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey, and among children with symptoms of ARI in the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Among children under age 5:		Among children under age 5 with symptoms of ARI:		
	Percentage with symptoms of ARI ¹	Number of children	Percentage for whom advice or treatment was sought ²	Percentage for whom advice or treatment was sought the same or next day ²	Number of children
Age in months					
<6	0.9	953	*	*	9
6–11	1.8	990	*	*	18
12–23	1.8	1,653	(78.0)	(52.0)	30
24–35	2.0	1,663	(92.0)	(61.1)	34
36–47	1.2	1,633	*	*	20
48–59	0.6	1,680	*	*	10
Sex					
Male	1.8	4,378	85.3	55.4	78
Female	1.0	4,195	(82.6)	(51.7)	43
Residence					
Urban	0.9	2,316	(84.8)	(36.3)	21
Rural	1.6	6,257	84.2	57.8	99
Division					
Barishal	1.2	552	*	*	7
Chattogram	1.4	1,866	*	*	26
Dhaka	0.9	2,160	*	*	19
Khulna	1.8	869	*	*	16
Mymensingh	0.8	727	*	*	6
Rajshahi	2.9	881	*	*	26
Rangpur	1.5	925	*	*	14
Sylhet	1.2	593	*	*	7
Education					
No education	1.0	531	*	*	5
Primary incomplete	1.1	916	*	*	10
Primary complete	1.5	1,111	*	*	17
Secondary incomplete	1.8	3,505	87.8	56.3	64
Secondary complete or higher	0.9	2,511	(77.2)	(43.2)	24
Wealth quintile					
Lowest	1.6	1,768	*	*	28
Second	1.6	1,772	(70.4)	(50.8)	29
Middle	1.5	1,770	(87.4)	(61.2)	27
Fourth	1.3	1,668	*	*	22
Highest	0.9	1,596	*	*	15
Total	1.4	8,573	84.3	54.1	120

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Symptoms of ARI include short, rapid breathing that is chest-related and/or difficult breathing that is chest-related.

² Includes advice or treatment from the following sources: public sector, private medical sector, and nongovernmental organization (NGO) sector. Excludes advice or treatment from a traditional practitioner.

Table 10.3 Source of advice or treatment for children with symptoms of ARI

Percentage of children under age 5 with symptoms of ARI in the 2 weeks preceding the survey for whom advice or treatment was sought from specific sources, and among children under age 5 with symptoms of ARI in the 2 weeks preceding the survey for whom advice or treatment was sought, percentage for whom advice or treatment was sought from specific sources, Bangladesh DHS 2022

Source	Percentage for whom advice or treatment was sought from each source:	
	Among children with symptoms of ARI ¹	Among children with symptoms of ARI for whom advice or treatment was sought ¹
Public sector	17.3	20.2
Medical college hospital	2.7	3.1
Specialized government hospital	4.5	5.2
District hospital	2.4	2.8
Upazila health complex	4.3	5.0
Union health and family welfare center	1.3	1.5
Community clinic	2.2	2.6
Private medical sector	69.5	81.2
Private hospital	2.2	2.6
Private clinic	10.2	11.9
Qualified doctor's chamber	22.2	26.0
Non-qualified doctor's chamber	3.6	4.2
Pharmacy/drug store	33.6	39.3
Other	1.3	1.5
Number of children	120	103

Note: Advice or treatment for children with symptoms of ARI may have been sought from more than one source.

¹ Symptoms of ARI include short, rapid breathing that is chest-related and/or difficult breathing that is chest-related.

Table 10.4 Children with fever and care seeking for fever

Among children under age 5, percentage who had a fever in the 2 weeks preceding the survey, and among children with a fever in the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, percentage for whom advice or treatment was sought the same or next day following the onset of fever, and percentage who received antibiotics as treatment, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Among children under age 5:		Among children under age 5 with fever:			
	Percentage with fever	Number of children	Percentage for whom advice or treatment was sought ¹	Percentage for whom advice or treatment was sought the same or next day ¹	Percentage who received antibiotics	Number of children with fever
Age in months						
<6	25.3	953	71.3	55.6	13.0	241
6–11	38.4	990	82.3	53.0	20.1	381
12–23	37.2	1,653	76.4	52.1	10.3	614
24–35	30.8	1,663	76.8	58.5	10.9	513
36–47	27.9	1,633	72.4	48.9	9.7	456
48–59	24.6	1,680	69.2	46.1	9.6	413
Sex						
Male	31.5	4,378	76.8	53.1	11.9	1,379
Female	29.5	4,195	73.1	51.4	11.9	1,239
Residence						
Urban	29.0	2,316	73.3	49.0	11.2	671
Rural	31.1	6,257	75.6	53.4	12.1	1,947
Division						
Barishal	32.3	552	80.3	57.2	10.5	178
Chattogram	34.0	1,866	78.9	53.6	10.1	635
Dhaka	25.1	2,160	76.0	50.7	11.8	542
Khulna	33.3	869	74.8	49.3	17.5	290
Mymensingh	31.8	727	70.7	51.0	15.0	231
Rajshahi	28.4	881	62.6	45.3	9.0	250
Rangpur	33.7	925	77.6	61.1	11.9	312
Sylhet	30.4	593	72.2	49.0	10.7	181
Education						
No education	26.9	531	70.5	53.4	8.5	143
Primary incomplete	32.2	916	78.5	55.0	9.3	295
Primary complete	33.7	1,111	76.6	51.5	13.8	374
Secondary incomplete	31.4	3,505	76.9	54.8	12.0	1,101
Secondary complete or higher	28.1	2,511	70.8	47.5	12.4	705
Wealth quintile						
Lowest	33.3	1,768	75.9	55.6	10.8	589
Second	31.8	1,772	74.8	54.9	12.2	564
Middle	31.7	1,770	76.7	53.0	11.3	560
Fourth	29.1	1,668	76.5	49.7	13.4	486
Highest	26.3	1,596	70.2	46.1	11.8	419
Total	30.5	8,573	75.0	52.3	11.9	2,618

¹ Includes advice or treatment from the following sources: public sector, private medical sector, and nongovernmental organization (NGO) sector. Excludes advice or treatment from a traditional practitioner.

Table 10.5 Source of advice or treatment for children with fever

Percentage of children under age 5 with a fever in the 2 weeks preceding the survey for whom advice or treatment was sought from specific sources, and among children under age 5 with a fever in the 2 weeks preceding the survey for whom advice or treatment was sought, percentage for whom advice or treatment was sought from specific sources, Bangladesh DHS 2022

Source	Percentage for whom advice or treatment was sought from each source:	
	Among children with fever	Among children with fever for whom advice or treatment was sought
Public sector	11.5	15.3
Medical college hospital	0.7	0.9
Specialized government hospital	0.9	1.2
District hospital	1.9	2.5
Mother and child welfare center	0.2	0.2
Upazila health complex	4.0	5.4
Union health and family welfare center	1.2	1.7
Community clinic	2.1	2.8
Satellite clinic/EPI outreach	0.2	0.2
Government fieldworker	0.2	0.3
Private medical sector	64.3	85.7
Private medical college hospital	0.1	0.2
Private hospital	2.4	3.1
Private clinic	3.1	4.1
Qualified doctor's chamber	10.8	14.4
Non-qualified doctor's chamber	4.2	5.6
Pharmacy/drug store	44.7	59.5
NGO sector	0.4	0.5
NGO static clinic	0.4	0.5
Other	1.2	0.1
Number of children	2,618	1,964

Note: Advice or treatment for children with fever may have been sought from more than one source.

EPI = expanded program on immunization

NGO = nongovernmental organization

Table 10.6 First source of treatment of fever

Percent distribution of children under age 5 who had a fever in the 2 weeks preceding the survey by the first source of treatment, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Public sector	NGO sector	Private sector				No treatment sought	Total	Number of children with fever
			Private medical sector ¹	Pharmacy/ drug store	Unqualified provider	Other source			
Age in months									
<6	11.4	0.6	21.8	33.9	3.5	3.6	25.1	100.0	241
6–11	13.4	0.7	19.6	43.0	5.7	1.1	16.5	100.0	381
12–23	9.1	0.0	20.1	43.3	3.9	1.3	22.3	100.0	614
24–35	9.8	0.1	14.0	47.6	5.3	0.7	22.6	100.0	513
36–47	12.9	0.7	9.7	44.8	4.3	1.4	26.2	100.0	456
48–59	9.4	0.5	11.3	46.7	1.2	0.2	30.7	100.0	413
Sex									
Male	11.3	0.4	16.7	45.0	3.4	1.1	22.1	100.0	1,379
Female	10.2	0.4	14.8	43.0	4.8	1.3	25.7	100.0	1,239
Residence									
Urban	11.9	1.1	20.0	39.3	1.0	2.0	24.7	100.0	671
Rural	10.4	0.1	14.4	45.6	5.1	0.9	23.4	100.0	1,947
Division									
Barishal	13.4	0.0	13.3	48.3	5.2	0.6	19.1	100.0	178
Chattogram	10.3	0.2	17.7	48.7	1.9	0.8	20.3	100.0	635
Dhaka	8.5	1.0	16.9	46.9	2.7	1.4	22.6	100.0	542
Khulna	12.4	0.0	17.5	37.6	7.3	1.3	23.9	100.0	290
Mymensingh	16.5	0.0	9.8	41.8	2.6	0.4	28.9	100.0	231
Rajshahi	9.5	0.5	11.3	33.1	8.1	1.1	36.3	100.0	250
Rangpur	10.1	0.7	16.9	43.6	6.4	2.5	20.0	100.0	312
Sylhet	9.6	0.1	17.4	43.7	1.4	1.2	26.5	100.0	181
Education									
No education	5.3	0.0	13.9	48.8	2.4	3.2	26.3	100.0	143
Primary incomplete	11.3	1.3	11.8	51.2	2.9	1.5	20.0	100.0	295
Primary complete	9.4	0.0	15.6	48.6	3.0	0.8	22.6	100.0	374
Secondary incomplete	11.5	0.2	14.6	45.9	4.7	1.0	22.1	100.0	1,101
Secondary complete or higher	11.3	0.6	19.7	34.8	4.4	1.1	28.1	100.0	705
Wealth quintile									
Lowest	11.2	0.3	12.1	47.6	4.7	1.8	22.3	100.0	589
Second	11.1	0.0	14.2	45.3	4.2	0.5	24.7	100.0	564
Middle	11.7	0.2	16.0	46.2	2.5	0.9	22.4	100.0	560
Fourth	9.1	0.5	16.8	44.3	5.8	1.3	22.2	100.0	486
Highest	10.5	1.1	21.6	34.0	2.9	1.5	28.4	100.0	419
Total	10.8	0.4	15.8	44.0	4.1	1.2	23.8	100.0	2,618

NGO = nongovernmental organization

¹ Includes private medical college hospital, private hospital, private clinic, and qualified doctor's office

Table 10.7 Children with diarrhea and care seeking for diarrhea

Percentage of children under age 5 who had diarrhea in the 2 weeks preceding the survey, and among children with diarrhea in the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage with diarrhea	Number of children	Among children under age 5 with diarrhea:	
			Percentage for whom advice or treatment was sought ¹	Number of children with diarrhea
Age in months				
<6	3.7	953	(65.0)	35
6–11	8.7	990	72.9	86
12–23	6.8	1,653	72.8	112
24–35	4.9	1,663	63.5	81
36–47	3.1	1,633	63.4	50
48–59	2.8	1,680	(42.7)	48
Sex				
Male	5.0	4,378	69.4	220
Female	4.6	4,195	61.5	192
Source of drinking water²				
Improved	4.8	8,493	65.8	411
Unimproved	(0.0)	27	*	0
Surface	3.3	53	*	2
Type of toilet facility³				
Improved sanitation facility	4.6	6,854	68.1	318
Unimproved facility	5.6	1,688	57.5	94
Open defecation	(0.0)	32	*	0
Residence				
Urban	4.4	2,316	68.0	103
Rural	5.0	6,257	65.0	310
Division				
Barishal	4.9	552	(73.4)	27
Chattogram	6.1	1,866	68.2	114
Dhaka	3.0	2,160	(65.2)	64
Khulna	5.1	869	(73.1)	45
Mymensingh	6.2	727	69.6	45
Rajshahi	6.7	881	40.5	59
Rangpur	4.2	925	(69.9)	39
Sylhet	3.2	593	(84.9)	19
Education				
No education	4.5	531	(77.1)	24
Primary incomplete	4.7	916	(60.8)	43
Primary complete	4.1	1,111	76.6	45
Secondary incomplete	5.1	3,505	61.4	181
Secondary complete or higher	4.8	2,511	67.6	120
Wealth quintile				
Lowest	5.6	1,768	59.2	98
Second	5.8	1,772	63.1	103
Middle	4.3	1,770	74.4	76
Fourth	3.5	1,668	69.0	58
Highest	4.8	1,596	66.5	77
Total	4.8	8,573	65.7	412

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes advice or treatment from the following sources: public sector, private medical sector, and nongovernmental organization (NGO) sector. Excludes advice or treatment from a traditional practitioner.

² See Table 13.1.1 for definition of categories.

³ See Table 13.3.1 for definition of categories.

Table 10.8 Feeding practices during diarrhea

Percent distribution of children under age 5 who had diarrhea in the 2 weeks preceding the survey by amount of liquids and food given compared with normal practice, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Amount of liquids given							Amount of food given							Number of children with diarrhea	
	More	Same as usual	Some-what less	Much less	None	Don't know/missing	Total	More	Same as usual	Some-what less	Much less	None	Never gave food	Don't know/missing		Total
Age in months																
<6	(5.4)	(44.0)	(22.7)	(14.5)	(13.3)	(0.0)	100.0	(1.6)	(46.5)	(19.6)	(6.3)	(0.0)	(26.0)	(0.0)	100.0	35
6–11	20.3	39.4	28.9	11.4	0.0	0.0	100.0	6.9	28.1	41.5	19.7	1.9	0.9	1.0	100.0	86
12–23	28.0	29.5	24.8	16.4	1.3	0.0	100.0	14.4	26.0	30.5	28.3	0.0	0.8	0.0	100.0	112
24–35	25.7	36.0	22.7	15.6	0.0	0.0	100.0	7.1	29.9	39.5	22.1	1.5	0.0	0.0	100.0	81
36–47	23.5	36.1	20.6	19.8	0.0	0.0	100.0	0.6	36.7	28.5	34.2	0.0	0.0	0.0	100.0	50
48–59	(21.1)	(44.6)	(24.5)	(7.3)	(2.4)	(0.0)	100.0	(1.7)	(33.2)	(42.1)	(19.0)	(1.5)	(2.4)	(0.0)	100.0	48
Sex																
Male	21.0	41.2	22.6	13.4	1.9	0.0	100.0	5.8	31.4	35.6	22.8	0.6	3.6	0.4	100.0	220
Female	24.7	31.4	26.8	15.6	1.6	0.0	100.0	8.7	30.7	33.8	23.4	1.2	2.1	0.0	100.0	192
Breastfeeding status¹																
Breastfeeding	22.7	37.2	24.4	13.3	2.4	0.0	100.0	9.9	30.6	33.1	20.8	1.1	4.2	0.3	100.0	256
Not breastfeeding	23.2	28.0	28.3	20.5	0.0	0.0	100.0	5.1	26.7	41.5	26.7	0.0	0.0	0.0	100.0	59
Residence																
Urban	25.5	38.3	24.2	8.8	3.2	0.0	100.0	14.1	31.8	31.4	18.5	0.0	4.2	0.0	100.0	103
Rural	21.8	36.1	24.6	16.3	1.3	0.0	100.0	4.8	30.9	35.9	24.6	1.2	2.5	0.3	100.0	310
Division																
Barishal	(32.7)	(20.1)	(17.6)	(27.5)	(2.1)	(0.0)	100.0	(9.0)	(11.1)	(43.8)	(36.1)	(0.0)	(0.0)	(0.0)	100.0	27
Chattogram	22.8	36.8	20.7	18.9	0.8	0.0	100.0	4.7	30.0	33.3	26.1	1.4	4.5	0.0	100.0	114
Dhaka	(20.2)	(42.5)	(20.5)	(12.9)	(3.8)	(0.0)	100.0	(10.8)	(36.7)	(32.5)	(16.2)	(0.0)	(3.8)	(0.0)	100.0	64
Khulna	(30.4)	(32.3)	(21.0)	(13.6)	(2.6)	(0.0)	100.0	(18.2)	(21.9)	(17.7)	(34.0)	(2.8)	(5.4)	(0.0)	100.0	45
Mymensingh	18.3	30.7	33.7	15.0	2.3	0.0	100.0	1.2	33.1	40.7	21.6	1.6	0.0	1.8	100.0	45
Rajshahi	14.8	43.8	36.8	4.6	0.0	0.0	100.0	6.8	47.6	38.8	6.8	0.0	0.0	0.0	100.0	59
Rangpur	(26.1)	(37.6)	(21.1)	(12.2)	(3.0)	(0.0)	100.0	(1.3)	(25.0)	(46.1)	(24.6)	(0.0)	(3.0)	(0.0)	100.0	39
Sylhet	(25.9)	(38.8)	(25.9)	(9.4)	(0.0)	(0.0)	100.0	(8.2)	(24.7)	(28.4)	(34.5)	(0.0)	(4.2)	(0.0)	100.0	19
Education																
No education	(22.0)	(29.9)	(24.6)	(23.5)	(0.0)	(0.0)	100.0	(4.2)	(11.9)	(63.9)	(20.0)	(0.0)	(0.0)	(0.0)	100.0	24
Primary incomplete	(16.2)	(32.7)	(33.8)	(10.6)	(6.7)	(0.0)	100.0	(8.0)	(28.2)	(44.4)	(14.0)	(0.0)	(5.4)	(0.0)	100.0	43
Primary complete	18.9	32.8	29.1	19.1	0.0	0.0	100.0	3.8	30.8	27.9	32.2	0.0	5.3	0.0	100.0	45
Secondary incomplete	23.6	36.8	27.9	11.1	0.6	0.0	100.0	5.8	34.1	38.6	19.9	0.4	0.7	0.5	100.0	181
Secondary complete or higher	25.3	40.5	14.3	17.2	2.8	0.0	100.0	10.7	31.5	22.2	28.2	2.4	5.0	0.0	100.0	120
Wealth quintile																
Lowest	21.7	27.6	33.5	16.1	1.1	0.0	100.0	3.8	23.7	46.1	25.7	0.0	0.8	0.0	100.0	98
Second	27.8	39.3	15.9	15.3	1.7	0.0	100.0	9.9	26.6	33.5	24.8	0.7	3.6	0.8	100.0	103
Middle	19.2	33.0	24.4	22.3	1.2	0.0	100.0	3.7	32.5	26.4	31.9	2.1	3.3	0.0	100.0	76
Fourth	18.3	50.3	26.1	3.3	2.0	0.0	100.0	3.2	35.2	45.4	9.9	2.1	4.2	0.0	100.0	58
Highest	23.8	37.9	23.5	11.7	3.2	0.0	100.0	14.1	41.9	22.2	18.6	0.0	3.2	0.0	100.0	77
Total	22.7	36.6	24.5	14.4	1.8	0.0	100.0	7.1	31.1	34.8	23.1	0.9	2.9	0.2	100.0	412

Note: It is recommended that children be given more liquids to drink during diarrhea and that food not be reduced. Figures in parentheses are based on 25–49 unweighted cases.

¹ Information available for children age 0–35 months only

Table 10.9 Oral rehydration salts, zinc, continued feeding, and other treatments for diarrhea

Among children under age 5 who had diarrhea in the 2 weeks preceding the survey, percentage given fluid prepared from an ORS packet or prepackaged ORS fluid; zinc; ORS and zinc; ORS and continued feeding; ORS, zinc, and continued feeding; ORS or increased fluids; recommended home fluids (RHF); oral rehydration therapy (ORT); ORT and continued feeding; and other treatments, and percentage given no treatment, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage of children with diarrhea who were given:										Number of children with diarrhea
	Fluid from ORS packet or pre-packaged ORS liquid	Zinc	ORS and zinc	ORS and continued feeding ¹	ORS, zinc, and continued feeding ¹	ORS or increased fluids	Recommended home fluids (RHF)	ORT (ORS, RHF, or increased fluids)	ORT and continued feeding ¹	Percentage given no treatment	
Age in months											
<6	(26.5)	(57.1)	(21.5)	(15.6)	(10.6)	(28.4)	(2.9)	(31.3)	(17.5)	(35.1)	35
6–11	70.4	49.7	40.7	52.8	27.6	72.5	15.5	74.8	56.1	18.2	86
12–23	81.8	58.1	54.2	59.3	37.5	82.9	9.9	85.8	60.7	10.3	112
24–35	78.7	58.4	54.6	56.7	38.6	83.2	12.8	83.2	60.2	13.9	81
36–47	85.5	46.1	40.7	54.0	22.5	85.5	13.3	85.5	54.0	9.0	50
48–59	(75.1)	(27.7)	(22.0)	(54.5)	(19.8)	(75.1)	(24.1)	(77.8)	(57.2)	(16.5)	48
Sex											
Male	74.5	53.2	46.7	53.0	29.6	77.1	12.8	78.2	55.3	15.9	220
Female	72.9	49.2	39.4	52.0	29.4	73.9	13.5	76.4	54.1	14.7	192
Residence											
Urban	82.8	48.1	41.4	67.4	32.5	83.6	15.3	86.4	69.4	7.9	103
Rural	70.8	52.4	43.9	47.6	28.5	72.9	12.4	74.4	49.9	17.8	310
Division											
Barishal	(79.6)	(51.1)	(45.1)	(48.8)	(32.0)	(83.9)	(19.9)	(83.9)	(50.2)	(13.0)	27
Chattogram	76.4	55.7	49.9	49.7	31.6	77.4	13.2	80.6	51.6	14.5	114
Dhaka	(86.1)	(57.7)	(53.9)	(72.0)	(42.1)	(86.1)	(18.9)	(86.1)	(72.0)	(10.1)	64
Khulna	(88.3)	(43.6)	(41.8)	(51.5)	(22.8)	(88.3)	(10.0)	(90.0)	(53.2)	(8.2)	45
Mymensingh	75.4	53.1	42.8	54.1	28.8	78.2	6.9	80.0	55.9	9.8	45
Rajshahi	59.0	45.6	28.7	54.5	26.6	62.5	13.7	64.6	60.2	19.7	59
Rangpur	(48.0)	(46.5)	(33.9)	(29.0)	(19.1)	(50.7)	(12.8)	(53.2)	(31.7)	(34.1)	39
Sylhet	(70.1)	(46.2)	(35.5)	(50.7)	(19.6)	(73.7)	(4.2)	(73.7)	(54.3)	(19.2)	19
Education											
No education	(74.2)	(50.2)	(43.4)	(59.6)	(38.4)	(77.6)	(6.8)	(77.6)	(59.6)	(15.6)	24
Primary incomplete	(74.0)	(44.8)	(39.4)	(60.0)	(32.5)	(74.9)	(21.6)	(76.7)	(62.7)	(17.8)	43
Primary complete	73.3	61.3	49.0	46.0	28.4	74.8	10.6	74.8	47.5	14.4	45
Secondary incomplete	72.3	48.7	41.6	55.5	30.2	75.0	12.7	77.7	58.8	16.2	181
Secondary complete or higher	76.1	54.1	45.2	46.4	26.0	76.6	12.8	78.1	47.7	13.5	120
Wealth quintile											
Lowest	67.0	48.6	43.7	45.6	28.1	67.8	14.2	67.8	45.6	27.4	98
Second	74.2	52.4	46.4	49.1	33.9	78.1	19.8	81.0	53.5	14.6	103
Middle	71.4	51.3	39.2	42.4	20.7	73.8	9.8	77.7	45.5	11.3	76
Fourth	79.8	53.6	44.5	69.2	37.2	81.0	5.3	82.3	71.7	9.7	58
Highest	79.8	51.9	41.8	63.4	28.2	79.8	11.9	80.8	64.5	9.1	77
Total	73.8	51.3	43.3	52.5	29.5	75.6	13.1	77.4	54.8	15.3	412

Note: Figures in parentheses are based on 25–49 unweighted cases.

ORS = oral rehydration salts

¹ Continued feeding includes children who were given more, the same as usual, or somewhat less food during the diarrhea episode.

Table 10.10 Diarrhea treatment with ORT and zinc

Among children under age 5 who had diarrhea in the 2 weeks preceding the survey, percentage who received oral rehydration therapy (ORT) but not zinc syrup or tablets, percentage who received zinc but not ORT, and percentage who received both ORT and zinc, by background characteristics, Bangladesh DHS 2022

Background characteristic	ORT but not zinc	Zinc syrup/ tablets but not ORT	ORT and zinc	Number of children with diarrhea
Age in months				
<6	(7.8)	(33.6)	(23.4)	35
6–11	32.1	7.0	42.7	86
12–23	31.6	3.9	54.2	112
24–35	27.7	2.9	55.5	81
36–47	44.9	5.5	40.7	50
48–59	(55.8)	(5.7)	(22.0)	48
Sex				
Male	30.9	5.9	47.4	220
Female	36.1	8.9	40.3	192
Residence				
Urban	44.0	5.7	42.4	103
Rural	29.8	7.8	44.6	310
Division				
Barishal	(35.9)	(3.1)	(48.0)	27
Chattogram	29.8	4.9	50.8	114
Dhaka	(32.2)	(3.8)	(53.9)	64
Khulna	(48.2)	(1.8)	(41.8)	45
Mymensingh	37.1	10.3	42.8	45
Rajshahi	34.7	15.7	29.9	59
Rangpur	(19.4)	(12.7)	(33.9)	39
Sylhet	(34.6)	(7.1)	(39.1)	19
Education				
No education	(34.2)	(6.8)	(43.4)	24
Primary incomplete	(37.4)	(5.5)	(39.4)	43
Primary complete	24.3	10.9	50.4	45
Secondary incomplete	35.1	6.1	42.6	181
Secondary complete or higher	32.4	8.4	45.7	120
Wealth quintile				
Lowest	24.1	4.8	43.7	98
Second	33.0	4.4	48.0	103
Middle	37.5	11.1	40.2	76
Fourth	36.7	7.9	45.6	58
Highest	39.0	10.1	41.8	77
Total	33.3	7.3	44.1	412

Note: ORT includes fluid prepared from oral rehydration salt (ORS) packets, prepackaged ORS fluid, and recommended home fluids (RHF). Figures in parentheses are based on 25–49 unweighted cases.

Table 10.11 Source of advice or treatment for children with diarrhea

Percentage of children under age 5 with diarrhea in the 2 weeks preceding the survey for whom advice or treatment was sought from specific sources; among children under age 5 with diarrhea in the 2 weeks preceding the survey for whom advice or treatment was sought, percentage for whom advice or treatment was sought from specific sources; among children with diarrhea who received ORS, percentage for whom advice or treatment was sought from specific sources; and among children with diarrhea who were given zinc tablets or syrup, percentage for whom advice or treatment was sought from specific sources, Bangladesh DHS 2022

Source	Percentage for whom advice or treatment was sought from each source:			
	Among children with diarrhea	Among children with diarrhea for whom advice or treatment was sought	Among children with diarrhea who received ORS ¹	Among children with diarrhea who were given zinc
Public sector	14.0	20.9	17.3	18.3
Medical college hospital	1.4	2.0	1.6	1.6
Specialized government hospital	0.5	0.7	0.6	0.9
District hospital	3.3	4.9	3.9	3.3
Mother and child welfare clinic	0.4	0.6	0.5	0.8
Upazila health complex	6.4	9.6	8.4	9.6
Union health and family welfare center	0.4	0.6	0.6	0.2
Community clinic	2.0	3.0	2.0	2.0
Private sector	52.8	78.5	57.8	65.9
Private hospital	3.1	4.6	3.9	4.1
Private clinic	6.9	10.2	6.9	9.9
Qualified doctor's chamber	9.0	13.4	10.4	13.7
Non-qualified doctor's chamber	2.4	3.5	1.0	2.8
Pharmacy/drug store	33.0	49.1	37.4	38.4
NGO sector	0.3	0.5	0.4	0.6
NGO static clinic	0.3	0.4	0.4	0.5
NGO satellite clinic	0.1	0.1	0.1	0.1
Other	1.5	2.3	1.4	1.2
Number of children	412	277	304	212

Note: Advice or treatment for children with diarrhea may have been sought from more than one source.

ORS = oral rehydration salts

NGO = nongovernmental organization

¹ Fluid prepared from ORS packet or prepackaged ORS fluid

Key Findings

- **Nutritional status of children:** 24% of children under age 5 are stunted (short for their age), 11% are wasted (thin for their height), 22% are underweight, and 2% are overweight (heavy for their height). The aim of the 4th Health, Population and Nutrition Sector Program (HPNSP) was to reduce stunting from 36% in 2014 to 25% by 2022; this has been achieved.
- **Exclusive breastfeeding:** 53% of children age 0–5 months are exclusively breastfed. The percentage of children who are exclusively breastfed has fluctuated over time (64% in 2011, 55% in 2014, 65% in 2017–18, and 53% in 2022).
- **Minimum acceptable diet:** 30% of children age 6–23 months were fed a minimum acceptable diet in the 24 hours preceding the survey, a drop from 35% in 2017–18. The 4th HPNSP aimed to increase the proportion of children fed a minimum acceptable diet to 45% by 2022.
- **Vitamin A supplementation among children:** 71% of children age 6–59 months received vitamin A supplements in the 6 months before the survey, a decline from 79% in 2017–18.
- **Nutritional status of women:** 9% of ever-married women age 20–49 are underweight, and 38% are overweight or obese.
- **Nutritional status of men:** 16% of men age 20 and older are underweight and 20% are overweight or obese.

Nutrition is an essential component of health and well-being. Children’s nutritional well-being not only impacts their immediate health but has long-term implications for their health and wellness as adults. Nutrition also has intergenerational effects on health; for example, malnourished women tend to give birth to unhealthy and malnourished children. Therefore, assessing the nutrition of women and children is important. This chapter reports on the nutritional status of children, adolescents, and adults. In addition, the chapter explores key nutritional behaviors, including breastfeeding and infant and young child feeding (IYCF) practices, and nutrition interventions, including use of iron-containing supplements during pregnancy and micronutrient supplementation and deworming for children. Chapter 9 presents information on measurement of weight during antenatal care and postnatal breastfeeding counseling and observation. Chapter 10 presents information on child feeding practices during diarrhea.

11.1 NUTRITIONAL STATUS OF CHILDREN

Community-based studies commonly rely on two anthropometric measures, height or length, and weight, to examine a child’s nutritional status. Three composite indices are formed after comparing the height, weight, and age distributions of children under age 5 with the WHO Child Growth Standards reference population (WHO 2006a). The indices height-for-age, weight-for-height, and weight-for-age can be expressed in standard deviation units (z scores) from the median of the reference population. Values

greater than two standard deviations from the median of the WHO Child Growth Standards are used to define malnutrition.

Stunting (assessed via height-for-age)

Height-for-age is a measure of growth faltering. Children whose height-for-age z score is below minus two standard deviations (-2 SD) from the median of the reference population are considered short for their age (stunted). Children whose z score is below minus three standard deviations (-3 SD) from the median are considered severely stunted.

Sample: Children under age 5

Wasting (assessed via weight-for-height)

The weight-for-height index measures body mass in relation to body height or length and describes acute undernutrition. Children whose weight-for-height z score is below minus two standard deviations (-2 SD) from the median of the reference population are considered thin (wasted). Children whose z score is below minus three standard deviations (-3 SD) from the median are considered severely wasted.

Sample: Children under age 5

Underweight (assessed via weight-for-age)

Weight-for-age is a composite index of height-for-age and weight-for-height that takes into account both wasting and stunting. Children whose weight-for-age z score is below minus two standard deviations (-2 SD) from the median of the reference population are classified as underweight. Children whose z score is below minus three standard deviations (-3 SD) from the median are considered severely underweight.

Sample: Children under age 5

Overweight (assessed via weight-for-height)

Children whose weight-for-height z score is more than two standard deviations ($+2$ SD) above the median of the reference population are considered overweight.

Sample: Children under age 5

Stunting, or low height-for-age, is a measure of chronic malnutrition among children. Stunting is a marker of the deficient growth environment to which children have been exposed and reflects a population's overall health and well-being (Perumal et al. 2018). The unfavorable growth environment may include inadequate and inappropriate feeding practices, recurrent infections, chronic diseases, and other complex conditions (WHO 2014a).

Wasting, or low weight-for-height, is a measure of acute undernutrition. It represents nutrition deficiency due to inadequate and inappropriate feeding immediately before the survey. Wasting may result from recent episodes of illness caused by infections.

Underweight, or low weight-for-age, is a composite index of weight-for-height and height-for-age. It reflects children who are stunted, wasted, or both. Overweight, or high weight-for-height, results from an imbalance between energy consumed (too much) and energy expended (too little).

The mean z scores for height-for-age, weight-for-height, and weight-for-age may represent the overall nutritional status of children under age 5. A mean z score of less than 0 suggests a downward shift in nutritional status relative to the reference population. The farther away mean z scores are from 0, the higher the prevalence of malnutrition.

11.1.1 Anthropometry Training and Data Collection

Information on anthropometry training, standardization, and data collection methodology can be found in Chapter 1. The 2022 BDHS identified a total of 4,420 children under age 5 who were eligible for height and weight measurements (Appendix C, **Table C.8**). During measurements, 0.6% of children had hairstyles or ornamentation that interfered with height measurement, and 0.2% of children were not minimally dressed or wore heavy permanent ornaments that interfered with weight measurement (Appendix C, **Table C.10**). Valid height-for-age measurements were obtained for 96% of eligible children, valid weight-for-height measurements were obtained for 96% of eligible children, and valid weight-for-age measurements were obtained for 98% of eligible children (Appendix C, **Table C.8**). Appendix C, **Table C.8** provides additional information on the completeness and quality of anthropometry data for children.

Data collection included remeasurement of children as described in Chapter 1. The calculation of final z scores was based on the first measurement among children randomly selected for remeasurement, while the calculation of final z scores was based on the second measurement among children flagged for remeasurement. The remeasurement completion rate was 96%. Appendix C, **Table C.9** provides additional information on remeasurement data (WHO and UNICEF 2019).

11.1.2 Levels of Child Malnutrition

According to the 2022 BDHS, 24% of children under age 5 are stunted, with 6% being severely stunted. Eleven percent of children are wasted, with 2% severely wasted, and 22% are underweight, with 4% severely underweight. Two percent of children under age 5 are overweight (Table 11.1).

Trends: The proportion of children under age 5 who are stunted or underweight declined substantially between 1996 and 2022. Stunting dropped from 60% to 24%, and underweight decreased from 52% to 22%. During the same period, wasting almost halved from 21% to 11%. The prevalence of overweight has remained unchanged over time, at 1% to 2% (Figure 11.1).

Although there was a gradual decline in the proportion of severely stunted children in the previous decade, 6% of children under age 5 are severely stunted as of 2022 (Figure 11.2).

Patterns by background characteristics

- Children born less than 24 months after a previous birth (short birth interval) are most likely to be stunted (29%), wasted (16%), and underweight (27%) (Table 11.1).

Figure 11.1 Trends in child growth measures

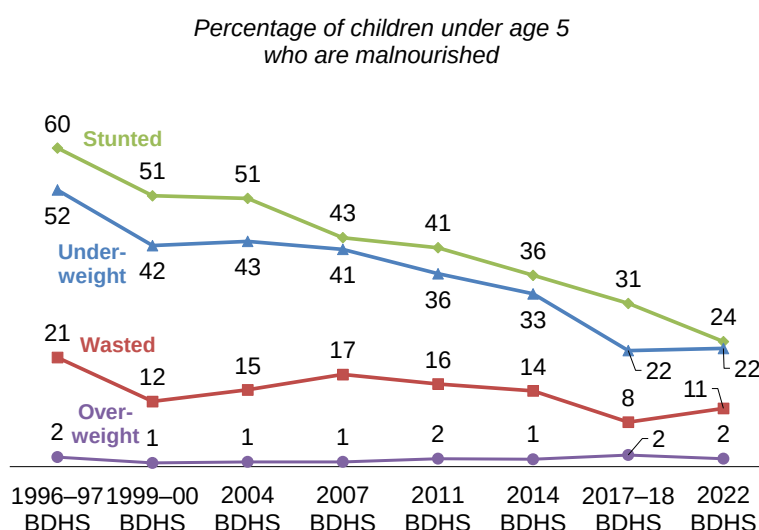
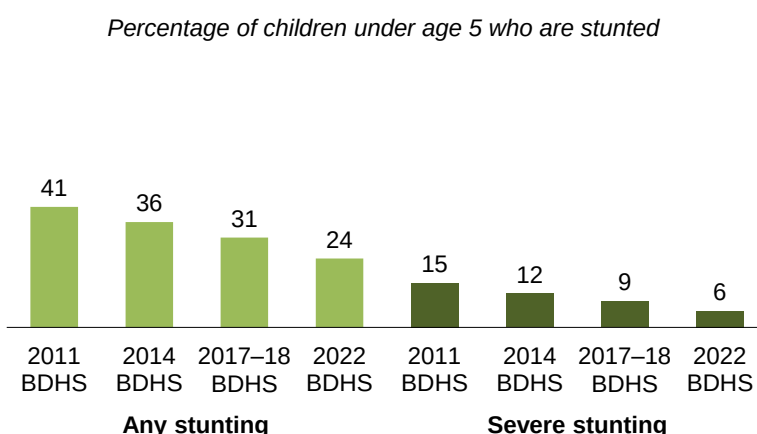


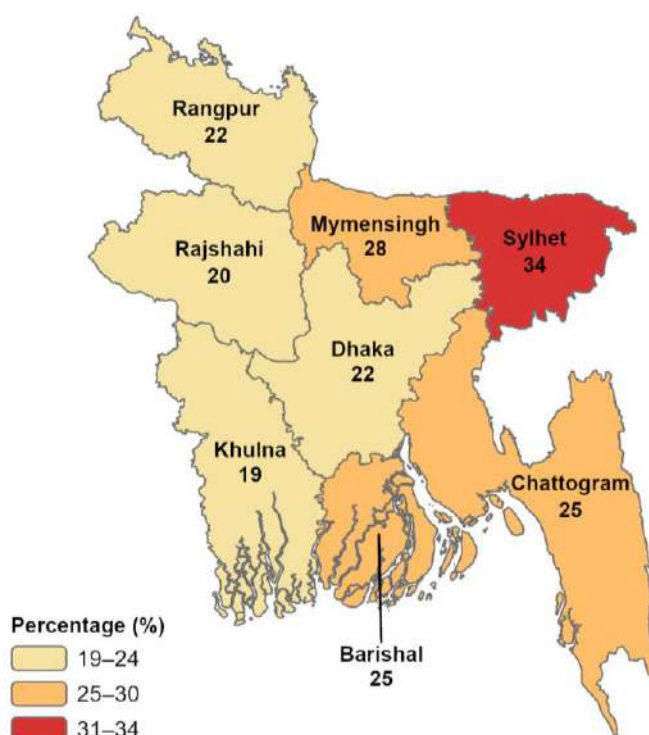
Figure 11.2 Trends in stunting



- Children with mothers who have no education have a higher prevalence of stunting, wasting, and underweight (39%, 22%, and 43%, respectively) than children whose mothers have a secondary or higher education (16%, 10%, and 16%, respectively).
- There is a significant disparity in the prevalence of stunting and underweight based on household wealth, although the gap is less pronounced for wasting. Fifteen percent of children from households in the highest wealth quintile are stunted and another 15% are underweight. In contrast, 34% of children from households in the lowest wealth quintile are stunted and 32% are underweight. The difference between the highest and lowest wealth quintiles for wasting is relatively small, at 3 percentage points.
- The data indicate variations by division in the prevalence of stunting among children under age 5. For example, 19% of children in Khulna are stunted, as compared with 34% of children in Sylhet (**Map 11.1**).
- There are minimal urban-rural differences in any form of malnutrition among children under age 5.

Map 11.1 Stunting in children by division

Percentage of children under age 5 who are stunted



11.2 INFANT AND YOUNG CHILD FEEDING PRACTICES

Appropriate and adequate infant and young child feeding (IYCF) practices are essential for the health of infants and young children and set the foundation for adult health and well-being. Appropriate IYCF practices include early initiation of breastfeeding (within the first hour after birth), exclusive breastfeeding for the first 2 days after birth, exclusive breastfeeding in the first 6 months of life, continued breastfeeding for 2 years or more, and introduction of safe, appropriate, and adequate complementary foods at age 6 months (WHO and UNICEF 2021).

11.2.1 Ever Breastfed, Early Initiation of Breastfeeding, and Exclusive Breastfeeding for the First 2 Days after Birth

Early breastfeeding initiation is called the child's first vaccine because the first breast milk contains colostrum, which is highly nutritious and has antibodies that can protect the newborn from infections. Early breastfeeding initiation may also enhance mother-child bonding, especially through skin-to-skin contact, and facilitates the production of regular breast milk. In addition, exclusive breastfeeding for 6 months and continuation of breastfeeding for 2 years help the newborn in many ways to be healthy (WHO and UNICEF 2021).

Ever breastfed

Percentage of children born in the past 2 years who were ever breastfed.

Early initiation of breastfeeding

Percentage of children born in the past 2 years who were put to the breast within 1 hour of birth.

Exclusive breastfeeding for the first 2 days after birth

Percentage of children born in the past 2 years who were fed exclusively with breast milk for the first 2 days after birth.

Sample: Children born in the past 2 years

Almost all children (97%) born in the 2 years preceding the survey have been breastfed at some point. However, only 37% of the children born in the past 2 years were put to the breast within the first hour of birth. The percentage of exclusive breastfeeding for the first 2 days after birth is 70% (**Table 11.2**).

Patterns by background characteristics

- Breastfeeding initiation within the first hour of birth is lower among children born in a health facility than those born at home (29% versus 52%). Breastfeeding initiation within the first hour of birth is also lower among mothers who had a cesarean section (24%) than mothers with a vaginal birth (48%).
- By division, breastfeeding initiation in the first hour is lowest among children in Khulna (30%) and Dhaka (33%).
- Children from households in the lowest wealth quintile are more likely to begin breastfeeding within the first hour (42%) than children from households in the highest wealth quintile (31%) (**Table 11.2**).
- There are differences by division in exclusive breastfeeding for the first 2 days after birth. Fifty-six percent of newborns in Rajshahi are exclusively breastfed in that initial period, as compared with 85% of newborns in Sylhet.

11.2.2 Exclusive Breastfeeding and Mixed Milk Feeding

In the first 6 months, children should be exclusively breastfed; that is, they should be given nothing but breast milk. Exclusive breastfeeding provides all of the necessary nutrients that an infant needs for optimal growth and development and lowers the risk of infections that can lead to diarrhea and respiratory illnesses. Mixed milk feeding, in which children are fed both breast milk and formula or animal milk within the first 6 months, has the adverse effect of reducing breast milk output because the production of breast milk is modulated by the frequency and intensity of suckling. Mixed feeding under age 6 months also can increase children's risk of diarrhea, alter their intestinal microflora, and lead to early cessation of breastfeeding (WHO and UNICEF 2021).

Exclusive breastfeeding under 6 months

Percentage of children age 0–5 months who were fed exclusively with breast milk during the previous day.

Sample: Youngest children age 0–5 months living with their mother

Mixed milk feeding under 6 months

Percentage of children age 0–5 months who were fed both breast milk and formula and/or animal milk during the previous day.

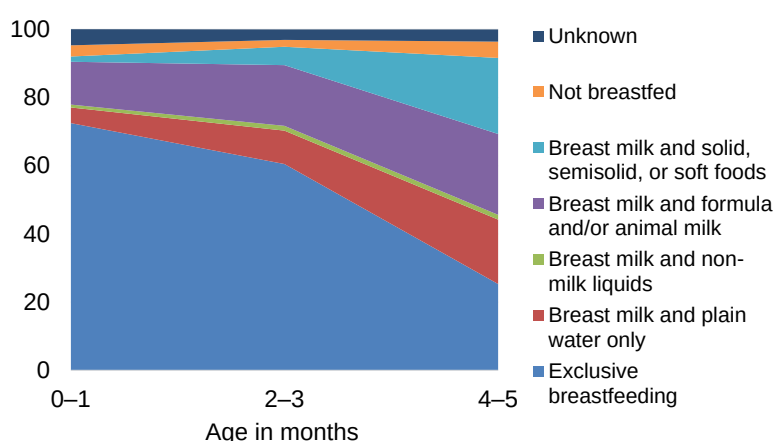
Sample: Youngest children age 0–5 months living with their mother

In Bangladesh, only 53% of children age 0–5 months are exclusively breastfed and 22% receive mixed milk feeding (Table 11.3). Eighteen percent of children age 0–5 months are given both breast milk and formula and/or animal milk (including liquid yogurt), 11% are given breast milk along with plain water, and 10% are given breast milk in combination with solid, semisolid, or soft foods (Table 11.4).

Figure 11.3 shows the pattern of how children are fed in the first 6 months of life. Among children age 0–1 month, 73% are exclusively breastfed per WHO recommendations; this proportion falls to 61% among children age 2–3 months. By age 4–5 months, the percentage of children exclusively breastfed drops to 25%. At age 0–1 month, 5% of children are receiving breast milk and plain water, 1% are receiving breast milk and non-milk liquids, 13% are receiving breast milk and formula and/or animal milk, and 2% are receiving breast milk and solid, semisolid, or soft foods. By age 2–3 months, there is a small increase in the provision of breast milk and non-milk liquids or foods, with further increases by age 4–5 months. The most notable increases at 0–5 months are the percentages of children receiving plain water (19%) and solid, semisolid, or soft foods (22%) with breast milk.

Figure 11.3 Infant feeding practices by age

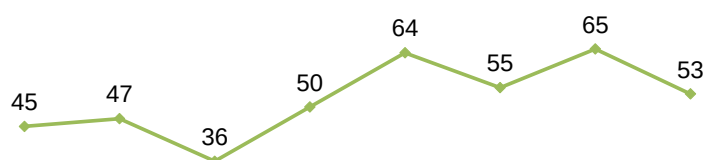
Percent distribution of youngest children age 0–5 months



Trends: After a steady increase from 36% in 2004 to 64% in 2011, exclusive breastfeeding among children age 0–5 months declined to 55% in 2014, rose to 65% in 2017–18, and fell to 53% in 2022 (Figure 11.4).

Figure 11.4 Trends in exclusive breastfeeding

Percentage of children under age 5



Patterns by background characteristics

- There are variations by division in exclusive breastfeeding among children age 0–5 months. While the prevalence of exclusive breastfeeding is 39% in Mymensingh and 65% in Chattogram, it is between 50% and 60% in Khulna, Rajshahi, Rangpur, and Sylhet.

1996–97	1999–00	2004	2007	2011	2014	2017–18	2022
BDHS	BDHS	BDHS	BDHS	BDHS	BDHS	BDHS	BDHS

- The percentage of children age 0–5 months receiving mixed milk feeding is lowest among those in the lowest wealth quintile (13%) and highest among those in the middle wealth quintile (27%).

11.2.3 Continued Breastfeeding and Bottle Feeding

The World Health Organization recommends continuing breastfeeding for the first 2 years or beyond because breast milk lowers children’s risk of illness, promotes their recovery during illness, and is an essential source of nutrients for healthy growth and development. Longer durations of breastfeeding have many health benefits for women, including reducing risks of certain breast and ovarian cancers and diabetes. The nipple on a feeding bottle is susceptible to contamination and increases the risk of disease among children (WHO and UNICEF 2021). Thus, bottle feeding is not recommended for children under age 2.

Continued breastfeeding

Percentage of children age 12–23 months who were fed breast milk during the previous day.

Sample: Children age 12–23 months

Bottle feeding

Percentage of children age 0–23 months who were fed from a bottle with a nipple during the previous day.

Sample: Children age 0–23 months

Continued breastfeeding among children age 12–23 months in Bangladesh is high at 88%. Among children age 0–23 months, the practice of bottle feeding remains common (22%) (**Table 11.3**).

Patterns by background characteristics

- Continued breastfeeding is high across background characteristics, with a minimum of 82% among children age 20–23 months and a maximum of 94% among children age 12–15 months (**Table 11.3**).
- Bottle feeding varies by division, with the lowest percentage in Rangpur (13%) and the highest percentage in Dhaka (32%).
- Children age 0–23 months with mothers who have a secondary or higher education and those in the highest wealth quintile are more likely to be bottle fed (25% and 30%, respectively) than children whose mothers have no education and those in the lowest wealth quintile (16% and 14%, respectively).

11.2.4 Introduction of Complementary Foods

After the first 6 months, breast milk alone is no longer sufficient to meet an infant’s nutritional needs. Appropriate complementary foods should be introduced while breastfeeding is continued until age 2 or older. The transition from exclusive breastfeeding to complementing breastfeeding with family foods is when children are most vulnerable to becoming undernourished. They should receive solid, semisolid, or soft foods during this time.

Appropriate complementary feeding should include feeding children various foods to meet nutrient requirements. Fruits and vegetables rich in vitamin A should be consumed daily. Eating a range of fruits and vegetables, in addition to those rich in vitamin A, is also important. Studies have shown that plant-based complementary foods alone are insufficient to meet the needs for certain micronutrients. Therefore, it has been recommended that meat, poultry, fish, or eggs be part of the daily diet or eaten as often as possible (WHO 2003).

Introduction of solid, semisolid, or soft foods

Percentage of children age 6–8 months who were fed solid, semisolid, or soft foods during the previous day.

Sample: Youngest children age 6–8 months living with their mother

Overall, 76% of children were introduced to solid, semisolid, or soft foods at age 6–8 months (**Table 11.9**). The most common liquid given to breastfeeding children age 6–8 months is plain water (93%), followed by infant formula such as Lactogen, NIDO, Bimil, Biomil, or Nan (20%) (**Table 11.5**). The most common foods given to breastfeeding children age 6–8 months are foods made from grains (61%) and roots, tubers, or plantains (34%); 21% each receive vitamin A-rich fruits and vegetables and meat, fish, poultry, and organ meat (**Table 11.6**).

11.2.5 Minimum Dietary Diversity, Minimum Meal Frequency, Minimum Milk Feeding Frequency, Minimum Acceptable Diet, and Egg and/or Flesh Food Consumption

To meet their energy and nutrient requirements, infants and young children should receive meals at an appropriate frequency and with a diverse range of foods tailored to their age. The minimum acceptable diet indicator is a combination of minimum dietary diversity and minimum meal frequency for breastfeeding children and the same combination along with minimum milk feeding frequency for nonbreastfed children.

Minimum dietary diversity is a proxy for adequate micronutrient density of foods. Consumption of food from at least five food groups means that the child is more likely to consume at least one animal source of food and at least one fruit or vegetable in addition to a staple food such as grains, roots, or tubers. The five groups should come from a list of eight food groups: breast milk; grains, roots, and tubers; legumes and nuts; dairy products (milk, yogurt, and cheese); flesh foods (meat, fish, poultry, and organ meat); eggs; vitamin A-rich fruits and vegetables; and other fruits and vegetables.

Minimum meal frequency is a proxy for meeting energy requirements. Breastfed children age 6–8 months are considered to be fed with a minimum meal frequency if they receive solid, semisolid, or soft foods at least twice a day. Breastfed children age 9–23 months are considered to be fed with a minimum meal frequency if they receive solid, semisolid, or soft foods at least three times a day. Nonbreastfed children age 6–23 months are considered to be fed with a minimum meal frequency if they receive solid, semisolid, or soft foods or milk feeds at least four times a day and if at least one of the feeds is a solid, semisolid, or soft food.

Minimum milk feeding frequency is a proxy for meeting the nutrient needs of nonbreastfed children. Milk and milk products are important sources of nutrients. Nonbreastfed children age 6–23 months are considered to be fed with a minimum milk feeding frequency if they receive at least two feeds of milk and/or milk products each day.

Egg and/or flesh food consumption by breastfed and nonbreastfed children age 6–23 months increases energy, protein, and nutrient intake. Eggs, meat, fish, poultry, and organ meats are important sources of nutrients that support healthy child growth (WHO and UNICEF 2021).

Minimum dietary diversity

Percentage of children age 6–23 months who were fed a minimum of five out of eight defined food groups during the previous day. The eight food groups are as follows: breast milk; grains, roots, and tubers; legumes and nuts; dairy products (milk, yogurt, and cheese); flesh foods (meat, fish, poultry, and organ meat); eggs; vitamin A-rich fruits and vegetables; and other fruits and vegetables.

Minimum meal frequency

Percentage of children age 6–23 months who were fed solid, semisolid, or soft food (including milk feeds for nonbreastfed children) the minimum number of times or more during the previous day.

Minimum milk feeding frequency

Percentage of nonbreastfed children age 6–23 months who were given at least two milk feeds during the previous day.

Minimum acceptable diet

Percentage of children age 6–23 months who were fed a minimum acceptable diet during the previous day. This indicator is a composite of children fed with a minimum dietary diversity and a minimum meal frequency, with the additional requirement that nonbreastfed children are fed with a minimum milk feeding frequency.

Sample: Youngest children age 6–23 months living with their mother

Egg and/or flesh food consumption

Percentage of children age 6–23 months who were fed eggs and/or flesh food during the previous day.

Sample: Youngest children age 6–23 months living with their mother

Overall, 38% of children age 6–23 months received the minimum number of food groups during the previous day meals and 65% were fed the minimum number of times; only 30% were fed a minimum acceptable diet (**Table 11.7**). Sixty-two percent of the children age 6–23 months were given eggs or flesh food (**Table 11.8**).

Patterns by background characteristics

- By division, the percentage of children age 6–23 months fed with a minimum dietary diversity is highest in Khulna (53%) and lowest in Sylhet (26%). The percentage of children fed with a minimum meal frequency is highest in Khulna (82%) and lowest in Chattogram (51%) (**Table 11.7**).
- Minimum dietary diversity increases as mother's educational level rises, from 21% among children whose mothers have no education to 48% among children whose mothers have a secondary education or higher.
- Likewise, children from households in the lowest wealth quintile are less likely to be fed with a minimum dietary diversity than children from households in the highest wealth quintile (26% versus 54%).
- The percentage of children age 6–23 months who are fed eggs or flesh food is highest in Khulna (75%) and lowest in Sylhet (47%).
- Seventy-one percent of children age 6–23 months whose mothers have a secondary or higher education receive eggs or flesh food, as compared with 47% of children whose mothers have no education (**Table 11.8**).

- Similarly, only 55% of children from households in the lowest wealth quintile consume eggs or flesh food, compared with 72% of children from households in the highest wealth quintile.

11.2.6 Sweet Beverage Consumption, Unhealthy Food Consumption, and Zero Vegetable or Fruit Consumption among Children

Unhealthy infant and young child feeding practices should be avoided because they can replace nutritious foods that provide important nutrients for children and promote unhealthy weight gain. For infants and young children, consuming sweet foods and beverages increases the risk of dental caries and obesity in childhood. In addition, too much salt in the diet increases the risk of noncommunicable diseases, and unhealthy fats and refined carbohydrates contribute to unhealthy weight gain. Children consuming diets low in vegetables and fruits have reduced nutrient intakes, which can negatively impact healthy growth and development. Low vegetable and fruit consumption is also associated with noncommunicable diseases later in life. The indicator definition below for unhealthy food consumption describes “sentinel unhealthy foods,” which are foods high in sugar, salt, and/or unhealthy fats that are commonly consumed by infants and young children (WHO and UNICEF 2021).

Sweet beverage consumption

Percentage of children age 6–23 months who were given a sweet beverage during the previous day.

Unhealthy food consumption

Percentage of children age 6–23 months who were fed sentinel unhealthy foods during the previous day.

Zero vegetable or fruit consumption

Percentage of children age 6–23 months who were not fed any vegetables or fruits during the previous day.

Sample: Youngest children age 6–23 months living with their mother

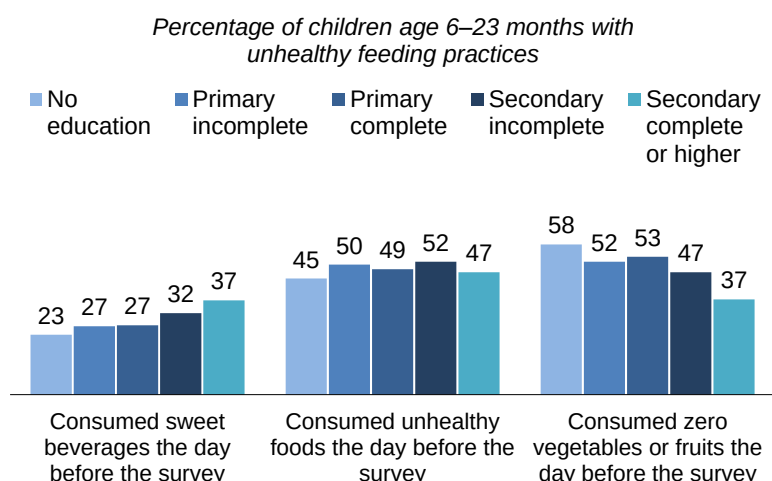
Forty-nine percent of children age 6–23 months consumed unhealthy foods during the previous day, while 32% consumed sweet beverages. Forty-six percent of children were not fed any fruits or vegetables (**Table 11.8**).

Patterns by background characteristics

- Higher levels of education among mothers do not necessarily reduce the likelihood of unhealthy food consumption among children. Unhealthy food consumption is lowest among children whose mothers have no education (45%) and highest among children whose mothers who have a secondary incomplete education (52%).
- Children from households in the highest wealth quintile are more likely to consume sweet beverages than those from households in the lowest wealth quintile (39% and 25%, respectively).
- The percentage of children given unhealthy foods varies substantially by division, from a high 68% in Rangpur to a low of 34% in Barishal (**Table 11.8**).

- The percentage of children who are not consuming fruits or vegetables decreases with increasing mother's education. Fifty-eight percent of children whose mothers have no education do not consume fruits or vegetables, as compared with 37% of children whose mothers have a secondary education or higher (Figure 11.5).

Figure 11.5 Unhealthy feeding practices among children age 6–23 months by mother's education



- Similarly, the percentage of children who are not consuming fruits or vegetables decreases with increasing household wealth, from 50% among those from households in the lowest wealth quintile to 35% among those from households in the highest wealth quintile.

Table 11.9 summarizes all 16 WHO-UNICEF IYCF indicators. These indicators align with the 2nd National Plan of Action for Nutrition 2016–2025 of Bangladesh (MoHFW 2017b).

11.3 MICRONUTRIENT SUPPLEMENTATION AND DEWORMING AMONG CHILDREN

Micronutrient deficiency is one of the major contributors to childhood morbidity and mortality. Micronutrient deficiency can be caused by a lack of consumption of foods that supply vitamins and minerals, as well as by infections, genetic abnormalities, and other factors. Strategies to prevent micronutrient deficiency include biofortification, food fortification, and direct micronutrient supplementation (USAID 2019).

Common micronutrient deficiencies in low- and middle-income countries are iron deficiency and vitamin A deficiency. Iron deficiency is one of the primary causes of anemia. Interventions targeting iron deficiency and anemia include periodically giving children iron tablets or syrup and/or iron-containing micronutrient powders (WHO 2011a; WHO 2016a; WHO 2016b).

Vitamin A is a micronutrient that supports the immune system and plays an important role in maintaining the epithelial tissue in the body. Severe vitamin A deficiency can cause eye damage, increase the severity of infections such as those causing measles, and slow recovery from illness. Vitamin A supplementation programs help reduce vitamin A deficiency and mortality in children (WHO 2011b).

Soil-transmitted helminth infections can cause internal bleeding, inflammation, impaired nutrient absorption, diarrhea, vomiting, and loss of appetite. Deworming programs help reduce the burden of helminth infections (WHO 2017b).

Iron tablets or syrup

Percentage of children age 6–59 months who were given iron tablets or syrup in the past 12 months.

Multiple micronutrient powders

Percentage of children age 6–59 months who were given multiple micronutrient powders in the past 12 months.

Iron-containing supplements

Percentage of children age 6–59 months who were given iron-containing supplements in the past 12 months, including tablets, syrup, or micronutrient powders.

Sample: Children age 6–59 months

Vitamin A supplements

Percentage of children age 6–59 months who were given vitamin A supplements in the past 6 months.

Sample: Children age 6–59 months

Deworming medication

Percentage of children age 12–59 months who were given deworming medication in the past 6 months.

Sample: Children age 12–59 months

Table 11.10 shows that 71% of children age 6–59 months were given vitamin A supplements in the past 6 months. However, only 5% of children received iron tablets or syrup in the past 7 days, while 2% received multiple micronutrient powders and 7% received iron-containing supplements. More than half of children age 12–59 months (52%) received deworming medication in the past 6 months.

Patterns by background characteristics

- Thirty-six percent of children age 12–23 months received deworming medication in the past 6 months, as compared with 57% of children age 24–59 months (**Table 11.10**).
- The percentage of children age 12–59 months who received deworming medication is lower among those who are breastfeeding (42%) than among those who are not breastfeeding (59%).

11.4 ADULTS' NUTRITIONAL STATUS

Chronic energy deficiency is caused by eating too little or having an unbalanced diet that lacks adequate nutrients. Women of reproductive age (age 15–49) are especially vulnerable to chronic energy deficiency and malnutrition due to low dietary intakes, inequitable distribution of food within the household, improper food storage and preparation, dietary taboos, infectious diseases, and inadequate care practices. Chronic energy deficiency leads to low productivity among adults and greater morbidity and mortality (WHO 1995). In addition, undernutrition among women is a major risk factor for adverse birth outcomes. Overweight and obesity have adverse health outcomes as well. Overweight and obesity are major risk factors for several chronic diseases, including diabetes, cardiovascular diseases, and cancer.

Body mass index (BMI) is the ratio of weight relative to height squared; it is used to measure nutritional status in adults age 20–49. BMI values are independent of age and sex. Adult women age 20–49 whose height is less than 145 centimeters are classified as being of short stature.

BMI-for-age, the ratio of weight relative to height for different age groups, is used to measure nutritional status in children and adolescents age 5–19 (WHO 2007). BMI-for-age is sex and age specific. The reason is that children and adolescents are still growing and the timing of peak growth velocity differs in boys and

girls. In the DHS surveys, BMI-for-age is reported among adolescents age 15–19. Similarly, short stature among adolescent women (age 15–19) is assessed according to low height-for-age.

Body mass index (BMI)

BMI is calculated by dividing weight in kilograms by height in meters squared (kg/m^2).

Adult status	BMI
Too thin for height	Less than 18.5
Normal	Between 18.5 and 24.9
Overweight	Between 25.0 and 29.9
Obese	Greater than or equal to 30.0

Sample: Women age 20–49 who are not pregnant and who have not had a birth in the 2 months before the survey and men age 20 and above

BMI-for-age

BMI-for-age is measured in z score standard deviations (SD).

Adolescent status	BMI-for-age
Too thin for height	Less than –1 SD
Normal	Between –1 SD and +1 SD
Overweight	Between +1 SD and +2 SD
Obese	Greater than +2 SD

Sample: Women age 15–19 who are not pregnant and who have not had a birth in the 2 months before the survey and men age 18–19

Short stature

Percentage of women age 20–49 with height under 145 cm.

Sample: Women age 20–49

Percentage of women age 15–19 with height-for-age z score less than –2 SD.

Sample: Women age 15–19

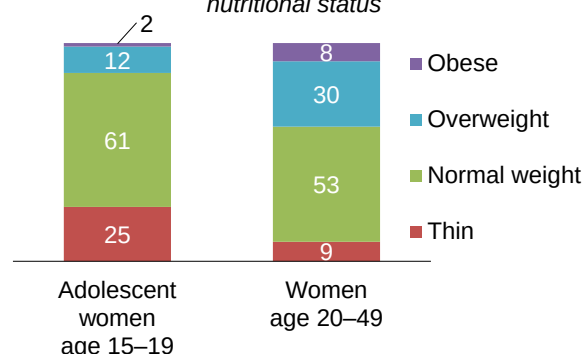
11.4.1 Nutritional Status of Women

Height and weight data were collected for 98% of eligible women age 15–49 (Appendix C, **Table C.6**). During measurements, 1% of women had hairstyles or ornamentation that interfered with height measurement, and less than 1% of women were not wearing lightweight clothing or wore heavy permanent ornaments that interfered with weight measurement (Appendix C, **Table C.11**). Because of the difference in the calculation of nutritional status for adolescents and adults, data on the nutritional status of adolescent women age 15–19 and adult women age 20–49 are reported separately.

Among ever-married women age 20–49, only 9% are underweight, while 38% are either overweight or obese. Three percent of women are moderately or severely thin, and 8% are obese. Eleven percent of women are of short stature. Among ever-married women age 15–19, 25% are underweight and 14% are overweight or obese. Four percent of young women are moderately or severely thin, and 2% are obese. Thirty percent of women age 15–19 are of short stature (**Table 11.11.1**, **Table 11.11.2**, and **Figure 11.6**).

Figure 11.6 Nutritional status of adolescent and adult women

Percent distribution of adolescent women age 15–19 and women age 20–49 by nutritional status



Patterns by background characteristics

- Women age 20–29 are nearly twice as likely to be underweight as those age 30–39 (12% versus 7%). Conversely, the prevalence of overweight or obesity is 12 percentage points higher among women age 30–39 than among those age 20–29 (42% versus 30%) (**Table 11.11.1**).
- Obesity is more prevalent in urban areas than rural areas. Forty-eight percent of urban women are overweight or obese, as compared with 35% of rural women. In contrast, 6% of urban women are underweight, compared with 10% of rural women.
- By division, the proportion of women age 20–49 who are thin is highest in Sylhet (16%) and lowest in Khulna (6%). Women in Dhaka are most likely to be overweight or obese (44%) (**Table 11.11.1**).
- Women with a secondary education or higher are more likely to be overweight or obese than women who have never attended school (44% versus 28%) (**Table 11.11.1**).
- The percentage of adolescent women age 15–19 who are underweight ranges from 14% in Dhaka to 33% in Rangpur (**Table 11.11.2**).
- The percentage of adolescent women who are overweight or obese is nearly three times higher among those in the highest wealth quintile than among those in the lowest wealth quintile (22% and 8%, respectively) (**Table 11.11.2**).

11.4.2 Nutritional Status of Men

The 2022 BDHS collected height and weight data for 92% of eligible men age 15–49 (Appendix C, **Table C.6**). During measurements, 1% of men had hairstyles or ornamentation that interfered with height measurement, and less than 1% of men were not wearing lightweight clothing or wore heavy permanent ornaments that interfered with weight measurement (Appendix C, **Table C.11**). Because of the difference in the calculation of nutritional status for adolescents and adults, data on the nutritional status of adolescent men age 18–19 and adult men age 20 and older are reported separately.

Among men age 20 or older, 16% are underweight and 20% are overweight or obese. Only 6% are moderately or severely thin, and 2% are obese (**Table 11.11.3**). Half of adolescent men age 18–19 are underweight, while only 6% are overweight or obese (**Table 11.11.4**).

Patterns by background characteristics

- The proportion of underweight men declines from 20% in the 20–29 age group to 11% in the 30–39 age group and then rises as age increases. Close to 3 out of 10 men (28%) age 70 or older are underweight (**Table 11.11.3**).

- Men in urban areas are more likely to be overweight or obese than their rural counterparts (29% versus 17%).
- The percentage of underweight men is highest in Mymensingh (25%) and lowest in Chattogram (12%).
- Eight percent of men in the highest wealth quintile are underweight, as compared with 25% of men in the lowest wealth quintile.

11.5 IRON-CONTAINING SUPPLEMENTATION DURING PREGNANCY

Over half (53%) of women with a birth in the 2 years preceding the survey took iron-containing supplements (iron tablets or syrup) for at least 90 days during their most recent pregnancy. However, almost one-fifth of women (19%) took no iron-containing supplements during their most recent pregnancy (Table 11.12).

Patterns by background characteristics

- By division, the proportion of women who took iron-containing supplements for 90 days or more during their most recent pregnancy is lowest in Sylhet (44%) and highest in Chattogram (58%) (Table 11.12).
- The proportion of women with a secondary education or higher who took iron-containing supplements for 90 days or more during their most recent pregnancy is twice that of women with no education (67% versus 33%).
- Women from households in the highest wealth quintile were more likely to take iron-containing supplements for at least 90 days during their most recent pregnancy than those from households in the lowest wealth quintile (72% versus 40%).

LIST OF TABLES

For more information on nutrition of children and adults, see the following tables:

- **Table 11.1** Nutritional status of children
- **Table 11.2** Early breastfeeding
- **Table 11.3** Breastfeeding status according to age
- **Table 11.4** Infant feeding practices by age
- **Table 11.5** Liquids consumed by children in the day or night preceding the interview
- **Table 11.6** Foods consumed by children in the day or night preceding the interview
- **Table 11.7** Minimum dietary diversity, minimum meal frequency, and minimum acceptable diet among children
- **Table 11.8** Egg and/or flesh food consumption and unhealthy feeding practices among children age 6–23 months
- **Table 11.9** Infant and young child feeding (IYCF) indicators
- **Table 11.10** Micronutrient supplementation and deworming among children
- **Table 11.11.1** Nutritional status of women age 20–49
- **Table 11.11.2** Nutritional status of adolescent women age 15–19
- **Table 11.11.3** Nutritional status of men age 20 and above
- **Table 11.11.4** Nutritional status of adolescent men age 18–19
- **Table 11.12** Iron-containing supplementation during pregnancy

Table 11.1 Nutritional status of children

Percentage of children under age 5 classified as malnourished according to three anthropometric indices of child growth: height-for-age, weight-for-height, and weight-for-age, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Height-for-age ¹				Weight-for-height					Weight-for-age			
	Percent-age below -3 SD	Percent-age below -2 SD ²	Mean z score (SD)	Number of children	Percent-age below -3 SD	Percent-age below -2 SD ²	Percent-age above +2 SD	Mean z score (SD)	Number of children	Percent-age below -3 SD	Percent-age below -2 SD ²	Mean z score (SD)	Number of children
Age in months													
<6	3.2	13.1	-0.7	458	1.1	11.4	1.1	-0.4	451	4.7	15.9	-0.9	475
6-8	1.4	13.3	-0.8	225	3.2	7.5	4.3	-0.3	228	3.1	12.4	-0.7	229
9-11	3.1	18.1	-1.0	256	2.0	9.6	1.2	-0.5	257	2.6	15.5	-0.9	260
12-23	7.7	28.3	-1.3	830	1.1	9.1	1.4	-0.6	836	3.1	20.4	-1.1	847
24-35	7.0	27.5	-1.3	829	1.9	11.4	1.5	-0.8	830	5.5	25.2	-1.3	836
36-47	5.6	25.9	-1.3	823	2.5	12.2	1.5	-0.9	823	5.2	24.8	-1.3	831
48-59	5.9	22.9	-1.2	831	1.6	12.6	1.1	-0.9	829	4.6	27.1	-1.3	835
0-23	5.1	21.0	-1.1	1,769	1.5	9.5	1.7	-0.5	1,772	3.4	17.5	-1.0	1,810
24-59	6.2	25.4	-1.2	2,483	2.0	12.0	1.4	-0.9	2,482	5.1	25.7	-1.3	2,503
Sex													
Male	5.9	23.8	-1.1	2,149	1.7	10.6	1.3	-0.7	2,147	4.4	22.1	-1.1	2,175
Female	5.5	23.3	-1.2	2,103	1.9	11.4	1.7	-0.7	2,107	4.5	22.5	-1.2	2,138
Birth interval in months³													
First birth ⁴	5.3	20.5	-1.1	1,374	1.2	9.3	1.5	-0.6	1,374	3.4	19.8	-1.1	1,399
<24	6.1	28.8	-1.3	499	2.1	16.0	1.3	-0.9	499	6.7	27.4	-1.3	503
24-47	7.4	28.8	-1.3	714	2.2	12.9	1.2	-0.8	713	5.6	25.8	-1.3	725
48+	4.7	21.3	-1.1	1,490	1.7	9.9	1.8	-0.7	1,492	3.8	21.2	-1.1	1,507
Size at birth^{3,5}													
Very small	*	*	*	22	*	*	*	*	22	*	*	*	24
Small	9.0	32.4	-1.5	356	2.6	13.6	2.1	-0.7	354	7.8	28.5	-1.4	362
Average or larger	4.8	21.1	-1.1	2,140	1.3	9.3	1.6	-0.6	2,147	3.2	18.1	-1.0	2,177
Don't know	*	*	*	7	*	*	*	*	7	*	*	*	7
Mother's interview status													
Interviewed	5.5	23.3	-1.2	4,076	1.7	11.0	1.5	-0.7	4,077	4.3	22.3	-1.2	4,134
Not interviewed but in household ⁶	9.6	30.6	-1.3	175	3.9	11.8	1.0	-0.7	177	6.3	22.8	-1.2	178
Mother's age³													
<20	7.2	23.4	-1.2	986	1.3	9.7	1.7	-0.7	983	5.0	22.3	-1.2	998
20-34	4.8	23.0	-1.1	2,905	1.6	10.9	1.5	-0.7	2,907	3.7	21.6	-1.1	2,948
35-49	9.1	26.4	-1.2	185	4.1	18.8	0.5	-1.0	188	10.6	31.7	-1.4	188
Mother's nutritional status⁷													
Thin	7.2	30.3	-1.5	478	2.5	17.1	0.3	-1.0	482	7.2	30.4	-1.5	486
Normal	6.1	25.0	-1.2	2,077	1.8	10.7	1.3	-0.7	2,085	4.7	23.1	-1.2	2,107
Overweight/obese	3.5	16.5	-0.9	1,113	1.0	8.0	2.7	-0.5	1,110	1.9	16.0	-0.9	1,124
Residence													
Urban	4.8	22.0	-1.0	1,080	1.5	10.9	1.5	-0.7	1,086	4.6	20.9	-1.1	1,101
Rural	6.0	24.1	-1.2	3,172	1.9	11.0	1.5	-0.7	3,168	4.3	22.8	-1.2	3,212
Division													
Barishal	5.7	24.9	-1.2	295	2.0	14.1	1.7	-0.8	295	4.6	25.7	-1.2	297
Chattogram	6.7	24.7	-1.3	935	2.1	11.4	1.4	-0.8	935	5.3	23.4	-1.3	942
Dhaka	4.3	21.5	-1.0	1,012	1.0	8.9	2.1	-0.6	1,014	4.0	18.6	-1.0	1,035
Khulna	3.6	19.0	-1.0	422	1.6	10.3	1.4	-0.6	422	3.5	18.7	-1.0	426
Mymensingh	7.2	27.7	-1.3	373	1.7	12.8	0.6	-0.9	373	3.6	24.7	-1.3	375
Rajshahi	5.1	20.0	-1.1	430	2.0	11.0	1.8	-0.6	430	3.0	18.2	-1.0	440
Rangpur	5.0	22.1	-1.2	473	2.2	11.1	1.5	-0.8	474	4.4	24.6	-1.2	481
Sylhet	10.2	33.9	-1.4	312	2.3	12.2	0.5	-0.9	312	6.9	31.7	-1.4	317
Mother's education⁸													
No education	14.9	39.3	-1.7	251	4.4	22.0	0.5	-1.2	255	12.9	43.4	-1.8	255
Primary incomplete	9.0	33.3	-1.5	399	2.9	12.0	1.0	-0.9	402	6.0	28.9	-1.5	403
Primary complete	7.3	27.6	-1.4	508	1.3	9.9	1.1	-0.7	510	5.2	26.8	-1.3	515
Secondary incomplete	4.1	22.4	-1.1	1,715	1.4	10.3	1.6	-0.7	1,712	3.5	20.7	-1.1	1,740
Secondary complete or higher	3.8	16.0	-0.9	1,204	1.3	9.7	1.9	-0.6	1,198	2.8	15.9	-0.9	1,221
Wealth quintile													
Lowest	9.5	34.3	-1.5	885	2.4	13.1	0.6	-0.9	886	7.1	32.4	-1.5	894
Second	5.9	27.2	-1.3	876	1.4	11.8	1.1	-0.8	880	3.8	25.7	-1.3	886
Middle	6.4	22.0	-1.2	883	2.3	10.6	1.2	-0.7	881	4.9	21.0	-1.2	890
Fourth	3.5	17.8	-1.0	820	1.3	9.3	2.0	-0.6	818	2.9	16.0	-1.0	839
Highest	2.7	15.2	-0.7	788	1.3	10.0	2.7	-0.5	789	3.1	15.2	-0.8	803
Total	5.7	23.6	-1.2	4,252	1.8	11.0	1.5	-0.7	4,254	4.4	22.3	-1.2	4,313

Note: Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards (WHO 2006a). An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Recumbent length is measured for children under age 2; standing height is measured for all other children.

² Includes children who are below -3 standard deviations (SD) from the WHO Child Growth Standards population median

³ Excludes children whose mothers were not interviewed

⁴ First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

⁵ Information available only for children age 0-35 months

⁶ Includes children whose mothers are deceased

⁷ Excludes children whose mothers were not weighed and measured, children whose mothers were not interviewed, and children whose mothers are pregnant or gave birth within the preceding 2 months. Mother's nutritional status is defined using body mass index (BMI) for mothers age 20-49 and BMI-for-age for mothers age 15-19 as presented in Tables 11.11.1 and 11.11.2.

⁸ For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

Table 11.2 Early breastfeeding

Percentage of children born in the past 2 years who were ever breastfed, percentage who were put to the breast within 1 hour of birth, and percentage who were exclusively breastfed for the first 2 days after birth, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage ever breastfed	Percentage who were put to the breast within 1 hour of birth	Percentage exclusively breastfed for the first 2 days after birth ¹	Number of children born in the past 2 years
Sex				
Male	97.2	36.1	69.6	1,879
Female	96.9	37.8	69.8	1,812
Assistance at delivery				
Health personnel ²	97.5	30.1	68.8	2,579
Traditional birth attendant	96.4	53.7	71.9	962
Other	93.7	46.8	71.4	148
No one	*	*	*	1
Place of delivery				
Health facility	97.5	29.1	68.3	2,391
At home	96.5	51.5	72.5	1,287
Other	*	*	*	13
Type of delivery				
Vaginal birth	96.0	47.5	73.1	2,040
Cesarean section	98.3	23.7	65.5	1,642
Missing	*	*	*	10
Breastfeeding counseling during PNC³				
Counseled	98.8	35.6	69.5	2,288
Not counseled/don't know	95.4	39.6	70.9	1,321
Breastfeeding observation during PNC³				
Observed	98.9	36.6	70.2	1,993
Not observed/don't know	95.8	37.7	69.8	1,616
Residence				
Urban	97.2	33.1	66.4	997
Rural	97.0	38.3	70.9	2,694
Division				
Barishal	96.7	38.2	76.7	219
Chattogram	96.6	38.9	78.8	793
Dhaka	97.4	32.7	60.1	926
Khulna	97.1	30.2	61.4	380
Mymensingh	97.6	40.1	73.4	333
Rajshahi	97.9	35.7	55.5	381
Rangpur	97.2	40.1	78.8	419
Sylhet	95.5	48.4	84.6	240
Mother's education				
No education	97.4	39.3	64.4	183
Primary incomplete	96.8	41.8	71.2	374
Primary complete	95.8	42.3	66.0	469
Secondary incomplete	97.1	35.4	70.9	1,503
Secondary complete or higher	97.6	34.8	69.9	1,161
Wealth quintile				
Lowest	96.2	42.0	71.4	745
Second	97.4	39.1	71.9	780
Middle	96.2	37.1	68.4	787
Fourth	98.3	34.9	67.2	718
Highest	97.3	30.7	69.3	661
Total	97.1	36.9	69.7	3,691

Note: Table is based on children born in the 2 years preceding the survey regardless of whether the children were living or dead at the time of the interview. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

PNC = postnatal care

¹ Children given nothing other than breast milk to eat or drink during the first 2 days after delivery.

² Qualified doctor, nurse/midwife/paramedic, family welfare visitor, community skilled birth attendant, and sub-assistant community medical officer

³ Women were asked about counseling on breastfeeding by any health care provider in the first 2 days after their most recent live birth regardless of where they gave birth. Information is available for the most recent live birth only.

Table 11.3 Breastfeeding status according to age

Among youngest children age 0–5 months living with their mother, percentage exclusively breastfeeding and percentage receiving mixed milk feeding; among all children age 12–23 months, percentage currently breastfeeding; and among all children age 0–23 months, percentage using a bottle with a nipple, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Among youngest children age 0–5 months living with their mother:			Among all children age 12–23 months:		Among all children age 0–23 months:	
	Percentage exclusively breastfeeding	Percentage receiving mixed milk feeding ¹	Number of children	Percentage currently breast-feeding ²	Number of children	Percentage using a bottle with a nipple	Number of children
Age in months							
0–1	72.5	13.9	340	na	na	12.4	345
2–3	60.5	22.2	295	na	na	22.5	299
4–5	25.3	30.1	305	na	na	32.6	308
6–8	na	na	na	na	na	28.9	477
9–11	na	na	na	na	na	27.0	513
12–15	na	na	na	93.7	521	22.2	521
16–19	na	na	na	89.9	512	20.4	512
20–23	na	na	na	82.3	619	14.8	619
Sex							
Male	57.2	20.1	494	87.4	850	23.3	1,826
Female	49.3	23.6	447	89.2	803	21.2	1,771
Residence							
Urban	54.8	25.5	266	86.5	452	26.9	973
Rural	52.9	20.3	675	88.9	1,201	20.5	2,624
Division							
Barishal	48.4	16.5	58	94.6	93	18.7	214
Chattogram	65.1	12.6	203	85.2	356	17.0	780
Dhaka	46.3	33.5	261	84.4	401	32.3	905
Khulna	51.4	17.4	99	89.8	166	24.3	370
Mymensingh	38.5	32.4	80	93.8	164	19.5	323
Rajshahi	59.2	19.9	103	89.4	168	25.5	371
Rangpur	58.8	15.9	95	91.6	196	13.3	408
Sylhet	55.0	8.0	42	88.9	110	14.8	226
Mother's education							
No education	(52.4)	(25.5)	37	92.2	93	15.5	178
Primary incomplete	48.3	30.5	90	89.4	179	16.1	361
Primary complete	39.7	30.2	123	88.6	213	21.6	454
Secondary incomplete	54.1	19.1	363	87.3	668	22.9	1,468
Secondary complete or higher	59.3	18.7	329	88.4	500	24.7	1,136
Wealth quintile							
Lowest	57.5	12.8	165	88.8	358	14.0	717
Second	53.9	18.5	198	91.8	361	16.3	759
Middle	47.6	27.0	218	87.9	314	24.2	768
Fourth	49.6	24.9	191	85.7	308	28.0	705
Highest	60.7	24.0	169	86.6	312	29.6	648
Total	53.4	21.8	941	88.3	1,653	22.2	3,597

Note: Breastfeeding status refers to a “24-hour” period (yesterday during the day or at night). Figures in parentheses are based on 25–49 unweighted cases.

na = not applicable

¹ Received breast milk and infant formula and/or fresh, packaged, or powdered animal milk. Excludes yogurt drinks because they are generally not fed as a substitute for breast milk. Excludes soy and nut milks.

² Corresponds to the IYCF indicator “continued breastfeeding”

Table 11.4 Infant feeding practices by age

Percent distribution of youngest children age 0–5 months living with their mother by feeding category, according to age in months, Bangladesh DHS 2022

Age group in months	Breast milk only (exclusively breastfed)	Breast milk and plain water only	Breast milk and non-milk liquids ¹	Breast milk and formula and/or animal milk ²	Breast milk and solid, semisolid, or soft foods ³	Not breastfed	Unknown ⁴	Total	Number of youngest children 0–5 months living with their mother
0–1	72.5	4.6	0.8	12.6	1.5	3.3	4.8	100.0	340
2–3	60.5	9.8	1.4	17.8	5.4	2.0	3.1	100.0	295
4–5	25.3	18.9	1.4	23.7	22.3	4.8	3.6	100.0	305
0–5	53.4	10.8	1.2	17.8	9.5	3.4	3.9	100.0	941

Note: Breastfeeding status refers to a “24-hour” period (yesterday during the day or at night). The categories of breast milk only, breast milk and plain water only, breast milk and non-milk liquids, breast milk and formula and/or animal milk, breast milk and solid, semisolid, or soft foods, and not breastfed are hierarchical and mutually exclusive. Thus, children who receive breast milk and non-milk liquids and who do not receive breast milk and formula and/or animal milk and who do not receive any solid, semisolid, or soft foods are classified in the non-milk liquid category even though they may also get plain water. When combined with children whose feeding category is classified as unknown due to “don’t know” responses, the percentages in each row add to 100%.

¹ Non-milk liquids include fruit juice or fruit-flavored drinks, chocolate-flavored drinks, sodas, clear broth or soup, tea, coffee, herbal drinks, and other liquids.

² Animal milk here includes liquid yogurt but does not include solid yogurt. Note that animal milk in Table 11.3 excludes liquid yogurt and solid yogurt.

³ Solid, semisolid, or soft foods includes solid yogurt but not liquid yogurt.

⁴ Not classified elsewhere due to “don’t know” responses

Table 11.5 Liquids consumed by children in the day or night preceding the interview

Percentage of youngest children under age 2 living with their mother by type of liquids consumed in the day or night preceding the interview, according to age and breastfeeding status, Bangladesh DHS 2022

Age in months	Plain water	Infant formula ¹	Fresh, powdered, and packaged animal milk		Yogurt drinks		Fruit juice, packet juice such as Frooto or Tang, or shorbot	Soft drinks such as Pepsi, Mojo, Sprite, or Fanta	Tea, coffee, and herbal drinks		Clear broth or soup	Other liquids ²		Number of youngest children under age 2 living with their mother
			Any	Sweet/ flavored	Any	Sweet/ flavored			Any	Sweet-ened		Any	Sweet-ened	
BREASTFEEDING CHILDREN														
0–1	8.8	13.2	2.0	1.3	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.8	0.0	329
2–3	27.4	18.7	6.6	3.9	0.0	0.0	0.6	0.0	0.5	0.2	0.0	2.4	0.0	289
4–5	64.5	24.6	12.8	10.0	0.4	0.3	2.9	0.2	0.0	0.0	0.0	5.4	0.0	291
6–8	93.0	20.3	13.1	9.2	0.9	0.7	6.8	0.2	1.5	1.5	0.5	10.9	0.2	450
9–11	96.9	16.5	15.9	10.4	0.7	0.7	13.0	1.7	2.2	2.1	1.2	12.4	0.3	490
12–17	98.2	12.0	22.3	11.7	2.1	1.9	13.6	2.5	7.9	7.7	0.8	16.2	0.1	708
18–23	97.5	7.4	20.3	11.0	2.4	2.2	17.7	4.6	10.6	9.0	0.8	17.4	0.0	737
0–5	32.5	18.6	6.9	4.9	0.1	0.1	1.1	0.1	0.3	0.1	0.0	2.8	0.0	909
6–11	95.0	18.3	14.6	9.8	0.8	0.7	10.0	1.0	1.9	1.8	0.9	11.7	0.2	940
12–23	97.8	9.7	21.3	11.4	2.2	2.1	15.7	3.5	9.3	8.4	0.8	16.8	0.0	1,446
6–23	96.7	13.1	18.6	10.7	1.7	1.5	13.4	2.5	6.4	5.8	0.8	14.8	0.1	2,385
Total	79.0	14.6	15.4	9.1	1.2	1.1	10.0	1.9	4.7	4.2	0.6	11.5	0.1	3,294
NONBREASTFEEDING CHILDREN														
0–1	*	*	*	*	*	*	*	*	*	*	*	*	*	11
2–3	*	*	*	*	*	*	*	*	*	*	*	*	*	6
4–5	*	*	*	*	*	*	*	*	*	*	*	*	*	15
6–8	*	*	*	*	*	*	*	*	*	*	*	*	*	23
9–11	*	*	*	*	*	*	*	*	*	*	*	*	*	16
12–17	(100.0)	(53.3)	(42.8)	(27.9)	(0.0)	(0.0)	(23.9)	(3.1)	(7.0)	(7.0)	(0.0)	(5.2)	(0.0)	41
18–23	97.9	23.6	40.8	28.4	3.3	3.3	19.9	1.6	18.3	16.6	0.8	19.2	0.7	114
0–5	(33.8)	(39.6)	(2.5)	(2.5)	(0.0)	(0.0)	(3.4)	(5.2)	(0.0)	(0.0)	(0.0)	(4.6)	(0.0)	32
6–11	(82.2)	(43.9)	(21.4)	(21.4)	(0.0)	(0.0)	(11.2)	(4.2)	(0.0)	(0.0)	(0.0)	(15.5)	(0.0)	38
12–23	98.4	31.4	41.3	28.3	2.4	2.4	20.9	2.0	15.3	14.1	0.6	15.5	0.5	154
6–23	95.2	33.9	37.4	26.9	1.9	1.9	19.0	2.4	12.3	11.3	0.5	15.5	0.4	193
Total	86.6	34.7	32.4	23.5	1.7	1.7	16.8	2.8	10.5	9.7	0.4	13.9	0.4	225

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Infant formula includes Lactogen, NIDO, Bimil, Biomil, and Nan.

² Includes chocolate milk such as Horlicks, Milo, Complan, and Ovaltine

Table 11.6 Foods consumed by children in the day or night preceding the interview

Percentage of youngest children under age 2 living with their mother by type of foods consumed in the day or night preceding the interview, according to age and breastfeeding status, Bangladesh DHS 2022

Age in months	Foods made from grains ¹	White/pale starchy tubers, and plantains ²	Beans, peas, lentils, nuts, and seeds ³	Cheese and yogurt ⁴	Meat, fish, poultry, organ meats ⁵	Eggs	Vitamin A-rich fruits and vegetables ⁶	Other fruits and vegetables ⁷	Sweet foods such as mishti, sweet biscuits, cakes, halwa, jilapi, chocolate, and ice cream	Chips, puri, singara, samucha, pakora, chop, or instant noodles such as Maggi noodles and Pran's Mr. Noodles	Other solid, semisolid, and soft food	Number of youngest children under age 2 living with their mother
BREASTFEEDING CHILDREN												
0–1	0.9	0.5	0.5	0.0	0.3	0.1	0.1	0.4	0.3	0.1	0.0	329
2–3	3.2	1.0	0.6	0.4	1.6	0.7	0.3	1.3	1.4	0.2	0.9	289
4–5	14.8	2.9	2.5	0.8	3.5	3.1	4.2	3.8	9.2	1.3	3.8	291
6–8	61.4	33.9	17.7	0.3	20.9	21.1	20.7	17.7	27.2	7.0	13.3	450
9–11	80.6	50.6	28.7	1.2	39.1	30.1	38.1	31.7	37.8	14.5	13.0	490
12–17	86.6	58.0	32.0	1.3	50.5	39.3	40.8	38.6	44.2	22.6	15.8	708
18–23	91.3	64.1	33.7	2.2	61.2	45.3	46.5	41.8	55.9	29.3	15.3	737
0–5	6.1	1.4	1.2	0.4	1.7	1.2	1.5	1.8	3.5	0.5	1.5	909
6–11	71.4	42.6	23.5	0.8	30.4	25.8	29.8	25.0	32.7	10.9	13.1	940
12–23	89.0	61.1	32.8	1.7	56.0	42.4	43.7	40.3	50.1	26.0	15.5	1,446
6–23	82.1	53.8	29.1	1.4	45.9	35.8	38.2	34.2	43.3	20.1	14.6	2,385
Total	61.1	39.4	21.4	1.1	33.7	26.3	28.1	25.3	32.3	14.7	11.0	3,294
NONBREASTFEEDING CHILDREN												
0–1	*	*	*	*	*	*	*	*	*	*	*	11
2–3	*	*	*	*	*	*	*	*	*	*	*	6
4–5	*	*	*	*	*	*	*	*	*	*	*	15
6–8	*	*	*	*	*	*	*	*	*	*	*	23
9–11	*	*	*	*	*	*	*	*	*	*	*	16
12–17	(94.1)	(57.5)	(23.5)	(2.6)	(61.5)	(39.1)	(34.3)	(28.5)	(47.1)	(30.8)	(8.4)	41
18–23	92.4	56.8	32.2	2.4	57.0	46.9	46.4	42.7	58.4	25.1	19.1	114
0–5	(7.6)	(1.3)	(1.3)	(0.0)	(1.3)	(0.0)	(5.4)	(5.4)	(3.0)	(0.0)	(0.0)	32
6–11	(55.0)	(31.6)	(24.7)	(0.0)	(11.7)	(29.1)	(28.5)	(17.7)	(24.7)	(2.0)	(7.5)	38
12–23	92.9	57.0	29.9	2.4	58.2	44.8	43.2	39.0	55.4	26.6	16.2	154
6–23	85.3	51.9	28.9	1.9	48.9	41.7	40.3	34.7	49.3	21.7	14.5	193
Total	74.4	44.8	25.0	1.7	42.2	35.8	35.4	30.6	42.7	18.7	12.5	225

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes rice, paratha, ruti, maize, semai, rice pudding, and packaged cereal such as Cerelac

² Includes potato, plantain, arum, and sweet potato

³ Includes daal, chickpeas, khichuri, peanuts, and jackfruit seeds

⁴ Includes cheeses and paneer

⁵ Includes liver, gizzard, sausages, other meat (such as beef or goat meat), chicken, pigeon, duck, fish, and dried fish

⁶ Includes pumpkin, carrots, lal shak, pui shak, amaranth, spinach, other shak, ripe mango, ripe papaya, and orange musk melon

⁷ Includes eggplant, lady finger, long beans, bottle gourd, bitter gourd, guava, ripe banana, jackfruit, jamrul, and malta

Table 11.7 Minimum dietary diversity, minimum meal frequency, and minimum acceptable diet among children

Percentage of youngest children age 6–23 months living with their mother who are fed a minimum acceptable diet based on breastfeeding status, number of food groups, and times they are fed during the day or night preceding the survey, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Among youngest breastfed children age 6–23 months living with their mother, percentage fed:				Among youngest nonbreastfed children age 6–23 months living with their mother, percentage fed:				Among all youngest children age 6–23 months living with their mother, percentage fed:				
	Minimum dietary diversity ¹	Minimum meal frequency ²	Minimum accept- able diet ³	Number of breastfed children age 6–23 months	Minimum milk feeding frequency ⁴	Minimum dietary diversity ¹	Minimum meal frequency ⁵	Minimum accept- able diet ⁶	Number of non- breastfed children age 6–23 months	Minimum dietary diversity ¹	Minimum meal frequency ⁷	Minimum accept- able diet ⁸	Number of all children age 6–23 months
Age in months													
6–11	24.6	60.5	20.9	940	(52.4)	(13.9)	(50.1)	(8.2)	38	24.2	60.1	20.4	978
6–8	16.0	61.7	15.6	450	*	*	*	*	23	15.3	60.9	14.9	473
9–11	32.5	59.5	25.8	490	*	*	*	*	16	32.4	59.4	25.6	506
12–17	43.7	64.8	33.8	708	(56.7)	(28.8)	(81.8)	(22.7)	41	42.8	65.7	33.2	749
18–23	50.9	70.7	40.0	737	48.7	31.6	72.4	18.0	114	48.3	70.9	37.1	851
Sex													
Male	38.6	65.8	30.6	1,188	51.4	28.4	66.2	14.0	108	37.8	65.9	29.2	1,296
Female	38.1	64.0	30.7	1,197	50.7	26.3	74.6	20.8	85	37.4	64.7	30.0	1,283
Residence													
Urban	44.3	70.0	36.4	622	57.2	31.2	73.1	12.7	56	43.2	70.3	34.5	678
Rural	36.3	63.1	28.6	1,763	48.7	26.0	68.7	18.8	137	35.6	63.5	27.9	1,900
Division													
Barishal	30.6	55.0	23.4	147	*	*	*	*	6	29.7	55.0	22.8	153
Chattogram	30.0	50.6	22.0	502	(28.4)	(17.2)	(50.0)	(5.7)	60	28.6	50.6	20.3	562
Dhaka	44.7	70.2	37.0	561	(70.6)	(27.2)	(84.1)	(16.5)	55	43.1	71.4	35.2	616
Khulna	52.8	81.9	47.8	247	*	*	*	*	18	52.5	81.5	47.2	265
Mymensingh	43.9	65.5	33.7	228	*	*	*	*	9	44.0	66.5	33.6	237
Rajshahi	36.4	67.3	29.4	245	*	*	*	*	18	36.9	68.7	29.5	263
Rangpur	36.1	71.4	26.6	291	*	*	*	*	13	36.1	71.9	26.5	304
Sylhet	27.4	58.6	20.7	165	*	*	*	*	14	26.2	57.7	20.0	178
Mother's education													
No education	22.1	56.7	15.1	127	*	*	*	*	12	21.3	55.3	15.0	139
Primary incomplete	29.7	61.6	24.0	242	*	*	*	*	22	27.2	61.9	22.0	264
Primary complete	28.3	61.6	22.8	301	*	*	*	*	16	28.8	62.5	23.3	317
Secondary incomplete	37.3	63.8	29.9	993	49.9	31.7	77.9	18.4	82	36.9	64.9	29.0	1,076
Secondary complete or higher	49.8	70.4	39.8	723	57.3	31.6	64.4	18.2	60	48.4	69.9	38.2	782
Wealth quintile													
Lowest	27.9	59.7	21.2	498	(40.5)	(4.4)	(63.6)	(4.4)	42	26.0	60.0	19.9	540
Second	34.5	62.7	28.0	520	*	*	*	*	26	33.9	62.7	27.0	547
Middle	35.1	67.3	28.3	488	(42.9)	(29.3)	(67.2)	(17.0)	39	34.6	67.3	27.5	527
Fourth	42.8	64.8	34.7	458	(65.5)	(29.2)	(82.9)	(19.4)	42	41.6	66.3	33.4	501
Highest	54.8	71.2	43.4	421	(65.4)	(49.2)	(71.1)	(33.2)	43	54.2	71.2	42.5	464
Total	38.4	64.9	30.6	2,385	51.1	27.5	69.9	17.0	193	37.6	65.3	29.6	2,578

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
¹ Minimum dietary diversity is receiving foods from five or more of the following eight food groups: a. breast milk; b. grains, white/pale starchy roots, tubers, and plantains; c. beans, peas, lentils, nuts, and seeds; d. dairy products (fresh, packaged, or dried milk from animals; infant formula; yogurt; cheese); e. flesh foods (meat, fish, poultry, organ meats); f. eggs; g. vitamin A-rich fruits and vegetables; h. other fruits and vegetables.

² For breastfed children, minimum meal frequency is receiving solid, semisolid, or soft food at least twice a day for infants age 6–8 months and at least three times a day for children age 9–23 months.

³ For breastfed children, minimum acceptable diet is being fed a minimum dietary diversity (footnote 1) and a minimum meal frequency (footnote 2).

⁴ For nonbreastfed children, minimum milk feeding frequency is two or more feedings of infant formula; fresh, packaged, or dried milk from animals; and liquid or solid yogurt.

⁵ For nonbreastfed children, minimum meal frequency is receiving solid, semisolid, or soft food or milk feeds at least four times a day. At least one of the feeds must be a solid, semisolid, or soft feed.

⁶ For nonbreastfed children, minimum acceptable diet is being fed a minimum dietary diversity (footnote 1), a minimum milk feeding frequency (footnote 4), and a minimum meal frequency (footnote 5).

⁷ Minimum meal frequency is receiving the minimum recommended number of feeds per day according to age and breastfeeding status as defined in footnotes 2 and 5.

⁸ Minimum acceptable diet is being fed a minimum dietary diversity (footnote 1), a minimum meal frequency (footnote 2 and footnote 5), and a minimum milk feeding frequency (footnote 4).

Table 11.8 Egg and/or flesh food consumption and unhealthy feeding practices among children age 6–23 months

Percentage of youngest children age 6–23 months living with their mother who consumed eggs and/or flesh food, and percentage who experienced specified unhealthy feeding practices, during the day or night preceding the survey, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Eggs and/or flesh food ¹	Unhealthy feeding practices:			Number of youngest children age 6–23 months living with their mother
		Sweet beverage ²	Unhealthy food ³	Zero vegetables or fruits ⁴	
Age in months					
6–11	44.6	21.7	35.8	58.5	978
6–8	33.1	17.4	28.7	68.7	473
9–11	55.4	25.7	42.4	49.0	506
12–17	67.7	33.0	51.5	41.3	749
18–23	77.2	41.5	63.2	35.5	851
Sex					
Male	63.4	30.2	50.5	44.5	1,296
Female	60.7	32.8	48.3	47.4	1,283
Breastfeeding status					
Breastfeeding	61.6	30.1	49.1	46.3	2,385
Not breastfeeding	68.2	49.3	53.7	41.4	193
Residence					
Urban	65.5	36.6	48.5	42.0	678
Rural	60.8	29.7	49.7	47.3	1,900
Division					
Barishal	56.1	26.8	34.3	49.0	153
Chattogram	54.7	31.5	40.1	54.0	562
Dhaka	62.6	35.3	46.0	44.9	616
Khulna	75.1	33.9	64.6	36.6	265
Mymensingh	63.3	30.7	53.9	42.7	237
Rajshahi	71.8	31.7	50.9	48.7	263
Rangpur	65.7	28.6	67.8	36.9	304
Sylhet	46.8	24.8	41.4	51.0	178
Mother's education					
No education	47.1	23.2	45.0	58.2	139
Primary incomplete	56.4	26.5	50.4	51.5	264
Primary complete	56.8	26.9	48.6	53.4	317
Secondary incomplete	60.6	31.6	51.5	47.4	1,076
Secondary complete or higher	70.8	36.5	47.4	36.9	782
Wealth quintile					
Lowest	54.8	25.0	51.0	50.0	540
Second	59.7	26.5	49.5	49.7	547
Middle	60.4	34.1	47.7	49.1	527
Fourth	65.0	34.2	51.2	44.8	501
Highest	71.9	39.1	47.5	34.5	464
Total	62.1	31.5	49.4	45.9	2,578

¹ Eggs and/or flesh food include liver, gizzard, sausages, other meat (such as beef, goat meat, chicken, pigeon, or duck), fish or dried fish, and eggs.

² Sweet beverages include sweet/flavored milk, yogurt drinks, fruit juice and fruit-flavored drinks, chocolate-flavored drinks, sodas, sweetened tea, coffee, herbal drinks, and other sweetened liquids.

³ Unhealthy foods are a group of sentinel food types that include sweet foods such as mishti, sweet biscuits, cakes, halwa, jilapi, chocolate, and ice cream and fried or salty foods such as chips, puri, singara, samucha, pakora, chop, and instant noodles (e.g., Maggi noodles or Pran's Mr. Noodle).

⁴ Vegetables or fruits include lal shak, pui shak, amaranth, spinach, any other shak, pumpkin, carrots, ripe mangoes, ripe papayas, orange musk melon, guava, ripe banana, jackfruit, jamrul, malta, eggplant, lady finger, long beans, bottle gourd, and bitter gourd.

Table 11.9 Infant and young child feeding (IYCF) indicators

Percentage of children fed according to various IYCF practices, Bangladesh DHS 2022

IYCF #	IYCF abbrev.	DHS8 Table #	Indicator	Indicator definition and denominator	Value
1	EvBF	11.2	Ever breastfed ¹	Percentage of children born in the last 2 years who were ever breastfed Number of children born in the last 2 years	97.1 3,691
2	EIBF	11.2	Early initiation of breastfeeding ¹	Percentage of children born in the last 2 years who were put to the breast within 1 hour of birth Number of children born in the last 2 years	36.9 3,691
3	EBF2D	11.2	Exclusively breastfed for the first 2 days after birth ¹	Percentage of children born in the last 2 years who were fed exclusively with breast milk for the first 2 days after birth Number of children born in the last 2 years	69.7 3,691
4	EBF	11.3	Exclusive breastfeeding under 6 months	Percentage of children age 0–5 months who were fed exclusively with breast milk during the previous day Number of youngest children age 0–5 months living with the mother	53.4 941
5	MixMF	11.3	Mixed milk feeding under 6 months	Percentage of children age 0–5 months who were fed both breast milk and formula and/or animal milk during the previous day Number of youngest children age 0–5 months living with the mother	21.8 941
6	CBF	11.3	Continued breastfeeding 12–23 months	Percentage of children age 12–23 months who were fed breast milk during the previous day Number of children age 12–23 months	88.3 1,653
7	ISSSF	-	Introduction of solid, semisolid or soft foods 6–8 months	Percentage of children age 6–8 months who were fed solid, semisolid or soft foods during the previous day Number of youngest children age 6–8 months living with the mother	75.9 473
8	MDD	11.7	Minimum dietary diversity 6–23 months	Percentage of children age 6–23 months who were fed foods and beverages from at least 5 out of 8 defined food groups during the previous day Number of youngest children age 6–23 months living with the mother	37.6 2,578
9	MMF	11.7	Minimum meal frequency 6–23 months	Percentage of children age 6–23 months who were fed solid, semisolid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more during the previous day Number of youngest children age 6–23 months living with the mother	65.3 2,578
10	MMFF	11.7	Minimum milk feeding frequency for non-breastfed children 6–23 months	Percentage of non-breastfed children age 6–23 months who were given at least two milk feeds during the previous day Number of youngest children age 6–23 months living with the mother who were not breastfed	51.1 193
11	MAD	11.7	Minimum acceptable diet 6–23 months	Percentage of children age 6–23 months who were fed a minimum acceptable diet during the previous day Number of youngest children age 6–23 months living with the mother	29.6 2,578
12	EFF	11.8	Egg and/or flesh food consumption 6–23 months	Percentage of children age 6–23 months who were fed egg and/or flesh food during the previous day Number of youngest children age 6–23 months living with the mother	62.1 2,578
13	SWB	11.8	Sweet beverage consumption 6–23 months	Percentage of children age 6–23 months who were given a sweet beverage during the previous day Number of youngest children age 6–23 months living with the mother	31.5 2,578
14	UFC	11.8	Unhealthy food consumption 6–23 months	Percentage of children age 6–23 months who were fed selected sentinel unhealthy foods during the previous day Number of youngest children age 6–23 months living with the mother	49.4 2,578
15	ZVF	11.8	Zero vegetable or fruit consumption 6–23 months	Percentage of children age 6–23 months who were not fed any vegetables or fruits during the previous day Number of youngest children age 6–23 months living with the mother	45.9 2,578
16	BoF	11.3	Bottle feeding 0–23 months	Percentage of children age 0–23 months who were fed from a bottle with a nipple during the previous day Number of children age 0–23 months	22.2 3,597

¹ Includes children born in the 2 years preceding the survey regardless of whether the children are living or dead at the time of interview

Table 11.10 Micronutrient supplementation and deworming among children

Among children age 6–59 months, percentage who were given iron tablets or syrup, micronutrient powders, and iron-containing supplements in the past 7 days and percentage who were given vitamin A supplements in the past 6 months, and among children age 12–59 months, percentage who were given deworming medication in the past 6 months, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Among children age 6–59 months:					Among children age 12–59 months:	
	Percentage given iron tablets or syrup in past 7 days ¹	Percentage given micronutrient powders in past 7 days ¹	Percentage given iron-containing supplements in past 7 days ^{1,2}	Percentage given vitamin A supplements in past 6 months ¹	Number of children	Percentage given deworming medication in past 6 months ^{1,3}	Number of children
Age in months							
6–8	7.5	1.5	7.8	50.7	477	na	na
9–11	7.7	3.0	10.3	64.0	513	na	na
12–17	6.8	3.7	9.1	73.1	770	27.6	770
18–23	6.8	2.1	8.5	76.3	883	44.0	883
24–35	5.3	2.0	7.0	73.0	1,663	58.8	1,663
36–47	3.6	2.0	5.0	72.2	1,633	54.8	1,633
48–59	3.2	2.0	4.7	69.8	1,680	56.7	1,680
6–23	7.1	2.6	8.9	68.3	2,644	36.4	1,653
24–59	4.0	2.0	5.6	71.7	4,976	56.8	4,976
Sex							
Male	5.5	2.2	7.1	70.4	3,881	51.9	3,402
Female	4.7	2.2	6.3	70.6	3,738	51.4	3,228
Breastfeeding status⁴							
Breastfeeding	6.9	2.5	8.6	70.0	3,203	42.4	2,252
Not breastfeeding	5.1	1.9	6.7	70.6	1,104	58.7	1,064
Mother's age							
15–19	9.0	2.8	11.1	63.2	632	47.5	438
20–29	4.9	2.3	6.7	70.6	4,568	52.0	3,987
30–39	4.3	1.8	5.6	72.4	2,204	51.7	2,003
40–49	5.7	2.0	6.9	70.2	216	55.1	201
Residence							
Urban	6.1	2.6	7.8	69.2	2,046	48.5	1,795
Rural	4.7	2.1	6.3	71.0	5,573	52.9	4,835
Division							
Barishal	6.3	3.6	9.3	68.3	494	55.4	431
Chattogram	5.4	2.2	7.1	73.4	1,659	57.1	1,442
Dhaka	5.0	2.3	6.5	65.4	1,895	49.3	1,656
Khulna	3.9	1.2	4.8	75.1	768	44.6	665
Mymensingh	6.2	2.7	7.7	70.4	647	66.3	568
Rajshahi	5.5	1.1	6.5	69.9	777	43.5	678
Rangpur	4.8	2.7	7.0	73.8	828	48.0	712
Sylhet	3.7	2.0	5.3	70.9	551	49.7	477
Mother's education							
No education	4.1	1.3	5.5	63.5	494	47.1	445
Primary incomplete	4.0	1.6	5.2	69.8	826	48.5	734
Primary complete	4.6	1.0	5.4	68.6	984	52.2	870
Secondary incomplete	4.9	2.6	6.7	71.1	3,135	50.2	2,705
Secondary complete or higher	6.3	2.5	8.2	72.3	2,181	55.9	1,874
Wealth quintile							
Lowest	3.3	2.4	5.1	68.0	1,602	51.7	1,409
Second	4.2	1.6	5.4	69.9	1,572	52.2	1,373
Middle	5.9	2.3	7.6	70.8	1,544	49.7	1,316
Fourth	5.8	1.9	7.2	72.2	1,474	52.1	1,271
Highest	6.6	2.7	8.5	71.9	1,427	52.7	1,261
Total	5.1	2.2	6.7	70.5	7,620	51.7	6,629

na = not applicable

¹ Based on mother's recall

² Iron-containing supplements include tablets, syrup, and micronutrient powders.

³ Deworming for intestinal parasites is commonly done for helminths and schistosomiasis.

⁴ Information available for children age 0–35 months only

Table 11.11.1 Nutritional status of women age 20–49

Among ever-married women age 20–49, percentage with height below 145 cm, mean body mass index (BMI), and percentage with specific BMI levels, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Short stature		Body mass index ¹								Number of women
	Height below 145 cm	Number of women	Mean body mass index (BMI)	18.5–24.9 (total normal)	<18.5 (total thin)	17.0–18.4 (mildly thin)	<17 (moderate-ly or severely thin)	≥25.0 (total overweight or obese)	25.0–29.9 (overweight)	≥30.0 (obese)	
Age											
20–29	9.1	3,317	23.2	57.7	12.1	8.0	4.1	30.2	24.4	5.8	2,870
30–39	12.2	3,399	24.5	51.0	6.6	4.8	1.8	42.4	33.0	9.4	3,190
40–49	13.3	2,358	24.5	48.8	8.2	5.1	3.1	43.0	32.8	10.3	2,219
Residence											
Urban	11.3	2,605	25.0	46.4	5.7	4.0	1.8	47.9	35.6	12.3	2,392
Rural	11.3	6,469	23.6	55.3	10.2	6.8	3.4	34.5	27.7	6.8	5,887
Division											
Barishal	10.1	559	23.9	52.1	9.7	6.6	3.1	38.2	31.1	7.1	506
Chattoogram	9.7	1,678	24.5	50.2	7.4	5.7	1.7	42.4	32.9	9.5	1,490
Dhaka	11.8	2,245	24.6	49.6	6.9	4.7	2.1	43.5	32.5	11.0	2,068
Khulna	9.8	1,081	24.5	52.9	5.9	3.9	2.0	41.2	32.4	8.8	984
Mymensingh	15.5	700	22.6	58.1	15.4	9.6	5.8	26.5	22.8	3.7	653
Rajshahi	10.1	1,201	24.0	52.7	8.9	5.4	3.4	38.5	30.8	7.6	1,112
Rangpur	11.9	1,047	23.4	58.0	10.5	7.5	3.0	31.5	25.3	6.2	958
Sylhet	14.6	563	22.8	57.0	15.7	8.8	6.9	27.3	20.9	6.4	508
Education											
No education	17.7	1,330	23.0	59.0	13.4	8.7	4.7	27.6	22.3	5.3	1,225
Primary incomplete	14.5	1,281	23.8	53.1	9.5	7.1	2.4	37.4	29.6	7.7	1,180
Primary complete	14.1	1,172	23.8	54.9	9.7	6.1	3.6	35.4	26.9	8.6	1,094
Secondary incomplete	9.9	3,090	24.3	51.0	8.1	5.8	2.3	40.9	32.5	8.4	2,842
Secondary complete or higher	6.1	2,200	24.6	50.0	6.5	3.8	2.7	43.5	33.0	10.6	1,939
Wealth quintile											
Lowest	14.3	1,629	22.3	60.5	17.0	10.2	6.7	22.5	18.3	4.2	1,498
Second	12.3	1,745	23.3	56.9	11.3	8.4	2.9	31.9	27.2	4.7	1,578
Middle	11.6	1,903	23.8	55.9	8.2	5.4	2.7	35.9	29.2	6.7	1,731
Fourth	11.6	1,884	24.7	51.1	5.6	4.2	1.4	43.3	33.7	9.6	1,722
Highest	7.3	1,913	25.8	40.8	3.9	2.4	1.5	55.2	39.4	15.8	1,750
Total	11.3	9,074	24.0	52.8	8.9	6.0	3.0	38.3	30.0	8.4	8,279

Note: Body mass index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²) for adults age 20–49.

¹ Excludes pregnant women and women with a birth in the preceding 2 months

Table 11.11.2 Nutritional status of adolescent women age 15–19

Among ever-married women age 15–19, percentage with height-for-age below –2 standard deviations (SD), mean body mass index (BMI)-for-age z score, and percentage with specific BMI-for-age levels, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Short stature		Body mass index-for-age ¹								Number of women
	Height-for-age below –2 SD	Number of women	Mean BMI-for-age z score	–1 SD to +1 SD (total normal)	Below –1 SD (total thin) ²	Below –1 SD to –2 SD (mildly thin)	Below –2 SD (moderately or severely thin)	Above +1 SD (total overweight or obese) ³	Above +1 SD to +2 SD (overweight)	Above +2 SD (obese)	
Residence											
Urban	30.7	208	–0.1	64.0	19.7	15.7	4.0	16.3	14.0	2.3	178
Rural	29.8	661	–0.3	60.5	26.2	21.7	4.5	13.2	11.5	1.8	527
Division											
Barishal	33.9	44	–0.2	55.8	26.8	22.7	4.1	17.4	13.2	4.2	35
Chattogram	21.9	166	–0.1	64.7	21.6	15.4	6.2	13.7	12.9	0.8	130
Dhaka	30.2	224	–0.1	71.0	14.3	11.6	2.6	14.7	13.5	1.3	184
Khulna	30.4	102	–0.2	54.6	27.9	20.6	7.3	17.5	10.4	7.2	82
Mymensingh	30.5	70	–0.5	60.5	29.7	25.2	4.5	9.8	9.8	0.0	58
Rajshahi	31.1	124	–0.3	53.2	31.8	28.6	3.3	14.9	14.0	0.9	102
Rangpur	37.4	112	–0.4	56.7	32.6	28.1	4.4	10.8	9.6	1.2	93
Sylhet	34.4	27	–0.4	(56.1)	(32.2)	(29.4)	(2.8)	(11.7)	(8.7)	(3.0)	22
Education											
No education	*	15	*	*	*	*	*	*	*	*	12
Primary incomplete	45.8	48	–0.3	(60.5)	(23.3)	(21.6)	(1.8)	(16.1)	(16.1)	(0.0)	42
Primary complete	38.3	58	–0.3	(61.9)	(26.5)	(23.9)	(2.6)	(11.6)	(10.1)	(1.6)	45
Secondary incomplete	29.4	519	–0.2	61.5	25.4	20.8	4.6	13.1	10.7	2.4	422
Secondary complete or higher	25.8	230	–0.1	61.0	22.6	18.0	4.6	16.4	14.9	1.5	184
Wealth quintile											
Lowest	40.2	158	–0.6	54.2	37.5	27.9	9.5	8.3	8.3	0.0	124
Second	32.6	191	–0.4	59.5	27.9	25.2	2.8	12.6	11.9	0.7	151
Middle	29.8	189	–0.1	63.3	21.9	20.7	1.2	14.8	10.4	4.4	150
Fourth	23.7	203	–0.1	67.3	19.0	15.6	3.4	13.6	10.9	2.8	171
Highest	24.3	127	0.1	60.2	17.8	11.1	6.7	22.0	21.1	0.9	109
Total	30.0	869	–0.2	61.4	24.6	20.2	4.4	14.0	12.1	1.9	705

Note: Height-for-age and body mass index (BMI)-for-age are expressed in standard deviation units (SD) from the median of the WHO Growth Reference for adolescent women age 15–19. Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Excludes pregnant women and women with a birth in the preceding 2 months

² Includes adolescent women age 15–19 who are below –2 standard deviations (SD) from the WHO Growth Reference population median

³ Includes adolescent women age 15–19 who are above +2 standard deviations (SD) from the WHO Growth Reference population median

Table 11.11.3 Nutritional status of men age 20 and above

Among men age 20 and older, mean body mass index (BMI) and percentage with specific BMI levels, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Body mass index								Number of men
	Mean body mass index (BMI)	18.5–24.9 (total normal)	<18.5 (total thin)	17.0–18.4 (mildly thin)	<17 (moderately or severely thin)	≥25.0 (total over-weight or obese)	25.0–29.9 (overweight)	≥30.0 (obese)	
Age									
20–29	21.4	65.1	19.7	13.2	6.5	15.2	13.8	1.4	1,264
30–39	22.8	63.2	10.8	7.7	3.1	26.0	23.3	2.6	1,296
40–49	22.7	63.0	11.8	6.9	4.9	25.2	22.5	2.6	1,120
50–59	22.1	65.9	14.2	9.6	4.6	19.9	17.8	2.2	859
60–69	21.7	65.0	18.3	10.0	8.3	16.7	15.5	1.2	714
70+	20.6	62.5	28.2	16.4	11.8	9.3	8.9	0.4	435
Residence									
Urban	23.0	59.1	11.7	7.6	4.1	29.2	25.6	3.6	1,551
Rural	21.7	66.1	17.3	10.9	6.4	16.6	15.3	1.3	4,141
Division									
Barishal	22.1	69.3	12.6	8.4	4.1	18.1	16.7	1.4	347
Chattogram	22.4	67.0	11.6	7.2	4.4	21.4	18.8	2.6	955
Dhaka	22.5	60.9	14.1	8.3	5.9	25.0	22.4	2.6	1,314
Khulna	22.3	63.0	15.1	10.4	4.6	21.9	20.5	1.4	700
Mymensingh	20.9	64.6	24.7	16.4	8.3	10.8	9.8	1.0	471
Rajshahi	22.2	64.3	15.4	9.5	5.9	20.3	18.2	2.1	815
Rangpur	21.8	64.1	17.8	11.7	6.0	18.2	16.4	1.7	725
Sylhet	21.2	65.6	22.3	13.5	8.8	12.1	11.2	0.9	364
Education									
No education	21.0	64.0	23.8	14.6	9.2	12.3	11.9	0.4	1,431
Primary incomplete	21.7	67.4	16.0	10.4	5.7	16.6	15.1	1.5	829
Primary complete	21.8	64.3	17.8	11.7	6.1	17.9	16.1	1.8	741
Secondary incomplete	22.2	66.8	14.4	10.0	4.4	18.7	16.4	2.3	1,152
Secondary complete or higher	23.4	60.5	8.1	4.6	3.5	31.4	27.9	3.5	1,525
Missing	*	*	*	*	*	9.8	9.8	0.0	12
Wealth quintile									
Lowest	20.8	65.5	24.8	15.1	9.7	9.7	8.9	0.8	1,042
Second	21.2	68.2	19.0	12.4	6.7	12.8	11.9	0.9	1,198
Middle	21.8	67.6	15.2	10.5	4.7	17.2	15.9	1.3	1,124
Fourth	22.6	65.7	12.4	7.6	4.8	21.9	19.8	2.1	1,188
Highest	23.9	53.8	8.1	4.7	3.4	38.1	33.5	4.6	1,138
Total	22.1	64.2	15.8	10.0	5.8	20.1	18.1	1.9	5,691

Note: Body mass index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²) for adults age 20 or older. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 11.11.4 Nutritional status of adolescent men age 18–19

Among men age 18–19, mean body mass index (BMI)-for-age z score and percentage with specific BMI-for-age levels, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Body mass index-for-age								Number of men
	Mean BMI-for-age z score	–1 SD to +1 SD (total normal)	Below –1 SD (total thin) ¹	Below –1 SD to –2 SD (mildly thin)	Below –2 SD (moderately or severely thin)	Above +1 SD (total over-weight or obese) ²	Above +1 SD to +2 SD (overweight)	Above +2 SD (obese)	
Residence									
Urban	–1.0	47.4	48.0	26.0	22.0	4.6	2.4	2.2	90
Rural	–1.0	42.5	51.1	32.3	18.8	6.4	5.9	0.5	246
Division									
Barishal	–1.1	(42.9)	(48.4)	(14.6)	(33.8)	(8.7)	(8.7)	(0.0)	17
Chattogram	–0.9	48.3	45.9	34.7	11.1	5.8	5.3	0.5	65
Dhaka	–1.1	(44.3)	(51.4)	(30.4)	(21.0)	(4.3)	(4.3)	(0.0)	76
Khulna	–0.9	(48.6)	(41.8)	(23.6)	(18.2)	(9.6)	(9.6)	(0.0)	45
Mymensingh	–1.3	(35.0)	(63.6)	(34.7)	(28.9)	(1.4)	(0.0)	(1.4)	31
Rajshahi	–0.7	(44.3)	(43.4)	(26.8)	(16.6)	(12.3)	(9.5)	(2.7)	38
Rangpur	–1.0	(40.2)	(56.4)	(34.6)	(21.8)	(3.4)	(0.0)	(3.4)	34
Sylhet	–1.1	39.0	58.3	37.2	21.1	2.7	2.0	0.7	32
Education									
No education	*	*	*	*	*	*	*	*	7
Primary incomplete	–1.0	(47.9)	(49.3)	(35.3)	(14.0)	(2.8)	(2.8)	(0.0)	40
Primary complete	–0.9	(41.0)	(52.7)	(44.3)	(8.4)	(6.4)	(3.6)	(2.7)	38
Secondary incomplete	–1.1	39.1	55.1	29.8	25.3	5.8	4.5	1.3	115
Secondary complete or higher	–0.9	48.2	45.8	27.0	18.8	5.9	5.5	0.5	136
Missing	*	*	*	*	*	*	*	*	1
Wealth quintile									
Lowest	–1.1	52.2	46.8	29.4	17.4	1.0	1.0	0.0	71
Second	–0.8	40.5	48.6	32.4	16.2	10.9	9.5	1.4	74
Middle	–1.0	41.4	52.9	34.3	18.6	5.6	3.8	1.8	63
Fourth	–1.2	39.9	56.9	36.9	20.0	3.2	3.2	0.0	74
Highest	–0.8	45.6	45.0	16.8	28.2	9.4	7.7	1.7	55
Total	–1.0	43.8	50.3	30.6	19.7	5.9	5.0	0.9	336

Note: Body mass index (BMI)-for-age is expressed in standard deviation units (SD) from the median of the WHO Growth Reference for adolescent men age 15–19. Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes adolescent men age 18–19 who are below –2 standard deviations (SD) from the WHO Growth Reference population median

² Includes adolescent men age 18–19 who are above +2 standard deviations (SD) from the WHO Growth Reference population median

Table 11.12 Iron-containing supplementation during pregnancy

Among women age 15–49 with a child born in the 2 years preceding the survey, percent distribution by number of days they took iron-containing supplements during the pregnancy of their most recent child, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Number of days women took iron-containing supplements during pregnancy of most recent birth ¹					Total	Number of women
	None	<60	60–89	90+	Don't know/missing		
Age							
15–19	18.7	22.6	8.2	50.3	0.2	100.0	610
20–29	18.4	19.2	8.4	53.9	0.1	100.0	2,153
30–39	22.4	15.5	9.7	52.1	0.2	100.0	808
40–49	(23.2)	(19.1)	(15.2)	(42.6)	(0.0)	100.0	38
Residence							
Urban	12.7	17.1	8.3	61.8	0.2	100.0	970
Rural	21.9	19.7	8.9	49.5	0.1	100.0	2,638
Division							
Barishal	21.6	18.8	7.5	52.0	0.0	100.0	216
Chattogram	16.7	17.9	7.3	58.1	0.0	100.0	776
Dhaka	16.2	20.5	8.6	54.4	0.3	100.0	903
Khulna	22.8	20.1	8.5	48.6	0.0	100.0	374
Mymensingh	22.3	15.6	7.5	54.6	0.0	100.0	324
Rajshahi	21.1	17.7	12.3	48.9	0.0	100.0	377
Rangpur	17.3	22.2	9.6	50.6	0.3	100.0	409
Sylhet	30.2	15.9	10.0	43.7	0.3	100.0	230
Education							
No education	38.7	20.9	7.7	32.6	0.0	100.0	178
Primary incomplete	32.0	23.6	7.3	36.9	0.2	100.0	369
Primary complete	26.3	23.6	8.8	41.0	0.3	100.0	455
Secondary incomplete	19.6	18.9	9.9	51.6	0.0	100.0	1,475
Secondary complete or higher	9.2	15.4	7.8	67.4	0.1	100.0	1,132
Wealth quintile							
Lowest	29.2	21.3	9.0	40.3	0.3	100.0	730
Second	23.8	20.3	8.4	47.5	0.0	100.0	760
Middle	18.9	21.7	9.9	49.3	0.1	100.0	764
Fourth	14.2	19.6	8.7	57.6	0.0	100.0	708
Highest	9.4	10.9	7.6	71.9	0.2	100.0	646
Total	19.4	19.0	8.7	52.8	0.1	100.0	3,609

Note: Figures in parentheses are based on 25–49 unweighted cases.

¹ Iron-containing supplements include iron tablets and syrup.

Key Findings

- **Employment and cash earnings:** More than one-third (37%) of currently married women age 15–49 were employed in the 12 months before the survey. Most employed women (92%) receive cash earnings, while 8% are not paid for their work. The proportion of employed women working for cash has increased by 9 percentage points since 2017–18.
- **Control over cash earnings:** Three in 10 currently married women with cash earnings make decisions independently on how their earnings will be used, while 61% decide jointly with their husband.
- **Ownership of assets:** 7% of ever-married women own a house alone, jointly with someone else, or both, and 5% own land alone and/or jointly. Most women who own a house or land have a title/deed and have their name on it.
- **Ownership and use of bank accounts, mobile phones, and national identification (NID) cards:** One-fifth of women age 15–49 have a bank account that they use, and 70% own a mobile phone. Thirty-seven percent of women have and use a bank account or used a mobile phone for financial transactions in the past 12 months. Most women (86%) have an NID card.
- **Participation in decision making:** 60% of women participate in three specified household decisions (regarding their own health care, household purchases, and visits to family or relatives) either alone or jointly with their husband, whereas 14% are not involved in any of the decisions.
- **Attitudes toward wife beating:** Overall, 14% of women agree that wife beating is justified for at least one of five specified reasons, a decline from 20% in 2017–18.

This chapter explores women's empowerment in terms of employment, earnings, and control over earnings. The chapter also examines women's ownership of assets, including houses, land, and phones, as well as their use of bank accounts and mobile-money-service providers. In addition, responses to specific questions are used to define two indicators of women's empowerment: women's participation in household decision making and women's attitudes towards wife beating.

12.1 MARRIED WOMEN'S EMPLOYMENT

Employment

Respondents are considered to be employed if they have done any work other than their housework in the 12 months before the survey.

Sample: Currently married women age 15–49

Earning cash for employment

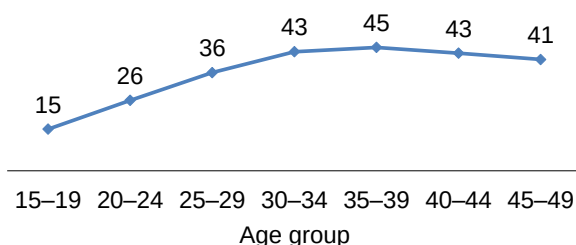
Respondents are asked if they are paid for their labor in cash or in-kind. Only those who receive payment in cash only or in cash and in-kind are considered to earn cash for their employment.

Sample: Currently married women age 15–49 employed in the 12 months before the survey

Employment, particularly employment for cash, and control over how women use their earnings are considered important indicators of women's empowerment. More than one-third (37%) of currently married women age 15–49 were employed in the 12 months before the survey (Table 12.1). Most employed women (92%) receive cash earnings (including cash only and cash and in-kind), while 8% are not paid for their work. Married women's employment increases from 15% among those age 15–19 to 45% among those age 35–39 and then declines among those in older age groups (Table 12.1 and Figure 12.1).

Figure 12.1 Employment by age

Percentage of currently married women who were employed at any time in the 12 months before the survey



Trends: The proportion of married women age 15–49 who were employed in the 12 months before the survey declined from 49% in 2017–18 to 37% in 2022. At the same time, the percentage of employed women working for cash (including cash and in-kind payments) increased from 83% in 2017–18 to 92% in 2022.

12.2 CONTROL OVER WOMEN'S EARNINGS

Control over one's own cash earnings

Respondents are considered to have control over their own earnings if they participate in decisions alone or jointly with their spouse about how their earnings will be used.

Sample: Currently married women age 15–49 who received cash earnings for employment during the 12 months before the survey

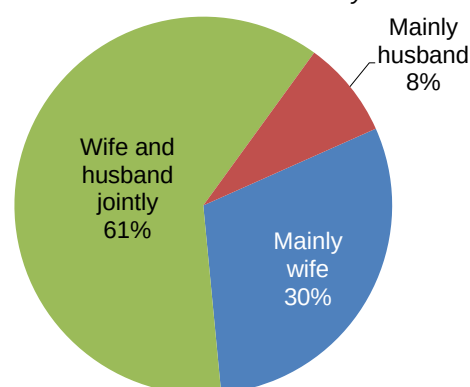
An important indicator of women's empowerment is whether they have control over their own earnings. To assess control over earnings, currently married women age 15–49 who received cash earnings for their work in the 12 months preceding the survey were asked about who decides how their earnings are used. In Bangladesh, 3 in 10 married women who receive cash earnings for employment make decisions independently on how their earnings are used, whereas 61% participate in decision making jointly with their husband. Only 8% of women reported that their husband mainly decides on the use of their cash earnings (Table 12.2.1 and Figure 12.2).

Patterns by background characteristics

- The percentage of currently married women who make decisions jointly with their husband on how their earnings are used increases from 54% among women age 15–19 to 64% among women age 40–44 before decreasing to 59% after age 44. Younger women age 15–19 are more likely to report that their husband mainly decides on the use of their earnings (14%) than women in older age groups (**Table 12.2.1**).
- The proportion of women who decide mainly on the use of their cash earnings is slightly higher in urban areas than rural areas (33% versus 29%). Conversely, a higher percentage of rural women indicate that their husband decides alone on the use of their earnings (9% versus 5%).
- The percentage of women who mainly decide how their cash earnings are used is highest in Barishal (39%) and lowest in Rajshahi (20%).
- The proportion of women who mainly decide how to use their cash earnings increases with increasing education, from 25% among those with no education to 36% among those with a secondary education or higher. The opposite pattern is seen among women whose husband makes decisions on the use of their cash earnings.
- Women from households in the lowest wealth quintile are less likely to be the main decision makers regarding the use of their earnings than women in the highest wealth quintile (26% versus 38%).

Figure 12.2 Control over women's earnings

Percent distribution of currently married women with cash earnings in the 12 months before the survey



12.3 CONTROL OVER MEN'S EARNINGS

In Bangladesh, almost one-third of married women (29%) say that their husband decides how his earnings are used, while 65% report making such decisions jointly with their spouse. Only 4% of currently married women mainly decide how their husband's earnings are used (**Table 12.2.2**).

Patterns by background characteristics

- The percentage of currently married women who participate in decision making jointly with their husband on how their husband's earnings are used is highest among those age 35–44 (almost 70%). Younger women are more likely to report that their husband is the main decision maker on how his earnings are used (39%) (**Table 12.2.2**).
- A greater proportion of rural women (30%) than urban women (27%) report that their husband makes unilateral decisions regarding the use of his income.
- The proportion of women who jointly decide with their husband on the use of his earnings is highest in Rajshahi (72%) and lowest in Sylhet (55%).

12.4 WOMEN'S OWNERSHIP OF ASSETS

12.4.1 Ownership of a House or Land and Documentation of Ownership

Ownership of a house or land

Respondents who own a house or land, whether alone or jointly with their spouse, someone else, or both their spouse and someone else.

Documentation of ownership of a house or land

Respondents whose name is on the title/deed or other government-recognized document.

Sample: Ever-married women age 15–49

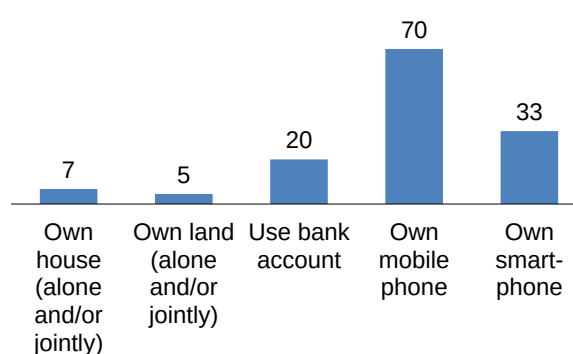
Patterns of house and land ownership among ever-married women age 15–49 according to their current marital status are presented in **Table 12.3**. In Bangladesh, 7% of women own a house alone, jointly with someone else, or both, and 5% own land alone and/or jointly (**Figure 12.3**). Among women who own a house, 62% have their name on the title/deed (**Table 12.4**). Similarly, among women who own land, 82% have their name on the title/deed (**Table 12.5**).

Patterns by background characteristics

- Ownership of a house increases with age. For instance, 3% of women age 15–19 own a house alone or jointly, as compared with 12% of women age 45–49 (**Table 12.4**). A similar pattern is observed regarding land ownership (1% versus 8%) (**Table 12.5**).
- Patterns of house ownership and land ownership are similar for women in urban and rural areas.
- The percentage of women who own a house is highest in Rangpur (8%) and lowest in Sylhet (3%). This trend is consistent for land ownership (6% versus 2%). Among women who own a house, the percentage with their name on the title/deed is highest in Sylhet (93%) and lowest in Chattogram (39%).
- The percentage of women who own a house and have their name on the title/deed is lowest among those from households in the second wealth quintile (55%). In contrast, the proportion of women who have their name on a title/deed for land is highest among those from households in the second wealth quintile (84%).
- Women from households in the lowest wealth quintile have a lower home ownership rate than women from households in the highest wealth quintile (5% versus 9%). The same pattern is observed for land ownership (3% versus 8%).

Figure 12.3 Ownership of assets

Percentage of ever-married women age 15–49 who:



12.4.2 Ownership and Use of Mobile Phones, Bank Accounts, and National Identification Cards

Use of bank accounts or mobile-money-service providers

Respondents who have and use a bank account or who used a mobile phone for financial transactions in the 12 months before the survey.

Sample: Ever-married women age 15–49

Women's ownership and use of a bank account and a mobile phone are considered as reflections of autonomy, social functioning, and financial independence. In Bangladesh, one-fifth of women age 15–49 have a bank account that they use, and 14% reported that they deposited or withdrew money from their account in the 12 months preceding the survey. Moreover, 70% of women own a mobile phone and 33% have a smartphone. Twenty-eight percent of women used their phone for financial transactions in the past 12 months. Overall, 37% of women have used either a bank account or a mobile phone for financial transactions in the past 12 months. Most women (86%) have a national identification (NID) card (**Table 12.6** and **Figure 12.3**).

Patterns by background characteristics

- The likelihood of women depositing or withdrawing money from their own bank account increases with increasing education, from 5% among those with no education to 25% among those with a secondary or higher education (**Table 12.6**). Similarly, women who have a secondary education or higher tend to use a mobile phone for financial transactions more often than those who have no education (39% versus 16%).
- The proportion of women who have and use a bank account or used a mobile phone for financial transactions in the past 12 months is highest in Dhaka (45%) and lowest in Rangpur (26%).
- Women from households in the highest wealth quintile are more likely to have used a mobile phone for financial transactions and to have deposited or withdrawn money from their own bank account in the past 12 months (39% and 29%, respectively) than women from households in the lowest quintile (19% and 2%, respectively).

12.5 PARTICIPATION IN DECISION MAKING

Participation in major household decisions

Women are considered to participate in household decisions if they make decisions alone or jointly with their husband in all three of the following areas: (1) their own health care, (2) major household purchases, and (3) visits to their family or relatives.

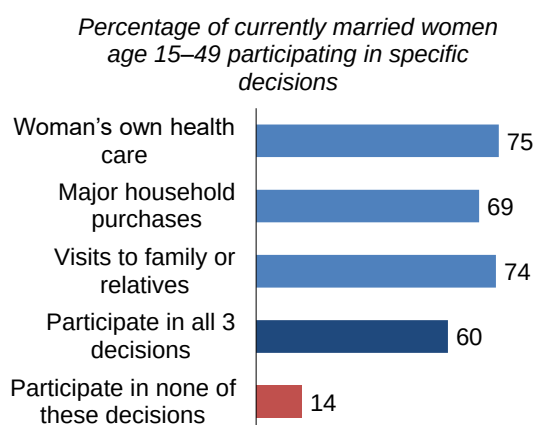
Sample: Currently married women age 15–49

Participation in household decision making is an important aspect of women's capacity to have control over their own lives. Overall, more than 7 in 10 women make decisions independently or jointly with their husband about their own health care and visits to their family or relatives, and 69% participate in decisions on major household purchases (**Table 12.7**). Three in five women participate in all three specific decisions either alone or jointly with their spouse, whereas 14% participate in none of the three decisions (**Table 12.8** and **Figure 12.4**).

Patterns by background characteristics

- The percentage of currently married women who participate in all three specified decisions increases from 39% among those age 15–19 to 67% among those age 40–44 but decreases slightly after age 44 (65%) (**Table 12.8**).
- Employed women who receive cash earnings are more likely to participate in all three decisions (66%) than unemployed women (56%) and those who are employed but not for cash (53%).
- Married women without children are less likely to participate in all three key decisions (43%) than their counterparts with one or more children (60% or higher).
- Participation of women in all three decisions is higher in urban areas than in rural areas (63% versus 58%).
- By division, the proportion of women who participate in all of the decisions is lowest in Sylhet (48%) and highest in Chattogram (65%).

Figure 12.4 Women's participation in decision making



12.6 ATTITUDES TOWARD WIFE BEATING

Attitudes toward wife beating

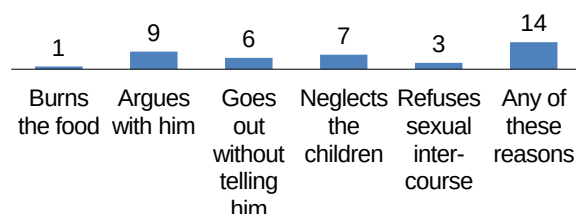
Respondents are asked if they agree that a husband is justified in hitting or beating his wife under each of the following five circumstances: she burns the food, she argues with him, she goes out without telling him, she neglects the children, and she refuses to have sex with him. If respondents answer “yes” in at least one circumstance, they are considered to have attitudes justifying wife beating.

Sample: Ever-married women age 15–49

Another measure of women's empowerment derives from the idea that gender equity is essential, as beliefs justifying spousal violence can indicate lower status and undermine empowerment within households and relationships. In Bangladesh, 9% of ever-married women agree that wife beating is justified if a woman argues with her husband, 7% agree that it is justified if she neglects the children, and 6% agree that it is justified if she goes out without telling her husband. Only 3% of women think that wife beating is justified if the wife refuses to have sexual intercourse with her spouse, and 1% believe it is justified if she burns the food. Overall, 14% of women believe that a husband is justified in beating his wife for at least one of the five specific reasons (Table 12.9 and Figure 12.5).

Figure 12.5 Attitudes towards wife beating

Percentage of women age 15–49 who agree that a husband is justified in beating his wife for specific reasons



Trends: The proportion of ever-married women who agree that wife beating is justified for at least one of the five specified reasons has declined since 2017–18, from 20% to 14%.

Patterns by background characteristics

- Women's acceptance of wife beating increases as the number of living children increases. For example, 18% of women with five or more children think that wife hitting or beating is justified for at least one of the five specified reasons, as compared with 12% of women with no children (Table 12.9).
- A higher proportion of women in rural areas (15%) agree that a husband is justified in beating his wife for at least one reason than women in urban areas (12%).
- Attitudes justifying wife beating vary by division; 10% of women in Sylhet agree that wife beating is justified for at least one reason, compared with 17% of women in Rajshahi.
- Acceptance of wife beating among women decreases with increasing educational attainment, from 18% among women with no education to 9% among those with a secondary education or higher.
- Women from households in the lowest wealth quintile are more likely to believe that wife beating is justified for at least one specified reason (16%) than those from households in the highest quintile (10%).

12.7 WOMEN'S EMPOWERMENT AND DEMOGRAPHIC AND HEALTH OUTCOMES

The two indicators of women's empowerment, namely women's participation in decision making and women's attitudes toward wife beating, can be summarized in two indices. The first index, which ranges in value from 0 to 3, shows the number of decisions in which women participate independently or jointly with their husband (see Table 12.8 for the specific decisions). The second indicator, which ranges in value from 0 to 5, is the total number of reasons for which women agree that a husband is justified in hitting or beating his wife (see Table 12.9 for the specific reasons). A higher score on the first indicator and a lower score in the second indicator are interpreted as reflecting a greater sense of entitlement and self-esteem and higher status for women.

Table 12.10 shows that women who participate in all three of the specified decisions are more likely to disagree with all of the specified reasons justifying wife beating than women who do not participate in any of the three decisions (88% versus 83%). Likewise, women who disapprove of all of the justifications for wife beating are more likely to participate in all three decisions (61%) than women who agree with all five reasons for wife beating (46%).

Tables 12.11 to 12.13 show how women's contraceptive use, mean ideal number of children, unmet need for family planning, and reproductive health care vary by the two empowerment indicators. A woman's ability to control her fertility and use a method of contraception is likely to be affected by her own sense of empowerment. Almost two-thirds (65%) of women who participate in all three specified decisions use a contraceptive method, as compared with 60% of women who do not participate in any of the decisions (**Table 12.11**). Women who agree with all five of the reasons for which wife beating is justified have a higher rate of contraceptive use than those who do not agree with any of the reasons (71% versus 64%).

Unmet need for spacing declines as women's decision-making power increases, from 7% among women who do not make any of the three decisions to 4% among women who participate in all of the decisions (**Table 12.12**). The opposite pattern is observed in the case of unmet need for limiting. Women who agree with one or two reasons for which wife beating is justified are more likely to have an unmet need for limiting than those who agree with all five reasons (6% versus 3%).

Overall, women's access to antenatal care and delivery assistance from a medically trained provider increases as decision-making power increases (**Table 12.13**). For example, 84% of women who do not participate in any of the three specified decisions received antenatal care from a skilled provider, as compared with 89% of women who participate in all five decisions. Similarly, the percentage of women receiving antenatal and delivery care from a skilled provider increases as the number of reasons for which wife beating is justified decreases. For instance, 71% of women who do not justify wife beating for any reason received delivery care from a skilled provider, compared with 63% of women who justify wife beating for three or four reasons.

Although differences are minimal, child mortality is another demographic indicator that varies by women's empowerment. For example, postneonatal mortality declines from 7 deaths per 1,000 live births in the 5 years preceding the survey among women who do not participate in any of the three decisions to 5 deaths per 1,000 live births among women who participate in all three decisions (**Table 12.14**). Neonatal mortality is lower among women who disagree with all of the five reasons for which wife beating is justified (22 deaths per 1,000 live births) than among those who agree with one or two reasons (28 deaths per 1,000 live births). Similar findings are observed for infant mortality.

LIST OF TABLES

For more information on women's empowerment, see the following tables:

- **Table 12.1** **Employment and cash earnings of currently married women**
- **Table 12.2.1** **Control over women's cash earnings**
- **Table 12.2.2** **Control over men's cash earnings**
- **Table 12.3** **House and land ownership**
- **Table 12.4** **House ownership and documentation of ownership**
- **Table 12.5** **Land ownership and documentation of ownership**
- **Table 12.6** **Ownership and use of NID cards, mobile phones, and bank accounts**
- **Table 12.7** **Participation in decision making**
- **Table 12.8** **Women's participation in decision making by background characteristics**
- **Table 12.9** **Attitude toward wife beating**
- **Table 12.10** **Indicators of women's empowerment**
- **Table 12.11** **Current use of contraception by women's empowerment**
- **Table 12.12** **Ideal number of children and unmet need for family planning by women's empowerment**
- **Table 12.13** **Reproductive health care by women's empowerment**
- **Table 12.14** **Early childhood mortality rates by women's status**

Table 12.1 Employment and cash earnings of currently married women

Percentage of currently married women age 15–49 who were employed at any time in the past 12 months and percent distribution of currently married women employed in the past 12 months by type of earnings, according to age, Bangladesh DHS 2022

Age	Among currently married women:		Percent distribution of currently married women employed in the past 12 months by type of earnings					Number of women
	Percentage employed in past 12 months	Number of respondents	Cash only	Cash and in-kind	In-kind only	Not paid	Total	
15–19	15.2	1,696	82.8	2.1	0.3	14.8	100.0	258
20–24	25.7	3,206	88.7	2.1	0.2	9.0	100.0	823
25–29	35.8	3,430	89.0	2.6	0.4	8.0	100.0	1,229
30–34	43.4	3,302	88.5	4.1	0.5	6.9	100.0	1,433
35–39	45.0	3,183	88.3	3.0	0.5	8.1	100.0	1,434
40–44	42.9	2,335	87.0	4.7	0.5	7.8	100.0	1,002
45–49	40.6	1,907	85.1	6.9	0.4	7.6	100.0	773
Total	36.5	19,060	87.8	3.7	0.4	8.1	100.0	6,952

Table 12.2.1 Control over women's cash earnings

Percent distribution of currently married women age 15–49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how the wife's cash earnings are used, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Person who decides how the wife's cash earnings are used:				Total	Number of women
	Mainly wife	Wife and husband jointly	Mainly husband	Other		
Age						
15–19	29.1	54.2	13.5	3.2	100.0	219
20–24	29.2	59.9	9.4	1.5	100.0	747
25–29	30.0	60.8	8.8	0.4	100.0	1,126
30–34	32.2	61.5	6.3	0.0	100.0	1,327
35–39	29.6	62.7	7.4	0.4	100.0	1,310
40–44	27.7	63.5	8.8	0.0	100.0	920
45–49	31.1	59.3	9.2	0.3	100.0	712
Number of living children						
0	33.3	54.1	10.4	2.2	100.0	389
1–2	30.0	62.2	7.4	0.4	100.0	3,755
3–4	28.6	62.0	9.2	0.3	100.0	1,961
5+	36.4	53.1	10.5	0.0	100.0	255
Residence						
Urban	32.9	61.4	5.4	0.3	100.0	1,620
Rural	29.1	61.2	9.2	0.5	100.0	4,739
Division						
Barishal	39.2	50.0	10.8	0.0	100.0	290
Chattogram	31.7	61.9	6.0	0.4	100.0	815
Dhaka	35.7	59.0	4.9	0.3	100.0	1,529
Khulna	37.1	53.3	9.2	0.3	100.0	970
Mymensingh	28.8	62.9	8.2	0.1	100.0	511
Rajshahi	19.5	69.9	9.2	1.4	100.0	1,127
Rangpur	22.0	67.0	10.8	0.2	100.0	914
Sylhet	31.6	50.9	17.5	0.0	100.0	203
Education						
No education	25.4	63.0	11.3	0.2	100.0	1,024
Primary incomplete	26.1	65.9	7.7	0.3	100.0	1,004
Primary complete	30.6	60.4	8.6	0.5	100.0	934
Secondary incomplete	30.3	60.4	8.6	0.7	100.0	2,096
Secondary complete or higher	36.0	58.2	5.6	0.3	100.0	1,301
Wealth quintile						
Lowest	26.4	63.4	9.5	0.6	100.0	1,308
Second	27.2	62.3	10.3	0.2	100.0	1,392
Middle	29.7	61.7	7.7	0.9	100.0	1,413
Fourth	31.1	60.7	8.0	0.2	100.0	1,308
Highest	38.4	56.6	4.6	0.5	100.0	938
Total	30.0	61.2	8.3	0.5	100.0	6,359

Table 12.2.2 Control over men's cash earnings

Percent distributions of currently married women age 15–49 whose husbands receive cash earnings by person who decides how the husband's cash earnings are used, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Person who decides how the husband's cash earnings are used:				Total	Number of women
	Mainly wife	Wife and husband jointly	Mainly husband	Other		
Age						
15–19	1.0	52.8	38.8	7.4	100.0	1,659
20–24	2.4	61.3	32.0	4.4	100.0	3,187
25–29	3.6	64.1	30.6	1.7	100.0	3,408
30–34	5.0	67.2	26.7	1.1	100.0	3,284
35–39	5.9	69.6	24.1	0.4	100.0	3,143
40–44	5.8	68.8	25.3	0.1	100.0	2,293
45–49	6.1	64.7	28.7	0.5	100.0	1,847
Number of living children						
0	1.6	56.7	34.9	6.8	100.0	1,966
1–2	4.1	64.9	29.0	1.9	100.0	11,122
3–4	5.5	67.7	26.2	0.5	100.0	5,071
5+	6.1	62.2	31.6	0.1	100.0	663
Residence						
Urban	4.6	66.8	27.0	1.6	100.0	5,320
Rural	4.2	63.9	29.7	2.2	100.0	13,502
Division						
Barishal	4.1	56.2	38.6	1.1	100.0	1,139
Chattogram	5.2	65.9	25.4	3.5	100.0	3,512
Dhaka	4.3	65.0	28.9	1.8	100.0	4,758
Khulna	4.9	57.4	36.1	1.6	100.0	2,254
Mymensingh	4.8	68.0	25.5	1.7	100.0	1,430
Rajshahi	3.0	71.6	24.0	1.4	100.0	2,490
Rangpur	3.7	69.0	25.7	1.6	100.0	2,181
Sylhet	3.6	55.1	38.8	2.6	100.0	1,058
Education						
No education	5.4	65.9	28.3	0.3	100.0	2,424
Primary incomplete	5.5	65.1	28.1	1.3	100.0	2,422
Primary complete	5.7	64.6	28.4	1.3	100.0	2,506
Secondary incomplete	3.9	63.7	29.7	2.7	100.0	6,811
Secondary complete or higher	3.0	65.5	28.9	2.6	100.0	4,659
Wealth quintile						
Lowest	4.6	64.3	29.7	1.5	100.0	3,324
Second	4.3	64.2	29.6	1.9	100.0	3,800
Middle	4.6	65.0	28.2	2.2	100.0	3,882
Fourth	4.4	65.3	28.0	2.3	100.0	3,948
Highest	3.6	64.8	29.5	2.1	100.0	3,867
Total	4.3	64.7	29.0	2.0	100.0	18,822

Table 12.3 House and land ownership

Percent distribution of ever-married women age 15–49 by house ownership status and land ownership status, according to current marital status, Bangladesh DHS 2022

Ownership status	Marital status			Total
	Currently married	Divorced/ separated/ deserted	Widowed	
HOUSE OWNERSHIP				
Alone	2.6	7.5	15.1	3.1
Jointly with husband only	2.4	0.0	0.0	2.3
Jointly with someone else only	0.3	1.0	2.2	0.4
Jointly with husband and someone else	0.7	0.0	0.0	0.7
Both alone and jointly	0.2	0.2	0.7	0.2
Does not own	93.8	91.3	82.1	93.4
Total	100.0	100.0	100.0	100.0
Number of women	19,060	436	533	20,029
LAND OWNERSHIP				
Alone	3.0	2.9	6.3	3.1
Jointly with husband only	0.9	0.0	0.0	0.8
Jointly with someone else only	0.2	0.0	0.6	0.2
Jointly with husband and someone else	0.2	0.0	0.0	0.2
Both alone and jointly	0.1	0.8	0.0	0.1
Does not own	95.6	96.3	93.1	95.5
Total	100.0	100.0	100.0	100.0
Number of women	19,060	436	533	20,029

Table 12.4 House ownership and documentation of ownership

Percent distribution of women age 15–49 by ownership of a house, and among women who own a house, percent distribution by whether the house owned has a title/deed and whether or not the woman's name appears on the title/deed, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage who own a house:			Percent-age who do not own a house	Total	Number of women	House has a title/deed ¹ :				Total	Number of women who own a house ⁴
	Alone	Jointly ²	Both alone and jointly				Woman's name is on title/deed ¹	Woman's name is not on title/deed ¹	Does not have a title/deed ¹	Don't know ³		
Age												
15–19	0.9	1.8	0.1	97.2	100.0	1,729	(27.9)	(19.7)	(46.7)	(5.8)	100.0	48
20–24	0.7	1.6	0.0	97.6	100.0	3,289	33.7	11.8	52.6	1.9	100.0	79
25–29	1.4	2.6	0.2	95.8	100.0	3,523	48.9	12.7	38.4	0.0	100.0	149
30–34	2.7	3.7	0.2	93.5	100.0	3,437	59.8	10.0	28.6	1.5	100.0	225
35–39	4.2	3.7	0.2	92.0	100.0	3,344	61.2	9.1	29.6	0.0	100.0	269
40–44	6.2	4.6	0.3	89.0	100.0	2,546	73.5	4.5	21.9	0.1	100.0	281
45–49	6.2	6.0	0.2	87.6	100.0	2,160	72.0	2.5	24.5	0.9	100.0	269
Residence												
Urban	3.0	3.6	0.2	93.2	100.0	5,700	61.2	6.3	31.8	0.7	100.0	387
Rural	3.1	3.3	0.2	93.5	100.0	14,328	61.7	8.6	28.9	0.8	100.0	932
Division												
Barishal	2.4	2.6	0.4	94.6	100.0	1,199	51.3	0.0	48.7	0.0	100.0	65
Chattogram	2.2	4.8	0.1	92.9	100.0	3,749	39.4	23.4	36.8	0.4	100.0	265
Dhaka	3.0	3.7	0.2	93.1	100.0	5,080	54.3	2.3	42.5	0.9	100.0	348
Khulna	3.0	2.7	0.1	94.2	100.0	2,389	75.1	0.7	23.4	0.8	100.0	138
Mymensingh	3.9	2.6	0.1	93.3	100.0	1,527	70.0	4.1	24.3	1.6	100.0	102
Rajshahi	3.5	3.6	0.3	92.7	100.0	2,625	87.2	1.6	10.6	0.6	100.0	193
Rangpur	4.2	3.2	0.1	92.5	100.0	2,291	62.7	15.3	20.6	1.4	100.0	171
Sylhet	2.8	0.3	0.1	96.8	100.0	1,169	92.8	0.0	7.2	0.0	100.0	37
Education												
No education	4.0	4.0	0.3	91.8	100.0	2,754	65.0	6.3	28.7	0.0	100.0	227
Primary incomplete	3.6	3.9	0.2	92.3	100.0	2,630	70.6	8.3	21.1	0.0	100.0	202
Primary complete	2.7	3.7	0.1	93.5	100.0	2,669	59.4	7.5	32.0	1.1	100.0	173
Secondary incomplete	2.5	2.8	0.2	94.5	100.0	7,131	53.4	10.1	35.3	1.2	100.0	391
Secondary complete or higher	3.2	3.3	0.2	93.3	100.0	4,844	64.4	6.3	28.1	1.2	100.0	326
Wealth quintile												
Lowest	2.5	2.4	0.1	95.0	100.0	3,583	61.9	8.2	29.9	0.0	100.0	180
Second	2.5	3.4	0.1	94.0	100.0	4,028	54.8	10.5	32.8	1.9	100.0	240
Middle	3.0	3.3	0.1	93.6	100.0	4,135	58.6	8.0	32.3	1.1	100.0	264
Fourth	2.8	3.3	0.3	93.5	100.0	4,189	61.7	8.9	29.1	0.3	100.0	272
Highest	4.3	4.3	0.2	91.1	100.0	4,094	67.9	5.3	26.3	0.5	100.0	362
Total	3.1	3.4	0.2	93.4	100.0	20,029	61.5	7.9	29.8	0.8	100.0	1,319

Note: Figures in parentheses are based on 25–49 unweighted cases.

¹ Title/deed or other government-recognized document

² Jointly with husband, someone else, or both husband and someone else

³ Includes women who have a house with a title/deed or other government-recognized document, but they do not know if their name is on it, and women who do not know if there is a title/deed or other government-recognized document for the house

⁴ Includes women who own a house alone, jointly with their husband only, jointly with someone else only, jointly with their husband and someone else, or both alone and jointly

Table 12.5 Land ownership and documentation of ownership

Percent distribution of women age 15–49 by ownership of land, and among women who own land, percent distribution by whether the land owned has a title/deed and whether or not the woman's name appears on the title/deed, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage who own land:			Percent-age who do not own land	Total	Number of women	Land has a title/deed ¹ :				Total	Number of women who own land ⁴
	Alone	Jointly ²	Both alone and jointly				Woman's name is on title/deed ¹	Woman's name is not on title/deed ¹	Does not have a title/deed ¹	Don't know ³		
Age												
15–19	0.3	0.4	0.0	99.3	100.0	1,729	*	*	*	*	100.0	13
20–24	0.6	0.6	0.2	98.7	100.0	3,289	(59.9)	(11.5)	(28.6)	(0.0)	100.0	44
25–29	1.9	0.9	0.1	97.1	100.0	3,523	69.0	10.8	20.2	0.0	100.0	102
30–34	2.9	1.4	0.1	95.6	100.0	3,437	81.2	4.4	14.4	0.0	100.0	152
35–39	4.8	1.4	0.1	93.8	100.0	3,344	88.3	1.9	9.8	0.0	100.0	208
40–44	5.7	2.1	0.2	92.0	100.0	2,546	87.5	1.6	8.3	2.6	100.0	204
45–49	5.8	2.2	0.2	91.8	100.0	2,160	82.2	2.4	15.5	0.0	100.0	177
Residence												
Urban	3.2	1.1	0.1	95.6	100.0	5,700	78.0	2.3	18.1	1.6	100.0	253
Rural	3.1	1.3	0.1	95.5	100.0	14,328	82.8	4.8	12.1	0.2	100.0	648
Division												
Barishal	2.4	0.8	0.3	96.4	100.0	1,199	86.8	0.0	13.2	0.0	100.0	43
Chattogram	1.1	1.6	0.0	97.2	100.0	3,749	52.0	25.6	22.5	0.0	100.0	103
Dhaka	3.1	1.1	0.2	95.6	100.0	5,080	72.4	1.1	24.7	1.7	100.0	221
Khulna	4.6	1.3	0.1	94.0	100.0	2,389	91.4	0.0	8.6	0.0	100.0	143
Mymensingh	3.9	0.8	0.2	95.1	100.0	1,527	93.0	2.1	4.9	0.0	100.0	74
Rajshahi	3.7	1.9	0.2	94.2	100.0	2,625	88.9	0.0	10.1	1.0	100.0	151
Rangpur	4.8	1.2	0.0	93.9	100.0	2,291	88.6	4.9	6.5	0.0	100.0	139
Sylhet	2.0	0.3	0.0	97.7	100.0	1,169	(96.8)	(0.0)	(3.2)	(0.0)	100.0	27
Education												
No education	3.0	1.5	0.1	95.4	100.0	2,754	72.9	3.5	23.5	0.0	100.0	128
Primary incomplete	3.2	1.3	0.1	95.4	100.0	2,630	84.2	4.5	10.4	1.0	100.0	121
Primary complete	2.3	1.3	0.1	96.3	100.0	2,669	86.6	1.6	10.5	1.2	100.0	99
Secondary incomplete	2.8	1.2	0.2	95.9	100.0	7,131	78.7	6.0	14.8	0.5	100.0	294
Secondary complete or higher	4.0	1.2	0.1	94.7	100.0	4,844	85.5	3.1	10.8	0.6	100.0	259
Wealth quintile												
Lowest	1.6	0.8	0.1	97.5	100.0	3,583	73.7	6.8	19.5	0.0	100.0	89
Second	2.0	0.8	0.1	97.1	100.0	4,028	84.3	4.0	11.7	0.0	100.0	116
Middle	2.9	1.2	0.2	95.8	100.0	4,135	82.9	4.2	12.9	0.0	100.0	175
Fourth	3.5	1.5	0.1	94.9	100.0	4,189	82.2	5.0	12.3	0.6	100.0	213
Highest	5.5	1.9	0.1	92.5	100.0	4,094	81.3	2.8	14.5	1.3	100.0	308
Total	3.1	1.3	0.1	95.5	100.0	20,029	81.5	4.1	13.8	0.6	100.0	901

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Title/deed or other government-recognized document

² Jointly with husband, someone else, or both husband and someone else

³ Includes women who have land with a title/deed or other government-recognized document, but they do not know if their name is on it, and women who do not know if there is a title/deed or other government-recognized document for the land

⁴ Includes women who own land alone, jointly with their husband only, jointly with someone else only, jointly with their husband and someone else, or both alone and jointly

Table 12.6 Ownership and use of NID cards, mobile phones, and bank accounts

Percentage of ever-married women age 15–49 who have a national identity (NID) card; percentage of women who own any mobile phone, percentage who own a smartphone, and percentage who used a mobile phone to make financial transactions in the past 12 months; percentage of women who have and use a bank account and percentage who deposited or withdrew money from their own bank account in the past 12 months; and percentage of women who have and use a bank account or used a mobile phone for financial transactions in the past 12 months, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Mobile phone ownership:			Bank account ownership and use:			Percentage who have and use a bank account or used a mobile phone for financial transactions in the past 12 months	Number of women
	Percentage who have an NID card	Percentage who own any mobile phone	Percentage who own a smartphone	Percentage who used a mobile phone for financial transactions in the past 12 months ¹	Percentage who have and use a bank account	Percentage who deposited or withdrew money from their own account in the past 12 months		
Age								
15–19	16.9	55.4	34.8	16.6	5.6	3.6	18.9	1,729
20–24	66.6	72.5	43.6	25.9	12.2	8.6	30.5	3,289
25–29	94.2	77.6	44.1	33.8	21.0	14.2	41.7	3,523
30–34	97.9	77.2	36.2	33.1	24.4	16.4	42.9	3,437
35–39	99.0	69.6	25.7	31.2	24.6	17.1	41.0	3,344
40–44	99.5	64.4	20.5	24.8	24.5	17.0	37.5	2,546
45–49	99.4	57.5	15.2	20.7	22.0	15.6	32.5	2,160
Residence								
Urban	86.2	79.4	43.9	33.9	28.0	20.2	45.6	5,700
Rural	85.5	65.7	28.2	25.5	16.8	11.1	32.8	14,328
Division								
Barishal	86.6	75.9	27.5	29.9	18.0	12.0	37.1	1,199
Chattogram	83.8	77.2	44.9	29.1	22.5	15.5	37.5	3,749
Dhaka	84.7	76.0	43.5	33.3	26.7	18.1	45.0	5,080
Khulna	85.9	65.8	29.3	29.1	24.0	16.4	40.5	2,389
Mymensingh	86.8	63.1	20.0	23.5	11.6	8.2	28.2	1,527
Rajshahi	86.6	63.0	22.6	21.7	15.1	10.8	28.8	2,625
Rangpur	87.4	58.5	14.3	22.5	10.2	7.2	26.3	2,291
Sylhet	87.5	64.2	33.4	26.9	17.2	11.9	35.4	1,169
Education								
No education	95.8	46.2	8.0	15.6	8.8	5.2	21.1	2,754
Primary incomplete	90.9	58.9	15.2	22.4	13.6	8.3	29.1	2,630
Primary complete	89.7	65.9	20.5	24.9	16.6	10.9	32.7	2,669
Secondary incomplete	79.3	71.5	34.2	28.4	19.0	12.5	36.6	7,131
Secondary complete or higher	84.3	88.0	60.6	38.8	33.0	24.9	51.1	4,844
Wealth quintile								
Lowest	84.7	50.2	8.4	18.6	3.6	2.0	20.5	3,583
Second	85.0	61.2	19.8	23.6	12.0	7.7	29.2	4,028
Middle	84.6	67.9	29.5	27.4	18.3	11.8	35.1	4,135
Fourth	84.6	77.0	38.9	30.2	24.5	16.5	41.0	4,189
Highest	89.4	89.0	63.3	38.5	39.1	29.2	54.2	4,094
Total	85.7	69.6	32.7	27.9	20.0	13.7	36.5	20,029

¹ Respondents were asked about use of a mobile phone for financial transactions whether or not they owned a mobile phone.

Table 12.7 Participation in decision making

Percent distribution of currently married women age 15–49 by person who usually makes decisions about three specific issues, Bangladesh DHS 2022

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Total	Number
Own health care	11.0	64.3	22.0	2.5	0.2	100.0	19,060
Major household purchases	5.2	64.0	23.8	6.5	0.5	100.0	19,060
Visits to her family or relatives	8.6	65.7	19.7	5.4	0.5	100.0	19,060

Table 12.8 Women's participation in decision making by background characteristics

Percentage of currently married women age 15–49 who usually make specific decisions either alone or jointly with their husband, by background characteristics, Bangladesh DHS 2022

Background characteristic	Specific decisions				None of the three decisions	Number of women
	Woman's own health care	Making major household purchases	Visits to her family or relatives	All three decisions		
Age						
15–19	60.6	48.4	53.2	38.6	29.0	1,696
20–24	70.6	60.5	65.1	50.7	19.4	3,206
25–29	75.8	69.1	75.0	59.1	13.3	3,430
30–34	79.5	74.6	80.3	65.0	10.1	3,302
35–39	79.0	75.5	80.2	65.9	10.6	3,183
40–44	79.5	76.7	82.0	66.5	9.3	2,335
45–49	77.0	73.3	78.4	64.7	12.7	1,907
Employment (past 12 months)						
Not employed	73.1	65.3	71.4	56.2	16.6	12,107
Employed for cash	80.4	77.0	80.4	66.3	9.1	6,359
Employed not for cash	65.8	65.7	69.9	52.5	18.1	593
Number of living children						
0	65.8	53.2	57.8	43.1	23.7	2,017
1–2	75.5	69.7	75.0	59.7	13.7	11,215
3–4	78.7	74.4	79.3	65.3	11.3	5,149
5+	74.3	69.8	76.1	60.4	14.4	678
Residence						
Urban	78.5	72.3	77.8	62.8	11.2	5,385
Rural	74.1	68.0	73.0	58.2	15.3	13,675
Division						
Barishal	69.6	59.8	68.1	49.9	18.6	1,153
Chattogram	78.6	71.6	77.0	64.5	13.4	3,559
Dhaka	78.5	70.4	74.9	59.1	11.1	4,817
Khulna	67.7	65.3	70.8	55.2	19.0	2,281
Mymensingh	73.8	70.3	75.8	61.8	15.5	1,450
Rajshahi	77.1	70.1	77.8	61.3	11.9	2,521
Rangpur	77.2	76.1	75.7	63.5	12.0	2,197
Sylhet	66.2	56.8	65.2	48.4	23.1	1,082
Education						
No education	75.0	70.4	76.4	61.5	14.1	2,475
Primary incomplete	75.4	71.8	76.6	61.8	13.7	2,453
Primary complete	75.2	70.0	75.3	60.7	14.4	2,534
Secondary incomplete	74.3	67.3	72.5	57.7	15.2	6,892
Secondary complete or higher	77.0	69.6	74.5	59.3	12.9	4,705
Wealth quintile						
Lowest	72.6	68.2	72.5	57.8	16.0	3,363
Second	74.1	67.8	72.2	58.2	15.8	3,846
Middle	74.5	69.1	74.7	59.6	14.5	3,930
Fourth	76.5	69.5	74.9	60.4	13.9	3,991
Highest	78.4	71.1	77.2	61.1	10.9	3,930
Total	75.3	69.2	74.4	59.5	14.2	19,060

Table 12.9 Attitude toward wife beating

Percentage of ever-married women age 15–49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Bangladesh DHS 2022

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of women
	Goes out without telling him	Neglects the children	Argues with him	Refuses to have sexual intercourse with him	Burns the food		
Age							
15–19	5.1	7.0	9.3	2.6	1.3	13.2	1,729
20–24	4.7	6.6	7.9	2.6	0.8	11.8	3,289
25–29	5.1	7.0	8.4	2.9	1.1	12.6	3,523
30–34	5.9	8.3	9.0	3.4	1.7	14.7	3,437
35–39	6.4	7.6	8.9	3.4	1.7	14.2	3,344
40–44	7.2	7.8	9.7	4.1	1.8	15.3	2,546
45–49	6.5	7.4	10.7	4.5	1.8	15.5	2,160
Employment (past 12 months)							
Not employed	5.2	6.9	8.2	3.0	1.3	12.8	12,561
Employed for cash	6.9	8.2	10.4	3.9	1.7	15.7	6,866
Employed, not for cash	6.0	8.3	9.2	2.9	1.2	13.7	602
Number of living children							
0	5.0	6.1	7.9	2.7	1.1	12.3	2,169
1–2	5.3	7.5	8.4	2.8	1.2	13.0	11,739
3–4	6.8	7.7	10.3	4.3	2.0	15.5	5,390
5+	9.1	8.4	11.9	5.9	2.7	17.9	731
Marital status							
Currently married	5.9	7.4	9.0	3.3	1.4	13.9	19,060
Divorced/separated/deserted/widowed	5.0	6.6	8.3	3.2	1.8	12.3	969
Residence							
Urban	4.7	6.4	7.3	2.6	0.9	11.8	5,700
Rural	6.3	7.8	9.7	3.6	1.7	14.6	14,328
Division							
Barishal	5.2	7.3	6.1	1.4	1.2	11.4	1,199
Chattogram	4.8	6.2	8.7	3.3	1.3	12.5	3,749
Dhaka	6.4	8.5	9.0	3.4	1.3	14.7	5,080
Khulna	6.9	9.2	11.4	4.5	1.3	16.4	2,389
Mymensingh	6.4	6.8	7.4	3.3	2.0	12.6	1,527
Rajshahi	6.8	8.4	11.7	3.7	1.4	17.1	2,625
Rangpur	4.4	5.9	6.9	2.6	1.3	11.4	2,291
Sylhet	4.6	4.6	7.7	2.8	2.3	10.3	1,169
Education							
No education	8.1	9.1	11.9	5.4	2.6	17.6	2,754
Primary incomplete	8.4	8.3	11.2	4.6	2.1	16.8	2,630
Primary complete	6.5	7.7	10.4	3.7	1.9	14.7	2,669
Secondary incomplete	5.8	8.2	9.3	3.0	1.2	14.5	7,131
Secondary complete or higher	2.7	4.6	4.9	1.7	0.5	8.6	4,844
Wealth quintile							
Lowest	7.3	9.0	11.8	4.4	2.5	16.4	3,583
Second	7.2	8.1	10.4	3.8	2.1	15.8	4,028
Middle	5.6	7.7	9.0	3.6	1.2	14.2	4,135
Fourth	5.7	6.6	8.5	3.1	1.0	13.2	4,189
Highest	3.4	5.8	5.5	1.8	0.6	9.8	4,094
Total	5.8	7.4	9.0	3.3	1.4	13.8	20,029

Table 12.10 Indicators of women's empowerment

Percentage of currently married women age 15–49 who participate in all decision making and percentage who disagree with all of the reasons justifying wife beating, by value on each of the indicators of women's empowerment, Bangladesh DHS 2022

Empowerment indicator	Percentage who participate in all decision making	Percentage who disagree with all of the reasons justifying wife beating	Number of women
Number of decisions in which women participate¹			
0	na	82.7	2,698
1–2	na	83.3	5,022
3	na	88.2	11,339
Number of reasons for which wife beating is justified²			
0	60.9	na	16,413
1–2	51.6	na	1,929
3–4	48.5	na	593
5	45.6	na	125

na = not applicable

¹ See Table 12.8 for specific decisions.

² See Table 12.9 for specific reasons.

Table 12.11 Current use of contraception by women's empowerment

Percent distribution of currently married women age 15–49 by contraceptive method currently used, according to indicators of women's empowerment, Bangladesh DHS 2022

Empowerment indicator	Any method	Any modern method ¹	Modern methods				Any traditional method	Not currently using	Total	Number of women
			Female sterilization	Male sterilization	Temporary modern female methods ²	Male condom				
Number of decisions in which women participate³										
0	60.4	52.5	3.7	0.8	41.0	7.0	7.8	39.6	100.0	2,698
1–2	62.7	53.6	3.9	1.0	40.7	8.0	9.1	37.3	100.0	5,022
3	65.4	55.7	5.0	0.9	41.4	8.4	9.7	34.6	100.0	11,339
Number of reasons for which wife beating is justified⁴										
0	64.0	54.7	4.4	0.9	41.0	8.4	9.2	36.0	100.0	16,413
1–2	64.6	55.4	4.9	1.1	42.8	6.6	9.2	35.4	100.0	1,929
3–4	60.6	50.8	5.5	1.2	38.4	5.7	9.8	39.4	100.0	593
5	71.1	58.7	7.2	2.1	44.8	4.6	12.4	28.9	100.0	125
Total	64.0	54.7	4.5	0.9	41.1	8.1	9.3	36.0	100.0	19,060

Note: If more than one method is used, only the most effective method is considered in this tabulation.

¹ Female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, female condom, emergency contraception, standard days method (SDM), lactational amenorrhea method (LAM), and other modern methods

² Pill, IUD, injectables, implants, female condom, emergency contraception, standard days method, and lactational amenorrhea method

³ See Table 12.8 for specific decisions.

⁴ See Table 12.9 for specific reasons.

Table 12.12 Ideal number of children and unmet need for family planning by women's empowerment

Mean ideal number of children among ever-married women age 15–49 and percentage of currently married women age 15–49 with an unmet need for family planning, by indicators of women's empowerment, Bangladesh DHS 2022

Empowerment indicator	Mean ideal number of children ¹	Number of ever-married women	Percentage of currently married women with an unmet need for family planning ²			Number of women
			For spacing	For limiting	Total	
Number of decisions in which women participate³						
0	2.3	2,688	7.3	3.5	10.8	2,698
1–2	2.3	5,008	5.3	4.3	9.6	5,022
3	2.3	11,282	4.3	5.7	10.0	11,339
Number of reasons for which wife beating is justified⁴						
0	2.3	17,187	5.1	5.0	10.1	16,413
1–2	2.4	1,999	3.8	5.7	9.5	1,929
3–4	2.4	621	7.2	4.1	11.3	593
5	2.5	130	5.9	2.7	8.5	125
Total	2.3	19,936	5.0	5.0	10.0	19,060

¹ Mean excludes respondents who gave non-numeric responses.

² Figures for unmet need correspond to the revised definition described in Bradley et al. 2012.

³ Restricted to currently married women. See Table 12.8 for specific decisions.

⁴ See Table 12.9 for specific reasons.

Table 12.13 Reproductive health care by women's empowerment

Percentage of ever-married women age 15–49 with a live birth in the 2 years preceding the survey who received antenatal care, delivery assistance, and postnatal care from health personnel for the most recent birth, according to indicators of women's empowerment, Bangladesh DHS 2022

Empowerment indicator	Percentage receiving antenatal care from a skilled provider ¹	Percentage receiving delivery care from a medically trained provider ¹	Percentage with a postnatal check during the first 2 days after birth ²	Number of women with a child born in the past 2 years
Number of decisions in which women participate³				
0	84.1	65.2	54.3	648
1–2	88.3	69.2	56.0	947
3	88.6	71.6	55.1	1,983
Number of reasons for which wife beating is justified⁴				
0	87.8	71.0	56.2	3,156
1–2	88.2	60.9	46.8	332
3–4	81.7	63.2	55.2	98
5	*	*	*	22
Total	87.6	69.8	55.2	3,609

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes qualified doctor, nurse/midwife/paramedic, family welfare visitor, community skilled birth attendant, and sub-assistant community medical officer

² Includes women who received a postnatal check from a qualified doctor, nurse, midwife, paramedic, family welfare visitor, community skilled birth attendant, and sub-assistant community medical officer in the first 2 days after the birth. Includes women who gave birth in a health facility and those who did not give birth in a health facility.

³ Restricted to currently married women. See Table 12.8 for specific decisions.

⁴ See Table 12.9 for specific reasons.

Table 12.14 Early childhood mortality rates by women's status

Infant, child, and under-5 mortality rates for the 5-year period preceding the survey, according to indicators of women's empowerment, Bangladesh DHS 2022

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (iQ ₀)	Child mortality (cQ ₁)	Under-5 mortality (uQ ₀)
Number of decisions in which women participate¹					
0	22	7	28	4	33
1–2	19	8	27	6	32
3	24	5	28	4	32
Number of reasons for which wife beating is justified²					
0	22	6	28	5	32
1–2	28	2	30	3	33
3–4	(23)	(2)	(25)	(7)	(32)
5	*	*	*	*	*
Total	22	6	28	4	32

Note: Figures in parentheses are based on 250–499 unweighted person-years of exposure to the risk of death. An asterisk indicates that a figure is based on less than 250 unweighted person-years of exposure to the risk of death and has been suppressed.

¹ Restricted to currently married women. See Table 12.8 for specific decisions.

² See Table 12.9 for specific reasons.

Key Findings

- **Drinking water:** Household access to improved drinking water is almost universal (99%) in Bangladesh. However, only 1 in 10 households treat their drinking water using an appropriate method.
- **Sanitation:** 80% of households have an improved sanitation facility, with a slight variation between urban (86%) and rural (78%) areas. Overall, 62% of the de jure population has basic sanitation, a proportion that has improved since 2017–18 (47%).
- **Handwashing:** 57% of the population has a basic handwashing facility, an improvement of 18 percentage points from 2017–18 (39%).

The extent to which households have access to and use safe drinking water and sanitation facilities and engage in hygienic practices has profound implications for the health, safety, and overall well-being of the population. Water from improved sources is more likely to be safe for consumption since these sources safeguard against external pollution. This chapter presents information on source of drinking water, type of sanitation facility, and handwashing.

13.1 DRINKING WATER SOURCES, AVAILABILITY, AND TREATMENT

Improved sources of drinking water

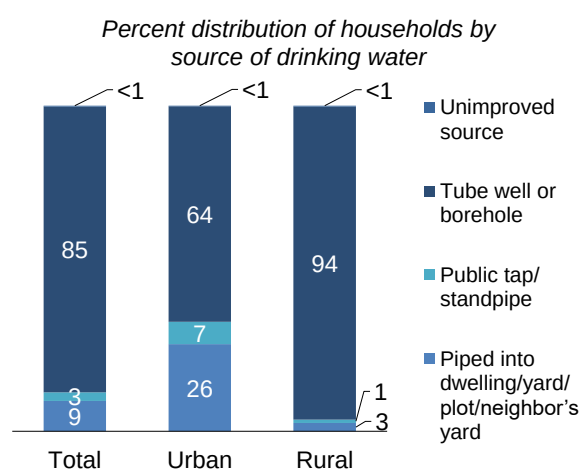
Include piped water, public taps, standpipes, tube wells, boreholes, protected dug wells and springs, rainwater, water delivered via a tanker truck or a cart with a small tank, and bottled water.

Sample: Households and de jure population

In Bangladesh, access to improved sources of drinking water is almost universal in both urban (99%) and rural (99%) areas (**Table 13.1.1**). Tube wells and boreholes are the most common source of improved drinking water (85%); however, there is substantial variation between urban and rural populations (64% versus 94%) in using this source of water (**Figure 13.1**).

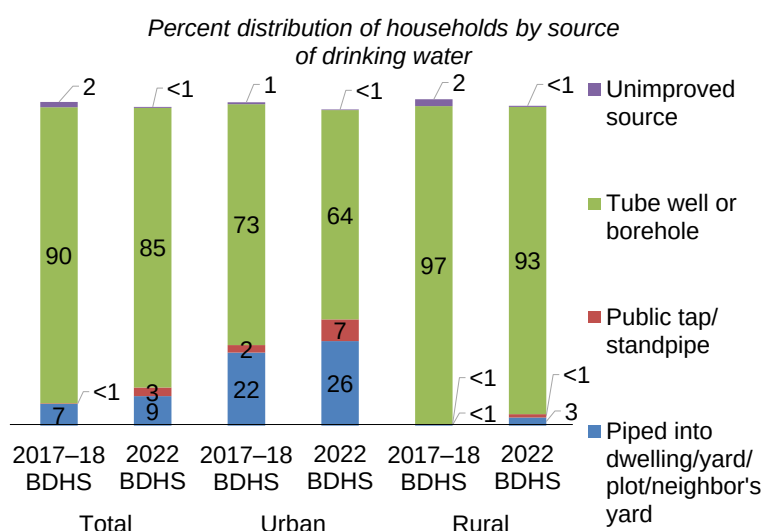
Although use of improved sources of drinking water is high in all of the administrative divisions, 3% of the population in Khulna and 4% in Sylhet still use unimproved sources (**Table 13.1.2**). Use of unimproved sources of drinking water is inversely related to household wealth; 2% of the population in the lowest wealth quintile uses water from an unimproved source, as compared with less than 1% of the population in the highest wealth quintile.

Figure 13.1 Household drinking water by residence



Trends: Between 2017–18 and 2022, the proportion of households obtaining their drinking water from a tube well or borehole decreased from 73% to 64% in urban areas and from 97% to 93% in rural areas, while the proportion of households obtaining drinking water through water piped into their dwelling/yard/plot, through water piped to a neighbor, or from a public tap/standpipe increased in both urban and rural areas over that same period (Table 13.1.1 and Figure 13.2).

Figure 13.2 Trends in household drinking water by residence



Treatment of Drinking Water

The 2022 BDHS survey categorizes boiling, bleaching, filtering, and solar disinfecting as appropriate water treatment methods. In Bangladesh, only 10% of the population uses an appropriate water treatment method (Table 13.2). The percentage of the population that uses an appropriate water treatment method has remained unchanged since 2011.

Use of ceramic, sand, and other filters (6%) is the most common water treatment method practiced in Bangladesh, followed by boiling (5%). Use of an appropriate water treatment method is more prevalent in urban areas than rural areas (27% versus 4%). In urban areas, boiling is the most common water treatment method (17%), followed by the use of ceramic, sand, and other filters (13%). In rural areas, the most common water treatment method is ceramic, sand, and other filters (3%), followed by straining water through a cloth (1%).

By division, Dhaka has the highest percentage of households using an appropriate treatment method for drinking water (26%), while Mymensingh has the lowest percentage (1%).

Trends: The percentage of households using an appropriate water treatment method improved from 6% in 2007 to 10% in 2011 but has remained unchanged since then.

13.2 SANITATION

Improved sanitation facilities

Include flush/pour flush toilets that flush water and waste to a piped sewer system, septic tank, pit latrine, or unknown destination; ventilated improved pit (VIP) latrines; pit latrines with slabs; and composting toilets.

Sample: Households and de jure population

Use of improved sanitation facilities prevents people from coming into contact with human waste and helps reduce the transmission of water-borne diseases such as diarrhea, dysentery, and typhoid. In Bangladesh, 80% of households have an improved sanitation facility (86% in urban areas and 78% in rural areas). The most common type of toilet facility in rural areas is the pit latrine with a slab (33%), while in urban areas the most common facility is a flush/pour flush toilet that flushes to a septic tank (33%) (Table 13.3.1).

Although use of improved sanitation facilities has improved at the household level in all divisions, nearly one-fifth (19%) of the population still uses an unimproved sanitation facility. The percentage of households with unimproved sanitation facilities is highest in Mymensingh (31%) and lowest in Dhaka (14%). Among the divisions, Rangpur has the highest percentage of the population that still practices open defecation (3%) (Table 13.3.2).

Trends: There has been a 15% increase in the proportion of households with an improved sanitation facility from 2017–18 to 2022 (from 65% to 80%). The improvement can be seen in both urban areas (from 75% to 86%) and rural areas (from 62% to 78%). In Rangpur, the proportion of the de jure population practicing open defecation decreased from 7% in 2017–18 to 3% in 2022.

Sanitation Service Ladder

Sanitation service ladder

Basic service

Use of improved facilities that are not shared with other households.

Limited service

Use of improved facilities shared by two or more households.

Unimproved

Use of pit latrines without a slab or platform, hanging latrines, or bucket latrines.

Open defecation

Disposal of human feces in fields, forests, bushes, open bodies of water, beaches, or other open spaces or with solid waste.

Sample: De jure population

The Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) has devised a five-rung sanitation service ladder to benchmark and compare progress towards achieving SDG targets (WHO/UNICEF 2018).

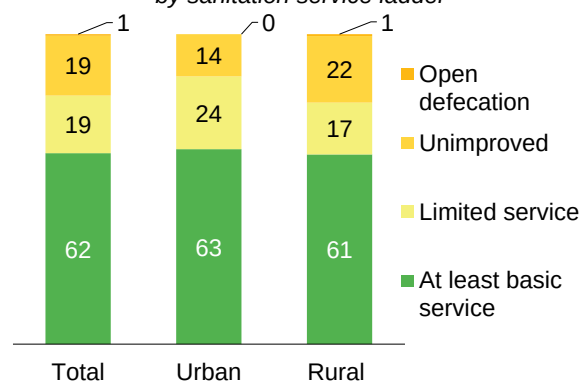
Almost two-thirds (62%) of the population has at least basic sanitation service, while close to one-fifth (19%) has limited service. Nineteen percent of the population has an unimproved sanitation facility and 1% practices open defecation (Table 13.4).

Patterns by background characteristics

- There is a slightly higher proportion of households with basic sanitation service in urban areas than rural areas (63% versus 61%) (Table 13.4 and Figure 13.3).
- Barishal (69%) has the highest proportion of the population with basic sanitation service, while Mymensingh (53%) has the lowest.
- Basic sanitation service is directly associated with wealth; 33% of the population in the lowest wealth quintile has basic sanitation service, as compared with 91% of the population in the highest wealth quintile.

Figure 13.3 Household population sanitation service by residence

Percent distribution of de jure population by sanitation service ladder



13.3 HANDWASHING

Handwashing facilities

Basic

Availability of a handwashing facility on the premises with soap and water.

Limited

Availability of a handwashing facility on the premises without soap and water.

Sample: De jure population for whom a place for handwashing was observed or with no place for handwashing in dwelling, yard, or plot; excludes the de jure population for whom permission to see the facility was not granted

Handwashing is an important step in monitoring hygiene and preventing the spread of disease. Rather than asking direct questions on the practice of handwashing, which can be subject to overreporting, interviewers asked to see the place where members of the household most often washed their hands. A place for handwashing was observed for 99% of the de jure population. Of the handwashing places observed, 91% were in a fixed location and 8% were mobile (Table 13.5).

According to the definitions of handwashing facilities developed by the JMP, 57% of the population had a basic handwashing facility and 43% had a limited handwashing facility.

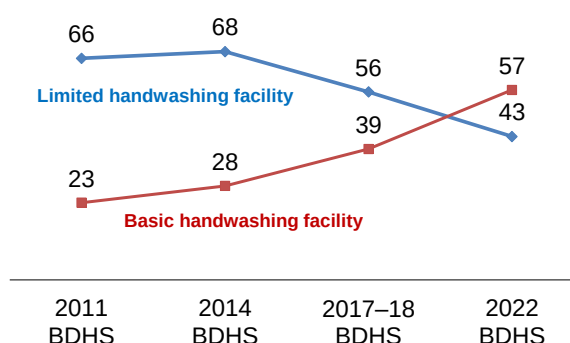
Trends: The percentage of the de jure population with a basic handwashing facility increased from 23% in 2011 to 57% in 2022 (Figure 13.4).

Patterns by background characteristics

- Basic handwashing facilities are more common in urban areas than rural areas (69% versus 52%) (Table 13.5).
- Dhaka and Rajshahi (62%) have the highest proportion of the de jure population with a basic handwashing facility, while Barishal (37%) has the lowest.
- Basic handwashing facilities are directly related to wealth; only 26% of the population in the lowest wealth quintile has basic handwashing facilities, as compared with 92% of the population in the highest wealth quintile.

Figure 13.4 Trends in access to basic and limited handwashing facilities

Percentage of the de jure population



LIST OF TABLES

For more information on water and sanitation characteristics, see the following tables:

- Table 13.1.1 Household drinking water
- Table 13.1.2 Drinking water according to division and wealth
- Table 13.2 Treatment of household drinking water
- Table 13.3.1 Household sanitation facilities
- Table 13.3.2 Sanitation facility type according to division and wealth
- Table 13.4 Sanitation service ladder
- Table 13.5 Handwashing

Table 13.1.1 Household drinking water

Percent distribution of households and de jure population by source of drinking water, according to residence, Bangladesh DHS 2022

Characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Source of drinking water						
Improved source	99.4	99.0	99.1	99.3	99.0	99.1
Piped into dwelling/yard/plot	25.7	2.5	9.0	25.1	2.3	8.7
Piped to neighbor	0.4	0.2	0.3	0.4	0.2	0.3
Public tap/standpipe	6.6	1.0	2.6	6.6	1.0	2.5
Tube well or borehole	63.6	93.4	85.0	64.0	93.6	85.3
Protected dug well	0.1	0.2	0.2	0.1	0.2	0.2
Protected spring	0.0	0.4	0.3	0.0	0.4	0.3
Rainwater	0.7	0.8	0.7	0.7	0.7	0.7
Tanker truck/cart with small tank	0.2	0.1	0.1	0.2	0.1	0.1
Bottled water	2.1	0.4	0.9	2.2	0.4	0.9
Unimproved source	0.2	0.3	0.3	0.2	0.4	0.3
Unprotected dug well	0.0	0.2	0.1	0.0	0.2	0.1
Unprotected spring	0.0	0.1	0.1	0.0	0.2	0.1
Other	0.2	0.0	0.0	0.2	0.0	0.1
Surface water	0.4	0.6	0.6	0.5	0.7	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population	8,511	21,507	30,018	34,892	89,374	124,266

Table 13.1.2 Drinking water according to division and wealth

Percent distribution of de jure population by source of household drinking water, according to division and household wealth, Bangladesh DHS 2022

Characteristic	Improved source of drinking water ¹	Unimproved source of drinking water ²	Total	Number of persons
Division				
Barishal	99.1	0.9	100.0	7,520
Chattogram	98.9	1.1	100.0	23,357
Dhaka	99.8	0.2	100.0	30,762
Khulna	97.0	3.0	100.0	14,028
Mymensingh	100.0	0.0	100.0	9,978
Rajshahi	99.9	0.1	100.0	15,674
Rangpur	100.0	0.0	100.0	14,436
Sylhet	96.1	3.9	100.0	8,511
Wealth quintile				
Lowest	98.0	2.0	100.0	24,851
Second	98.9	1.1	100.0	24,857
Middle	99.4	0.6	100.0	24,850
Fourth	99.6	0.4	100.0	24,860
Highest	99.6	0.4	100.0	24,848
Total	99.1	0.9	100.0	124,266

¹ See Table 13.1.1 for definition of an improved source.² See Table 13.1.1 for definition of an unimproved source. Also includes surface water.

Table 13.2 Treatment of household drinking water

Percentage of de jure population using various methods to treat drinking water, and percentage using an appropriate treatment method, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Boiled	Bleach/ chlorine added	Strained through cloth	Ceramic, sand, or other filter	Solar disinfec- tion	Let stand and settle	Other	Don't know	No treatment	Percent- age using an appro- priate treatment method ¹	Number of persons
Residence											
Urban	17.1	0.7	2.3	13.3	0.0	0.2	0.2	0.1	72.0	27.1	34,892
Rural	0.6	0.3	1.1	3.2	0.0	0.1	0.1	0.0	95.3	3.9	89,374
Division											
Barishal	1.1	0.6	1.2	1.3	0.0	0.1	0.5	0.1	96.1	2.7	7,520
Chattogram	4.7	0.5	0.8	3.4	0.0	0.0	0.2	0.0	92.1	7.6	23,357
Dhaka	16.1	0.2	1.7	13.2	0.0	0.1	0.1	0.1	73.6	25.7	30,762
Khulna	0.4	1.0	4.0	5.1	0.0	0.6	0.4	0.0	91.2	6.3	14,028
Mymensingh	0.2	0.1	0.6	0.5	0.0	0.1	0.0	0.0	98.7	0.7	9,978
Rajshahi	0.4	0.0	0.8	3.0	0.1	0.2	0.0	0.0	95.9	3.4	15,674
Rangpur	0.2	0.1	0.0	1.0	0.0	0.1	0.0	0.1	98.6	1.3	14,436
Sylhet	2.2	1.3	2.9	13.5	0.0	0.0	0.2	0.0	82.1	15.8	8,511
Source of drinking water											
Improved	5.2	0.3	1.2	5.8	0.0	0.1	0.1	0.0	89.2	10.0	123,128
Unimproved	6.6	2.2	1.5	1.5	0.0	0.0	0.0	0.0	90.1	9.4	384
Surface	9.0	17.2	45.9	48.2	0.0	2.6	6.3	0.0	15.8	69.0	753
Wealth quintile											
Lowest	0.4	0.4	1.3	1.3	0.0	0.2	0.2	0.1	96.8	2.1	24,851
Second	0.6	0.5	1.6	2.2	0.0	0.1	0.2	0.0	95.6	3.2	24,857
Middle	2.0	0.2	1.1	3.2	0.0	0.1	0.1	0.0	94.0	5.3	24,850
Fourth	6.7	0.3	1.4	4.3	0.0	0.1	0.1	0.1	88.7	10.6	24,860
Highest	16.3	0.6	1.8	19.0	0.0	0.2	0.2	0.1	68.6	30.7	24,848
Total	5.2	0.4	1.4	6.0	0.0	0.2	0.1	0.0	88.8	10.4	124,266

Note: Respondents may report multiple treatment methods, so the sum of treatment may exceed 100%.

¹ Appropriate water treatment methods are boiling, bleaching, filtering, and solar disinfecting.

Table 13.3.1 Household sanitation facilities

Percent distribution of households and de jure population by type of toilet/latrine facilities, and percent distribution of households and de jure population with a toilet/latrine facility by location of the facility, according to residence, Bangladesh DHS 2022

Type and location of toilet/latrine facility	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Improved sanitation facility	86.2	77.8	80.2	86.3	77.8	80.2
Flush/pour flush to piped sewer system	21.1	1.0	6.7	20.5	0.9	6.4
Flush/pour flush to septic tank	33.4	13.8	19.4	33.7	14.4	19.8
Flush/pour flush to pit latrine	4.1	5.6	5.2	4.0	5.7	5.2
Flush/pour flush, don't know where	2.3	0.2	0.8	2.2	0.2	0.7
Ventilated improved pit (VIP) latrine	12.5	24.6	21.2	12.7	24.6	21.3
Pit latrine with slab	12.8	32.6	27.0	13.2	32.1	26.8
Composting toilet	0.0	0.0	0.0	0.0	0.0	0.0
Unimproved sanitation facility	13.7	21.4	19.2	13.6	21.5	19.3
Flush/pour flush not to sewer/septic tank/pit latrine	6.1	0.7	2.2	6.0	0.7	2.2
Pit latrine without slab/open pit	6.9	19.0	15.6	6.9	19.2	15.7
Bucket	0.0	0.1	0.1	0.0	0.1	0.1
Hanging toilet/hanging latrine	0.7	1.4	1.2	0.7	1.5	1.3
Other	0.0	0.1	0.1	0.0	0.1	0.1
Open defecation (no facility/ bush/field)	0.1	0.8	0.6	0.0	0.6	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population	8,511	21,507	30,018	34,892	89,374	124,266
Location of toilet facility						
In own dwelling	47.8	16.1	25.1	48.5	16.6	25.6
In own yard/plot	50.7	80.3	71.9	50.0	79.9	71.5
Elsewhere	1.5	3.6	3.0	1.5	3.5	2.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population with a toilet/latrine facility	8,506	21,342	29,848	34,875	88,820	123,695

Table 13.3.2 Sanitation facility type according to division and household wealth

Percent distribution of de jure population by type of sanitation, percentage of de jure population with basic sanitation service, and percentage with limited sanitation service, according to division and household wealth, Bangladesh DHS 2022

Background characteristic	Type of sanitation				Percentage with basic sanitation service ³	Percentage with limited sanitation service ⁴	Number of persons
	Improved sanitation facility ¹	Unimproved sanitation facility ²	Open defecation	Total			
Division							
Barishal	76.9	23.0	0.1	100.0	68.9	8.0	7,520
Chattogram	81.8	18.0	0.2	100.0	66.5	15.3	23,357
Dhaka	86.1	13.9	0.0	100.0	59.4	26.6	30,762
Khulna	83.7	16.2	0.1	100.0	65.2	18.5	14,028
Mymensingh	68.8	30.6	0.5	100.0	53.1	15.7	9,978
Rajshahi	82.5	17.3	0.2	100.0	63.6	18.8	15,674
Rangpur	74.0	23.2	2.8	100.0	55.7	18.3	14,436
Sylhet	71.6	28.4	0.1	100.0	60.4	11.2	8,511
Wealth quintile							
Lowest	53.1	45.1	1.8	100.0	32.6	20.5	24,851
Second	74.7	24.9	0.4	100.0	54.2	20.5	24,857
Middle	85.4	14.5	0.1	100.0	61.8	23.6	24,850
Fourth	91.4	8.6	0.0	100.0	68.6	22.8	24,860
Highest	96.5	3.5	0.0	100.0	91.0	5.5	24,848
Total	80.2	19.3	0.5	100.0	61.6	18.6	124,266

¹ See Table 13.3.1 for definition of an improved facility.

² See Table 13.3.1 for definition of an unimproved facility.

³ Defined as use of improved facilities that are not shared with other households. Includes safely managed sanitation service, which is not shown separately.

⁴ Defined as use of improved facilities shared by two or more households

Table 13.4 Sanitation service ladder

Percent distribution of de jure population by type of sanitation service, according to background characteristics, Bangladesh DHS 2022

Background characteristic	At least basic service ¹	Limited service ²	Unimproved ³	Open defecation	Total	Number of persons
Residence						
Urban	62.9	23.5	13.6	0.0	100.0	34,892
Rural	61.2	16.7	21.5	0.6	100.0	89,374
Division						
Barishal	68.9	8.0	23.0	0.1	100.0	7,520
Chattogram	66.5	15.3	18.0	0.2	100.0	23,357
Dhaka	59.4	26.6	13.9	0.0	100.0	30,762
Khulna	65.2	18.5	16.2	0.1	100.0	14,028
Mymensingh	53.1	15.7	30.6	0.5	100.0	9,978
Rajshahi	63.6	18.8	17.3	0.2	100.0	15,674
Rangpur	55.7	18.3	23.2	2.8	100.0	14,436
Sylhet	60.4	11.2	28.4	0.1	100.0	8,511
Wealth quintile						
Lowest	32.6	20.5	45.1	1.8	100.0	24,851
Second	54.2	20.5	24.9	0.4	100.0	24,857
Middle	61.8	23.6	14.5	0.1	100.0	24,850
Fourth	68.6	22.8	8.6	0.0	100.0	24,860
Highest	91.0	5.5	3.5	0.0	100.0	24,848
Total	61.6	18.6	19.3	0.5	100.0	124,266

Note: Service ladder concept/definitions are based on the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP).

¹ Defined as use of improved facilities that are not shared with other households. Includes safely managed sanitation service, which is not shown separately.

² Defined as use of improved facilities shared by two or more households

³ Use of flush/pour flush toilet not to sewer, septic tank, or pit latrine; pit latrine without a slab/open pit; hanging toilet/latrine; or bucket

Table 13.5 Handwashing

Percentage of the de jure population for whom the place most often used for washing hands was observed, by whether the location was fixed or mobile, and total percentage of the de jure population for whom the place for handwashing was observed; among the de jure population for whom the place for handwashing was observed, percentage with water available, percentage with soap available, and percentage with a cleansing agent other than soap available; percentage of the de jure population with a basic handwashing facility; and percentage with a limited handwashing facility, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage of de jure population for whom place for washing hands was observed and:			Number of persons	Place for handwashing observed and:			Number of persons for whom place for handwashing was observed	Percentage of the de jure population with a basic handwashing facility ³	Percentage of the de jure population with a limited handwashing facility ⁴	Number of persons for whom a place for handwashing was observed or with no place for handwashing in the dwelling, yard, or plot
	Place for handwashing was a fixed place	Place for handwashing was mobile	Total		Water available	Soap available ¹	Cleansing agent other than soap available ²				
Residence											
Urban	93.7	5.6	99.3	34,892	98.5	69.7	6.6	34,651	69.1	30.4	34,818
Rural	90.1	9.0	99.1	89,374	96.9	52.6	14.0	88,602	51.7	47.5	89,291
Division											
Barishal	88.9	10.1	99.0	7,520	97.6	37.9	11.2	7,444	37.3	61.7	7,516
Chattogram	89.0	8.9	97.9	23,357	98.0	58.0	9.1	22,864	56.7	41.3	23,332
Dhaka	93.3	6.2	99.4	30,762	98.6	61.9	8.0	30,592	61.5	38.1	30,707
Khulna	94.3	5.5	99.8	14,028	97.4	58.1	11.1	13,993	57.5	42.3	14,017
Mymensingh	91.0	8.2	99.2	9,978	94.5	47.4	16.1	9,898	46.2	53.2	9,957
Rajshahi	88.9	10.8	99.7	15,674	97.5	62.7	21.0	15,622	62.4	37.3	15,667
Rangpur	96.4	3.3	99.6	14,436	96.6	62.7	19.0	14,385	61.4	38.4	14,417
Sylhet	81.3	18.0	99.3	8,511	94.8	48.1	2.2	8,454	47.2	52.3	8,498
Wealth quintile											
Lowest	83.5	14.6	98.2	24,851	94.5	26.4	15.4	24,393	25.5	72.9	24,796
Second	88.6	10.5	99.2	24,857	96.6	41.4	16.2	24,647	40.5	58.7	24,841
Middle	91.6	7.9	99.5	24,850	97.6	55.3	14.4	24,722	54.7	44.8	24,842
Fourth	94.5	5.0	99.5	24,860	98.4	71.0	9.5	24,725	70.4	29.1	24,846
Highest	97.4	2.3	99.7	24,848	99.4	92.3	4.2	24,766	91.9	8.0	24,786
Total	91.1	8.1	99.2	124,266	97.3	57.4	11.9	123,253	56.6	42.7	124,110

¹ Soap includes soap or detergent in bar, liquid, powder, or paste form.

² Cleansing agents other than soap include locally available materials such as ash, mud, or sand.

³ The availability of a handwashing facility on premises with soap and water

⁴ The availability of a handwashing facility on premises without soap and/or water

Key Findings

- **Hypertension:** Almost one-fourth (23%) of women and 17% of men in Bangladesh age 18 and above suffer from hypertension. Among those age 35 and older, 36% of women and 23% of men have hypertension.
- **Awareness of hypertension:** Four in every 10 women with raised blood pressure and half of hypertensive men are unaware of their elevated blood pressure level. Only 19% of hypertensive women and 20% of hypertensive men are aware of their condition, taking medication, and have their blood pressure under control.
- **Diabetes:** 17% of women and 15% of men age 18 and above suffer from diabetes. Among those age 35 and older, 23% of women and 19% of men have diabetes.
- **Awareness of diabetes:** Almost two-thirds of diabetic women (67%) and men (72%) are unaware of their elevated blood glucose level. A very low proportion of diabetic women (6%) and men (5%) are aware of their condition, taking medication, and have their blood glucose under control.

High blood pressure, or raised blood pressure, is a persistent medical condition in which the force of the blood against the artery walls is high enough to cause damage to the arteries, often resulting in health problems. This state—medically known as hypertension—is a major risk factor for cardiovascular and cerebrovascular diseases. Raised blood pressure or hypertension commonly goes undiagnosed in the early stages of the disease because the symptoms are often subtle and in accord with common health issues (WHO 2013). Additionally, hypertension is often inadequately controlled despite the availability of low-cost, efficacious blood pressure lowering medications.

The 2022 BDHS is the third Bangladesh DHS survey that has collected blood pressure and fasting blood glucose biomarker measurements. Prior to this, in 2011, the BDHS collected similar information among a subsample of women and men age 35 and older from one-third of the households selected in the survey. In the 2017–18 and 2022 BDHS surveys, biomarkers and relevant information were collected from all women and men age 18 and older in one-fourth of the households selected in the surveys. The biomarkers were collected to provide data on the prevalence of hypertension and diabetes. Information on management of hypertension and diabetes was also collected.

Periodic and updated national information on hypertension and diabetes is important for any country because these two illnesses are the precursors of many noncommunicable diseases (NCDs) that create a major public health challenge that threatens to destabilize social and economic development around the world (WHO 2010). Each year, NCDs take away 41 million lives globally, which is equivalent to 71% of all global deaths. Over 15 million people between age 30 and age 69 die from NCDs. Unfortunately, more than 85% of these deaths occur in low- and middle-income countries such as Bangladesh.

A national study on NCD risk factors revealed that 97% of the population age 18–69 had at least one risk factor: raised blood pressure, raised plasma blood glucose, higher body mass index (BMI), alcohol consumption, tobacco use, use of salt, low intake of fruits and vegetables, or inadequate physical activity

(WHO 2018). To meet this health challenge, the Government of Bangladesh has identified NCDs as a new and continuing challenge and has taken steps to prioritize the expansion of services related to NCD control activities in the 4th Health, Population and Nutrition Sector Program (4th HPNSP) 2017–2022 and the Strategic Investment Plan (SIP) for the 5th Health, Population and Nutrition Sector Program (2024–2029). According to the SIP, the “5th HPNSP needs to reduce NCD risks through expansion of promotive, preventive, curative and rehabilitative services and especially integrating NCD services at [primary health care] facilities both in rural and urban areas, adopting a life cycle approach.”

14.1 COVERAGE OF TESTING FOR BLOOD PRESSURE AND BLOOD GLUCOSE MEASUREMENT

In one-fourth of the households randomly selected for the 2022 BDHS survey sample, all women and men age 18 and older were eligible to participate in biomarker measurements, including blood pressure measurement, fasting plasma blood glucose testing, and height and weight measurements. **Table 14.1** shows that 8,156 women and 6,853 men age 18 and older were eligible for blood pressure and blood glucose measurements. Among those eligible, 95% of women and 91% of men were measured for blood pressure, and 92% of women and 89% of men were measured for blood glucose.

14.2 HYPERTENSION

Hypertension

Three blood pressure measurements were taken, and the average* of the second and third measurements was used to classify respondents according to internationally recommended categories (WHO 1999; WHO and ISH 2003). Respondents were classified as having hypertension if they had a systolic blood pressure level of 140 mmHg or above or a diastolic blood pressure level of 90 mmHg or above at the time of the survey or were currently taking antihypertensive medication to control their blood pressure.

Blood pressure category	Systolic (mmHg)		Diastolic (mmHg)
Optimal	<120	AND	<80
Normal	120–129	OR	80–84
High normal	130–139	OR	85–89
Level of hypertension			
Grade 1, mildly elevated	140–159	OR	90–99
Grade 2, moderately elevated	160–179	OR	100–109
Grade 3, severely elevated	180+	OR	110+

Note: Respondents whose blood pressure would fall in two different rows based on their systolic and diastolic levels were classified according to the highest blood pressure row into which they fell on either of the two measures.

* If only two measurements were available, the second measurement was used to classify the respondent as having hypertension; if only one measurement was available, it was used to classify the respondent.

Sample: Women and men age 18 and older with valid blood pressure measurements

Raised or high blood pressure is one of the risk factors for developing coronary heart disease, stroke, and kidney disease. The measurements taken for blood pressure in the 2022 BDHS were not intended to provide a medical diagnosis of the disease but, rather, to provide a cross-sectional assessment of the prevalence of high blood pressure in the population at the time of the survey. A LifeSource® UA-767 Plus blood pressure monitor was used for the measurements. This automatic device included separate cuffs for small, medium, and large arm circumferences.

14.2.1 High Blood Pressure Measurement

Overall, 87% of women and 68% of men age 18 and above reported having ever had their blood pressure measured by a doctor or other health care worker, and 15% of women and 10% of men reported having ever been told by a doctor or other health worker that they had high blood pressure or hypertension. Among those who had ever been informed that they had high blood pressure, 90% of women and 87% of men were prescribed medication to control their blood pressure, and 72% of women and 70% of men reported that they were taking the medication (Table 14.2.1 and Table 14.2.2).

Trends: The percentage of women age 18 and older who had their blood pressure measured prior to the survey increased slightly from 83% in 2017–18 to 87% in 2022. Among men age 18 and older, the percentage rose from 65% to 68% over the same period.

14.2.2 Blood Pressure Status

Twenty-three percent of Bangladeshi women age 18 and older have hypertension; among men, the prevalence is 17% (Table 14.3.1 and Table 14.3.2).

Trends: The prevalence of hypertension among women age 18 and older dropped from 28% in 2017–18 to 23% in 2022. Among men, the prevalence declined from 26% in 2017–18 to 17% in 2022 (Figure 14.1).

Patterns by background characteristics

- The prevalence of hypertension is higher among older women (age 35 and older) (36%) than among younger women (age 18–34) (8%). A similar age-related pattern is seen among Bangladeshi men (23% versus 6%) (Table 14.3.1 and Table 14.3.2).
- Among both women and men age 18 and older, the prevalence of hypertension increases with increasing BMI. Obese women have a higher prevalence of hypertension than women with a normal BMI (42% versus 19%). The pattern is similar among men (43% versus 15%) (Figure 14.2).
- Across divisions, the prevalence of hypertension among women age 18 and older ranges from 20% in Dhaka to 28% in Rajshahi. Among men, the prevalence ranges from 10% in Mymensingh to 20% in Khulna.
- Among women age 18 and older, there is a clear inverse relationship between educational level and hypertension prevalence. The percentage of women with hypertension is highest among those with no education (37%) and lowest among those with a secondary education or higher (13%). This pattern is not observed among men.

Figure 14.1 Trend in prevalence of hypertension among adults age 18 and older

Percentage of women and men age 18+ with hypertension

■ Women ■ Men

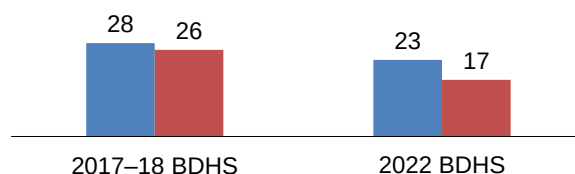
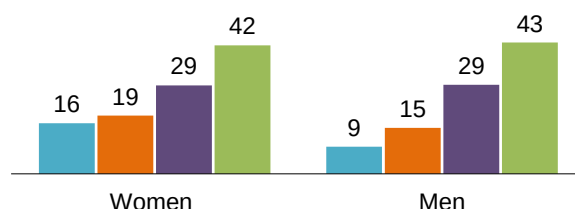


Figure 14.2 Hypertension and nutritional status

Percentage of women and men age 18+ with hypertension by nutritional status

■ Thin ■ Normal ■ Overweight ■ Obese



- The prevalence of hypertension is lower among women and men in the lowest wealth quintile (20% and 11%, respectively) than among women and men in the highest wealth quintile (27% each).

14.2.3 Awareness of, Medication for, and Control of Hypertension

Controlled hypertension

Controlled hypertension is defined as having a systolic blood pressure level below 140 mmHg and a diastolic blood pressure level below 90 mmHg and currently taking antihypertensive medication.

Sample: Women and men age 18 and above

The first step for individuals to bring their blood pressure under control is to be aware of their condition. Data on levels of awareness and treatment status among hypertensive women and men are presented in **Figure 14.3**. Forty-three percent of hypertensive women are not aware that they have elevated blood pressure. Only 19% are aware of their condition, reported taking medicine, and had their blood pressure within the normal range at the time of the survey. More than half of hypertensive men are not aware that they have elevated blood pressure (51%). Twenty percent are aware of their condition, reported taking medicine, and had their blood pressure within the normal range at the time of the survey.

Figure 14.3 Awareness of hypertension and treatment status

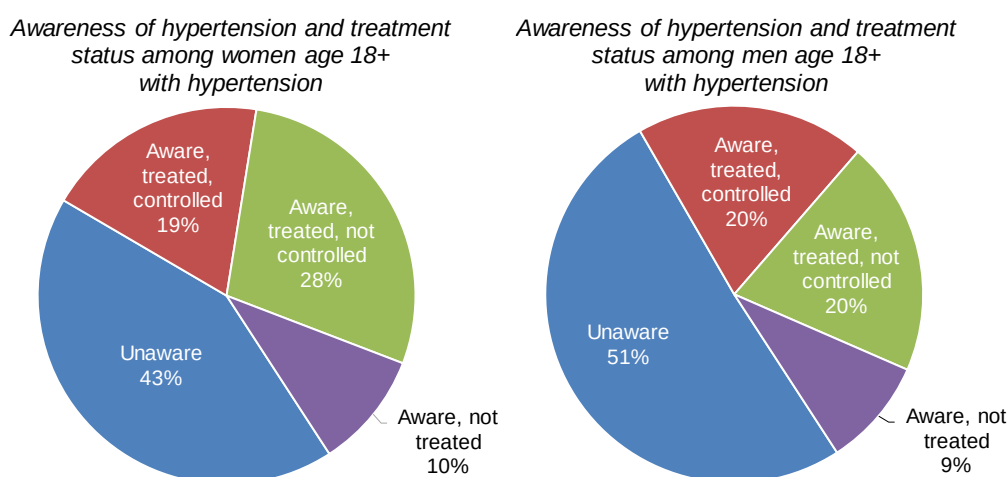


Table 14.4.1 and **Table 14.4.2** show the prevalence of controlled hypertension. Among women age 18 and older diagnosed with hypertension, 19% have controlled hypertension. Among men, the percentage is 20%.

Trends: The percentage of respondents age 18 and older with hypertension who were unaware of their condition decreased between 2017–18 and 2022, from 51% to 43% among women and from 67% to 51% among men.

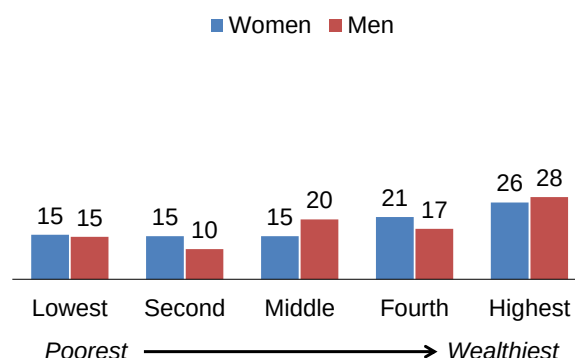
Patterns by background characteristics

- The prevalence of controlled hypertension increases with age among both women and men. Among women, 20% of those age 35 and older with hypertension have controlled blood pressure, as compared with only 14% of those age 18–34. Similarly, 21% of men age 35 and older with hypertension have controlled blood pressure, compared with 10% of men age 18–34 (**Table 14.4.1** and **Table 14.4.2**).
- Among hypertensive women, those living in urban areas are more likely to have controlled blood pressure than those living in rural areas (22% versus 18%). A similar pattern is observed among men (23% versus 18%).

- By division, the prevalence of controlled hypertension among women ranges from 13% in Rajshahi to 27% in Sylhet. Among men, controlled hypertension ranges from 11% in Rajshahi to 30% in Sylhet.
- The prevalence of controlled hypertension among women generally increases with increasing education. Sixteen percent of women with no education have controlled hypertension, as compared with 29% of those with a secondary education or higher. This pattern is not seen among men.
- The prevalence of controlled hypertension is higher among women in the highest wealth quintile (26%) than among those in the other wealth quintiles (15%–21%). The prevalence among men is lowest in the second wealth quintile (10%) and highest in the highest wealth quintile (28%) (**Figure 14.4**).

Figure 14.4 Controlled hypertension by household wealth

Percentage of women and men age 18+ with controlled hypertension



14.3 DIABETES

Diabetes/raised blood glucose

Individuals were considered as having raised blood glucose or diabetes if they had a fasting blood glucose equivalent level of 7 mmol/L or above at the time of the survey or reported currently taking prescribed medication for their high blood glucose or diabetes.

Sample: Women and men age 18 and older

Diabetes has serious consequences for individuals and poses a large burden on health service systems, especially in developing countries such as Bangladesh (IDF 2019). For this report, blood glucose cutoffs were taken from the World Health Organization classification scheme (WHO 2006a). A fasting plasma glucose value greater than or equal to 7.0 mmol/L is classified as diabetes.

The data are presented according to respondents' fasting plasma glucose values. The fasting plasma glucose measurements taken in the survey provide a cross-sectional assessment of the prevalence of diabetes in the surveyed population at the time of the 2022 BDHS interviews and do not represent a medical diagnosis of diabetes. Respondents were asked not to eat or drink anything other than plain water for at least 8 hours prior to testing. The HemoCue 201 RT analyzer was used to display blood glucose measurements in milligrams per deciliter (mg/dl). This unit of measurement was converted into millimoles per liter (mmol/L) to maintain consistency with the units used in past surveys. In the survey setting, an individual's fasting plasma glucose was taken for 1 day only, and the value was recorded to provide information on the national status of this important NCD.

14.3.1 Diabetes Measurement

Table 14.5.1 and **Table 14.5.2** show that 37% of women and 25% of men age 18 and older had their blood glucose measured prior to the survey. Women age 35 and older are more likely to have received a blood glucose screening (44%) than women age 18–34 (28%). A similar pattern is seen among men (33% versus 11%). Only 6% of women and 4% of men were ever told that they had diabetes. Among respondents told they had high blood glucose diabetes by a doctor or other health worker, 74% each of women and men are currently taking prescribed medication.

Trends: The percentage of women age 18 and older who had their blood glucose measured prior to the survey increased from 26% in 2017–18 to 37% in 2022. Among men age 18 and older, the percentage rose from 21% to 25% over the same period.

14.3.2 Prevalence of Diabetes

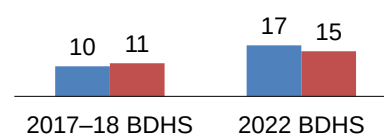
According to the 2022 BDHS results, 17% of women age 18 and older in Bangladesh are diabetic (**Table 14.6.1**). Twelve percent of women age 18 and older have elevated plasma glucose levels but are not taking medications. Fifteen percent of men age 18 and older are diabetic, and 12% have elevated plasma glucose levels but are not taking medications (**Table 14.6.2**).

Trends: The prevalence of diabetes among women age 18 and older increased from 10% in 2017–18 to 17% in 2022 (**Figure 14.5**). Similarly, among men age 18 and older, diabetes prevalence rose from 11% in 2017–18 to 15% in 2022.

Figure 14.5 Trends in prevalence of diabetes among adults age 18 and older

Percentage of women and men age 18+ with diabetes

■ Women ■ Men



Patterns by background characteristics

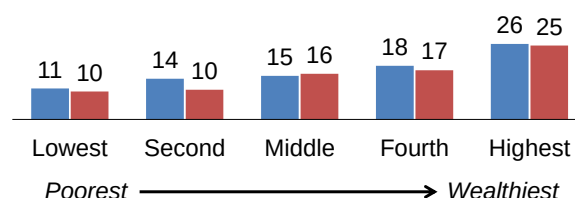
- The prevalence of diabetes increases with age among both women and men. Among women, 23% of those age 35 and older have diabetes, as compared with 9% of those women age 18–34. Similarly, 19% of men age 35 and older have diabetes, compared with 8% of men age 18–34 (**Table 14.6.1** and **Table 14.6.2**).
- Obese women have a higher prevalence of diabetes than women with a normal BMI (32% versus 14%). The pattern is similar among men (22% versus 15%).
- The prevalence of diabetes is higher in urban areas than rural areas among both women (24% versus 14%) and men (21% versus 13%).
- Across divisions, the percentage of women with diabetes ranges from 12% in Mymensingh and Rajshahi to 23% in Dhaka. Among men, the prevalence ranges from 10% in Mymensingh to 20% in Dhaka.

- Women in the highest wealth quintile have a diabetes prevalence of 26%, over twice that of women in the lowest wealth quintile (11%). A similar disparity is observed among men (25% versus 10%) (Figure 14.6).

Figure 14.6 Diabetes by household wealth

Percentage of women and men age 18+ with diabetes

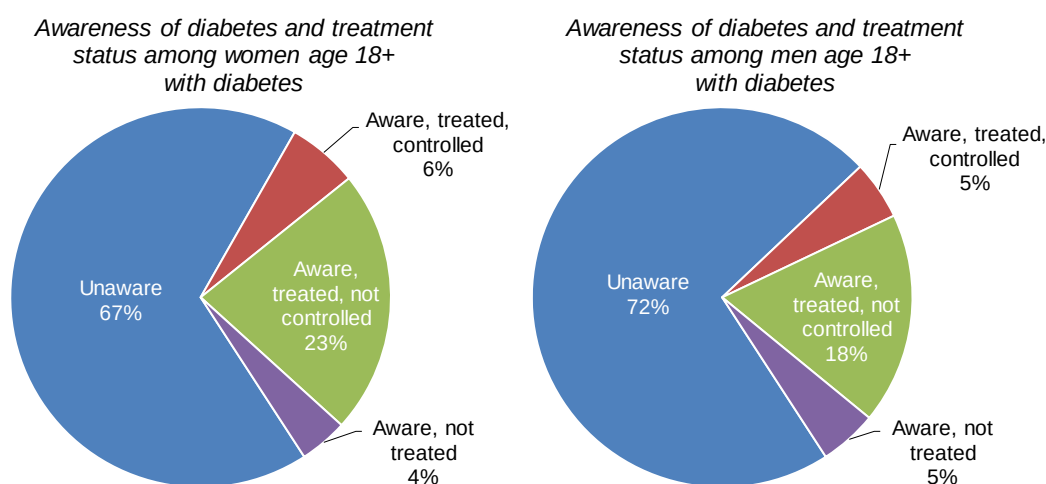
■ Women ■ Men



14.3.3 Awareness of, Medication for, and Control of Diabetes

Figure 14.7 presents data on levels of awareness and treatment status among diabetic women and men. Almost 7 in 10 diabetic women (67%) are not aware that they have elevated blood glucose, and only 6% are aware of their condition, reported taking medicine, and had their blood glucose within the normal range at the time of the survey. Seventy-two percent of diabetic men are not aware that they have elevated blood glucose, and only 5% are aware of their condition, reported taking medicine, and had their blood glucose within the normal range at the time of the survey.

Figure 14.7 Awareness of diabetes and treatment status



LIST OF TABLES

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Table 14.1 Coverage of testing for blood pressure and fasting blood glucose measurement among women and men age 18 and older

Percentage of women and men age 18 and older eligible for blood pressure and blood glucose measurement, by testing status, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Women			Men		
	Percentage measured for blood pressure	Percentage measured for fasting blood glucose	Number of women	Percentage measured for blood pressure	Percentage measured for fasting blood glucose	Number of men
Age						
18–34	93.7	90.9	3,679	89.4	87.1	2,518
18–19	90.1	87.5	579	93.2	91.9	375
20–24	92.6	89.6	1,115	88.5	86.4	785
25–29	93.7	91.6	994	88.4	87.3	691
30–34	96.9	93.6	991	89.2	84.8	666
35+	95.6	93.6	4,477	92.0	89.7	4,336
35–39	97.5	94.9	913	90.7	88.5	807
40–44	95.3	94.1	748	89.8	86.8	683
45–49	96.8	93.5	635	91.2	88.7	594
50–54	97.2	94.4	480	93.1	91.1	545
55–59	95.7	94.4	503	93.6	91.3	413
60–64	93.8	93.1	448	92.1	89.9	421
65–69	92.3	89.2	298	94.9	93.9	358
70 and above	92.4	91.3	452	93.2	90.9	514
Residence						
Urban	91.5	87.4	2,274	85.6	81.9	1,970
Rural	95.9	94.3	5,882	93.2	91.5	4,883
Division						
Barishal	95.2	93.4	509	92.9	90.9	406
Chattogram	96.1	94.3	1,492	92.3	90.8	1,157
Dhaka	89.9	84.6	1,980	82.5	78.1	1,737
Khulna	96.5	94.7	961	94.5	91.8	821
Mymensingh	96.5	95.9	657	94.7	93.8	555
Rajshahi	97.1	95.4	1,068	94.3	92.3	912
Rangpur	95.8	95.2	931	94.8	94.2	826
Sylhet	96.1	94.7	558	95.1	93.6	439
Education						
No education	95.0	93.1	2,263	92.5	89.6	1,613
Primary incomplete	97.5	95.1	997	92.4	91.0	962
Primary complete	94.7	92.6	956	90.4	88.0	904
Secondary incomplete	95.2	93.4	2,146	90.6	88.4	1,439
Secondary complete or higher	92.1	88.5	1,791	89.8	87.5	1,919
Missing	100.0	100.0	3	84.6	78.6	16
Wealth quintile						
Lowest	96.8	95.8	1,411	94.5	92.9	1,222
Second	95.2	94.5	1,608	93.9	92.0	1,422
Middle	96.0	93.6	1,634	91.2	89.1	1,335
Fourth	94.8	92.6	1,709	91.2	88.3	1,423
Highest	91.3	86.4	1,794	85.0	82.1	1,450
Total	94.7	92.4	8,156	91.0	88.7	6,853

Note: Table is based on respondents who consented to blood pressure measurement and those who consented to fasting blood glucose measurement.

Table 14.2.1 Blood pressure measured and medication prescribed to and taken by women

Percentage of women age 18 and above who have ever had their blood pressure measured by a doctor or other health care worker and percentage who have been told by a doctor or other health worker that they have high blood pressure or hypertension, and among women who have been told they have high blood pressure, percentage told in the past 12 months they have high blood pressure or hypertension, percentage prescribed medication to control their blood pressure, and percentage taking medication to control their blood pressure, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage who ever had blood pressure measured by a doctor or other health worker	Percentage ever told they have high blood pressure or hypertension by a doctor or other health worker	Number of women	Among women who have been told by a doctor or other health worker they have high blood pressure or hypertension, percentage who were:			Number of women
				Told in the past 12 months they have high blood pressure or hypertension	Prescribed medication to control their blood pressure	Taking medication to control their blood pressure	
Age							
18–34	83.2	4.4	3,446	80.8	71.8	50.4	153
18–19	64.5	0.6	522	*	*	*	3
20–24	83.7	2.2	1,032	(75.8)	(64.0)	(36.6)	23
25–29	89.0	5.0	931	(82.2)	(61.9)	(42.4)	46
30–34	87.1	8.4	960	82.3	80.2	58.5	81
35+	89.1	24.0	4,278	94.4	92.4	75.4	1,029
35–39	87.8	11.4	890	92.2	92.2	60.9	102
40–44	88.5	17.5	712	90.5	88.9	65.5	124
45–49	93.5	23.3	614	94.9	91.0	72.5	143
50–54	89.1	30.2	467	91.6	91.3	73.1	141
55–59	90.6	29.2	481	96.1	92.4	75.4	141
60–64	88.6	31.6	421	96.6	94.2	85.2	133
65–69	85.3	35.8	275	96.8	93.9	84.9	98
70 and above	87.4	35.1	418	96.2	95.2	83.5	147
Nutritional status¹							
Thin	81.7	10.0	1,003	89.2	88.1	69.7	100
Normal	85.0	11.9	4,005	92.7	89.6	71.4	477
Overweight	90.0	19.7	2,055	94.4	89.3	70.7	406
Obese	92.4	28.3	579	90.8	91.2	78.0	164
Not weighed and measured	83.5	41.3	83	(89.6)	(94.4)	(78.9)	34
Residence							
Urban	87.6	16.8	2,081	92.6	90.0	73.7	350
Rural	86.0	14.7	5,643	92.7	89.6	71.5	831
Division							
Barishal	86.9	14.7	484	95.1	90.9	78.1	71
Chattogram	89.3	16.3	1,434	97.1	92.0	76.4	234
Dhaka	83.5	13.9	1,780	89.7	90.0	69.1	248
Khulna	88.5	15.9	927	91.5	89.1	75.0	148
Mymensingh	91.1	13.0	635	89.1	82.2	62.6	82
Rajshahi	90.0	17.3	1,037	93.7	86.8	70.0	180
Rangpur	81.5	13.3	892	92.0	92.4	71.5	119
Sylhet	80.7	18.7	536	91.2	92.0	73.8	100
Education							
No education	85.1	22.5	2,150	96.1	94.3	78.7	483
Primary incomplete	87.1	19.3	972	90.2	87.1	66.1	188
Primary complete	87.6	16.2	905	90.2	87.5	66.3	147
Secondary incomplete	87.3	10.6	2,044	89.6	84.2	65.6	216
Secondary complete or higher	86.1	8.9	1,650	91.6	88.9	74.2	147
Missing	*	*	3	*	*	*	1
Wealth quintile							
Lowest	82.3	11.2	1,366	91.2	87.6	62.4	153
Second	84.2	12.8	1,532	91.5	87.7	70.3	196
Middle	86.2	14.4	1,569	90.5	89.5	64.3	226
Fourth	87.6	17.8	1,620	93.8	88.7	74.1	289
Highest	91.1	19.4	1,637	94.5	93.1	81.7	318
Total	86.5	15.3	7,724	92.6	89.7	72.1	1,182

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Nutritional status is defined using body mass index (BMI) for women age 20–49 and BMI-for-age for women age 15–19 as presented in Tables 11.11.1 and 11.11.2.

Table 14.2.2 Blood pressure measured and medication prescribed to and taken by men

Percentage of men age 18 and above who have ever had their blood pressure measured by a doctor or other health care worker and percentage who have been told by a doctor or other health worker that they have high blood pressure or hypertension, and among men who have been told they have high blood pressure, percentage told in the past 12 months they have high blood pressure or hypertension, percentage prescribed medication to control their blood pressure, and percentage taking medication to control their blood pressure, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage who ever had blood pressure measured by a doctor or other health worker	Percentage ever told they have high blood pressure or hypertension by a doctor or other health worker	Number of men	Among men who have been told by a doctor or other health worker they have high blood pressure or hypertension, percentage who were:			Number of men
				Told in the past 12 months they have high blood pressure or hypertension	Prescribed medication to control their blood pressure	Taking medication to control their blood pressure	
Age							
18–34	49.5	2.4	2,253	85.0	65.3	43.9	53
18–19	24.3	0.4	351	*	*	*	2
20–24	39.3	1.5	695	*	*	*	10
25–29	61.0	2.4	613	*	*	*	15
30–34	64.5	4.5	594	(84.0)	(71.1)	(52.1)	27
35+	78.6	13.8	3,989	90.9	89.0	72.4	549
35–39	75.1	5.8	732	(90.6)	(85.5)	(61.1)	42
40–44	72.8	7.6	614	91.5	80.7	71.5	46
45–49	78.3	11.2	541	88.6	82.7	65.9	61
50–54	79.6	15.5	508	89.3	90.0	72.3	79
55–59	78.5	16.9	386	87.9	92.2	82.0	65
60–64	83.9	18.7	388	92.1	92.5	70.5	73
65–69	81.5	20.7	339	90.4	92.3	79.2	70
70 and above	84.0	23.6	479	94.3	90.3	71.9	113
Nutritional status¹							
Thin	56.2	5.0	1,037	93.2	91.8	64.6	51
Normal	67.7	8.1	3,978	88.7	86.0	69.4	322
Overweight	79.3	16.8	1,072	90.4	85.7	69.3	180
Obese	83.5	28.9	117	(97.6)	(97.6)	(86.6)	34
Not weighed and measured	(72.5)	(38.7)	38	*	*	*	15
Residence							
Urban	66.6	12.7	1,687	91.5	87.9	73.5	215
Rural	68.6	8.5	4,555	89.8	86.4	67.8	387
Division							
Barishal	69.6	8.0	377	85.0	79.5	71.8	30
Chattogram	72.6	9.3	1,071	92.5	90.4	77.8	100
Dhaka	63.0	10.8	1,432	90.5	87.2	71.2	155
Khulna	70.7	12.5	776	89.5	86.2	71.6	97
Mymensingh	74.7	6.0	525	(86.4)	(83.6)	(67.2)	32
Rajshahi	70.1	9.3	861	91.6	85.4	57.8	80
Rangpur	63.8	8.7	783	89.1	89.6	67.3	68
Sylhet	63.0	9.7	418	93.1	85.4	70.0	41
Education							
No education	70.8	10.7	1,492	88.7	86.3	60.8	160
Primary incomplete	66.8	5.9	890	89.1	81.2	61.9	52
Primary complete	67.9	6.7	818	93.3	87.9	73.2	55
Secondary incomplete	65.7	8.4	1,306	87.9	89.0	70.8	110
Secondary complete or higher	68.3	13.1	1,723	92.3	87.4	76.9	225
Missing	*	*	13	*	*	*	0
Wealth quintile							
Lowest	63.0	5.4	1,155	84.8	82.9	64.8	62
Second	65.6	6.0	1,338	86.9	84.5	59.5	81
Middle	64.5	8.3	1,219	87.5	89.2	66.7	101
Fourth	68.6	10.4	1,298	97.1	88.6	73.2	136
Highest	78.5	18.1	1,232	90.4	86.8	74.4	223
Total	68.1	9.7	6,242	90.4	86.9	69.9	602

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Nutritional status is defined using body mass index (BMI) for men age 20–49 and BMI-for-age for men age 15–19 as presented in Tables 11.11.3 and 11.11.4.

Table 14.3.1 Blood pressure status of women

Among women age 18 and above, percent distribution of blood pressure values, percentage having normal blood pressure and taking antihypertensive medication, and prevalence of hypertension, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Classification of blood pressure						Total	Normal blood pressure and taking antihypertensive medication	Prevalence of hypertension ¹	Number of women
	Optimal (SBP <120 and DBP <80 mmHg)	Normal (SBP 120–129 and DBP 80–84 mmHg)	High normal (SBP 130–139 and DBP 85–89 mmHg)	Mildly elevated (Grade 1) (SBP 140–159 or DBP 90–99 mmHg)	Moderately elevated (Grade 2) (SBP 160–179 or DBP 100–109 mmHg)	Severely elevated (Grade 3) (SBP 180+ or DBP 110+ mmHg)				
Age										
18–34	68.4	18.0	7.1	5.2	0.9	0.5	100.0	1.1	7.6	3,446
18–19	80.0	15.4	3.3	1.2	0.0	0.0	100.0	0.1	1.3	522
20–24	76.7	15.6	5.0	2.3	0.3	0.1	100.0	0.4	3.1	1,032
25–29	66.6	18.2	8.4	5.5	0.8	0.5	100.0	1.3	8.1	931
30–34	55.0	21.6	10.2	10.2	2.0	1.1	100.0	2.1	15.4	960
35+	37.8	19.4	14.0	18.7	7.1	3.0	100.0	7.2	36.0	4,278
35–39	48.8	21.5	13.2	11.4	3.8	1.5	100.0	3.2	19.8	890
40–44	44.2	19.7	12.6	17.5	4.4	1.6	100.0	4.8	28.3	712
45–49	40.3	19.1	14.3	17.3	6.2	2.8	100.0	6.7	33.0	614
50–54	34.8	19.0	16.4	20.1	6.2	3.4	100.0	10.0	39.8	467
55–59	34.8	18.5	13.9	20.9	8.5	3.4	100.0	9.3	42.1	481
60–64	33.4	19.0	13.6	21.6	9.0	3.5	100.0	11.4	45.5	421
65–69	24.0	16.4	15.3	27.4	13.2	3.8	100.0	10.5	54.9	275
70 and above	20.2	18.5	15.0	26.0	13.4	7.0	100.0	8.3	54.5	418
Previously diagnosed with high blood pressure by a health provider										
Ever diagnosed	14.9	12.1	14.7	32.2	16.7	9.4	100.0	29.1	87.4	1,182
Diagnosed in the past 12 months	13.8	12.4	14.0	32.8	17.1	9.9	100.0	31.0	90.9	1,095
Not diagnosed in the past 12 months	28.4	9.2	23.5	24.9	11.1	2.9	100.0	4.4	43.3	87
Never diagnosed	58.1	19.9	10.3	9.2	2.1	0.5	100.0	0.0	11.7	6,542
Currently taking antihypertensive medication										
Yes	14.0	12.3	14.0	35.4	16.4	7.9	100.0	40.3	100.0	853
No	56.1	19.5	10.6	9.9	2.8	1.1	100.0	0.0	13.8	6,872
Nutritional status²										
Thin	64.6	14.2	7.8	8.3	3.5	1.6	100.0	3.1	16.4	1,003
Normal	56.7	18.6	9.6	10.2	3.5	1.5	100.0	3.7	18.9	4,005
Overweight	41.5	21.0	13.7	16.1	5.5	2.2	100.0	4.9	28.7	2,055
Obese	30.9	20.3	16.5	23.2	5.9	3.1	100.0	9.4	41.7	579
Not weighed and measured	30.1	12.2	8.0	28.3	13.9	7.5	100.0	10.0	59.2	83
Residence										
Urban	52.2	18.3	10.7	13.0	3.9	1.9	100.0	5.4	24.2	2,081
Rural	51.2	18.9	11.0	12.6	4.5	1.9	100.0	4.1	23.0	5,643
Division										
Barishal	45.0	24.4	13.7	10.7	4.1	2.1	100.0	4.7	21.6	484
Chattogram	53.5	17.0	9.5	14.5	4.4	1.1	100.0	4.9	24.9	1,434
Dhaka	55.0	19.1	9.7	11.0	3.4	1.8	100.0	4.1	20.3	1,780
Khulna	48.1	20.4	12.1	13.4	4.8	1.4	100.0	5.1	24.6	927
Mymensingh	52.9	19.0	10.2	11.3	4.5	2.1	100.0	3.8	21.6	635
Rajshahi	42.7	19.6	13.7	14.3	6.4	3.3	100.0	3.6	27.5	1,037
Rangpur	53.5	17.3	10.7	12.6	3.4	2.5	100.0	3.9	22.3	892
Sylhet	57.6	14.5	10.6	12.7	3.7	0.8	100.0	6.3	23.5	536
Education										
No education	36.8	18.3	13.4	20.0	8.0	3.6	100.0	5.8	37.3	2,150
Primary incomplete	48.8	18.8	11.5	12.6	5.7	2.6	100.0	4.8	25.7	972
Primary complete	49.2	18.7	13.2	13.1	4.0	1.8	100.0	5.2	24.1	905
Secondary incomplete	58.9	19.9	8.9	9.2	2.1	1.1	100.0	3.1	15.5	2,044
Secondary complete or higher	64.1	18.0	8.7	7.4	1.6	0.2	100.0	3.7	12.9	1,650
Missing	*	*	*	*	*	*	*	*	*	3

Continued...

Table 14.3.1—Continued

Background characteristic	Classification of blood pressure						Total	Normal blood pressure and taking antihypertensive medication	Prevalence of hypertension ¹	Number of women
	Optimal (SBP <120 and DBP <80 mmHg)	Normal (SBP 120–129 and DBP 80–84 mmHg)	High normal (SBP 130–139 and DBP 85–89 mmHg)	Mildly elevated (Grade 1) (SBP 140–159 or DBP 90–99 mmHg)	Moderately elevated (Grade 2) (SBP 160–179 or DBP 100–109 mmHg)	Severely elevated (Grade 3) (SBP 180+ or DBP 110+ mmHg)				
Wealth quintile										
Lowest	52.4	19.3	11.8	10.7	3.2	2.7	100.0	3.0	19.5	1,366
Second	51.9	18.0	10.6	12.3	4.9	2.3	100.0	3.4	22.8	1,532
Middle	51.7	19.4	10.8	11.6	4.6	1.8	100.0	3.1	21.2	1,569
Fourth	51.8	17.4	11.0	14.4	4.1	1.3	100.0	5.3	25.2	1,620
Highest	49.7	19.7	10.7	14.1	4.5	1.4	100.0	7.1	27.0	1,637
Total	51.4	18.7	11.0	12.7	4.3	1.9	100.0	4.4	23.3	7,724

Note: When a respondent's SBP and DBP fell into different classification categories, the respondent was grouped in the higher blood pressure classification. If blood pressure was measured three times, the average of the second and third blood pressure measurements was used to classify individuals with respect to hypertension. If the third blood pressure measurement was missing, the second measurement was considered the average. If the second and the third blood pressure measurements were missing, the first measurement was considered the average. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

SBP = systolic blood pressure

DBP = diastolic blood pressure

¹ Individuals were classified as having hypertension if, at the time of the survey, they had an average SBP level of 140 mmHg or above or an average DBP level of 90 mmHg or above or were currently taking antihypertensive medication. The term hypertension as used in this table is not meant to represent a clinical diagnosis of the disease; rather, it provides a statistical description of the survey population at the time of the survey.

² Nutritional status is defined using body mass index (BMI) for women age 20–49 and BMI-for-age for women age 15–19 as presented in Tables 11.11.1 and 11.11.2.

Table 14.3.2 Blood pressure status of men

Among men age 18 and above, percent distribution of blood pressure values, percentage having normal blood pressure and taking antihypertensive medication, and prevalence of hypertension, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Classification of blood pressure						Total	Normal blood pressure and taking antihypertensive medication	Prevalence of hypertension ¹	Number of men
	Optimal (SBP <120 and DBP <80 mmHg)	Normal (SBP 120–129 and DBP 80–84 mmHg)	High normal (SBP 130–139 and DBP 85–89 mmHg)	Mildly elevated (Grade 1) (SBP 140–159 or DBP 90–99 mmHg)	Moderately elevated (Grade 2) (SBP 160–179 or DBP 100–109 mmHg)	Severely elevated (Grade 3) (SBP 180+ or DBP 110+ mmHg)				
Age										
18–34	61.3	24.5	8.7	4.4	0.8	0.4	100.0	0.6	6.0	2,253
18–19	62.6	24.5	8.8	3.3	0.4	0.5	100.0	0.0	3.7	351
20–24	64.7	23.8	6.0	5.0	0.4	0.2	100.0	0.4	5.9	695
25–29	62.4	23.2	9.2	3.9	1.1	0.3	100.0	0.6	5.5	613
30–34	55.3	26.8	11.2	4.8	1.2	0.8	100.0	1.3	8.1	594
35+	47.5	21.8	12.5	12.6	4.1	1.6	100.0	4.9	23.1	3,989
35–39	55.6	23.4	10.1	8.8	1.6	0.5	100.0	2.4	13.3	732
40–44	55.0	21.8	11.3	9.1	1.6	1.1	100.0	2.2	14.0	614
45–49	47.4	24.7	11.2	11.9	3.7	1.1	100.0	2.8	19.5	541
50–54	45.3	23.5	13.0	11.2	5.4	1.7	100.0	6.5	24.7	508
55–59	45.2	21.1	13.8	14.9	3.3	1.7	100.0	6.4	26.2	386
60–64	44.0	20.9	13.9	12.9	5.9	2.4	100.0	7.0	28.3	388
65–69	39.3	21.3	14.4	16.2	6.3	2.7	100.0	6.7	31.8	339
70 and above	38.4	15.8	14.9	20.6	7.7	2.5	100.0	8.4	39.2	479
Previously diagnosed with high blood pressure by a health provider										
Ever diagnosed	16.8	15.5	16.1	30.1	15.5	6.1	100.0	34.5	86.1	602
Diagnosed in the past 12 months	15.8	14.0	16.8	30.3	16.4	6.7	100.0	36.8	90.2	544
Not diagnosed in the past 12 months	25.9	28.9	10.2	27.9	7.0	0.0	100.0	12.8	47.8	58
Never diagnosed	56.3	23.6	10.6	7.5	1.5	0.6	100.0	0.0	9.6	5,636
Currently taking antihypertensive medication										
Yes	15.7	15.5	18.1	26.0	17.7	6.9	100.0	49.4	100.0	421
No	55.1	23.3	10.6	8.5	1.8	0.7	100.0	0.0	10.9	5,821
Nutritional status²										
Thin	72.8	14.1	5.6	5.2	1.5	0.7	100.0	1.4	8.8	1,037
Normal	53.6	23.6	10.6	8.5	2.7	1.0	100.0	2.7	14.9	3,978
Overweight	32.6	27.9	17.3	16.6	4.3	1.4	100.0	6.6	28.9	1,072
Obese	21.8	26.7	19.0	19.5	7.7	5.3	100.0	10.1	42.6	117
Not weighed and measured	(34.2)	(15.5)	(8.8)	(21.9)	(9.6)	(10.0)	(100.0)	(10.5)	(43.3)	38
Residence										
Urban	49.5	23.0	11.8	11.0	3.6	1.1	100.0	4.6	20.4	1,687
Rural	53.6	22.7	10.8	9.1	2.6	1.2	100.0	2.8	15.7	4,555
Division										
Barishal	52.8	23.9	11.1	8.1	2.9	1.3	100.0	2.5	14.7	377
Chattogram	50.4	26.6	12.3	7.7	1.9	1.1	100.0	4.3	14.7	1,071
Dhaka	53.5	21.4	10.2	10.4	3.5	1.0	100.0	3.8	18.6	1,432
Khulna	50.8	22.8	10.7	10.9	4.2	0.7	100.0	3.8	19.6	776
Mymensingh	62.4	17.7	11.4	5.5	1.9	1.1	100.0	1.7	10.3	525
Rajshahi	45.7	24.8	12.3	13.0	2.9	1.3	100.0	2.1	19.3	861
Rangpur	50.6	21.9	11.3	11.2	3.1	1.9	100.0	3.3	19.4	783
Sylhet	61.8	20.7	8.5	6.4	1.7	0.9	100.0	3.9	12.9	418
Education										
No education	52.6	21.0	11.2	10.4	3.7	1.1	100.0	3.1	18.4	1,492
Primary incomplete	58.9	20.6	10.2	7.3	1.8	1.2	100.0	1.5	11.7	890
Primary complete	55.5	20.2	11.0	9.5	2.0	1.9	100.0	1.9	15.2	818
Secondary incomplete	54.9	23.8	9.8	8.1	2.5	0.9	100.0	3.0	14.3	1,306
Secondary complete or higher	45.5	26.1	12.5	11.5	3.4	1.0	100.0	5.5	21.3	1,723
Missing	*	*	*	*	*	*	*	*	*	13

Continued...

Table 14.3.2—Continued

Background characteristic	Classification of blood pressure						Total	Normal blood pressure and taking antihypertensive medication	Prevalence of hypertension ¹	Number of men
	Optimal (SBP <120 and DBP <80 mmHg)	Normal (SBP 120–129 and DBP 80–84 mmHg)	High normal (SBP 130–139 and DBP 85–89 mmHg)	Mildly elevated (Grade 1) (SBP 140–159 or DBP 90–99 mmHg)	Moderately elevated (Grade 2) (SBP 160–179 or DBP 100–109 mmHg)	Severely elevated (Grade 3) (SBP 180+ or DBP 110+ mmHg)				
Wealth quintile										
Lowest	59.7	21.4	9.1	6.5	2.1	1.1	100.0	1.6	11.4	1,155
Second	55.2	21.7	10.9	8.7	3.0	0.6	100.0	1.4	13.5	1,338
Middle	55.1	22.1	10.3	9.0	2.0	1.4	100.0	3.1	15.4	1,219
Fourth	49.9	25.2	10.6	10.4	3.1	0.8	100.0	3.0	17.4	1,298
Highest	42.7	23.3	14.5	13.4	4.1	1.9	100.0	7.6	27.0	1,232
Total	52.5	22.8	11.1	9.6	2.9	1.1	100.0	3.3	16.9	6,242

Note: When a respondent's SBP and DBP fell into different classification categories, the respondent was grouped in the higher blood pressure classification. If blood pressure was measured three times, the average of the second and third blood pressure measurements was used to classify individuals with respect to hypertension. If the third blood pressure measurement was missing, the second measurement was considered the average. If the second and the third blood pressure measurements were missing, the first measurement was considered the average. Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

SBP = systolic blood pressure

DBP = diastolic blood pressure

¹ Individuals were classified as having hypertension if, at the time of the survey, they had an average SBP level of 140 mmHg or above or an average DBP level of 90 mmHg or above or were currently taking antihypertensive medication. The term hypertension as used in this table is not meant to represent a clinical diagnosis of the disease; rather, it provides a statistical description of the survey population at the time of the survey.

² Nutritional status is defined using body mass index (BMI) for men age 20–49 and BMI-for-age for men age 15–19 as presented in Tables 11.11.3 and 11.11.4.

Table 14.4.1 Prevalence of controlled hypertension among women

Among women age 18 and above with hypertension, percentage with controlled hypertension, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Prevalence of controlled hypertension ¹	Number of women with hypertension ²
Age		
18–34	14.1	262
18–19	*	7
20–24	(12.8)	32
25–29	15.9	75
30–34	13.9	148
35+	19.9	1,538
35–39	16.0	176
40–44	17.0	201
45–49	20.3	203
50–54	25.1	186
55–59	22.1	203
60–64	25.1	191
65–69	19.2	151
70 and above	15.2	228
Previously diagnosed with high blood pressure by a health provider		
Ever diagnosed	33.3	1,033
Diagnosed in the past 12 months	34.1	995
Not diagnosed in the past 12 months	(10.1)	38
Never diagnosed	0.0	767
Currently taking antihypertensive medication		
Yes	40.3	853
No	0.0	947
Nutritional status³		
Thin	18.8	164
Normal	19.8	756
Overweight	16.9	589
Obese	22.6	241
Not weighed and measured	16.8	49
Residence		
Urban	22.4	503
Rural	17.8	1,297
Division		
Barishal	21.8	105
Chattogram	19.8	357
Dhaka	20.2	362
Khulna	20.7	228
Mymensingh	17.4	137
Rajshahi	12.9	285
Rangpur	17.4	199
Sylhet	26.9	126
Education		
No education	15.5	803
Primary incomplete	18.7	250
Primary complete	21.7	219
Secondary incomplete	20.1	316
Secondary complete or higher	28.6	213

Continued...

Table 14.4.1—Continued

Background characteristic	Prevalence of controlled hypertension ¹	Number of women with hypertension ²
Wealth quintile		
Lowest	15.2	266
Second	14.7	350
Middle	14.7	332
Fourth	21.2	408
Highest	26.2	443
Total	19.1	1,800

Note: When a respondent's SBP and DBP fell into different classifications, the respondent was grouped in the higher blood pressure classification. If blood pressure was measured three times, the average of the second and third blood pressure measurements was used to classify individuals with respect to hypertension. If the third blood pressure measurement was missing, the second measurement was considered the average. If the second and the third blood pressure measurements were missing, the first measurement was considered the average.

Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

SBP = systolic blood pressure

DBP = diastolic blood pressure

¹ Controlled hypertension is measured among persons with hypertension and is defined as having an SBP less than 140 and DBP less than 90 mmHg and currently taking antihypertensive medication.

² Individuals were classified as having hypertension if, at the time of the survey, they had an average SBP level of 140 mmHg or above or an average DBP level of 90 mmHg or above or were currently taking antihypertensive medication. The term hypertension as used in this table is not meant to represent a clinical diagnosis of the disease; rather, it provides a statistical description of the survey population at the time of the survey.

³ Nutritional status is defined using body mass index (BMI) for women age 20–49 and BMI-for-age for women age 15–19 as presented in Tables 11.11.1 and 11.11.2.

Table 14.4.2 Prevalence of controlled hypertension among men

Among men age 18 and above with hypertension, percentage with controlled hypertension, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Prevalence of controlled hypertension ¹	Number of men with hypertension ²
Age		
18–34	10.2	136
18–19	*	13
20–24	(6.2)	41
25–29	(10.0)	34
30–34	16.3	48
35+	21.1	922
35–39	17.9	97
40–44	15.6	86
45–49	14.5	106
50–54	26.2	125
55–59	24.2	101
60–64	24.9	110
65–69	21.0	108
70 and above	21.5	188
Previously diagnosed with high blood pressure by a health provider		
Ever diagnosed	40.0	519
Diagnosed in the past 12 months	40.8	491
Not diagnosed in the past 12 months	(26.9)	28
Never diagnosed	0.0	539
Currently taking antihypertensive medication		
Yes	49.4	421
No	0.0	637
Nutritional status³		
Thin	15.5	91
Normal	18.1	591
Overweight	23.0	309
Obese	23.6	50
Not weighed and measured	*	16
Residence		
Urban	22.8	343
Rural	18.1	714
Division		
Barishal	16.8	56
Chattogram	29.1	157
Dhaka	20.2	267
Khulna	19.4	152
Mymensingh	16.8	54
Rajshahi	10.9	166
Rangpur	16.9	152
Sylhet	30.3	54
Education		
No education	16.9	274
Primary incomplete	12.9	104
Primary complete	12.5	124
Secondary incomplete	20.7	187
Secondary complete or higher	25.5	368
Missing	*	0

Continued...

Table 14.4.2—Continued

Background characteristic	Prevalence of controlled hypertension ¹	Number of men with hypertension ²
Wealth quintile		
Lowest	14.5	131
Second	10.3	180
Middle	20.4	188
Fourth	17.2	225
Highest	28.0	333
Total	19.7	1,058

Note: When a respondent's SBP and DBP fell into different classifications, the respondent was grouped in the higher blood pressure classification. If blood pressure was measured three times, the average of the second and third blood pressure measurements was used to classify individuals with respect to hypertension. If the third blood pressure measurement was missing, the second measurement was considered the average. If the second and the third blood pressure measurements were missing, the first measurement was considered the average.

Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

SBP = systolic blood pressure

DBP = diastolic blood pressure

¹ Controlled hypertension is measured among persons with hypertension and is defined as having an SBP less than 140 and DBP less than 90 mmHg and currently taking antihypertensive medication.

² Individuals were classified as having hypertension if, at the time of the survey, they had an average SBP level of 140 mmHg or above or an average DBP level of 90 mmHg or above or were currently taking antihypertensive medication. The term hypertension as used in this table is not meant to represent a clinical diagnosis of the disease; rather, it provides a statistical description of the survey population at the time of the survey.

³ Nutritional status is defined using body mass index (BMI) for men age 20–49 and BMI-for-age for men age 15–19 as presented in Tables 11.11.3 and 11.11.4.

Table 14.5.1 Blood glucose measured and medication prescribed to and taken by women

Percentage of women age 18 and above who have ever had their blood glucose measured by a doctor or other health worker and percentage who have been told by a doctor or other health worker that they have high blood glucose or diabetes, and among women who have been told they have high blood glucose, percentage told in the past 12 months they have high blood glucose or diabetes, percentage prescribed medication to control their blood glucose, and percentage taking medication to control their blood glucose, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage who ever had blood glucose measured by a doctor or other health worker	Percentage ever told they have high blood glucose or diabetes by a doctor or other health worker	Number of women	Among women who have been told by a doctor or other health worker they have high blood glucose or diabetes, percentage who were:			Number of women
				Told in the past 12 months they have high blood glucose or diabetes	Prescribed medication to control their blood glucose	Taking medication to control their blood glucose	
Age							
18–34	28.3	1.5	3,679	86.6	75.0	66.2	56
18–19	12.8	0.0	579	*	*	*	0
20–24	25.5	0.5	1,115	*	*	*	5
25–29	32.6	1.4	994	*	*	*	14
30–34	36.0	3.7	991	(83.8)	(68.8)	(65.3)	37
35+	43.6	9.8	4,477	89.5	86.9	74.7	437
35–39	38.2	5.0	913	87.2	87.9	71.6	45
40–44	44.3	9.1	748	83.3	77.0	63.4	68
45–49	47.0	9.5	635	94.2	92.3	77.1	60
50–54	47.7	14.4	480	89.7	88.0	75.8	69
55–59	51.7	13.6	503	94.8	91.9	82.1	68
60–64	42.7	12.5	448	82.6	80.8	69.2	56
65–69	40.4	11.6	298	(96.9)	(86.4)	(81.4)	35
70 and above	38.1	8.0	452	(89.4)	(93.1)	(81.5)	36
Nutritional status¹							
Thin	23.7	2.8	1,004	(77.5)	(91.8)	(53.0)	28
Normal	33.3	5.1	4,022	87.9	83.4	69.0	205
Overweight	50.1	9.0	2,057	90.6	85.3	78.6	186
Obese	59.7	11.4	585	95.2	89.2	82.5	66
Not weighed and measured	7.2	1.6	489	*	*	*	8
Residence							
Urban	43.2	8.5	2,274	89.8	85.7	76.6	194
Rural	34.2	5.1	5,882	88.8	85.4	71.9	299
Division							
Barishal	31.5	5.5	509	84.2	76.8	60.3	28
Chattogram	42.1	6.7	1,492	93.9	91.3	84.7	101
Dhaka	37.4	7.4	1,980	91.2	86.5	76.8	146
Khulna	46.8	6.9	961	88.6	87.0	71.6	67
Mymensingh	29.3	4.0	657	(90.5)	(90.0)	(73.9)	26
Rajshahi	40.1	5.7	1,068	84.8	76.7	61.9	61
Rangpur	26.5	4.0	931	(77.5)	(82.5)	(63.9)	37
Sylhet	26.2	4.9	558	92.0	83.7	75.0	27
Education							
No education	34.3	7.3	2,263	87.3	85.9	66.7	166
Primary incomplete	38.2	7.0	997	91.7	86.6	80.0	70
Primary complete	34.1	6.2	956	95.5	88.2	78.6	59
Secondary incomplete	35.5	5.0	2,146	84.0	84.2	74.0	107
Secondary complete or higher	41.7	5.1	1,791	92.8	83.9	78.3	91
Missing	*	*	3	*	*	*	0
Wealth quintile							
Lowest	20.6	2.7	1,411	(85.1)	(80.5)	(47.6)	39
Second	29.2	4.3	1,608	79.6	78.7	69.2	70
Middle	35.0	4.5	1,634	84.0	88.2	65.3	74
Fourth	41.0	6.5	1,709	89.2	81.2	69.9	112
Highest	53.5	11.1	1,794	95.2	90.3	85.6	199
Total	36.7	6.0	8,156	89.2	85.5	73.7	493

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Nutritional status is defined using body mass index (BMI) for women age 20–49 and BMI-for-age for women age 15–19 as presented in Tables 11.11.1 and 11.11.2. Excludes pregnant women.

Table 14.5.2 Blood glucose measured and medication prescribed to and taken by men

Percentage of men age 18 and above who have ever had their blood glucose measured by a doctor or other health worker and percentage who have been told by a doctor or other health worker that they have high blood glucose or diabetes, and among men who have been told they have high blood glucose, percentage told in the past 12 months they have high blood glucose or diabetes, percentage prescribed medication to control their blood glucose, and percentage taking medication to control their blood glucose, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Percentage who ever had blood glucose measured by a doctor or other health worker	Percentage ever told they have high blood glucose or diabetes by a doctor or other health worker	Number of men	Among men who have been told by a doctor or other health worker they have high blood glucose or diabetes, percentage who were:			Number of men
				Told in the past 12 months they have high blood glucose or diabetes	Prescribed medication to control their blood glucose	Taking medication to control their blood glucose	
Age							
18–34	11.3	0.6	2,518	*	*	*	15
18–19	3.1	0.3	375	*	*	*	1
20–24	5.9	0.2	785	*	*	*	1
25–29	14.8	0.4	691	*	*	*	2
30–34	18.7	1.5	666	*	*	*	10
35+	32.8	6.3	4,336	92.0	91.4	76.2	275
35–39	27.6	2.6	807	(85.9)	(88.5)	(76.7)	21
40–44	24.5	3.1	683	*	*	*	21
45–49	31.2	6.8	594	(89.4)	(94.2)	(79.9)	40
50–54	36.9	9.6	545	(98.5)	(96.7)	(70.5)	52
55–59	35.7	8.2	413	(92.8)	(88.1)	(72.0)	34
60–64	38.6	7.1	421	(92.3)	(88.1)	(77.3)	30
65–69	36.9	12.0	358	(92.0)	(95.6)	(86.9)	43
70 and above	39.9	6.7	514	(91.9)	(90.1)	(71.8)	35
Nutritional status¹							
Thin	16.4	1.8	1,039	*	*	*	18
Normal	24.7	4.5	3,987	91.4	90.3	76.9	180
Overweight	43.3	7.0	1,077	95.7	92.5	70.3	75
Obese	61.4	13.2	117	*	*	*	15
Not weighed and measured	2.4	0.3	633	*	*	*	2
Residence							
Urban	28.9	6.1	1,970	95.2	94.2	74.8	119
Rural	23.3	3.5	4,883	88.8	88.8	73.5	171
Division							
Barishal	21.6	2.9	406	*	*	*	12
Chattogram	30.0	5.0	1,157	95.9	94.2	82.0	58
Dhaka	25.1	5.0	1,737	(92.9)	(94.1)	(78.9)	86
Khulna	32.3	5.1	821	(89.9)	(87.9)	(70.8)	42
Mymensingh	19.3	2.7	555	*	*	*	15
Rajshahi	26.0	4.2	912	(91.7)	(94.0)	(66.5)	38
Rangpur	18.6	2.4	826	(78.3)	(86.7)	(74.2)	20
Sylhet	17.1	4.3	439	(88.6)	(79.8)	(68.7)	19
Education							
No education	22.2	2.5	1,613	(89.8)	(89.3)	(62.6)	41
Primary incomplete	22.0	2.8	962	(87.5)	(94.6)	(80.2)	27
Primary complete	21.4	4.1	904	(88.4)	(91.1)	(73.5)	37
Secondary incomplete	21.9	3.3	1,439	88.9	85.2	64.4	48
Secondary complete or higher	32.6	7.2	1,919	94.4	92.9	79.7	137
Missing	*	*	16	*	*	*	0
Wealth quintile							
Lowest	14.3	1.2	1,222	*	*	*	14
Second	18.5	2.7	1,422	(72.5)	(79.2)	(53.8)	38
Middle	22.1	2.9	1,335	(88.9)	(92.3)	(76.8)	39
Fourth	27.9	3.8	1,423	90.4	88.6	73.9	54
Highest	40.0	10.0	1,450	99.0	95.1	81.8	145
Total	24.9	4.2	6,853	91.4	91.1	74.0	290

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Nutritional status is defined using body mass index (BMI) for men age 20–49 and BMI-for-age for men age 15–19 as presented in Tables 11.11.3 and 11.11.4.

Table 14.6.1 Fasting plasma glucose equivalent values and treatment status: Women

Among women age 18 and older, prevalence of raised blood glucose/diabetes, percent distribution of fasting plasma glucose (FPG) values and treatment status, and percentage with fasting plasma glucose levels below 7.0 mmol/L and taking medication, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Prevalence of diabetes ¹	Hypoglycemia (<3.9 mmol/L) (below normal)	Normoglycemia (3.9–6.0 mmol/L) (normal)		Hyperglycemia (<6.1–6.9 mmol/L) (impaired FPG or intermediate hyperglycemia)		Hyperglycemia (≥7 mmol/L) (elevated FPG)		Total	FPG <7.00 mmol/L and currently taking prescribed medication	Number of women ³
		Not taking medication ²	Taking prescribed medication	Not taking medication	Taking prescribed medication	Not taking medication	Taking prescribed medication	Not taking medication			
Age											
18–34	9.4	0.5	0.2	58.8	0.0	31.3	0.8	8.4	100.0	0.2	3,344
18–19	6.0	0.0	0.0	65.9	0.0	28.2	0.0	6.0	100.0	0.0	507
20–24	7.2	0.6	0.1	61.0	0.0	31.2	0.1	7.0	100.0	0.1	1,000
25–29	9.1	0.6	0.2	59.8	0.0	30.6	0.7	8.2	100.0	0.2	911
30–34	13.9	0.7	0.5	51.5	0.0	33.9	2.1	11.3	100.0	0.5	927
35+	22.7	0.5	0.5	44.7	1.1	32.1	6.0	15.1	100.0	1.7	4,189
35–39	16.6	0.5	0.3	50.5	0.2	32.4	3.2	12.8	100.0	0.6	867
40–44	21.1	0.1	0.2	45.0	1.2	33.7	4.5	15.2	100.0	1.4	703
45–49	25.1	0.5	0.4	39.6	0.6	34.8	6.5	17.7	100.0	0.9	594
50–54	25.3	0.7	0.7	44.6	1.2	29.4	9.0	14.4	100.0	1.9	453
55–59	29.1	1.2	0.8	42.2	1.8	27.6	8.9	17.5	100.0	2.6	475
60–64	21.2	0.5	0.8	45.3	1.4	33.0	7.1	11.9	100.0	2.2	418
65–69	24.6	0.0	0.4	41.2	2.4	34.3	7.8	14.0	100.0	2.8	266
70 and above	24.7	0.4	1.1	44.1	1.5	30.8	4.4	17.6	100.0	2.7	413
Nutritional status⁴											
Thin	10.1	0.5	0.3	58.1	0.3	31.3	1.0	8.6	100.0	0.5	985
Normal	13.5	0.5	0.3	54.1	0.6	31.9	2.7	9.9	100.0	0.9	3,919
Overweight	22.0	0.4	0.6	44.4	0.7	33.2	5.6	15.2	100.0	1.2	1,987
Obese	32.0	0.7	0.8	40.3	1.3	27.0	7.7	22.3	100.0	2.0	555
Not weighed and measured	23.1	1.2	1.8	46.7	0.7	29.0	4.8	15.7	100.0	2.6	86
Residence											
Urban	23.6	0.2	0.7	42.4	0.8	33.8	5.6	16.5	100.0	1.5	1,987
Rural	14.3	0.6	0.3	54.0	0.5	31.0	3.0	10.5	100.0	0.8	5,547
Division											
Barishal	15.6	0.6	0.1	52.6	0.6	31.2	2.8	12.0	100.0	0.7	475
Chattogram	18.3	0.1	0.2	46.6	0.5	35.0	5.2	12.4	100.0	0.7	1,407
Dhaka	22.6	0.5	0.7	42.5	1.2	34.3	4.3	16.4	100.0	1.9	1,676
Khulna	14.1	0.2	0.5	56.5	0.5	29.3	4.2	8.9	100.0	0.9	910
Mymensingh	11.6	0.8	0.3	61.8	0.6	25.8	2.1	8.6	100.0	0.9	631
Rajshahi	11.9	0.8	0.5	60.9	0.3	26.4	2.8	8.3	100.0	0.8	1,019
Rangpur	16.5	1.0	0.2	49.7	0.3	32.9	2.2	13.8	100.0	0.5	887
Sylhet	15.9	0.4	0.3	48.4	0.4	35.4	3.2	12.0	100.0	0.7	528
Education											
No education	20.3	0.7	0.4	48.2	0.7	30.8	4.1	15.1	100.0	1.2	2,106
Primary incomplete	19.5	0.1	0.6	44.8	0.9	35.6	4.2	13.8	100.0	1.5	948
Primary complete	15.8	0.9	0.2	49.6	0.8	33.7	3.7	11.1	100.0	1.0	885
Secondary incomplete	14.5	0.7	0.3	53.7	0.3	31.1	3.4	10.5	100.0	0.6	2,005
Secondary complete or higher	13.8	0.2	0.5	55.7	0.7	30.3	3.1	9.6	100.0	1.1	1,586
Missing	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	100.0	0.0	3
Wealth quintile											
Lowest	10.5	0.8	0.1	59.3	0.2	29.3	1.1	9.2	100.0	0.3	1,352
Second	13.8	0.6	0.3	54.6	0.2	31.0	2.6	10.7	100.0	0.5	1,520
Middle	14.8	0.5	0.1	50.8	0.5	33.9	2.5	11.6	100.0	0.6	1,529
Fourth	18.2	0.4	0.4	49.0	0.6	32.3	3.9	13.3	100.0	0.9	1,583
Highest	25.6	0.3	1.1	42.2	1.5	31.9	7.7	15.2	100.0	2.6	1,550
Total	16.8	0.5	0.4	51.0	0.6	31.8	3.7	12.1	100.0	1.0	7,533

Note: The HemoCue Glucose 201 DM plasma conversion system automatically converted the fasting whole blood glucose measurements taken in the survey to fasting plasma glucose equivalent values. These estimates provide a cross-sectional assessment of fasting plasma glucose equivalent values in the surveyed population at the time of the BDHS interviews. Prevalence of raised FPG does not represent a clinical diagnosis of diabetes as FPG alone is not used for a clinical diagnosis.

¹ Individuals were classified as having diabetes if they reported taking medication for diabetes or had a fasting blood glucose of ≥7.0 mmol/L.

² There were no cases of women with hypoglycemia taking prescribed medication.

³ Includes pregnant women

⁴ Nutritional status is defined using body mass index (BMI) for women age 20–49 and BMI-for-age for women age 15–19 as presented in Tables 11.11.1 and 11.11.2.

Table 14.6.2 Fasting plasma glucose equivalent values and treatment status: Men

Among men age 18 and older, prevalence of raised blood glucose/diabetes, percent distribution of fasting plasma glucose (FPG) values and treatment status, and percentage with fasting plasma glucose levels below 7.0 mmol/L and taking medication, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Prevalence of diabetes ¹	Hypo-glycemia (<3.9 mmol/L) (below normal)	Normoglycemia (3.9–6.0 mmol/L) (normal)		Hyperglycemia (<6.1–6.9 mmol/L) (impaired FPG or intermediate hyperglycemia)		Hyperglycemia (≥7 mmol/L) (elevated FPG)		Total	FPG <7.00 mmol/L and currently taking prescribed medication	Number of men
		Not taking medication ²	Taking prescribed medication	Not taking medication	Taking prescribed medication	Not taking medication	Taking prescribed medication	Not taking medication			
Age											
18–34	8.1	0.6	0.0	55.7	0.1	35.6	0.1	7.9	100.0	0.1	2,192
18–19	7.7	1.2	0.0	57.6	0.0	33.5	0.0	7.7	100.0	0.0	345
20–24	6.4	0.3	0.0	58.3	0.0	35.0	0.0	6.4	100.0	0.0	679
25–29	8.2	0.7	0.0	58.0	0.0	33.1	0.0	8.2	100.0	0.0	604
30–34	10.3	0.3	0.0	49.0	0.5	40.3	0.4	9.4	100.0	0.5	565
35+	19.4	0.4	0.7	46.4	0.4	33.9	4.3	14.0	100.0	1.1	3,890
35–39	12.2	0.3	0.2	47.9	0.0	39.7	2.0	9.9	100.0	0.2	714
40–44	15.4	0.0	0.2	50.7	0.1	33.9	2.3	12.8	100.0	0.3	593
45–49	21.9	0.4	0.9	41.9	0.4	35.9	4.9	15.8	100.0	1.2	526
50–54	22.7	0.3	0.1	46.9	0.5	30.1	6.8	15.3	100.0	0.7	497
55–59	20.8	0.9	0.6	43.5	0.3	34.8	5.5	14.4	100.0	1.0	377
60–64	21.3	0.2	0.9	45.1	0.0	33.5	5.1	15.2	100.0	1.0	379
65–69	25.7	0.4	3.0	45.2	1.0	28.7	7.0	14.6	100.0	4.1	336
70 and above	22.3	0.7	0.9	47.3	1.3	29.7	3.1	17.0	100.0	2.2	467
Nutritional status ³											
Thin	10.6	0.6	0.3	52.7	0.2	36.0	0.6	9.6	100.0	0.4	1,006
Normal	14.9	0.4	0.5	50.8	0.3	33.9	2.7	11.3	100.0	0.8	3,888
Overweight	20.0	0.3	0.5	44.2	0.4	35.5	4.1	14.9	100.0	1.0	1,036
Obese	22.0	1.8	0.6	45.1	0.0	31.2	9.9	11.5	100.0	0.6	113
Not weighed and measured	38.5	0.0	0.0	22.2	0.0	39.3	4.7	33.9	100.0	0.0	38
Residence											
Urban	20.7	0.1	0.9	42.0	0.3	37.1	4.4	15.2	100.0	1.1	1,615
Rural	13.4	0.6	0.3	52.5	0.3	33.5	2.2	10.6	100.0	0.6	4,467
Division											
Barishal	12.1	0.2	0.0	55.5	0.4	32.2	1.5	10.2	100.0	0.4	369
Chattogram	17.2	0.3	0.3	45.3	0.6	37.2	3.6	12.7	100.0	0.9	1,050
Dhaka	19.7	0.1	1.0	40.9	0.1	39.2	3.9	14.7	100.0	1.1	1,357
Khulna	15.4	0.8	0.6	54.9	0.1	28.9	3.3	11.5	100.0	0.7	754
Mymensingh	9.7	0.4	0.0	58.2	0.1	31.6	1.6	8.0	100.0	0.1	520
Rajshahi	11.0	1.1	0.5	60.4	0.6	27.5	2.0	7.9	100.0	1.1	842
Rangpur	14.7	0.3	0.2	48.0	0.3	36.9	1.5	12.8	100.0	0.5	778
Sylhet	16.1	0.4	0.5	45.9	0.1	37.6	2.5	13.0	100.0	0.6	411
Education											
No education	13.6	0.5	0.1	51.2	0.3	34.7	1.3	11.8	100.0	0.5	1,446
Primary incomplete	14.9	0.2	0.4	48.8	0.0	36.0	2.1	12.4	100.0	0.4	876
Primary complete	14.9	0.7	0.9	53.7	0.2	30.8	2.3	11.5	100.0	1.0	796
Secondary incomplete	13.3	0.1	0.1	50.3	0.2	36.4	2.1	10.8	100.0	0.3	1,273
Secondary complete or higher	18.8	0.7	0.9	46.7	0.6	33.8	5.1	12.3	100.0	1.4	1,679
Missing	19.8	0.0	0.0	47.3	0.0	32.9	0.0	19.8	100.0	0.0	12
Wealth quintile											
Lowest	9.5	0.4	0.1	56.4	0.1	33.7	0.3	9.0	100.0	0.2	1,136
Second	10.1	0.6	0.3	55.6	0.0	33.7	1.3	8.5	100.0	0.3	1,309
Middle	15.5	0.4	0.5	49.9	0.1	34.2	1.9	13.0	100.0	0.6	1,190
Fourth	16.7	0.3	0.4	46.9	0.2	36.2	2.5	13.5	100.0	0.7	1,256
Highest	25.1	0.5	1.0	39.8	1.1	34.5	7.8	15.2	100.0	2.1	1,191
Total	15.3	0.4	0.5	49.7	0.3	34.5	2.8	11.8	100.0	0.8	6,082

Note: The HemoCue Glucose 201 DM plasma conversion system automatically converted the fasting whole blood glucose measurements taken in the survey to fasting plasma glucose equivalent values. These estimates provide a cross-sectional assessment of fasting plasma glucose equivalent values in the surveyed population at the time of the BDHS interviews. Prevalence of raised FPG does not represent a clinical diagnosis of diabetes as FPG alone is not used for a clinical diagnosis.

¹ Individuals were classified as having diabetes if they reported taking medication for diabetes or had a fasting blood glucose of ≥7.0 mmol/L.

² There were no cases of men with hypoglycemia taking prescribed medication.

³ Nutritional status is defined using body mass index (BMI) for men age 20–49 and BMI-for-age for men age 15–19 as presented in Tables 11.11.3 and 11.11.4.

Key Findings

- **Prevalence of symptoms of anxiety according to a standard definition:** One in five women age 15–49 have symptoms of anxiety (GAD-7 scores of 6 or higher).
- **Prevalence of symptoms of depression according to a standard definition:** 5% of women age 15–49 have symptoms of depression (PHQ-9 scores of 10 or higher).
- **Diagnosis of anxiety or depression:** 7% of women were ever told by a health care provider that they had anxiety, and 4% were ever told that they had depression.
- **Treatment:** 6% of women with symptoms of anxiety took medicine prescribed by a health care provider for depression or anxiety in the 2 weeks preceding the survey; 10% of women with symptoms of depression took such medicine.
- **Care seeking and providers:** 12% of women who reported experiencing any symptoms of anxiety or depression in the 2 weeks preceding the survey reported that they had ever sought help.

Mental health is an integral component of overall health and well-being. Globally, approximately one in eight people experience a mental disorder, with anxiety disorders and depression ranking among the most prevalent mental health issues (Risal 2011; WHO 2022). In Bangladesh, barriers such as lack of awareness, persisting stigma, discrimination against mental health issues, and limited service accessibility hinder people from seeking proper care. Various screening tools exist to assess mental health conditions at a societal level. The 2022 BDHS included a module on mental health encompassing two widely used tools to screen for symptoms of anxiety and depression along with questions on care seeking and treatment.

To evaluate symptoms of anxiety, the Mental Health Module incorporates the Generalized Anxiety Disorder 7 scale (GAD-7), a set of seven items designed to assess the primary characteristic of anxiety: persistent and impairing worry (Spitzer et al. 2006a). In addition, the GAD-7 captures attributes related to three other common anxiety disorders: panic disorder, social anxiety disorder, and posttraumatic stress disorder. The scale demonstrates strong reliability and as well as criterion, construct, factorial, and procedural validity (Spitzer et al. 2006b). Furthermore, it exhibits an 89% sensitivity and 82% specificity in detecting general anxiety disorder through a threshold score of 10 (Kroenke et al. 2007).

To assess symptoms of depression, the module includes nine items from the Patient Health Questionnaire, or PHQ-9 (Kroenke and Spitzer 2002). The questions in the PHQ-9 are based on the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* criteria for diagnosis of depression (American Psychiatric Association 2013). The PHQ-9 is a reliable and valid measure of depression severity. A score of 10 or more has a sensitivity of 88% and a specificity of 88% for major depression (Kroenke et al. 2001).

Both scales focus on symptoms experienced in the 2 weeks preceding the survey. Severity of symptoms for both tools is depicted using a Likert scale in which scores of 0, 1, 2, and 3 are assigned to the response categories “not at all” (never), “several days” (rarely), “more than half the days” (often), and “nearly every day” (always), respectively. A total score is generated by adding the scores of individual items. In the 2022

BDHS, severity of symptoms was assessed using the validated Water Glass Pictorial Scale, whereby an empty glass indicates “never,” a glass one-fourth filled indicates “rarely,” a half-filled glass indicates “often,” and a glass three-fourths filled indicates “always.” This visual chart was helpful in capturing the perceptions of respondents and contextualizing reported severity of symptoms; diagnostic screening was not performed.

Upon completion of the Mental Health Module, respondents who had a score of 10 or higher on the PHQ-9 and/or answered “rarely,” “often,” or “always” on the PHQ-9 suicidal ideation question were provided with a referral for mental health services.

15.1 SYMPTOMS OF ANXIETY

Table 15.1 shows the distribution of responses to each individual item in the GAD-7: (a) feeling nervous, anxious, or on edge; (b) not being able to stop or control worrying; (c) worrying too much about different things; (d) trouble relaxing; (e) being so restless that it is hard to sit still; (f) becoming easily annoyed or irritable; and (g) feeling afraid as if something awful might happen.

The most common symptoms of anxiety that women experienced “often” or “always” were feeling nervous anxious or on edge (11%), worrying too much about different things (8%), and becoming irritable (6%).

Severity of Symptoms of Anxiety

GAD-7 score

The sum of the scores on each of the seven items in the GAD-7 forms the overall score. Each symptom in the GAD-7 is assigned a score of 0, 1, 2, or 3 depending on how frequently the respondent reported experiencing that symptom in the 2 weeks preceding the survey:

0 – Never

1 – Rarely

2 – Often

3 – Always

GAD-7 scores range from a minimum of 0 to a maximum of 21. Higher scores are associated with more severe symptoms of anxiety.

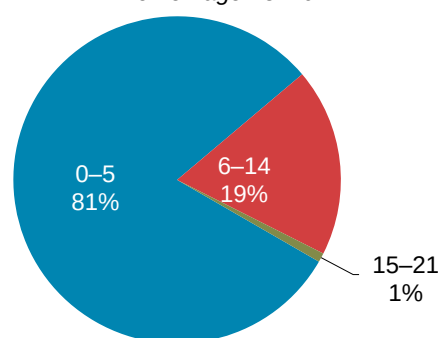
Sample: Ever-married women age 15–49

A GAD-7 score of 0–5 is considered mild, while a score of 6–14 is considered moderate and 15–21 is considered severe (Spitzer et al. 2006b). Nineteen percent of women age 15–49 had a GAD score of 6–14, and 1% of women had a score of 15–21 (**Figure 15.1**). Combined, 20% of women had a GAD score of 6 or more and 81% had a score of 0–5.

For the purpose of international comparison, in this report respondents age 15–49 are considered to have symptoms of anxiety if their GAD-7 score is 6 or higher. Overall, 20% of ever-married women reported experiencing symptoms of anxiety in the 2 weeks preceding the survey (**Table 15.2**).

Figure 15.1 Severity of anxiety (GAD-7)

Percent distribution of ever-married women age 15–49

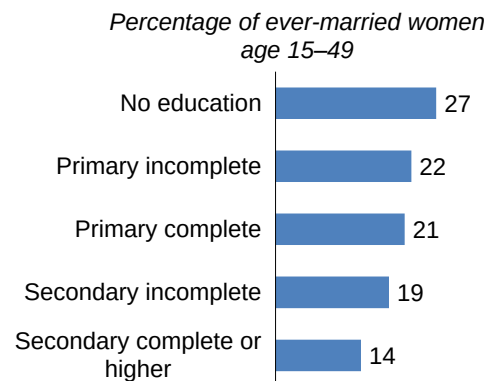


Note: Values in figure may not add up to 100% due to rounding.

Patterns by background characteristics

- The likelihood of experiencing symptoms of anxiety increases with age. Twenty-six percent of women in the 45–49 age group reported having symptoms of anxiety, as compared with 13% of those in the 15–19 age group.
- By division, the percentage of women who reported experiencing symptoms of anxiety is highest in Rangpur (26%).
- Women with no education reported experiencing symptoms of anxiety more frequently than those with a secondary education or higher (27% and 14%, respectively) (**Figure 15.2**).
- Similarly, women in the lowest wealth quintile reported a higher incidence of anxiety symptoms than those in the highest wealth quintile (22% versus 16%).

Figure 15.2 Symptoms of anxiety by education



15.2 SYMPTOMS OF DEPRESSION

Table 15.3 shows the distribution of responses to each individual item in the PHQ-9: (a) little interest or pleasure in doing things; (b) feeling down, depressed, or hopeless; (c) trouble falling asleep or staying asleep or sleeping too much; (d) feeling tired or having little energy; (e) poor appetite or overeating; (f) feeling bad about yourself or that you are a failure or have let yourself or your family down; (g) trouble concentrating on things such as reading the newspaper or watching television; (h) moving or speaking so slowly that other people could have noticed or the opposite (being so fidgety or restless that you have been moving around a lot more than usual); and (i) thoughts that you would be better off dead or of hurting yourself in some way.

The most common symptoms of depression that women reported having experienced “often” or “always” were feeling tired or having little energy (10%); trouble falling asleep or staying asleep or sleeping too much (9%); feeling down, depressed, or hopeless (6%); and poor appetite or overeating (6%). Eight percent of women said that they thought they would be better off dead or thought of hurting themselves in some way.

Severity of Symptoms of Depression

PHQ-9 score

The sum of the scores on each of the nine items in the PHQ-9 forms the overall score. Each symptom in the PHQ-9 is assigned a score of 0, 1, 2, or 3 depending on how frequently the respondent reported experiencing that symptom in the 2 weeks preceding the survey:

0 – Never

1 – Rarely

2 – Often

3 – Always

PHQ-9 scores range from a minimum of 0 to a maximum of 27. Higher scores are associated with more severe symptoms of depression.

Sample: Ever-married women age 15–49

Table 15.4 shows the distribution of ever-married women according to the severity of symptoms of depression. A PHQ-9 score of 0–4 is considered minimal symptoms or no symptoms, a score of 5–9 is considered mild, 10–14 is considered moderate, 15–19 is considered moderately severe, and 20–27 is considered severe (Kroenke et al. 2001). Twenty-four percent of women age 15–49 had a PHQ-9 score of 5–9, and 4% had a score of 10–14 (**Figure 15.3**). Less than 2% of women had a PHQ-9 score of 15–19 or higher (**Figure 15.3**).

For international comparison, in this report respondents are considered to have symptoms of depression if their PHQ-9 score is 10 or higher. Overall, 5% of women age 15–49 reported experiencing symptoms of depression during the 2 weeks preceding the survey (**Table 15.4**).

Patterns by background characteristics

- Women age 45–49 more often reported experiencing symptoms of depression than those in other age groups (7%). Women age 20–24 reported the least occurrence of such symptoms (3%).
- By division, Rangpur has the highest proportion of women reporting symptoms of depression (8%), whereas Rajshahi has the lowest proportion (4%).
- Seven percent of women with no education reported experiencing symptoms of depression, as compared with 4% of women with a secondary education or higher (**Figure 15.4**).
- Similarly, women from the lowest wealth quintile more often reported experiencing depressive symptoms (6%) than their counterparts in the highest wealth quintile (4%).

Figure 15.3 Severity of depression (PHQ)

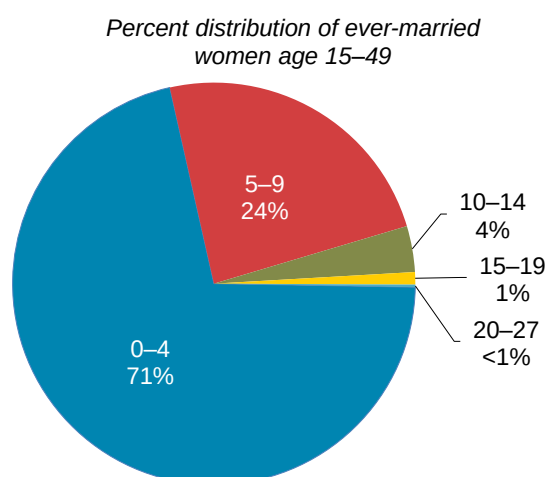
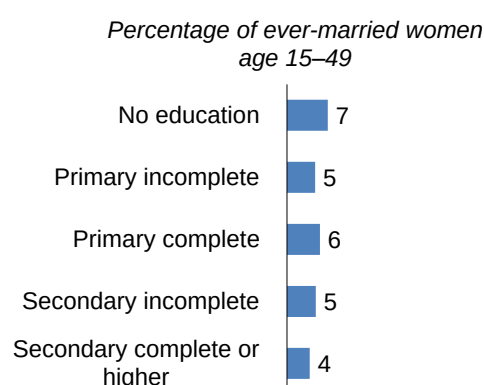


Figure 15.4 Symptoms of depression by education



15.3 TREATMENT FOR SYMPTOMS OF ANXIETY AND DEPRESSION

Regardless of their scores on the GAD-7 or PHQ-9, all respondents were asked (a) if a health care provider had ever told them that they had anxiety or depression and (b) if they had taken medicine in the 2 weeks before the survey that was prescribed by a health care provider for anxiety or depression.

Seven percent of ever-married women age 15–49 were ever told by a health care provider that they had anxiety, while 4% were ever told that they had depression. Two percent of ever-married women reported taking medicine prescribed by a health care provider for depression or anxiety in the past 2 weeks (**Table 15.5**).

Patterns by background characteristics

- Four percent of women age 15–19 were diagnosed by a health care provider with anxiety and 3% were diagnosed with depression, as compared with 11% and 6%, respectively, among women age 45–49. Women in the 45–49 age group were more likely to take medication for depression or anxiety (**Table 15.5**).
- Seventeen percent of women with a GAD-7 score of 6 or more were ever told by a health care provider that they had anxiety, and 11% were ever told they had depression. Six percent took medicine prescribed by a health care provider for depression or anxiety in the 2 weeks preceding the survey.
- Among women with symptoms of depression (PHQ-9 score of 10 or more), 21% were ever told by a health care provider that they had anxiety, and 15% were ever told that they had depression. Ten percent of women with a score of 10 or more took medicine prescribed by a health care provider for depression or anxiety in the 2 weeks before the survey.
- A higher proportion of women with no education were diagnosed with anxiety and depression by a health care provider (8% and 5%, respectively) than women with a secondary education or higher (6% versus 4%). However, women in the two groups were equally likely to be taking prescribed medication (2% each).

15.4 CARE SEEKING FOR SYMPTOMS OF ANXIETY AND DEPRESSION

Respondents who said that they had experienced any symptoms of anxiety or depression during the 2 weeks before the survey, regardless of frequency (that is, respondents with a score of 1 or higher on either the GAD-7 or PHQ-9), were asked if they had ever sought help. Twelve percent of ever-married women who experienced any symptoms of anxiety or depression in the 2 weeks preceding the survey reported seeking help (**Table 15.5**).

Patterns by background characteristics

- Twenty-one percent of women with symptoms of anxiety (GAD-7 score of 6 or more) have ever sought help, while 9% of women with a GAD-7 score of 0–5 have ever sought help (**Table 15.5**).
- Twenty-two percent of women with a PHQ-9 score of 10 or more have ever sought help, as compared with 11% of women with a PHQ-9 score of 0–9 (**Table 15.5**).
- By division, the percentage of women with symptoms of anxiety or depression who sought assistance is highest in Khulna (15%) and lowest in Barishal (6%).
- Women with no education are less likely to have sought help than those with a secondary education or higher (10% versus 12%).

15.5 SYMPTOMS OF ANXIETY OR DEPRESSION ADJUSTED FOR TREATMENT

People with anxiety or depression who are receiving treatment may experience fewer symptoms or no symptoms at all. To better understand the burden of anxiety and depression at the population level, including individuals whose symptoms may be effectively managed through treatment, **Table 15.6** shows the percentage of ever-married women who were experiencing symptoms of anxiety or depression and were receiving treatment from a health care provider, defined as taking medication prescribed for anxiety or depression within the past 2 weeks.

Twenty percent of women reported symptoms of anxiety or are taking anxiety medication prescribed by a health care professional, while only 7% of women reported symptoms of depression or are taking prescribed medication (**Table 15.6**).

Patterns by background characteristics

- Anxiety is most common among women in the 45–49 age group (27%) and less common among younger women. This trend is consistent for depression as well (**Table 15.6**).
- By division, women in Rangpur are most likely to exhibit both anxiety and depression symptoms (26% and 9%, respectively). Women in Dhaka are least likely to experience anxiety (18%), while women in Mymensingh are least likely to experience depression (5%).
- Women with no education have higher levels of both anxiety and depression (27% and 8%, respectively) than women with a secondary education or higher (15% and 5%, respectively).

LIST OF TABLES

For more information on mental health, see the following tables:

- **Table 15.1** Symptoms of anxiety
- **Table 15.2** Severity of symptoms of anxiety
- **Table 15.3** Symptoms of depression
- **Table 15.4** Severity of symptoms of depression
- **Table 15.5** Care seeking and treatment for symptoms of anxiety or depression
- **Table 15.6** Prevalence of symptoms of anxiety and depression adjusted for treatment

Table 15.1 Symptoms of anxiety

Percent distribution of ever-married women age 15–49 by frequency of symptoms of anxiety in the 2 weeks preceding the survey, according to specific symptoms included in the Generalized Anxiety Disorder 7 (GAD-7) scale, Bangladesh DHS 2022

Symptom of anxiety	Never	Rarely	Often	Always	Don't know/ no answer	Total	Number of respondents
Feeling nervous, anxious, or on edge	41.7	47.1	7.1	4.1	0.0	100.0	20,029
Not being able to stop or control worrying	65.7	29.3	3.4	1.6	0.0	100.0	20,029
Worrying too much about different things	53.4	38.3	6.1	2.2	0.0	100.0	20,029
Trouble relaxing	72.4	22.8	3.5	1.3	0.0	100.0	20,029
Being so restless that it is hard to sit still	72.5	23.2	3.1	1.1	0.0	100.0	20,029
Becoming easily annoyed or irritable	56.3	37.3	4.6	1.8	0.0	100.0	20,029
Feeling afraid as if something awful might happen	83.5	13.8	2.0	0.7	0.0	100.0	20,029

Table 15.2 Severity of symptoms of anxiety

Percent distribution of ever-married women age 15–49 by their Generalized Anxiety Disorder 7 (GAD-7) score, and percentage with symptoms of anxiety, according to background characteristics, Bangladesh DHS 2022

Background characteristic	GAD-7 score			Total	Percentage with symptoms of anxiety ¹	Number of women
	0–5	6–14	15–21			
Age						
15–19	87.1	12.5	0.4	100.0	12.9	1,729
20–24	87.1	12.1	0.7	100.0	12.9	3,289
25–29	83.0	16.3	0.7	100.0	17.0	3,523
30–34	79.2	19.8	1.1	100.0	20.8	3,437
35–39	76.5	22.3	1.2	100.0	23.5	3,344
40–44	76.5	22.6	0.9	100.0	23.5	2,546
45–49	74.1	24.5	1.4	100.0	25.9	2,160
Residence						
Urban	82.1	17.4	0.6	100.0	17.9	5,700
Rural	79.9	19.0	1.1	100.0	20.1	14,328
Division						
Barishal	81.1	18.2	0.7	100.0	18.9	1,199
Chattogram	78.6	19.9	1.5	100.0	21.4	3,749
Dhaka	83.4	16.3	0.3	100.0	16.6	5,080
Khulna	79.9	19.0	1.1	100.0	20.1	2,389
Mymensingh	83.0	16.4	0.6	100.0	17.0	1,527
Rajshahi	82.2	17.2	0.6	100.0	17.8	2,625
Rangpur	74.4	24.5	1.1	100.0	25.6	2,291
Sylhet	79.7	17.9	2.3	100.0	20.3	1,169
Education						
No education	73.5	25.2	1.3	100.0	26.5	2,754
Primary incomplete	77.6	21.3	1.1	100.0	22.4	2,630
Primary complete	78.7	20.4	0.9	100.0	21.3	2,669
Secondary incomplete	81.3	17.8	0.9	100.0	18.7	7,131
Secondary complete or higher	85.9	13.5	0.6	100.0	14.1	4,844
Wealth quintile						
Lowest	77.7	21.2	1.1	100.0	22.3	3,583
Second	78.4	20.4	1.1	100.0	21.6	4,028
Middle	80.9	17.9	1.2	100.0	19.1	4,135
Fourth	81.1	18.2	0.7	100.0	18.9	4,189
Highest	84.0	15.5	0.5	100.0	16.0	4,094
Total	80.5	18.6	0.9	100.0	19.5	20,029

¹ Respondents with a score of 6 or higher on the GAD-7

Table 15.3 Symptoms of depression

Percent distribution of ever-married women age 15–49 by frequency of symptoms of depression in the 2 weeks preceding the survey, according to specific symptoms included in the Patient Health Questionnaire (PHQ)-9, Bangladesh DHS 2022

Symptom of depression	Never	Rarely	Often	Always	Don't know/ No answer	Total	Number of respondents
Little interest or pleasure in doing things	58.7	36.2	3.9	1.2	0.0	100.0	20,029
Feeling down, depressed, or hopeless	58.1	35.8	4.5	1.5	0.0	100.0	20,029
Trouble falling asleep or staying asleep or sleeping too much	56.0	35.3	6.0	2.6	0.0	100.0	20,029
Feeling tired or having little energy	43.7	46.5	7.2	2.6	0.0	100.0	20,029
Poor appetite or overeating	61.3	33.1	4.1	1.5	0.0	100.0	20,029
Feeling bad about yourself or that you are a failure or have let yourself or your family down	81.2	15.6	2.2	1.0	0.0	100.0	20,029
Trouble concentrating on things such as reading the newspaper or watching television	82.7	15.3	1.3	0.6	0.1	100.0	20,029
Moving or speaking so slowly that other people could have noticed or the opposite (being so fidgety or restless that you have been moving around a lot more than usual)	86.7	11.5	1.4	0.3	0.0	100.0	20,029
Thoughts that you would be better off dead or of hurting yourself in some way	91.6	7.0	1.0	0.4	0.0	100.0	20,029

Table 15.4 Severity of symptoms of depression

Percent distribution of ever-married women age 15–49 by their Patient Health Questionnaire (PHQ-9) score, and percentage with symptoms of depression, according to background characteristics, Bangladesh DHS 2022

Background characteristic	PHQ-9 score					Total	Percentage with symptoms of depression ¹	Number of women
	0–4	5–9	10–14	15–19	20–27			
Age								
15–19	76.2	20.2	2.9	0.5	0.2	100.0	3.7	1,729
20–24	76.7	20.0	2.3	0.7	0.3	100.0	3.2	3,289
25–29	73.2	22.2	3.6	0.9	0.1	100.0	4.6	3,523
30–34	70.5	24.4	4.0	1.0	0.2	100.0	5.2	3,437
35–39	68.0	26.6	4.1	1.2	0.2	100.0	5.4	3,344
40–44	67.3	27.3	3.8	1.3	0.3	100.0	5.4	2,546
45–49	66.2	26.5	5.4	1.6	0.3	100.0	7.3	2,160
Residence								
Urban	72.5	23.1	3.4	0.9	0.1	100.0	4.4	5,700
Rural	70.7	24.2	3.8	1.1	0.3	100.0	5.1	14,328
Division								
Barishal	70.8	24.5	3.9	0.6	0.2	100.0	4.7	1,199
Chattogram	69.5	26.3	2.7	1.1	0.4	100.0	4.2	3,749
Dhaka	74.6	21.2	3.5	0.6	0.1	100.0	4.2	5,080
Khulna	69.9	23.6	4.7	1.6	0.2	100.0	6.5	2,389
Mymensingh	74.7	21.5	2.9	0.7	0.2	100.0	3.8	1,527
Rajshahi	70.9	25.4	2.8	0.8	0.1	100.0	3.7	2,625
Rangpur	65.2	27.2	5.8	1.5	0.3	100.0	7.6	2,291
Sylhet	72.6	21.0	4.0	1.9	0.5	100.0	6.5	1,169
Education								
No education	65.5	27.6	5.2	1.3	0.3	100.0	6.8	2,754
Primary incomplete	68.8	26.5	3.6	1.1	0.1	100.0	4.7	2,630
Primary complete	69.1	25.4	4.1	1.1	0.2	100.0	5.5	2,669
Secondary incomplete	72.1	23.1	3.5	1.0	0.3	100.0	4.8	7,131
Secondary complete or higher	75.6	20.7	2.9	0.7	0.2	100.0	3.8	4,844
Wealth quintile								
Lowest	68.8	25.6	4.3	1.1	0.3	100.0	5.6	3,583
Second	69.8	25.0	4.0	0.8	0.3	100.0	5.1	4,028
Middle	70.3	24.4	4.1	1.0	0.3	100.0	5.4	4,135
Fourth	72.3	23.1	3.2	1.3	0.1	100.0	4.6	4,189
Highest	74.4	21.6	3.0	0.8	0.1	100.0	4.0	4,094
Total	71.2	23.9	3.7	1.0	0.2	100.0	4.9	20,029

¹ Respondents with a score of 10 or higher on the PHQ-9

Table 15.5 Care seeking and treatment for symptoms of anxiety or depression

Percentage of ever-married women age 15–49 who have ever been told by a health care provider that they have anxiety or depression, percentage who took medicine prescribed by a health care provider for anxiety or depression in the 2 weeks preceding the survey, and among women with any symptoms of anxiety or depression in the 2 weeks preceding the survey, percentage who have ever sought help, according to background characteristics, Bangladesh DHS 2022

Background characteristic	Ever told had anxiety	Ever told had depression	Took medicine prescribed by a health care provider for anxiety or depression in past 2 weeks	Number of women	Among women with any symptoms of anxiety or depression in the 2 weeks preceding the survey	
					Ever sought help	Number of women
Age						
15–19	3.6	2.6	1.4	1,729	9.1	1,336
20–24	4.6	2.6	1.0	3,289	10.1	2,698
25–29	6.9	4.0	1.8	3,523	11.6	2,983
30–34	6.3	3.8	1.9	3,437	12.2	3,018
35–39	8.3	5.2	2.4	3,344	13.2	2,945
40–44	9.0	5.2	3.0	2,546	12.8	2,269
45–49	10.5	6.0	3.0	2,160	13.3	1,942
GAD-7 score						
0–5	4.7	2.5	1.2	16,126	9.3	13,289
6+	16.7	11.0	5.6	3,902	20.7	3,902
PHQ-9 score						
0–9	6.3	3.6	1.6	19,042	11.3	16,205
10+	20.9	14.7	10.0	986	21.7	986
Residence						
Urban	6.6	3.7	1.8	5,700	11.1	4,847
Rural	7.2	4.4	2.1	14,328	12.2	12,344
Division						
Barishal	6.2	4.2	2.2	1,199	6.0	1,110
Chattogram	8.5	3.6	2.8	3,749	13.9	3,201
Dhaka	4.9	2.9	1.7	5,080	10.6	4,329
Khulna	9.1	5.4	1.3	2,389	15.3	2,057
Mymensingh	3.8	3.1	2.0	1,527	9.6	1,213
Rajshahi	10.6	7.6	2.6	2,625	13.6	2,228
Rangpur	6.3	4.4	1.6	2,291	12.0	2,009
Sylhet	5.5	2.4	2.1	1,169	9.1	1,044
Education						
No education	8.4	5.4	2.2	2,754	9.7	2,479
Primary incomplete	7.9	4.1	2.5	2,630	11.7	2,336
Primary complete	7.1	4.3	1.9	2,669	11.4	2,318
Secondary incomplete	6.9	4.1	2.0	7,131	12.6	6,006
Secondary complete or higher	5.8	3.6	1.8	4,844	12.4	4,053
Wealth quintile						
Lowest	6.4	3.6	1.8	3,583	10.9	3,153
Second	7.9	4.9	2.1	4,028	11.4	3,495
Middle	7.5	4.2	1.8	4,135	12.7	3,548
Fourth	6.6	4.0	2.2	4,189	12.0	3,571
Highest	6.7	4.2	2.3	4,094	12.3	3,426
Total	7.0	4.2	2.0	20,029	11.9	17,192

Table 15.6 Prevalence of symptoms of anxiety and depression adjusted for treatment

Among ever-married women age 15–49, percentage with symptoms of anxiety or receiving treatment and percentage with symptoms of depression or receiving treatment, Bangladesh DHS 2022

Background characteristic	Percentage with symptoms of anxiety or receiving treatment ¹	Percentage with symptoms of depression or receiving treatment ²	Number of women
Age			
15–19	13.9	4.8	1,729
20–24	13.4	4.0	3,289
25–29	17.9	6.0	3,523
30–34	21.7	6.5	3,437
35–39	24.6	7.3	3,344
40–44	24.8	7.8	2,546
45–49	26.9	9.3	2,160
Residence			
Urban	18.9	5.8	5,700
Rural	21.0	6.7	14,328
Division			
Barishal	20.1	6.4	1,199
Chattogram	22.7	6.3	3,749
Dhaka	17.6	5.6	5,080
Khulna	20.7	7.4	2,389
Mymensingh	18.2	5.4	1,527
Rajshahi	18.9	5.7	2,625
Rangpur	26.0	8.5	2,291
Sylhet	21.2	8.1	1,169
Education			
No education	27.3	8.4	2,754
Primary incomplete	23.5	6.7	2,630
Primary complete	22.2	6.8	2,669
Secondary incomplete	19.6	6.3	7,131
Secondary complete or higher	15.1	5.3	4,844
Wealth quintile			
Lowest	23.1	6.9	3,583
Second	22.6	6.8	4,028
Middle	20.1	6.7	4,135
Fourth	19.7	6.2	4,189
Highest	17.1	5.8	4,094
Total	20.4	6.5	20,029

¹ Respondents who had a score of 6 or higher on the GAD-7 or reported taking medicine prescribed by a doctor or other health care worker for anxiety during the past 2 weeks

² Respondents who had a score of 10 or higher on the PHQ-9 or reported taking medicine prescribed by a doctor or other health care worker for depression during the past 2 weeks

Key Findings

- **Causes of death among children under age 5:** Among children under age 5, the major causes of death are pneumonia (24%), prematurity (22%), birth asphyxia (19%), congenital abnormality (7%), drowning (6%), and possible serious infections (4%).
- **Causes of death among neonates:** The major causes of death among neonates are prematurity (32%), birth asphyxia (27%), pneumonia (22%), and congenital abnormality (7%).
- **Causes of death among children age 12–59 months:** The major causes of death among children age 12–59 months are drowning (46%) and pneumonia (12%).
- **Trends in cause-specific mortality rates:** Among children under age 5, mortality due to pneumonia decreased by 1 death per 1,000 live births between 2017–18 and 2022. However, mortality due to prematurity increased from 5 to 7 deaths per 1,000 live births.

Data on causes of death are crucial in health policy planning and program monitoring (WHO 2016c). Although cause of death estimates are useful in prioritizing interventions, the availability of such data is somewhat limited in resource-constrained settings, and this is particularly the case in Bangladesh. Verbal autopsy is a method of determining cause of death based on an interview with the next of kin or caregivers who were present at the time of death or who have knowledge about the events leading to the death. This method has been commonly used in settings with limited resources where the vital registration system is weak and the majority of deaths occur outside the reach of health services.

The 2022 BDHS adopted the verbal autopsy method for estimation of causes of death among children under age 5 in Bangladesh. Previously, verbal autopsies were conducted in the 1993–94 BDHS, 1996–97 BDHS, 2004 BDHS, 2011 BDHS, and 2017–18 BDHS. The 1993–94 BDHS, 1996–97 BDHS, and 2004 BDHS assigned causes of death using computer algorithms involving a hierarchical process that followed several mutually exclusive tiers applied in sequence, whereas the 2011 BDHS, 2017–18 BDHS, and 2022 BDHS used comparable instruments and assigned causes of death through physician reviews. Therefore, the 2022 BDHS cause of death results are more comparable to the 2011 BDHS and 2017–18 BDHS estimates than to those from the other surveys.

16.1 VERBAL AUTOPSY INSTRUMENTS

The 2022 BDHS verbal autopsy instruments were adapted from the standardized 2016 WHO, 2022 WHO, and 2017–18 BDHS instruments. Separate instruments were used for neonatal deaths (age 0–28 days) and child deaths (age 1–59 months). The questionnaires included both open-ended and closed-ended questions and gathered detailed information on signs and symptoms leading to death. Information was also collected on the antenatal history of the mother and health care received by the deceased child. The questionnaires were adapted to the local context and translated into Bengali, the most commonly spoken language in Bangladesh.

16.2 DATA COLLECTION METHODS

Each data collector received a month of training on the 2022 BDHS questionnaires. In addition, dedicated training was organized for the team responsible for conducting verbal autopsy interviews. The verbal autopsy team included one trained interviewer and one field editor from each of the 20 data collection teams. Supervisors and quality control officers also received the training to clarify their roles and duties. The training included extensive classroom lectures and role-playing sessions. At the end of the training, the data collectors were sent for practice in the field. The verbal autopsy instruments were updated based on feedback from the field practice.

Before the questionnaires were administered, informed consent was obtained from the mother or caregiver who was present at the time of death or who had knowledge about the events leading to the death. Efforts were made to maintain the privacy of respondents during interviews.

16.3 QUALITY ASSURANCE

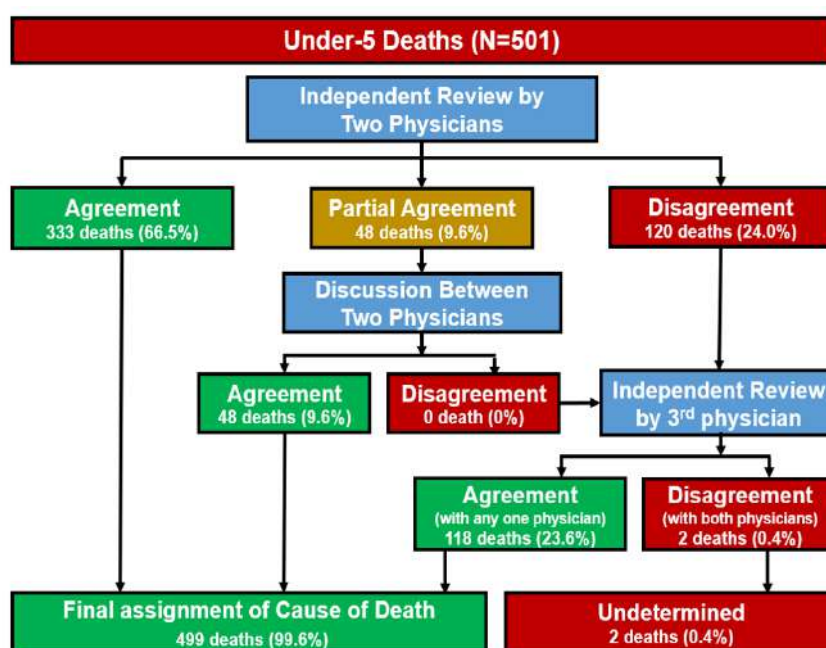
Six quality control officers were engaged as focal persons for quality assurance. The focal persons were extensively trained by the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) on the verbal autopsy instruments, the data collection process, interviewing techniques, and monitoring and supervision principles. During the fieldwork, the focal persons conducted on-site visits to supervise data collection and provide additional technical support when required. Additionally, periodic field monitoring and supervision were done by the 2022 BDHS core team, the quality control team, and representatives from the Ministry of Health and Family Welfare. Six separate review meetings, including an online meeting, were held with the verbal autopsy data collection team during the survey. At the conclusion of the survey, all of the completed Verbal Autopsy Questionnaires were reviewed by the research officer before data entry. Double entry was done by two separate data entry personnel to avoid inconsistencies.

16.4 CAUSE OF DEATH CERTIFICATION AND CODING

Three physicians were assigned to review the Verbal Autopsy Questionnaires and determine causes of death. The physicians received 4 weeks of training on the verbal autopsy instruments, International Classification of Diseases (10th revision) codes (WHO 2019), and cause of death assignment processes and standards. The training consisted of theoretical classes for 2 weeks and practice sessions for 2 weeks. During the practice sessions, the physicians reviewed completed Verbal Autopsy Questionnaires from the 2022 BDHS verbal autopsy pretest and 2017–18 verbal autopsy forms and assigned causes of death based on ICD-10 codes. After each practice session, a supervised discussion took place among the physicians to review process and logic for assigning causes of death.

In the 2022 BDHS, each questionnaire was independently reviewed by two physicians. The physicians were blinded regarding the order of the review. The process of blinding and reviewer allocation was maintained by an experienced statistician. The physicians assigned immediate, underlying, and contributory causes of death based on the ICD-10. When the two physicians agreed on the underlying cause, it was considered to be the final cause of death. In the absence of agreement, an additional review was conducted by a third physician. If the underlying cause was agreed upon by any two of the three physicians, it was considered the final cause of death. If no agreement was reached after the third physician review, the cause of death was recorded as “undetermined.” In 48 cases, two physicians assigned identical causes of death but disagreed on whether these were immediate or underlying causes. A discussion was arranged to reconcile the differences in the presence of a trained verbal autopsy expert. The review process is summarized with unweighted numbers in **Figure 16.1**.

Figure 16.1 Physician review process for verbal autopsies



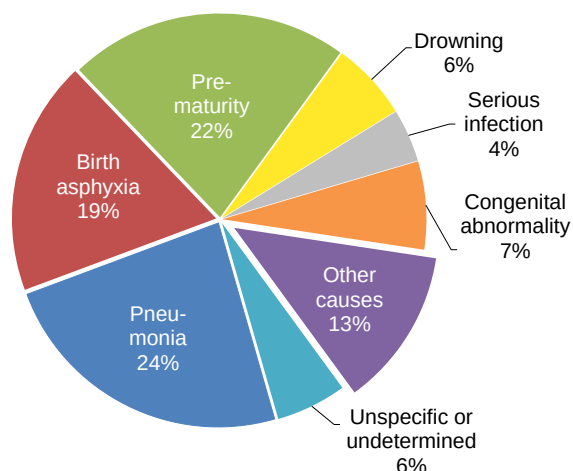
16.5 CAUSES OF DEATH AMONG CHILDREN UNDER AGE 5

Table 16.1 shows the percent distribution of deaths among children under age 5 in Bangladesh by cause of death, according to age group. Pneumonia (24%) is the most common cause of death, followed by premature birth (22%) and asphyxia (19%). Congenital abnormality (7%), drowning (6%), and possible serious infections (4%) are among other causes of death. Causes of death could not be ascertained in 6% of cases (5% because of a lack of adequate information and 1% because of a lack of agreement between the reviewing physicians) (**Figure 16.2**).

Among neonates (age 0–28 days), premature birth (32%) is the major cause of death. This is followed by birth asphyxia (27%), pneumonia (22%), and congenital abnormality (7%) (**Figure 16.3**).

Figure 16.2 Causes of death among children under age 5

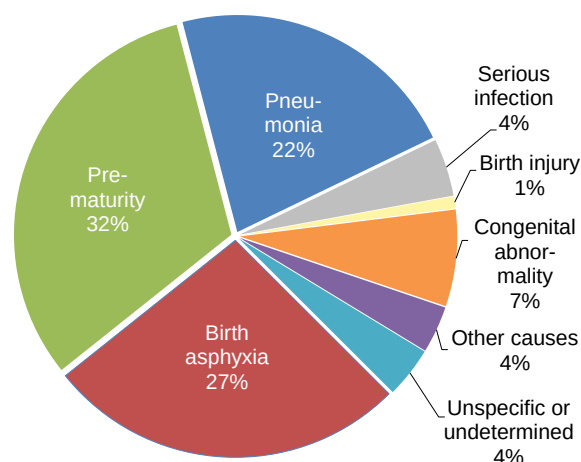
Percentage of deaths among children under age 5



Note: Other causes include birth injury, diarrhea, and other.

Figure 16.3 Causes of death among neonates

Percentage of deaths among neonates

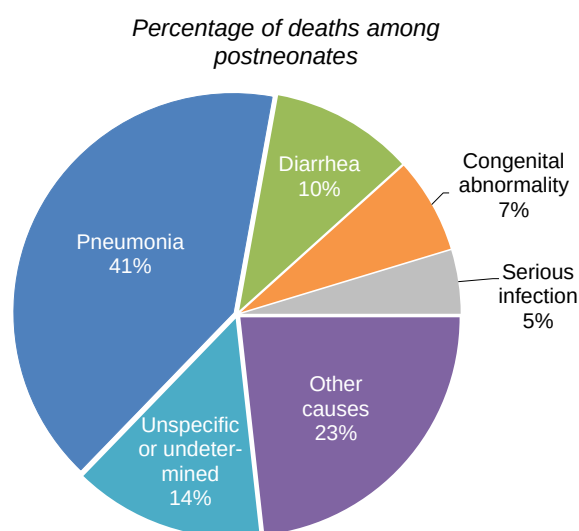


Note: Other causes include diarrhea and other.

Pneumonia accounts for 41% of deaths among children age 29 days to age 11 months. Additionally, diarrhea accounts for 10% of deaths among these children (**Figure 16.4**).

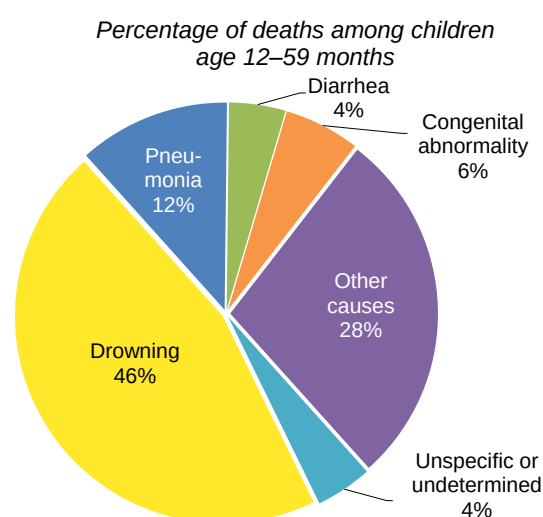
Among children age 12–59 months, 46% of deaths are due to drowning and 12% to pneumonia (**Figure 16.5**).

Figure 16.4 Causes of death among postneonates



Note: Other causes include premature birth and other.

Figure 16.5 Causes of death among children age 12–59 months



Note: Other causes include birth injury, possible serious infection, and other.

Patterns by background characteristics

- Twenty-three percent of deaths among male children are caused by pneumonia, 21% are caused by premature birth, and 21% are caused by birth asphyxia. Among female children, 25% of deaths are caused by pneumonia, 23% by premature birth, and 16% by birth asphyxia. Drowning is more prevalent among male children (8%) than female children (4%) (**Table 16.2**).
- Birth asphyxia accounts for 22% of deaths among children in urban areas, as compared with 18% among children in rural areas. Drowning is more prevalent in rural areas (7%) than urban areas (3%).
- Children whose mothers have at least some primary education (7%) face a higher risk of dying due to possible serious infections than children whose mothers have at least some secondary education (3%) (**Table 16.3**).
- In Chattogram, 16% of deaths among children under age 5 are attributable to pneumonia, compared with 34% in Sylhet. Drowning is most common in Chattogram (13%) and least common in Dhaka and Mymensingh (2%) (**Table 16.4**).

16.6 CAUSE-SPECIFIC MORTALITY RATES

The cause-specific mortality rate is calculated by applying the cause of death distribution in the survey to the estimated under-5 mortality rate. **Figure 16.6** shows cause-specific mortality rates per 1,000 live births for the 2017–18 BDHS and the 2022 BDHS. The mortality rate for pneumonia decreased from 8 deaths per 1,000 live births in the 2017–18 BDHS to 7 deaths per 1,000 live births in the 2022 BDHS. Similarly, mortality due to birth asphyxia decreased by 1 death per 1,000 live births. However, premature birth increased from 5 to 7 deaths per 1,000 live births during this period. Mortality rates for all other causes decreased between the 2017–18 BDHS and 2022 BDHS.

LIST OF TABLES

For more information on causes of death among children under age 5, see the following tables:

- **Table 16.1** Causes of death among children under age 5 by age group
- **Table 16.2** Causes of death among children under age 5 by sex of child and residence
- **Table 16.3** Causes of death among children under age 5 by mother's education
- **Table 16.4** Causes of death among children under age 5 by division

Figure 16.6 Trends in cause-specific mortality rates

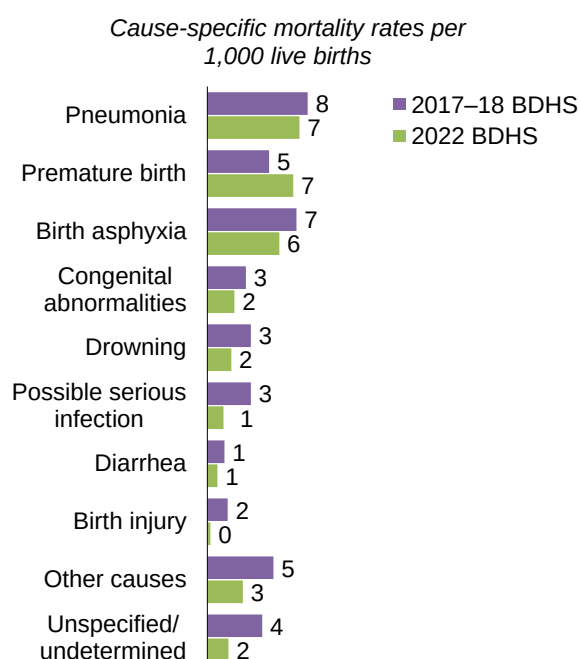


Table 16.1 Causes of death among children under age 5 by age group

Percent distribution of deaths among children under age 5 (unweighted) by cause of death, according to age group, Bangladesh DHS 2022

Cause of death	Age group			
	Neonatal (0–28 days)	Postneonatal (29 days– 11 months)	12–59 months	Under 5 years
Congenital abnormality	7.2	7.0	5.9	7.0
Drowning	0.0	0.0	45.6	6.2
Birth asphyxia	26.8	0.0	0.0	18.6
Birth injury	0.9	0.0	1.5	0.8
Diarrhea	0.3	10.5	4.4	2.6
Pneumonia	21.9	40.7	11.8	23.8
Premature birth	31.7	1.2	0.0	22.2
Possible serious infection	4.3	4.7	2.9	4.2
Other causes ¹	3.2	22.1	23.5	9.2
Unspecified	3.2	14.0	4.4	5.2
Undetermined	0.6	0.0	0.0	0.4
Total	100.0	100.0	100.0	100.0
Number of deaths	347	86	68	501

¹ Other causes include acute paralytic poliomyelitis, acute viral hepatitis, leukemia, nephrotic syndrome, intestinal obstruction, malaria, and food in the respiratory tract.

Table 16.2 Causes of death among children under age 5 by sex of child and residence

Percent distribution of deaths among children under age 5 by cause of death (unweighted), according to sex of child and residence, Bangladesh DHS 2022

Cause of death	Sex of child		Residence	
	Male	Female	Rural	Urban
Congenital abnormality	5.9	8.3	7.3	6.2
Drowning	8.4	3.5	7.3	3.1
Birth asphyxia	20.5	16.2	17.5	21.7
Birth injury	0.7	0.9	0.8	0.8
Diarrhea	2.2	3.1	3.0	1.6
Pneumonia	23.1	24.6	23.4	24.8
Premature birth	21.2	23.2	21.5	24.0
Possible serious infection	5.1	3.1	4.0	4.7
Other causes ¹	7.7	11.0	9.7	7.8
Unspecified	4.8	5.7	5.1	5.4
Undetermined	0.4	0.4	0.5	0.0
Total	100.0	100.0	100.0	100.0
Number of deaths	273	228	372	129

¹ Other causes include acute paralytic poliomyelitis, acute viral hepatitis, leukemia, nephrotic syndrome, intestinal obstruction, malaria, and food in the respiratory tract.

Table 16.3 Causes of death among children under age 5 by mother's education

Percent distribution of deaths among children under age 5 by cause of death (unweighted), according to mother's level of education, Bangladesh DHS 2022

Cause of death	Mother's education		
	No education	Primary incomplete and primary complete	Secondary incomplete, secondary complete, and higher than secondary
Congenital abnormality	2.6	5.1	8.3
Drowning	5.1	5.1	6.8
Birth asphyxia	17.9	18.1	18.8
Birth injury	0.0	0.0	1.2
Diarrhea	0.0	2.9	2.8
Pneumonia	38.5	21.0	23.1
Premature birth	5.1	22.5	24.1
Possible serious infection	5.1	6.5	3.1
Other causes ¹	10.3	8.0	9.6
Unspecified	15.4	9.4	2.2
Undetermined	0.0	1.4	0.0
Total	100.0	100.0	100.0
Number of deaths	39	138	324

¹ Other causes include acute paralytic poliomyelitis, acute viral hepatitis, leukemia, nephrotic syndrome, intestinal obstruction, malaria, and food in the respiratory tract.

Table 16.4 Causes of death among children under age 5 by division

Percent distribution of deaths among children under age 5 by cause of death (unweighted), according to division, Bangladesh DHS 2022

Cause of death	Division				
	Barishal and Khulna	Chattogram	Dhaka and Mymensingh	Rajshahi and Rangpur	Sylhet
Congenital abnormality	7.1	11.7	6.7	7.8	2.9
Drowning	9.1	13.0	1.7	5.8	3.9
Birth asphyxia	17.2	19.5	19.2	19.4	17.6
Birth injury	2.0	0.0	0.8	1.0	0.0
Diarrhea	1.0	2.6	4.2	2.9	2.0
Pneumonia	19.2	15.6	24.2	23.3	34.3
Premature birth	27.3	18.2	20.0	28.2	16.7
Possible serious infection	2.0	7.8	8.3	1.9	1.0
Other causes ¹	11.1	7.8	10.0	5.8	10.8
Unspecified	4.0	3.9	4.2	2.9	10.8
Undetermined	0.0	0.0	0.8	1.0	0.0
Total	100.0	100.0	100.0	100.0	100.0
Number	99	77	120	103	102

¹ Other causes include acute paralytic poliomyelitis, acute viral hepatitis, leukemia, nephrotic syndrome, intestinal obstruction, malaria, and food in the respiratory tract.

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A.1 INTRODUCTION

This appendix describes the objectives of the survey, the overall sample size, and survey domains. The 2022 Bangladesh Demographic and Health Survey (2022 BDHS) is the ninth DHS survey conducted in Bangladesh, following those implemented in 1993–94, 1996–97, 1999–2000, 2003–04, 2007–08, 2010–11, 2014, and 2017–18. As with the prior surveys, the main objective of the 2022 BDHS is to provide up-to-date information on fertility and childhood mortality levels; fertility preferences; awareness, approval, and use of family planning methods; and maternal and child health, among other topics. All ever-married women age 15–49 who were usual members of the selected households and those who spent the night before the survey in the selected households were eligible to be interviewed in the survey. The survey is designed to produce representative results for the country as a whole, for urban and rural areas separately, and for each of the eight administrative divisions.

A.2 SAMPLE FRAME

The sampling frame used for the 2022 BDHS is the Integrated Multi-Purpose Sampling (IMPS) master sample. The IMPS is a master sample selected from a complete list of enumeration areas (EAs) covering the entire country prepared by the Bangladesh Bureau of Statistics for the 2011 population census of the People’s Republic of Bangladesh. The sampling frame contains information about EA location, type of residence (city corporation, other than city corporation, or rural), and the estimated number of residential households. A sketch map that delineates the EA geographic boundaries is available for each EA.

Administratively, Bangladesh is divided into eight divisions. Each division is subdivided into progressively smaller units: zilas, thanas, unions, wards, and villages. An EA is a village, a group of small villages, or part of a large village. These divisions allow the country as a whole to be easily separated into small geographical units with urban-rural designations. Urban areas are further classified into two groups: city corporations and other than city corporations. **Table A.1.1** shows the percent distribution of households by division and type of residence according to the 2011 population census. Division size varies from 5.6% (Sylhet, the smallest division) to 25.8% (Dhaka, the largest division). In Bangladesh, 23.3% of households are in urban areas, 8.0% are in city corporations, and 15.3% are in other than city corporations.

Table A.1.1 Percent distribution of households by division and type of residence

Division	Type of residence					Division size (percentage)
	Urban			Rural	Total	
	City corporation	Other than city corporation	Total			
Barishal	3.9	12.3	16.2	83.8	100.0	5.8
Chattogram	9.9	15.3	25.1	74.9	100.0	17.5
Dhaka	19.0	19.7	38.7	61.3	100.0	25.8
Khulna	4.2	13.6	17.8	82.2	100.0	11.6
Mymensingh	0.0	14.4	14.4	85.6	100.0	7.9
Rajshahi	2.2	15.0	17.2	82.8	100.0	13.9
Rangpur	0.0	12.7	12.7	87.3	100.0	11.9
Sylhet	5.4	10.2	15.6	84.4	100.0	5.6
Bangladesh	8.0	15.3	23.3	76.7	100.0	100.0

Source: Sampling frame of the 2011 population census

Table A.1.2 presents the frequency distribution of EAs by division and by type of residence, according to the IMPS master sample.

Table A.1.2 Distribution of EAs by division and type of residence: IMPS master sample

Division	EAs				
	Urban			Rural	Total
	City corporation	Other than city corporation	Total urban		
Barishal	61	61	122	87	209
Chattogram	64	70	134	182	316
Dhaka	87	80	167	206	373
Khulna	61	63	124	131	255
Mymensingh	0	17	17	86	103
Rajshahi	61	66	127	156	283
Rangpur	61	61	122	138	260
Sylhet	61	61	122	91	213
Bangladesh	456	479	935	1,077	2,012

A.3 SAMPLE DESIGN AND IMPLEMENTATION

The 2022 BDHS sample was stratified and selected in two stages. Each division was stratified into urban city corporations, urban areas other than city corporations, and rural areas, yielding a total of 23 sampling strata. Samples of EAs were selected independently in each stratum in two stages. Implicit stratification and proportional allocation were achieved at each of the lower administrative levels by sorting the sampling frame within each sampling stratum before sample selection, according to administrative units in different levels, and by using a probability proportional to size selection at the first stage of sampling.

In the first stage, 675 EAs were selected with probability proportional to EA size and with independent selection in each sampling stratum. The sample allocation is given in **Table A.2**. A household listing operation was carried out in all of the selected sample EAs, and the resulting lists of households served as the sampling frame for the selection of households in the next stage. In the second stage of selection, a fixed number of 45 households per cluster were selected with an equal probability systematic selection from the newly created household listing. The survey interviewers interviewed only the preselected households. No replacements and no changes to the preselected households were allowed in the implementing stages in order to prevent bias. All ever-married women age 15–49 who are usual members of the selected households or who spent the night before the survey in the selected households were eligible to be interviewed.

Table A.3 shows the allocation of households according to division and type of residence, and **Table A.4** shows the expected number of completed interviews according to division and type of residence. To ensure that survey precision was comparable across divisions, the sample allocation was based on a power allocation between divisions and between different types of residences within each division. Based on a fixed sample take of 45 households per cluster, the survey selected 675 EAs, 237 in urban areas and 438 in rural areas. The survey was conducted in 30,375 residential households, 10,665 in urban areas and 19,710 in rural areas. The sample was expected to result in about 30,340 completed interviews with ever-married women age 15–49, 10,532 in urban areas and 19,808 in rural areas.

Table A.2 Sample allocation of clusters by division and type of residence

Division	Number of clusters allocated			Rural	Total
	Urban		Total urban		
	City corporation	Other than city corporation			
Barishal	11	13	24	47	71
Chattogram	17	22	39	56	95
Dhaka	26	26	52	53	105
Khulna	10	18	28	58	86
Mymensingh	0	17	17	58	75
Rajshahi	11	20	31	58	89
Rangpur	7	16	23	61	84
Sylhet	10	13	23	47	70
Bangladesh	92	145	237	438	675

Table A.3 Sample allocation of selected households by division and type of residence

Table A.5 Sample allocation of selected households by division and type of residence					
Division	Number of households allocated			Rural	Total
	Urban		Total urban		
	City corporation	Other than city corporation			
Barishal	495	585	1,080	2,115	3,195
Chattogram	765	990	1,755	2,520	4,275
Dhaka	1,170	1,170	2,340	2,385	4,725
Khulna	450	810	1,260	2,610	3,870
Mymensingh	0	765	765	2,610	3,375
Rajshahi	495	900	1,395	2,610	4,005
Rangpur	315	720	1,035	2,745	3,780
Sylhet	450	585	1,035	2,115	3,150
Bangladesh	4,140	6,525	10,665	19,710	30,375

Table A.4 Sample allocation of expected completed interviews with ever-married women by division and type of residence

Number of interviews with ever-married women age 15–49					
Urban					
Division	City corporation	Other than city corporation	Total urban	Rural	Total
Barishal	489	578	1,067	2,126	3,193
Chattogram	755	977	1,732	2,532	4,264
Dhaka	1,155	1,155	2,310	2,397	4,707
Khulna	445	799	1,244	2,623	3,867
Mymensingh	0	755	755	2,623	3,378
Rajshahi	489	889	1,378	2,623	4,001
Rangpur	312	711	1,023	2,758	3,781
Sylhet	445	578	1,023	2,126	3,149
Bangladesh	4,090	6,442	10,532	19,808	30,340

The sample allocations were derived using information obtained from the 2017–18 BDHS. The 2017–18 results showed that the average number of ever-married women age 15–49 per household was 1.06 in urban areas and 1.04 in rural areas. The household completion rate was 95.1% in urban areas and 97.4% in rural areas, and women’s individual completion rate was 98.4% in urban areas and 99.0% in rural areas. **Table A.5** presents response rates for ever-married women by urban-rural residence and by division.

A.4 SAMPLE PROBABILITIES AND SAMPLING WEIGHTS

Because of the nonproportional allocation of the sample to different divisions and to their urban and rural areas and the possible differences in response rates, sampling weights are required for any analysis using the 2022 BDHS data to ensure the representativeness of the survey results at the national level and at the domain level. Since the 2022 BDHS sample is a two-stage stratified cluster sample selected from the IMPS master sample, sampling weights are calculated based on sampling probabilities separately for each

sampling stage, including the master sample selection probabilities, and for each cluster. The following notations were used:

- P_{0hi} : sampling probability of the i^{th} EA in stratum h in the selection of the IMPS master sample from the 2011 census frame
- P_{1hi} : first-stage sampling probability of the i^{th} EA in stratum h from the IMPS master sample
- P_{2hi} : second-stage sampling probability of households within the i^{th} EA

The IMPS master sample was selected with a stratified probability proportional to size procedure. Let a_h be the number of EAs selected in stratum h , M_{hi} the measure of size (number of households) according to the 2011 census frame in the i^{th} EA, and $\sum M_{hi}$ the total measure of size (total number of households) in stratum h . The probability of selecting the i^{th} EA in the IMPS master sample is calculated as follows:

$$P_{0hi} = \frac{a_h M_{hi}}{\sum M_{hi}}$$

Let b_h be the number of EAs selected in stratum h of the IMPS master sample for the 2022 BDHS. Then the probability of selecting EA i in the sample is:

$$P_{1hi} = \frac{b_h}{a_h}$$

Let L_{hi} be the number of households listed in the household listing operation in the cluster i in stratum h , and let g_{hi} be the number of households selected in the cluster. The second stage's selection probability for each household in the cluster is calculated as follows:

$$P_{2hi} = \frac{g_{hi}}{L_{hi}}$$

The overall selection probability of each household in cluster i of stratum h in the 2022 BDHS is therefore the product of the selection probabilities:

$$P_{hi} = P_{0hi} \times P_{1hi} \times P_{2hi} = \frac{b_h M_{hi}}{\sum M_{hi}} \times \frac{g_{hi}}{L_{hi}}$$

The design weight for each household in cluster i of stratum h is the inverse of its overall selection probability:

$$W_{hi} = 1 / P_{hi}$$

Next, the design weights were adjusted for household nonresponse and individual nonresponse to obtain the sampling weights for households and for women, respectively. Nonresponse was adjusted at the sampling stratum level. For the household sampling weight, the household design weight was multiplied by the inverse of the household response rate by stratum. For women's individual sampling weight, the household sampling weight was multiplied by the inverse of women's individual response rate by stratum. After adjusting for nonresponse, the sampling weights were normalized to obtain the final standard weights that appear in the data files. The normalization process was done so that the total number of unweighted cases would be equal to the total number of weighted cases at the national level for the total number of

households and women. Normalization was done by multiplying the sampling weight by the estimated sampling fraction obtained from the survey for the household weight and the individual woman's weight. The normalized weights are relative weights that are valid for estimating means, proportions, ratios, and rates but are not valid for estimating population totals or for pooled data.

Table A.5 Sample implementation

Percent distribution of households and eligible women age 15–49 by results of the household and individual interviews, and household, eligible women, and overall women response rates, according to residence and division (unweighted), Bangladesh DHS 2022

Result	Residence		Division								Total
	Urban	Rural	Barishal	Chatto-gram	Dhaka	Khulna	Mymen-singh	Rajshahi	Rangpur	Sylhet	
Selected households											
Completed (C)	98.5	99.2	99.1	99.1	97.5	99.2	99.6	99.2	99.2	99.3	99.0
Household present but no competent respondent at home (HP)	0.2	0.2	0.3	0.1	0.4	0.1	0.1	0.1	0.1	0.1	0.2
Refused (R)	0.4	0.1	0.1	0.0	1.0	0.1	0.0	0.2	0.2	0.0	0.2
Dwelling not found (DNF)	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Household absent (HA)	0.7	0.4	0.4	0.7	0.8	0.4	0.1	0.5	0.4	0.6	0.5
Dwelling vacant/address not a dwelling (DV)	0.2	0.0	0.0	0.0	0.3	0.1	0.0	0.0	0.0	0.0	0.1
Dwelling destroyed (DD)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	10,665	19,665	3,195	4,230	4,725	3,870	3,375	4,005	3,780	3,150	30,330
Household response rate (HRR) ¹	99.4	99.7	99.5	99.8	98.5	99.8	99.8	99.7	99.7	99.9	99.6
Eligible women											
Completed (EWC)	98.7	99.3	99.3	99.3	98.3	99.3	99.2	99.2	99.1	99.1	99.1
Not at home (EWNH)	0.9	0.5	0.6	0.5	1.0	0.6	0.7	0.5	0.5	0.7	0.7
Refused (EWR)	0.2	0.1	0.1	0.1	0.5	0.0	0.0	0.1	0.1	0.1	0.1
Incapacitated (EWI)	0.1	0.1	0.0	0.1	0.0	0.1	0.1	0.1	0.2	0.0	0.1
Other (EWO)	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	10,711	19,647	3,256	4,494	4,631	3,956	3,282	3,845	3,656	3,238	30,358
Eligible women response rate (EWRR) ²	98.7	99.3	99.3	99.3	98.3	99.3	99.2	99.2	99.1	99.1	99.1
Overall women response rate (OWRR) ³	98.1	99.0	98.8	99.1	96.9	99.1	99.0	99.0	98.9	98.9	98.6

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

² The eligible women response rate (EWRR) is equivalent to the percentage of interviews completed (EWC).

³ The overall women response rate (OWRR) is calculated as:

$$OWRR = HRR * EWRR/100$$

The estimates from a sample survey are affected by two types of errors: nonsampling errors and sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2022 Bangladesh Demographic and Health Survey (BDHS) to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2022 BDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability among all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

Sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95% of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2022 BDHS sample is the result of a multistage stratified design, and, consequently, it was necessary to use more complex formulas. Sampling errors are computed in SAS using programs developed by ICF. These programs use the Taylor linearization method to estimate variances for survey estimates that are means, proportions, or ratios. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2} \sum_{h=1}^H \left[\frac{m_h}{m_h-1} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi} \text{ and } z_h = y_h - rx_h$$

where h represents the stratum, which varies from 1 to H ;
 m_h is the total number of clusters selected in the h^{th} stratum;
 y_{hi} is the sum of the weighted values of variable y in the i^{th} cluster in the h^{th} stratum;
 x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{th} stratum; and

f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample and calculates standard errors for these estimates using simple formulas. Each replication considers *all but one* cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2022 BDHS, there were 674 non-empty clusters. Hence, 674 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 674 clusters,
 $r_{(i)}$ is the estimate computed from the reduced sample of 673 clusters (i^{th} cluster excluded),
and
 k is the total number of clusters.

In addition to the standard error, the design effect (DEFT) for each estimate is also calculated. The design effect is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. Relative standard errors and confidence limits for the estimates are also calculated.

Sampling errors for the 2022 BDHS are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the eight divisions. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in **Table B.1**. **Tables B.2** through **B.12** present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95% confidence limits ($R \pm 2SE$) for each selected variable. The DEFT is considered undefined when the standard error considering a simple random sample is zero (when the estimate is close to 0 or 1).

The confidence interval (e.g., as calculated for *ideal number of children*) can be interpreted as follows: the overall average from the national sample is 2.303 and its standard error is 0.010. Therefore, to obtain the 95% confidence limits, one adds and subtracts twice the standard error to the sample estimate, that is, $2.303 \pm 2 \times 0.010$. There is a high probability (95%) that the true ideal number of children is between 2.282 and 2.324.

For the total sample, the value of the DEFT, averaged over all indicators in the appendix, is about 1.5. This means that, due to multistage clustering of the sample, the average standard error is increased by a factor of 1.5 over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, Bangladesh DHS 2022

Variable	Estimate	Base population
HOUSEHOLDS AND POPULATION		
Births registered with civil authority	Proportion	De jure household population under 5
Improved drinking water source	Proportion	De jure household population
Improved sanitation facility	Proportion	De jure household population
At least basic sanitation service	Proportion	De jure household population
Using open defecation	Proportion	De jure household population
Using a handwashing facility with soap and water	Proportion	De jure household population for whom handwashing place was observed or with no on-site place for handwashing
WOMEN		
Urban residence	Proportion	Women 15–49
No education	Proportion	Women 15–49
Secondary education or higher	Proportion	Women 15–49
Literacy	Proportion	Women 15–49
Use of the internet in last 12 months	Proportion	Women 15–49
Currently married/in union	Proportion	Women 15–49
Married before age 15	Proportion	Women 20–49
Married before age 18	Proportion	Women 20–49
Had sexual intercourse before age 18	Proportion	Women 20–49
Age-specific fertility rate 15–19	Rate	Woman-years of exposure to childbearing at 15–19 in the 3 years preceding the survey
Total fertility rate (3 years)	Rate	Woman-years of exposure to childbearing
Currently pregnant	Proportion	Women 15–49
Mean number of children ever born to women age 40–49	Mean	Women 40–49
Mean number of children ever born to women age 15–49	Mean	Women 15–49
Mean number of living children among women age 15–49	Mean	Women 15–49
Median birth interval	Median	Non-first births in the 5 years preceding the survey
First birth before age 18	Proportion	Women 20–49
Want to delay next birth at least 2 years	Proportion	Currently married women 15–49
Want no more children	Proportion	Currently married women 15–49
Ideal number of children	Mean	Women 15–49 with numeric responses
Total wanted fertility rate (3 years)	Rate	Woman-years of exposure to childbearing
Currently using any contraceptive method	Proportion	Currently married women 15–49
Currently using any modern method	Proportion	Currently married women 15–49
Currently using pill	Proportion	Currently married women 15–49
Currently using injectables	Proportion	Currently married women 15–49
Currently using implants	Proportion	Currently married women 15–49
Currently using male condom	Proportion	Currently married women 15–49
Currently using any traditional method	Proportion	Currently married women 15–49
12-month discontinuation rate due to method failure	Rate	Women 15–49
12-month discontinuation rate due to any reason	Rate	Women 15–49
12-month discontinuation rate due to switching to another method	Rate	Women 15–49
Unmet need for spacing	Proportion	Currently married women 15–49
Unmet need for limiting	Proportion	Currently married women 15–49
Unmet need total	Proportion	Currently married women 15–49
Demand satisfied by modern methods	Proportion	Currently married women 15–49
Participation in decision making about family planning	Proportion	Currently married women 15–49
Not exposed to any of the eight media sources	Proportion	Women 15–49
Neonatal mortality rate ¹	Rate	Children exposed to the risk of mortality
Postneonatal mortality rate ¹	Rate	Children exposed to the risk of mortality
Infant mortality rate ¹	Rate	Children exposed to the risk of mortality
Child mortality rate ¹	Rate	Children exposed to the risk of mortality
Under-5 mortality rate ¹	Rate	Children exposed to the risk of mortality
Perinatal mortality rate	Rate	Pregnancies of 7 or more months' duration among women 15–49 in the 3 years preceding the survey
Stillbirth rate	Rate	Pregnancies of 7 or more months' duration to women 15–49 in the 3 years preceding the survey
Early neonatal mortality rate	Rate	Pregnancies of 7 or more months' duration to women 15–49 in the 3 years preceding the survey
In any avoidable high-risk category	Proportion	Children born in the 3 years preceding the survey to women 15–49 in the 3 years preceding the survey
Received ANC from a skilled provider	Proportion	Women 15–49 who had a live birth in the 2 years preceding the survey
4+ ANC visits	Proportion	Women 15–49 who had a live birth in the 2 years preceding the survey
8+ ANC visits	Proportion	Women 15–49 who had a live birth in the 2 years preceding the survey
Mothers protected against tetanus for last birth	Proportion	Women 15–49 with a live birth in the 2 years preceding the survey
Delivered in a health facility (live births)	Proportion	Live births in the 2 years preceding the survey
Delivered by a skilled provider (live births)	Proportion	Live births in the 2 years preceding the survey
Delivered by C-section (live births)	Proportion	Live births in the 2 years preceding the survey
Women with postnatal check during first 2 days	Proportion	Women 15–49 with a live birth in the 2 years preceding the survey
Newborns with postnatal check during first 2 days	Proportion	Most recent live births in the 2 years preceding the survey
Any problem accessing health care	Proportion	Women 15–49
Sought treatment for diarrhea	Proportion	Children under 5 with diarrhea in last 2 weeks
Treated with ORS	Proportion	Children under 5 with diarrhea in last 2 weeks
Height-for-age (–3 SD)	Proportion	Children under 5 who were measured
Height-for-age (–2 SD)	Proportion	Children under 5 who were measured
Weight-for-height (–2 SD)	Proportion	Children under 5 who were measured
Weight-for-height (+2 SD)	Proportion	Children under 5 who were measured
Weight-for-age (–2 SD)	Proportion	Children under 5 who were measured
Exclusive breastfeeding	Proportion	Youngest children 0–5 months living with their mother

Continued...

Table B.1—Continued

Variable	Estimate	Base population
Minimum dietary diversity (children 6–23 months)	Proportion	Youngest children 6–23 months living with their mother
Body mass index (BMI) <18.5	Proportion	Women 20–49 who were measured
Body mass index (BMI) ≥25	Proportion	Women 20–49 who were measured
Body mass index-for-age (–2 SD)	Proportion	Adolescent women 15–19 who were measured
Body mass index-for-age (+1 SD)	Proportion	Adolescent women 15–19 who were measured
Prevalence of hypertension (women 18+)	Proportion	Women 18+
Prevalence of diabetes (women 18+)	Proportion	Women 18+
Employed in last 12 months	Proportion	Currently married women 15–49
Employed in last 12 months, but not paid	Proportion	Currently married women 15–49 employed in last 12 months
Mobile phone ownership	Proportion	Women 15–49
Have and use a bank account or mobile phone for financial transactions	Proportion	Women 15–49
Participate in decision making (all three decisions)	Proportion	Currently married women 15–49
Agree with at least one specified reason a husband is justified in wife beating	Proportion	Women 15–49

¹ The mortality rates are calculated for 3 years before the survey for the national sample, for 5 years before the survey for urban, rural and divisional samples.

Table B.2 Sampling errors: Total sample, Bangladesh DHS 2022

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence interval	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
HOUSEHOLDS AND POPULATION								
Births registered with civil authority	0.418	0.007	12,567	12,654	1.589	0.018	0.403	0.432
Improved drinking water source	0.991	0.003	125,562	124,266	4.120	0.003	0.986	0.996
Improved sanitation facility	0.802	0.007	125,562	124,266	2.825	0.009	0.788	0.816
At least basic sanitation service	0.616	0.008	125,562	124,266	2.599	0.013	0.601	0.632
Using open defecation	0.005	0.001	125,562	124,266	1.999	0.169	0.003	0.006
Using a handwashing facility with soap and water	0.566	0.008	125,386	124,110	2.727	0.015	0.549	0.583
WOMEN								
Urban residence	0.285	0.006	30,078	30,078	2.228	0.020	0.273	0.296
No education	0.141	0.004	30,078	30,078	2.069	0.030	0.132	0.149
Secondary education or higher	0.594	0.006	30,078	30,078	2.243	0.011	0.581	0.607
Literacy	0.782	0.005	30,078	30,078	2.061	0.006	0.772	0.791
Use of the internet in last 12 months	0.196	0.005	30,078	30,078	2.204	0.026	0.186	0.206
Currently married/in union	0.803	0.004	35,396	35,627	1.399	0.005	0.795	0.810
Married before age 15	0.269	0.005	19,276	19,238	1.548	0.018	0.259	0.279
Married before age 18	0.626	0.005	19,276	19,238	1.498	0.008	0.616	0.636
Had sexual intercourse before age 18	0.629	0.005	19,276	19,238	1.582	0.008	0.618	0.639
Age-specific fertility rate 15–19	92.109	2.019	19,235	20,108	1.103	0.022	88.071	96.146
Total fertility rate (last 3 years)	2.337	0.030	100,750	101,121	1.316	0.013	2.276	2.397
Currently pregnant	0.048	0.001	35,396	35,627	1.143	0.027	0.046	0.051
Mean number of children ever born to women age 40–49	3.161	0.030	7,246	7,117	1.717	0.009	3.101	3.221
Mean number of children ever born to women age 15–49	1.814	0.014	35,396	35,627	1.409	0.008	1.785	1.842
Mean number of living children among women age 15–49	1.700	0.013	35,396	35,627	1.397	0.008	1.674	1.726
Median birth interval	59.230	0.677	8,175	8,215	1.371	0.011	57.876	60.585
First birth before age 18	0.345	0.004	29,022	28,914	1.510	0.012	0.337	0.354
Want to delay next birth at least 2 years	0.186	0.004	18,987	19,060	1.269	0.019	0.179	0.194
Want no more children	0.572	0.004	18,987	19,060	1.194	0.007	0.563	0.581
Ideal number of children	2.303	0.010	19,892	19,936	1.960	0.005	2.282	2.324
Total wanted fertility rate (last 3 years)	1.251	0.021	100,750	101,121	1.218	0.016	1.209	1.292
Currently using any contraceptive method	0.640	0.006	18,987	19,060	1.581	0.009	0.629	0.651
Currently using any modern method	0.547	0.005	18,987	19,060	1.500	0.010	0.536	0.558
Currently using pill	0.274	0.005	18,987	19,060	1.598	0.019	0.264	0.285
Currently using injectables	0.114	0.004	18,987	19,060	1.715	0.035	0.106	0.122
Currently using implants	0.017	0.001	18,987	19,060	1.287	0.071	0.015	0.020
Currently using male condoms	0.081	0.003	18,987	19,060	1.682	0.041	0.074	0.088
Currently using any traditional method	0.093	0.003	18,987	19,060	1.240	0.028	0.087	0.098
12-month discontinuation rate due to any reason	32.220	0.664	13,085	13,031	1.343	0.021	30.893	33.548
12-month discontinuation rate due to method failure	3.278	0.191	13,085	13,031	1.285	0.058	2.897	3.660
12-month discontinuation rate due to switching to another method	9.353	0.475	13,085	13,031	1.441	0.051	8.403	10.304
Unmet need for spacing	0.050	0.002	18,987	19,060	1.314	0.042	0.046	0.054
Unmet need for limiting	0.050	0.002	18,987	19,060	1.362	0.043	0.046	0.055
Unmet need total	0.100	0.003	18,987	19,060	1.529	0.033	0.094	0.107
Demand satisfied by modern methods (all women 15–49)	0.739	0.005	14,062	14,106	1.409	0.007	0.729	0.750
Participation in decision making about family planning	0.905	0.003	18,987	19,060	1.519	0.004	0.898	0.911
Not exposed to any of the eight media sources	0.601	0.007	19,987	20,029	2.135	0.012	0.586	0.616
Neonatal mortality (last 0–2 years)	20.316	1.827	8,027	8,078	1.106	0.090	16.661	23.971
Postneonatal mortality (last 0–2 years)	5.076	0.913	8,002	8,041	1.146	0.180	3.249	6.903
Infant mortality (last 0–2 years)	25.392	2.049	8,032	8,082	1.126	0.081	21.294	29.490
Child mortality (last 0–2 years)	5.788	0.977	7,716	7,739	1.103	0.169	3.835	7.741
Under-5 mortality (last 0–2 years)	31.033	2.222	8,057	8,107	1.109	0.072	26.589	35.477
Perinatal mortality rate	38.153	2.335	8,187	8,245	1.076	0.061	33.483	42.823
Stillbirth rate	21.448	1.842	8,187	8,245	1.122	0.086	17.765	25.132
Early neonatal mortality rate	17.063	1.615	8,014	8,072	1.085	0.095	13.833	20.292
In any avoidable high-risk category	0.257	0.006	8,014	8,072	1.272	0.024	0.245	0.269
Received ANC from a skilled provider	0.876	0.007	3,549	3,609	1.354	0.009	0.861	0.891
4+ ANC visits	0.405	0.012	3,549	3,609	1.484	0.030	0.381	0.430
8+ ANC visits	0.050	0.005	3,549	3,609	1.334	0.097	0.040	0.060
Mothers protected against tetanus for last birth	0.827	0.007	3,549	3,609	1.180	0.009	0.812	0.842
Delivered in a health facility (live births)	0.647	0.012	3,635	3,691	1.546	0.019	0.623	0.672
Delivered by a skilled provider (live births)	0.699	0.012	3,635	3,691	1.606	0.018	0.674	0.724
Delivered by C-section (live births)	0.445	0.012	3,635	3,691	1.488	0.028	0.420	0.470
Women with postnatal check during first 2 days	0.552	0.012	3,549	3,609	1.462	0.022	0.528	0.577
Newborns with postnatal check during first 2 days	0.562	0.012	3,549	3,609	1.463	0.022	0.538	0.587
Any problem accessing health care	0.662	0.007	19,987	20,029	2.104	0.011	0.648	0.676
Sought treatment for diarrhea	0.657	0.027	410	412	1.163	0.042	0.602	0.712
Treated with ORS	0.738	0.027	410	412	1.232	0.037	0.683	0.792
Height-for-age (–3 SD)	0.057	0.005	4,260	4,252	1.236	0.079	0.048	0.066
Height-for-age (–2 SD)	0.236	0.008	4,260	4,252	1.221	0.035	0.219	0.252
Weight-for-height (–2 SD)	0.110	0.005	4,260	4,254	1.105	0.049	0.099	0.121
Weight-for-height (+2 SD)	0.015	0.002	4,260	4,254	1.166	0.149	0.011	0.019
Weight-for-age (–2 SD)	0.223	0.008	4,316	4,313	1.257	0.037	0.206	0.239
Exclusive breastfeeding	0.533	0.020	905	941	1.175	0.037	0.494	0.572
Minimum dietary diversity (children 6–23 months)	0.376	0.012	2,552	2,578	1.290	0.033	0.351	0.400
Body mass index (BMI) <18.5	0.089	0.004	8,519	8,471	1.137	0.039	0.082	0.096
Body mass index (BMI) ≥25.0	0.385	0.007	8,519	8,471	1.323	0.018	0.371	0.399
Body mass index-for-age (–2 SD)	0.045	0.008	649	686	1.054	0.185	0.028	0.062
Body mass index-for-age (+1 SD)	0.137	0.016	649	686	1.200	0.115	0.106	0.169
Prevalence of hypertension (women)	0.233	0.006	7900	7724	1.149	0.024	0.222	0.244
Prevalence of diabetes (women)	0.168	0.006	7727	7533	1.322	0.035	0.156	0.179
Employed in last 12 months	0.365	0.008	18,987	19,060	2.238	0.021	0.349	0.380
Employed in last 12 months but not paid	0.081	0.006	6,663	6,952	1.929	0.080	0.068	0.094
Mobile phone ownership	0.696	0.006	19,987	20,029	1.735	0.008	0.685	0.707
Have and use a bank account or mobile phone for financial transactions	0.365	0.006	19,987	20,029	1.877	0.018	0.352	0.377
Participate in decision making (all three decisions)	0.595	0.005	18,987	19,060	1.541	0.009	0.584	0.606
Agree with at least one specified reason a husband is justified in wife beating	0.138	0.004	19,987	20,029	1.779	0.031	0.129	0.147

Table B.3 Sampling errors: Urban sample, Bangladesh DHS 2022

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence interval	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
HOUSEHOLDS AND POPULATION								
Births registered with civil authority	0.376	0.013	4,136	3,429	1.589	0.033	0.350	0.401
Improved drinking water source	0.993	0.003	43,741	34,892	3.336	0.003	0.988	0.999
Improved sanitation facility	0.863	0.013	43,741	34,892	3.720	0.016	0.836	0.890
At least basic sanitation service	0.629	0.018	43,741	34,892	3.684	0.029	0.592	0.666
Using open defecation	0.000	0.000	43,741	34,892	0.970	0.408	0.000	0.001
Using a handwashing facility with soap and water	0.691	0.017	43,650	34,818	3.634	0.025	0.656	0.726
WOMEN								
No education	0.114	0.008	10,571	8,565	2.650	0.072	0.098	0.131
Secondary education or higher	0.655	0.014	10,571	8,565	3.090	0.022	0.627	0.684
Literacy	0.824	0.010	10,571	8,565	2.696	0.012	0.804	0.844
Use of the internet in last 12 months	0.273	0.011	10,571	8,565	2.646	0.042	0.250	0.296
Age-specific fertility rate 15–19	80.137	3.911	6,852	5,734	1.320	0.049	72.314	87.960
Total fertility rate (last 3 years)	2.115	0.047	36,667	29,814	1.391	0.022	2.020	2.210
Currently pregnant	0.046	0.002	12,116	9,861	1.240	0.051	0.041	0.051
Mean number of children ever born to women age 40–49	2.814	0.049	2,546	2,018	1.927	0.018	2.716	2.913
Median birth interval	62.802	1.480	2,609	2,161	1.452	0.024	59.843	65.762
Want no more children	0.560	0.008	6,622	5,385	1.350	0.015	0.544	0.577
Ideal number of children	2.231	0.014	6,983	5,683	1.747	0.006	2.202	2.260
Total wanted fertility rate (last 3 years)	1.157	0.037	36,667	29,814	1.422	0.032	1.083	1.231
Currently using any contraceptive method	0.665	0.009	6,622	5,385	1.608	0.014	0.647	0.684
Currently using any modern method	0.556	0.010	6,622	5,385	1.576	0.017	0.537	0.575
Currently using pill	0.261	0.010	6,622	5,385	1.845	0.038	0.241	0.281
Currently using injectables	0.095	0.006	6,622	5,385	1.736	0.066	0.083	0.108
Currently using implants	0.010	0.002	6,622	5,385	1.297	0.159	0.007	0.013
Currently using male condoms	0.129	0.009	6,622	5,385	2.100	0.067	0.112	0.147
Currently using any traditional method	0.109	0.005	6,622	5,385	1.349	0.047	0.099	0.119
Unmet need for spacing	0.039	0.004	6,622	5,385	1.568	0.095	0.032	0.047
Unmet need for limiting	0.044	0.004	6,622	5,385	1.403	0.081	0.037	0.051
Unmet need total	0.083	0.005	6,622	5,385	1.618	0.066	0.072	0.094
Demand satisfied by modern methods (all women 15–49)	0.743	0.009	4,972	4,030	1.440	0.012	0.725	0.761
Participation in decision making about family planning	0.910	0.006	6,622	5,385	1.596	0.006	0.898	0.921
Not exposed to any of the eight media sources	0.544	0.015	7,007	5,700	2.491	0.027	0.514	0.573
Neonatal mortality (last 0-4 years)	21.585	2.497	4407	3623	1.122	0.116	16.591	26.578
Post-neonatal mortality (last 0-4 years)	5.816	1.558	4404	3609	1.358	0.268	2.700	8.933
Infant mortality (last 0-4 years)	27.401	3.131	4408	3624	1.262	0.114	21.138	33.664
Child mortality (last 0-4 years)	4.002	1.163	4333	3531	1.175	0.291	1.676	6.328
Under-5 mortality (last 0-4 years)	31.293	3.181	4417	3630	1.201	0.102	24.931	37.656
Perinatal mortality rate (last 0-4 years)	35.277	3.031	4496	3688	1.058	0.086	29.216	41.339
Stillbirth rate (last 0-4 years)	18.112	2.395	4496	3688	1.129	0.132	13.323	22.901
Early neonatal rate (last 0-4 years)	17.459	2.338	4406	3626	1.168	0.134	12.783	22.134
Received ANC from a skilled provider	0.923	0.012	1,156	970	1.493	0.013	0.900	0.947
4+ ANC visits	0.569	0.023	1,156	970	1.608	0.041	0.522	0.616
8+ ANC visits	0.092	0.013	1,156	970	1.538	0.142	0.066	0.119
Mothers protected against tetanus for last birth	0.825	0.015	1,156	970	1.358	0.018	0.795	0.856
Delivered in a health facility (live births)	0.763	0.020	1,189	997	1.599	0.026	0.724	0.803
Delivered by a skilled provider (live births)	0.822	0.018	1,189	997	1.627	0.022	0.785	0.858
Delivered by C-section (live births)	0.560	0.024	1,189	997	1.646	0.043	0.512	0.608
Women with postnatal check during first 2 days	0.638	0.024	1,156	970	1.680	0.037	0.591	0.686
Newborns with postnatal check during first 2 days	0.654	0.023	1,156	970	1.618	0.035	0.608	0.699
Any problem accessing health care	0.614	0.013	7,007	5,700	2.295	0.022	0.588	0.641
Sought treatment for diarrhea	0.680	0.056	133	103	1.337	0.082	0.569	0.791
Treated with ORS	0.828	0.043	133	103	1.245	0.051	0.743	0.914
Height-for-age (–3 SD)	0.048	0.007	1,349	1,080	1.186	0.150	0.034	0.062
Height-for-age (–2 SD)	0.220	0.016	1,349	1,080	1.391	0.074	0.188	0.253
Weight-for-height (–2 SD)	0.109	0.012	1,352	1,086	1.342	0.106	0.086	0.132
Weight-for-height (+2 SD)	0.015	0.004	1,352	1,086	1.200	0.265	0.007	0.023
Weight-for-age (–2 SD)	0.209	0.016	1,369	1,101	1.372	0.075	0.177	0.240
Exclusive breastfeeding	0.548	0.036	303	266	1.249	0.065	0.476	0.620
Minimum dietary diversity (children 6–23 months)	0.432	0.027	821	678	1.536	0.062	0.379	0.485
Body mass index (BMI) <18.5	0.058	0.005	3,015	2,448	1.223	0.090	0.047	0.068
Body mass index (BMI) ≥25.0	0.478	0.014	3,015	2,448	1.590	0.030	0.449	0.507
Body mass index-for-age (–2 SD)	0.040	0.012	209	177	0.933	0.308	0.015	0.065
Body mass index-for-age (+1 SD)	0.165	0.032	209	177	1.283	0.195	0.100	0.229
Prevalence of hypertension (women)	0.242	0.010	2710	2081	1.222	0.043	0.221	0.263
Prevalence of diabetes (women)	0.236	0.015	2621	1987	1.664	0.062	0.207	0.265
Mobile phone ownership	0.794	0.010	7,007	5,700	2.104	0.013	0.774	0.815
Have and use a bank account or mobile phone for financial transactions	0.456	0.013	7,007	5,700	2.129	0.028	0.431	0.481
Participate in decision making (all three decisions)	0.628	0.009	6,622	5,385	1.595	0.015	0.609	0.647
Agree with at least one specified reason a husband is justified in wife beating	0.118	0.009	7,007	5,700	2.315	0.076	0.100	0.136

Table B.4 Sampling errors: Rural sample, Bangladesh DHS 2022

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence interval	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
HOUSEHOLDS AND POPULATION								
Births registered with civil authority	0.433	0.009	8,431	9,225	1.561	0.021	0.415	0.451
Improved drinking water source	0.990	0.003	81,821	89,374	4.161	0.003	0.983	0.996
Improved sanitation facility	0.778	0.008	81,821	89,374	2.568	0.011	0.762	0.795
At least basic sanitation service	0.612	0.008	81,821	89,374	2.163	0.013	0.596	0.628
Using open defecation	0.006	0.001	81,821	89,374	1.924	0.174	0.004	0.008
Using a handwashing facility with soap and water	0.517	0.010	81,736	89,291	2.454	0.018	0.498	0.536
WOMEN								
No education	0.151	0.005	19,507	21,513	1.862	0.032	0.141	0.161
Secondary education or higher	0.570	0.007	19,507	21,513	1.910	0.012	0.556	0.583
Literacy	0.765	0.006	19,507	21,513	1.833	0.007	0.753	0.776
Use of the internet in last 12 months	0.166	0.005	19,507	21,513	1.988	0.032	0.155	0.176
Age-specific fertility rate 15–19	96.884	2.356	12,681	14,374	1.018	0.024	92.172	101.596
Total fertility rate (last 3 years)	2.428	0.038	64,602	71,386	1.273	0.016	2.352	2.504
Currently pregnant	0.049	0.002	23,280	25,766	1.097	0.031	0.046	0.052
Mean number of children ever born to women age 40–49	3.298	0.037	4,699	5,099	1.640	0.011	3.225	3.372
Median birth interval	57.884	0.720	5,566	6,054	1.325	0.012	56.445	59.324
Want no more children	0.577	0.005	12,365	13,675	1.130	0.009	0.567	0.587
Ideal number of children	2.332	0.013	12,909	14,253	1.969	0.006	2.305	2.359
Total wanted fertility rate (last 3 years)	1.288	0.025	64,602	71,386	1.135	0.019	1.239	1.338
Currently using any contraceptive method	0.630	0.007	12,365	13,675	1.555	0.011	0.616	0.643
Currently using any modern method	0.544	0.007	12,365	13,675	1.460	0.012	0.531	0.557
Currently using pill	0.280	0.006	12,365	13,675	1.497	0.022	0.268	0.292
Currently using injectables	0.121	0.005	12,365	13,675	1.674	0.041	0.111	0.131
Currently using implants	0.020	0.002	12,365	13,675	1.244	0.079	0.017	0.023
Currently using male condoms	0.062	0.003	12,365	13,675	1.432	0.050	0.056	0.068
Currently using any traditional method	0.086	0.003	12,365	13,675	1.188	0.035	0.080	0.092
Unmet need for spacing	0.054	0.003	12,365	13,675	1.228	0.046	0.049	0.059
Unmet need for limiting	0.053	0.003	12,365	13,675	1.329	0.051	0.048	0.058
Unmet need total	0.107	0.004	12,365	13,675	1.483	0.038	0.099	0.115
Demand satisfied by modern methods (all women 15–49)	0.738	0.006	9,090	10,077	1.384	0.009	0.725	0.751
Participation in decision making about family planning	0.903	0.004	12,365	13,675	1.473	0.004	0.895	0.910
Not exposed to any of the eight media sources	0.624	0.009	12,980	14,328	2.012	0.014	0.607	0.641
Neonatal mortality (last 0-4 years)	22.439	1.825	8851	9671	1.103	0.081	18.789	26.090
Post-neonatal mortality (last 0-4 years)	5.013	0.794	8812	9626	0.984	0.158	3.426	6.600
Infant mortality (last 0-4 years)	27.452	1.996	8852	9672	1.096	0.073	23.460	31.445
Child mortality (last 0-4 years)	5.486	0.866	8468	9266	1.057	0.158	3.754	7.217
Under-5 mortality (last 0-4 years)	32.787	2.119	8861	9680	1.069	0.065	28.550	37.025
Perinatal mortality rate (last 0-4 years)	40.420	2.304	9048	9897	1.058	0.057	35.812	45.028
Stillbirth rate (last 0-4 years)	22.779	1.855	9048	9897	1.123	0.081	19.068	26.489
Early neonatal rate (last 0-4 years)	18.042	1.563	8846	9677	1.063	0.087	14.916	21.169
Received ANC from a skilled provider	0.859	0.009	2,393	2,638	1.291	0.011	0.840	0.877
4+ ANC visits	0.345	0.014	2,393	2,638	1.427	0.040	0.317	0.372
8+ ANC visits	0.035	0.004	2,393	2,638	1.181	0.127	0.026	0.044
Mothers protected against tetanus for last birth	0.828	0.009	2,393	2,638	1.113	0.010	0.811	0.845
Delivered in a health facility (live births)	0.605	0.015	2,446	2,694	1.477	0.025	0.575	0.634
Delivered by a skilled provider (live births)	0.653	0.015	2,446	2,694	1.535	0.023	0.623	0.683
Delivered by C-section (live births)	0.402	0.014	2,446	2,694	1.374	0.035	0.374	0.430
Women with postnatal check during first 2 days	0.521	0.014	2,393	2,638	1.351	0.027	0.493	0.548
Newborns with postnatal check during first 2 days	0.529	0.014	2,393	2,638	1.377	0.027	0.501	0.557
Any problem accessing health care	0.681	0.008	12,980	14,328	2.007	0.012	0.664	0.697
Sought treatment for diarrhea	0.650	0.032	277	310	1.100	0.049	0.586	0.713
Treated with ORS	0.708	0.032	277	310	1.171	0.046	0.643	0.773
Height-for-age (–3 SD)	0.060	0.006	2,911	3,172	1.217	0.092	0.049	0.071
Height-for-age (–2 SD)	0.241	0.010	2,911	3,172	1.153	0.040	0.222	0.260
Weight-for-height (–2 SD)	0.110	0.006	2,908	3,168	1.016	0.054	0.099	0.122
Weight-for-height (+2 SD)	0.015	0.003	2,908	3,168	1.136	0.178	0.010	0.020
Weight-for-age (–2 SD)	0.228	0.010	2,947	3,212	1.201	0.042	0.208	0.247
Exclusive breastfeeding	0.527	0.023	602	675	1.138	0.044	0.480	0.573
Minimum dietary diversity (children 6–23 months)	0.356	0.014	1,731	1,900	1.191	0.039	0.328	0.383
Body mass index (BMI) <18.5	0.102	0.004	5,504	6,023	1.083	0.043	0.093	0.111
Body mass index (BMI) ≥25.0	0.348	0.008	5,504	6,023	1.192	0.022	0.333	0.363
Body mass index-for-age (–2 SD)	0.047	0.010	440	509	1.057	0.222	0.026	0.068
Body mass index-for-age (+1 SD)	0.128	0.018	440	509	1.164	0.142	0.091	0.164
Prevalence of hypertension (women)	0.230	0.007	5190	5643	1.115	0.028	0.217	0.243
Prevalence of diabetes (women)	0.143	0.006	5106	5547	1.194	0.042	0.131	0.155
Mobile phone ownership	0.657	0.007	12,980	14,328	1.611	0.010	0.643	0.670
Have and use a bank account or mobile phone for financial transactions	0.328	0.007	12,980	14,328	1.753	0.022	0.314	0.343
Participate in decision making (all three decisions)	0.582	0.007	12,365	13,675	1.502	0.011	0.569	0.595
Agree with at least one specified reason a husband is justified in wife beating	0.146	0.005	12,980	14,328	1.580	0.034	0.136	0.156

Table B.5 Sampling errors: Barishal sample, Bangladesh DHS 2022

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence interval	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
HOUSEHOLDS AND POPULATION								
Births registered with civil authority	0.430	0.022	1,374	804	1.586	0.051	0.387	0.474
At least basic sanitation service	0.689	0.019	13,192	7,520	2.188	0.028	0.651	0.727
Using open defecation	0.001	0.001	13,192	7,520	1.707	0.864	0.000	0.004
Using a handwashing facility with soap and water	0.373	0.021	13,184	7,516	2.298	0.057	0.331	0.416
WOMEN								
No education	0.085	0.008	3,232	1,825	1.565	0.090	0.070	0.100
Secondary education or higher	0.617	0.016	3,232	1,825	1.838	0.026	0.585	0.648
Literacy	0.842	0.011	3,232	1,825	1.675	0.013	0.820	0.863
Use of the internet in last 12 months	0.147	0.011	3,232	1,825	1.747	0.074	0.125	0.168
Total fertility rate (last 3 years)	2.521	0.079	10,619	6,028	1.156	0.031	2.363	2.680
Currently pregnant	0.049	0.003	3,776	2,147	0.823	0.058	0.044	0.055
Mean number of children ever born to women age 40–49	3.278	0.094	768	442	1.773	0.029	3.090	3.465
Median birth interval	59.150	1.651	940	554	1.099	0.028	55.849	62.452
Want no more children	0.570	0.012	2,033	1,153	1.133	0.022	0.545	0.595
Ideal number of children	2.220	0.028	2,110	1,196	1.573	0.013	2.164	2.276
Total wanted fertility rate (last 3 years)	1.216	0.050	10,619	6,028	1.007	0.041	1.117	1.316
Currently using any contraceptive method	0.648	0.015	2,033	1,153	1.402	0.023	0.618	0.678
Currently using any modern method	0.540	0.015	2,033	1,153	1.332	0.027	0.510	0.569
Currently using pill	0.282	0.012	2,033	1,153	1.155	0.041	0.259	0.305
Currently using injectables	0.157	0.016	2,033	1,153	1.927	0.099	0.126	0.188
Currently using implants	0.017	0.003	2,033	1,153	0.992	0.166	0.012	0.023
Currently using male condoms	0.050	0.006	2,033	1,153	1.191	0.115	0.038	0.061
Currently using any traditional method	0.108	0.008	2,033	1,153	1.191	0.076	0.092	0.125
Unmet need for spacing	0.053	0.007	2,033	1,153	1.309	0.123	0.040	0.066
Unmet need for limiting	0.049	0.005	2,033	1,153	1.019	0.100	0.039	0.059
Unmet need total	0.102	0.007	2,033	1,153	1.082	0.071	0.088	0.117
Demand satisfied by modern methods (all women 15–49)	0.720	0.013	1,521	865	1.117	0.018	0.694	0.745
Participation in decision making about family planning	0.863	0.013	2,033	1,153	1.689	0.015	0.838	0.889
Not exposed to any of the eight media sources	0.605	0.020	2,117	1,199	1.895	0.033	0.564	0.645
Neonatal mortality (last 0-4 years)	18.021	3.326	1489	865	0.980	0.185	11.368	24.674
Post-neonatal mortality (last 0-4 years)	5.724	1.971	1479	860	1.000	0.344	1.782	9.666
Infant mortality (last 0-4 years)	23.745	4.127	1489	865	1.055	0.174	15.491	31.999
Child mortality (last 0-4 years)	13.663	4.272	1403	812	1.435	0.313	5.118	22.207
Under-5 mortality (last 0-4 years)	37.083	6.343	1492	867	1.265	0.171	24.398	49.769
Perinatal mortality rate (last 0-4 years)	35.351	5.748	1509	876	1.181	0.163	23.855	46.847
Stillbirth rate (last 0-4 years)	21.135	4.489	1509	876	1.206	0.212	12.157	30.114
Early neonatal rate (last 0-4 years)	14.514	2.981	1477	858	0.977	0.205	8.551	20.477
Received ANC from a skilled provider	0.870	0.023	376	216	1.300	0.026	0.825	0.915
4+ ANC visits	0.289	0.029	376	216	1.248	0.101	0.231	0.348
8+ ANC visits	0.032	0.008	376	216	0.908	0.259	0.015	0.048
Mothers protected against tetanus for last birth	0.795	0.023	376	216	1.096	0.029	0.749	0.841
Delivered in a health facility (live births)	0.511	0.040	383	219	1.537	0.077	0.432	0.590
Delivered by a skilled provider (live births)	0.609	0.034	383	219	1.367	0.057	0.540	0.678
Delivered by C-section (live births)	0.350	0.034	383	219	1.404	0.098	0.282	0.419
Women with postnatal check during first 2 days	0.467	0.036	376	216	1.383	0.076	0.395	0.538
Newborns with postnatal check during first 2 days	0.460	0.037	376	216	1.454	0.081	0.385	0.535
Any problem accessing health care	0.658	0.020	2,117	1,199	1.966	0.031	0.618	0.699
Sought treatment for diarrhea	0.734	0.078	48	27	1.188	0.106	0.578	0.889
Treated with ORS	0.796	0.067	48	27	1.131	0.084	0.662	0.930
Height-for-age (–3 SD)	0.057	0.010	496	295	0.978	0.179	0.036	0.077
Height-for-age (–2 SD)	0.249	0.023	496	295	1.151	0.093	0.203	0.296
Weight-for-height (–2 SD)	0.141	0.018	496	295	1.197	0.128	0.105	0.177
Weight-for-height (+2 SD)	0.017	0.007	496	295	1.223	0.407	0.003	0.031
Weight-for-age (–2 SD)	0.257	0.025	500	297	1.265	0.097	0.208	0.307
Exclusive breastfeeding	0.484	0.054	100	58	1.076	0.112	0.375	0.592
Minimum dietary diversity (children 6–23 months)	0.297	0.032	267	153	1.147	0.108	0.233	0.361
Body mass index (BMI) <18.5	0.098	0.011	908	514	1.097	0.111	0.076	0.119
Body mass index (BMI) ≥25.0	0.387	0.018	908	514	1.089	0.045	0.352	0.422
Body mass index-for-age (–2 SD)	0.042	0.029	56	35	1.135	0.695	0.000	0.100
Body mass index-for-age (+1 SD)	0.113	0.046	56	35	1.134	0.407	0.021	0.204
Prevalence of hypertension (women)	0.216	0.015	858	484	1.078	0.070	0.186	0.246
Prevalence of diabetes (women)	0.156	0.014	842	475	1.149	0.090	0.128	0.184
Mobile phone ownership	0.759	0.014	2,117	1,199	1.487	0.018	0.731	0.786
Have and use a bank account or mobile phone for financial transactions	0.371	0.020	2,117	1,199	1.930	0.055	0.330	0.411
Participate in decision making (all three decisions)	0.499	0.017	2,033	1,153	1.576	0.035	0.464	0.534
Agree with at least one specified reason a husband is justified in wife beating	0.114	0.010	2,117	1,199	1.479	0.090	0.094	0.134

Table B.6 Sampling errors: Chattogram sample, Bangladesh DHS 2022

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence interval	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
HOUSEHOLDS AND POPULATION								
Births registered with civil authority	0.469	0.020	2,061	2,628	1.723	0.043	0.428	0.509
At least basic sanitation service	0.665	0.021	18,649	23,357	2.754	0.032	0.622	0.708
Using open defecation	0.002	0.001	18,649	23,357	1.290	0.454	0.000	0.003
Using a handwashing facility with soap and water	0.567	0.023	18,615	23,332	2.824	0.041	0.520	0.613
WOMEN								
No education	0.140	0.015	4,461	5,585	2.803	0.104	0.111	0.170
Secondary education or higher	0.610	0.019	4,461	5,585	2.545	0.030	0.573	0.647
Literacy	0.775	0.016	4,461	5,585	2.566	0.021	0.742	0.807
Use of the internet in last 12 months	0.248	0.014	4,461	5,585	2.139	0.056	0.221	0.276
Total fertility rate (last 3 years)	2.573	0.083	15,148	19,147	1.441	0.032	2.406	2.740
Currently pregnant	0.057	0.004	5,143	6,502	1.118	0.063	0.050	0.064
Mean number of children ever born to women age 40–49	3.689	0.100	974	1,200	1.960	0.027	3.489	3.889
Median birth interval	51.576	1.393	1,430	1,833	1.470	0.027	48.791	54.362
Want no more children	0.541	0.011	2,821	3,559	1.142	0.020	0.519	0.562
Ideal number of children	2.515	0.036	2,962	3,721	2.293	0.014	2.444	2.586
Total wanted fertility rate (last 3 years)	1.345	0.052	15,148	19,147	1.238	0.039	1.240	1.450
Currently using any contraceptive method	0.575	0.017	2,821	3,559	1.848	0.030	0.541	0.610
Currently using any modern method	0.490	0.017	2,821	3,559	1.809	0.035	0.456	0.524
Currently using pill	0.267	0.016	2,821	3,559	1.883	0.059	0.236	0.298
Currently using injectables	0.109	0.012	2,821	3,559	1.962	0.106	0.086	0.132
Currently using implants	0.019	0.003	2,821	3,559	1.254	0.169	0.013	0.026
Currently using male condoms	0.051	0.006	2,821	3,559	1.423	0.115	0.040	0.063
Currently using any traditional method	0.085	0.006	2,821	3,559	1.154	0.071	0.073	0.097
Unmet need for spacing	0.079	0.007	2,821	3,559	1.323	0.085	0.066	0.093
Unmet need for limiting	0.077	0.008	2,821	3,559	1.548	0.101	0.061	0.092
Unmet need total	0.156	0.012	2,821	3,559	1.744	0.076	0.132	0.180
Demand satisfied by modern methods (all women 15–49)	0.670	0.018	2,087	2,604	1.754	0.027	0.634	0.707
Participation in decision making about family planning	0.915	0.007	2,821	3,559	1.237	0.007	0.902	0.928
Not exposed to any of the eight media sources	0.650	0.022	2,983	3,749	2.572	0.035	0.605	0.695
Neonatal mortality (last 0-4 years)	23.059	4.182	2230	2832	1.253	0.181	14.694	31.423
Post-neonatal mortality (last 0-4 years)	3.287	1.171	2232	2836	0.969	0.356	0.946	5.629
Infant mortality (last 0-4 years)	26.346	4.317	2230	2832	1.219	0.164	17.711	34.981
Child mortality (last 0-4 years)	6.124	1.824	2214	2805	1.126	0.298	2.476	9.772
Under-5 mortality (last 0-4 years)	32.308	4.465	2233	2835	1.152	0.138	23.379	41.237
Perinatal mortality rate (last 0-4 years)	40.866	5.121	2291	2914	1.154	0.125	30.624	51.109
Stillbirth rate (last 0-4 years)	22.465	4.414	2291	2914	1.290	0.196	13.638	31.293
Early neonatal rate (last 0-4 years)	18.819	3.447	2243	2850	1.166	0.183	11.925	25.712
Received ANC from a skilled provider	0.880	0.020	598	776	1.512	0.023	0.840	0.920
4+ ANC visits	0.383	0.029	598	776	1.479	0.077	0.325	0.442
8+ ANC visits	0.045	0.009	598	776	1.031	0.194	0.028	0.063
Mothers protected against tetanus for last birth	0.851	0.015	598	776	1.051	0.018	0.820	0.882
Delivered in a health facility (live births)	0.609	0.035	613	793	1.755	0.057	0.540	0.678
Delivered by a skilled provider (live births)	0.664	0.037	613	793	1.935	0.056	0.590	0.738
Delivered by C-section (live births)	0.310	0.027	613	793	1.461	0.088	0.256	0.365
Women with postnatal check during first 2 days	0.537	0.033	598	776	1.593	0.061	0.472	0.602
Newborns with postnatal check during first 2 days	0.556	0.033	598	776	1.618	0.059	0.490	0.622
Any problem accessing health care	0.732	0.018	2,983	3,749	2.279	0.025	0.695	0.769
Sought treatment for diarrhea	0.682	0.047	89	114	0.933	0.069	0.588	0.776
Treated with ORS	0.764	0.050	89	114	1.129	0.066	0.664	0.864
Height-for-age (–3 SD)	0.067	0.015	732	935	1.482	0.217	0.038	0.097
Height-for-age (–2 SD)	0.247	0.023	732	935	1.340	0.091	0.202	0.292
Weight-for-height (–2 SD)	0.114	0.012	732	935	1.034	0.105	0.090	0.138
Weight-for-height (+2 SD)	0.014	0.005	732	935	1.045	0.365	0.004	0.024
Weight-for-age (–2 SD)	0.234	0.022	737	942	1.401	0.096	0.189	0.279
Exclusive breastfeeding	0.651	0.049	159	203	1.283	0.075	0.553	0.748
Minimum dietary diversity (children 6–23 months)	0.286	0.028	429	562	1.272	0.097	0.231	0.342
Body mass index (BMI) <18.5	0.075	0.009	1,243	1,538	1.141	0.114	0.058	0.092
Body mass index (BMI) ≥25.0	0.427	0.017	1,243	1,538	1.195	0.040	0.393	0.461
Body mass index-for-age (–2 SD)	0.053	0.023	93	124	1.019	0.435	0.007	0.099
Body mass index-for-age (+1 SD)	0.144	0.042	93	124	1.182	0.290	0.061	0.228
Prevalence of hypertension (women)	0.249	0.013	1146	1434	1.032	0.053	0.223	0.276
Prevalence of diabetes (women)	0.183	0.014	1125	1407	1.161	0.074	0.156	0.210
Mobile phone ownership	0.772	0.013	2,983	3,749	1.664	0.017	0.746	0.797
Have and use a bank account or mobile phone for financial transactions	0.375	0.018	2,983	3,749	2.009	0.048	0.339	0.410
Participate in decision making (all three decisions)	0.645	0.013	2,821	3,559	1.437	0.020	0.619	0.671
Agree with at least one specified reason a husband is justified in wife beating	0.125	0.010	2,983	3,749	1.624	0.079	0.105	0.145

Table B.7 Sampling errors: Dhaka sample, Bangladesh DHS 2022

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence interval	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
HOUSEHOLDS AND POPULATION								
Births registered with civil authority	0.337	0.015	1,927	3,195	1.325	0.045	0.307	0.368
At least basic sanitation service	0.594	0.021	18,535	30,762	2.783	0.036	0.551	0.637
Using open defecation	0.000	0.000	18,535	30,762	0.963	0.622	0.000	0.001
Using a handwashing facility with soap and water	0.615	0.021	18,498	30,707	2.782	0.035	0.573	0.658
WOMEN								
No education	0.124	0.009	4,554	7,637	1.848	0.073	0.106	0.142
Secondary education or higher	0.614	0.016	4,554	7,637	2.172	0.026	0.583	0.645
Literacy	0.811	0.011	4,554	7,637	1.912	0.014	0.789	0.833
Use of the internet in last 12 months	0.270	0.013	4,554	7,637	2.009	0.049	0.243	0.296
Total fertility rate (last 3 years)	2.199	0.062	15,458	25,886	1.135	0.028	2.076	2.323
Currently pregnant	0.045	0.003	5,370	8,994	1.070	0.067	0.039	0.051
Mean number of children ever born to women age 40–49	2.967	0.070	991	1,666	1.583	0.024	2.827	3.108
Median birth interval	63.667	2.217	1,196	2,000	1.250	0.035	59.232	68.101
Want no more children	0.553	0.010	2,871	4,817	1.096	0.018	0.533	0.574
Ideal number of children	2.273	0.022	3,019	5,064	1.742	0.010	2.229	2.317
Total wanted fertility rate (last 3 years)	1.226	0.050	15,458	25,886	1.167	0.041	1.127	1.326
Currently using any contraceptive method	0.630	0.012	2,871	4,817	1.365	0.020	0.605	0.655
Currently using any modern method	0.532	0.012	2,871	4,817	1.297	0.023	0.508	0.556
Currently using pill	0.249	0.012	2,871	4,817	1.455	0.047	0.226	0.273
Currently using injectables	0.095	0.007	2,871	4,817	1.267	0.073	0.082	0.109
Currently using implants	0.010	0.002	2,871	4,817	1.143	0.209	0.006	0.015
Currently using male condoms	0.117	0.010	2,871	4,817	1.633	0.084	0.097	0.136
Currently using any traditional method	0.098	0.006	2,871	4,817	1.026	0.058	0.086	0.109
Unmet need for spacing	0.048	0.005	2,871	4,817	1.191	0.099	0.039	0.058
Unmet need for limiting	0.053	0.005	2,871	4,817	1.147	0.091	0.043	0.062
Unmet need total	0.101	0.007	2,871	4,817	1.307	0.073	0.086	0.116
Demand satisfied by modern methods (all women 15–49)	0.728	0.011	2,096	3,522	1.149	0.015	0.706	0.750
Participation in decision making about family planning	0.925	0.007	2,871	4,817	1.354	0.007	0.912	0.938
Not exposed to any of the eight media sources	0.580	0.017	3,028	5,080	1.890	0.029	0.546	0.614
Neonatal mortality (last 0-4 years)	18.660	2.995	2014	3356	1.004	0.160	12.671	24.650
Post-neonatal mortality (last 0-4 years)	6.102	1.893	2004	3334	1.079	0.310	2.316	9.887
Infant mortality (last 0-4 years)	24.762	3.871	2014	3356	1.127	0.156	17.021	32.504
Child mortality (last 0-4 years)	1.845	1.082	1910	3184	1.066	0.586	0.000	4.008
Under-5 mortality (last 0-4 years)	26.561	3.837	2015	3359	1.084	0.144	18.887	34.235
Perinatal mortality rate (last 0-4 years)	30.115	3.533	2050	3416	0.890	0.117	23.049	37.181
Stillbirth rate (last 0-4 years)	16.656	2.891	2050	3416	0.947	0.174	10.874	22.439
Early neonatal rate (last 0-4 years)	13.682	2.592	2017	3361	1.006	0.189	8.497	18.867
Received ANC from a skilled provider	0.907	0.014	542	903	1.139	0.016	0.879	0.936
4+ ANC visits	0.488	0.029	542	903	1.331	0.059	0.431	0.546
8+ ANC visits	0.090	0.016	542	903	1.262	0.172	0.059	0.122
Mothers protected against tetanus for last birth	0.799	0.019	542	903	1.116	0.024	0.761	0.838
Delivered in a health facility (live births)	0.704	0.025	556	926	1.261	0.035	0.654	0.754
Delivered by a skilled provider (live births)	0.761	0.023	556	926	1.237	0.030	0.716	0.807
Delivered by C-section (live births)	0.531	0.030	556	926	1.373	0.056	0.472	0.591
Women with postnatal check during first 2 days	0.579	0.028	542	903	1.331	0.049	0.523	0.636
Newborns with postnatal check during first 2 days	0.594	0.027	542	903	1.286	0.046	0.539	0.648
Any problem accessing health care	0.636	0.014	3,028	5,080	1.653	0.023	0.607	0.665
Sought treatment for diarrhea	0.652	0.090	38	64	1.171	0.139	0.471	0.833
Treated with ORS	0.861	0.063	38	64	1.124	0.073	0.735	0.987
Height-for-age (–3 SD)	0.043	0.008	607	1,012	0.953	0.181	0.028	0.059
Height-for-age (–2 SD)	0.215	0.019	607	1,012	1.142	0.090	0.176	0.253
Weight-for-height (–2 SD)	0.089	0.013	608	1,014	1.102	0.144	0.064	0.115
Weight-for-height (+2 SD)	0.021	0.006	608	1,014	1.052	0.294	0.008	0.033
Weight-for-age (–2 SD)	0.186	0.019	620	1,035	1.190	0.101	0.148	0.223
Exclusive breastfeeding	0.463	0.044	158	261	1.102	0.095	0.375	0.551
Minimum dietary diversity (children 6–23 months)	0.431	0.031	369	616	1.205	0.072	0.369	0.493
Body mass index (BMI) <18.5	0.070	0.008	1,259	2,122	1.052	0.108	0.055	0.085
Body mass index (BMI) ≥25.0	0.435	0.018	1,259	2,122	1.323	0.042	0.398	0.472
Body mass index-for-age (–2 SD)	0.035	0.017	112	184	0.957	0.481	0.001	0.068
Body mass index-for-age (+1 SD)	0.148	0.038	112	184	1.119	0.256	0.073	0.224
Prevalence of hypertension (women)	0.203	0.012	1070	1780	1.013	0.061	0.179	0.228
Prevalence of diabetes (women)	0.226	0.018	1003	1676	1.315	0.080	0.190	0.263
Mobile phone ownership	0.760	0.012	3,028	5,080	1.597	0.016	0.735	0.784
Have and use a bank account or mobile phone for financial transactions	0.450	0.015	3,028	5,080	1.664	0.033	0.420	0.480
Participate in decision making (all three decisions)	0.591	0.012	2,871	4,817	1.266	0.020	0.568	0.614
Agree with at least one specified reason a husband is justified in wife beating	0.147	0.011	3,028	5,080	1.701	0.075	0.125	0.169

Table B.8 Sampling errors: Khulna sample, Bangladesh DHS 2022

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence interval	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
HOUSEHOLDS AND POPULATION								
Births registered with civil authority	0.435	0.024	1,404	1,293	1.689	0.055	0.388	0.483
At least basic sanitation service	0.652	0.014	15,340	14,028	1.746	0.022	0.624	0.681
Using open defecation	0.001	0.001	15,340	14,028	1.056	0.513	0.000	0.002
Using a handwashing facility with soap and water	0.575	0.018	15,320	14,017	2.149	0.032	0.539	0.612
WOMEN								
No education	0.109	0.006	3,928	3,602	1.291	0.059	0.096	0.122
Secondary education or higher	0.659	0.013	3,928	3,602	1.700	0.020	0.633	0.684
Literacy	0.809	0.009	3,928	3,602	1.460	0.011	0.791	0.827
Use of the internet in last 12 months	0.193	0.010	3,928	3,602	1.618	0.053	0.172	0.213
Total fertility rate (last 3 years)	2.196	0.061	12,690	11,651	1.026	0.028	2.075	2.318
Currently pregnant	0.046	0.003	4,706	4,351	1.105	0.072	0.040	0.053
Mean number of children ever born to women age 40–49	2.681	0.048	1,042	955	1.397	0.018	2.584	2.778
Median birth interval	69.063	1.136	842	786	1.086	0.016	66.791	71.336
Want no more children	0.607	0.011	2,478	2,281	1.099	0.018	0.585	0.628
Ideal number of children	2.115	0.016	2,596	2,385	1.322	0.008	2.083	2.147
Total wanted fertility rate (last 3 years)	1.193	0.043	12,690	11,651	0.949	0.036	1.107	1.278
Currently using any contraceptive method	0.665	0.014	2,478	2,281	1.497	0.021	0.636	0.693
Currently using any modern method	0.563	0.013	2,478	2,281	1.327	0.023	0.537	0.590
Currently using pill	0.264	0.011	2,478	2,281	1.253	0.042	0.241	0.286
Currently using injectables	0.119	0.011	2,478	2,281	1.670	0.091	0.097	0.141
Currently using implants	0.017	0.003	2,478	2,281	1.276	0.192	0.011	0.024
Currently using male condoms	0.093	0.008	2,478	2,281	1.291	0.081	0.078	0.108
Currently using any traditional method	0.102	0.008	2,478	2,281	1.341	0.080	0.085	0.118
Unmet need for spacing	0.036	0.004	2,478	2,281	1.112	0.116	0.027	0.044
Unmet need for limiting	0.047	0.005	2,478	2,281	1.068	0.096	0.038	0.056
Unmet need total	0.083	0.007	2,478	2,281	1.204	0.080	0.070	0.096
Demand satisfied by modern methods (all women 15–49)	0.753	0.011	1,851	1,706	1.136	0.015	0.730	0.776
Participation in decision making about family planning	0.878	0.010	2,478	2,281	1.576	0.012	0.857	0.899
Not exposed to any of the eight media sources	0.587	0.014	2,602	2,389	1.424	0.023	0.560	0.615
Neonatal mortality (last 0-4 years)	17.774	3.255	1457	1341	0.896	0.183	11.265	24.284
Post-neonatal mortality (last 0-4 years)	1.110	0.787	1452	1334	0.880	0.709	0.000	2.683
Infant mortality (last 0-4 years)	18.884	3.299	1457	1341	0.881	0.175	12.286	25.483
Child mortality (last 0-4 years)	3.605	1.612	1400	1288	1.024	0.447	0.381	6.829
Under-5 mortality (last 0-4 years)	22.421	3.774	1458	1342	0.927	0.168	14.874	29.968
Perinatal mortality rate (last 0-4 years)	37.247	4.224	1492	1371	0.845	0.113	28.799	45.694
Stillbirth rate (last 0-4 years)	21.829	3.709	1492	1371	0.956	0.170	14.411	29.247
Early neonatal rate (last 0-4 years)	15.741	3.068	1460	1343	0.909	0.195	9.604	21.877
Received ANC from a skilled provider	0.914	0.016	404	374	1.161	0.018	0.882	0.947
4+ ANC visits	0.417	0.028	404	374	1.155	0.068	0.360	0.474
8+ ANC visits	0.053	0.012	404	374	1.092	0.230	0.029	0.078
Mothers protected against tetanus for last birth	0.843	0.021	404	374	1.153	0.025	0.801	0.885
Delivered in a health facility (live births)	0.822	0.022	410	380	1.160	0.027	0.778	0.866
Delivered by a skilled provider (live births)	0.865	0.020	410	380	1.203	0.024	0.824	0.906
Delivered by C-section (live births)	0.660	0.025	410	380	1.055	0.037	0.610	0.709
Women with postnatal check during first 2 days	0.733	0.026	404	374	1.183	0.036	0.681	0.786
Newborns with postnatal check during first 2 days	0.744	0.026	404	374	1.200	0.035	0.691	0.796
Any problem accessing health care	0.591	0.026	2,602	2,389	2.678	0.044	0.539	0.643
Sought treatment for diarrhea	0.731	0.065	48	45	1.044	0.089	0.601	0.861
Treated with ORS	0.883	0.047	48	45	1.013	0.053	0.789	0.977
Height-for-age (–3 SD)	0.036	0.008	450	422	0.947	0.228	0.020	0.053
Height-for-age (–2 SD)	0.190	0.018	450	422	0.975	0.096	0.153	0.226
Weight-for-height (–2 SD)	0.103	0.014	450	422	0.946	0.133	0.076	0.131
Weight-for-height (+2 SD)	0.014	0.006	450	422	1.010	0.391	0.003	0.025
Weight-for-age (–2 SD)	0.187	0.021	455	426	1.111	0.110	0.146	0.228
Exclusive breastfeeding	0.514	0.049	107	99	1.010	0.095	0.416	0.612
Minimum dietary diversity (children 6–23 months)	0.525	0.029	285	265	0.984	0.056	0.466	0.583
Body mass index (BMI) <18.5	0.059	0.008	1,088	1,001	1.157	0.140	0.042	0.075
Body mass index (BMI) ≥25.0	0.414	0.015	1,088	1,001	0.984	0.035	0.385	0.444
Body mass index-for-age (–2 SD)	0.076	0.028	85	78	0.965	0.365	0.021	0.132
Body mass index-for-age (+1 SD)	0.182	0.048	85	78	1.149	0.264	0.086	0.278
Prevalence of hypertension (women)	0.246	0.014	1007	927	1.024	0.056	0.218	0.274
Prevalence of diabetes (women)	0.141	0.012	985	910	1.082	0.087	0.116	0.165
Mobile phone ownership	0.658	0.014	2,602	2,389	1.520	0.021	0.630	0.686
Have and use a bank account or mobile phone for financial transactions	0.405	0.017	2,602	2,389	1.771	0.042	0.370	0.439
Participate in decision making (all three decisions)	0.552	0.014	2,478	2,281	1.432	0.026	0.523	0.580
Agree with at least one specified reason a husband is justified in wife beating	0.164	0.011	2,602	2,389	1.520	0.067	0.142	0.186

Table B.9 Sampling errors: Mymensingh sample, Bangladesh DHS 2022

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence interval	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
HOUSEHOLDS AND POPULATION								
Births registered with civil authority	0.444	0.017	1,484	1,062	1.259	0.039	0.409	0.479
At least basic sanitation service	0.531	0.021	14,033	9,978	2.272	0.040	0.489	0.573
Using open defecation	0.005	0.001	14,033	9,978	1.047	0.245	0.003	0.008
Using a handwashing facility with soap and water	0.462	0.021	14,008	9,957	2.261	0.046	0.420	0.505
WOMEN								
No education	0.187	0.011	3,255	2,305	1.567	0.057	0.166	0.209
Secondary education or higher	0.513	0.016	3,255	2,305	1.812	0.031	0.481	0.544
Literacy	0.720	0.013	3,255	2,305	1.635	0.018	0.694	0.745
Use of the internet in last 12 months	0.113	0.011	3,255	2,305	1.937	0.095	0.092	0.135
Total fertility rate (last 3 years)	2.683	0.087	10,853	7,695	1.244	0.032	2.510	2.856
Currently pregnant	0.052	0.003	3,903	2,766	0.978	0.066	0.045	0.059
Mean number of children ever born to women age 40–49	3.551	0.087	764	536	1.484	0.024	3.378	3.724
Median birth interval	55.624	1.621	1,027	734	1.250	0.029	52.382	58.865
Want no more children	0.573	0.013	2,051	1,450	1.228	0.023	0.546	0.600
Ideal number of children	2.381	0.031	2,149	1,522	1.768	0.013	2.319	2.443
Total wanted fertility rate (last 3 years)	1.321	0.048	10,853	7,695	0.903	0.036	1.224	1.417
Currently using any contraceptive method	0.661	0.014	2,051	1,450	1.364	0.022	0.633	0.690
Currently using any modern method	0.590	0.014	2,051	1,450	1.264	0.023	0.562	0.617
Currently using pill	0.352	0.012	2,051	1,450	1.167	0.035	0.328	0.377
Currently using injectables	0.109	0.013	2,051	1,450	1.903	0.120	0.083	0.136
Currently using implants	0.017	0.003	2,051	1,450	1.200	0.202	0.010	0.024
Currently using male condoms	0.062	0.007	2,051	1,450	1.249	0.107	0.049	0.075
Currently using any traditional method	0.071	0.008	2,051	1,450	1.371	0.109	0.056	0.087
Unmet need for spacing	0.042	0.005	2,051	1,450	1.226	0.129	0.031	0.053
Unmet need for limiting	0.039	0.004	2,051	1,450	0.951	0.105	0.031	0.047
Unmet need total	0.081	0.007	2,051	1,450	1.188	0.089	0.066	0.095
Demand satisfied by modern methods (all women 15–49)	0.795	0.012	1,522	1,076	1.184	0.015	0.771	0.820
Participation in decision making about family planning	0.915	0.008	2,051	1,450	1.226	0.008	0.900	0.930
Not exposed to any of the eight media sources	0.602	0.019	2,156	1,527	1.809	0.032	0.563	0.640
Neonatal mortality (last 0-4 years)	25.418	3.799	1575	1124	0.941	0.149	17.820	33.015
Post-neonatal mortality (last 0-4 years)	4.611	1.623	1566	1117	0.968	0.352	1.364	7.857
Infant mortality (last 0-4 years)	30.028	3.836	1575	1124	0.901	0.128	22.356	37.700
Child mortality (last 0-4 years)	4.059	1.579	1515	1080	0.935	0.389	0.902	7.216
Under-5 mortality (last 0-4 years)	33.965	3.986	1578	1126	0.895	0.117	25.993	41.938
Perinatal mortality rate (last 0-4 years)	47.899	6.165	1618	1158	1.137	0.129	35.569	60.228
Stillbirth rate (last 0-4 years)	28.140	4.512	1618	1158	1.117	0.160	19.116	37.164
Early neonatal rate (last 0-4 years)	20.305	3.507	1577	1127	0.985	0.173	13.290	27.320
Received ANC from a skilled provider	0.850	0.024	452	324	1.434	0.028	0.802	0.899
4+ ANC visits	0.469	0.040	452	324	1.697	0.085	0.389	0.549
8+ ANC visits	0.025	0.008	452	324	1.070	0.315	0.009	0.041
Mothers protected against tetanus for last birth	0.874	0.014	452	324	0.911	0.016	0.845	0.902
Delivered in a health facility (live births)	0.543	0.033	464	333	1.391	0.060	0.478	0.608
Delivered by a skilled provider (live births)	0.571	0.032	464	333	1.362	0.056	0.507	0.635
Delivered by C-section (live births)	0.389	0.034	464	333	1.471	0.086	0.322	0.456
Women with postnatal check during first 2 days	0.446	0.030	452	324	1.297	0.068	0.385	0.507
Newborns with postnatal check during first 2 days	0.447	0.032	452	324	1.357	0.071	0.384	0.511
Any problem accessing health care	0.732	0.016	2,156	1,527	1.719	0.022	0.699	0.765
Sought treatment for diarrhea	0.696	0.062	60	45	1.102	0.089	0.572	0.821
Treated with ORS	0.754	0.061	60	45	1.041	0.082	0.631	0.877
Height-for-age (–3 SD)	0.072	0.011	525	373	0.987	0.152	0.050	0.094
Height-for-age (–2 SD)	0.277	0.017	525	373	0.877	0.062	0.242	0.311
Weight-for-height (–2 SD)	0.128	0.014	525	373	0.915	0.107	0.101	0.156
Weight-for-height (+2 SD)	0.006	0.003	525	373	0.959	0.524	0.000	0.013
Weight-for-age (–2 SD)	0.247	0.017	528	375	0.876	0.070	0.213	0.282
Exclusive breastfeeding	0.385	0.044	113	80	0.951	0.114	0.297	0.472
Minimum dietary diversity (children 6–23 months)	0.440	0.034	329	237	1.248	0.078	0.372	0.509
Body mass index (BMI) <18.5	0.155	0.013	925	660	1.100	0.084	0.129	0.181
Body mass index (BMI) ≥25.0	0.264	0.015	925	660	1.067	0.058	0.233	0.295
Body mass index-for-age (–2 SD)	0.045	0.023	79	57	1.000	0.510	0.000	0.091
Body mass index-for-age (+1 SD)	0.098	0.034	79	57	1.033	0.347	0.030	0.167
Prevalence of hypertension (women)	0.216	0.016	894	635	1.135	0.074	0.184	0.248
Prevalence of diabetes (women)	0.116	0.013	888	631	1.137	0.111	0.090	0.141
Mobile phone ownership	0.631	0.016	2,156	1,527	1.495	0.025	0.600	0.662
Have and use a bank account or mobile phone for financial transactions	0.282	0.016	2,156	1,527	1.678	0.058	0.249	0.314
Participate in decision making (all three decisions)	0.618	0.019	2,051	1,450	1.798	0.031	0.579	0.657
Agree with at least one specified reason a husband is justified in wife beating	0.126	0.010	2,156	1,527	1.366	0.078	0.106	0.145

Table B.10 Sampling errors: Rajshahi sample, Bangladesh DHS 2022

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence interval	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
HOUSEHOLDS AND POPULATION								
Births registered with civil authority	0.508	0.022	1,286	1,351	1.472	0.042	0.465	0.551
At least basic sanitation service	0.636	0.015	15,158	15,674	1.834	0.023	0.607	0.666
Using open defecation	0.002	0.001	15,158	15,674	1.224	0.345	0.001	0.004
Using a handwashing facility with soap and water	0.624	0.019	15,153	15,667	2.312	0.031	0.586	0.663
WOMEN								
No education	0.151	0.010	3,816	3,935	1.761	0.068	0.131	0.172
Secondary education or higher	0.588	0.016	3,816	3,935	1.995	0.027	0.557	0.620
Literacy	0.781	0.013	3,816	3,935	1.880	0.016	0.756	0.806
Use of the internet in last 12 months	0.160	0.013	3,816	3,935	2.129	0.079	0.135	0.185
Total fertility rate (last 3 years)	2.024	0.066	12,320	12,738	1.043	0.033	1.893	2.156
Currently pregnant	0.038	0.003	4,573	4,737	1.079	0.078	0.032	0.044
Mean number of children ever born to women age 40–49	2.773	0.066	1,048	1,074	1.754	0.024	2.640	2.905
Median birth interval	69.037	1.100	778	829	1.067	0.016	66.837	71.236
Want no more children	0.609	0.009	2,439	2,521	0.900	0.015	0.591	0.627
Ideal number of children	2.202	0.027	2,539	2,617	2.037	0.012	2.148	2.256
Total wanted fertility rate (last 3 years)	1.171	0.053	12,320	12,738	1.055	0.045	1.065	1.276
Currently using any contraceptive method	0.700	0.011	2,439	2,521	1.218	0.016	0.677	0.722
Currently using any modern method	0.608	0.012	2,439	2,521	1.249	0.020	0.583	0.632
Currently using pill	0.275	0.014	2,439	2,521	1.574	0.052	0.247	0.303
Currently using injectables	0.124	0.012	2,439	2,521	1.754	0.095	0.100	0.147
Currently using implants	0.024	0.004	2,439	2,521	1.433	0.184	0.015	0.033
Currently using male condoms	0.103	0.010	2,439	2,521	1.642	0.098	0.083	0.124
Currently using any traditional method	0.092	0.007	2,439	2,521	1.232	0.078	0.078	0.107
Unmet need for spacing	0.026	0.004	2,439	2,521	1.237	0.154	0.018	0.034
Unmet need for limiting	0.034	0.005	2,439	2,521	1.261	0.135	0.025	0.044
Unmet need total	0.060	0.007	2,439	2,521	1.515	0.121	0.046	0.075
Demand satisfied by modern methods (all women 15–49)	0.799	0.013	1,863	1,916	1.387	0.016	0.774	0.825
Participation in decision making about family planning	0.905	0.009	2,439	2,521	1.585	0.010	0.886	0.923
Not exposed to any of the eight media sources	0.560	0.019	2,546	2,625	1.931	0.034	0.522	0.598
Neonatal mortality (last 0-4 years)	20.110	3.993	1319	1374	1.012	0.199	12.124	28.096
Post-neonatal mortality (last 0-4 years)	5.588	2.206	1313	1363	1.063	0.395	1.175	10.000
Infant mortality (last 0-4 years)	25.698	4.659	1319	1374	1.058	0.181	16.380	35.015
Child mortality (last 0-4 years)	4.056	1.975	1278	1328	1.097	0.487	0.106	8.005
Under-5 mortality (last 0-4 years)	29.649	4.643	1321	1376	0.990	0.157	20.363	38.935
Perinatal mortality rate (last 0-4 years)	40.122	5.273	1355	1413	0.991	0.131	29.577	50.668
Stillbirth rate (last 0-4 years)	23.986	4.599	1355	1413	1.127	0.192	14.787	33.184
Early neonatal rate (last 0-4 years)	16.522	3.819	1324	1380	1.044	0.231	8.883	24.160
Received ANC from a skilled provider	0.881	0.022	357	377	1.262	0.025	0.838	0.925
4+ ANC visits	0.361	0.038	357	377	1.492	0.106	0.284	0.437
8+ ANC visits	0.031	0.010	357	377	1.042	0.310	0.012	0.050
Mothers protected against tetanus for last birth	0.837	0.023	357	377	1.173	0.027	0.791	0.883
Delivered in a health facility (live births)	0.700	0.032	361	381	1.331	0.046	0.636	0.764
Delivered by a skilled provider (live births)	0.723	0.032	361	381	1.352	0.044	0.659	0.786
Delivered by C-section (live births)	0.536	0.033	361	381	1.271	0.062	0.470	0.603
Women with postnatal check during first 2 days	0.608	0.033	357	377	1.261	0.054	0.543	0.674
Newborns with postnatal check during first 2 days	0.597	0.032	357	377	1.213	0.053	0.534	0.660
Any problem accessing health care	0.690	0.017	2,546	2,625	1.821	0.024	0.657	0.724
Sought treatment for diarrhea	0.405	0.074	53	59	1.149	0.184	0.256	0.553
Treated with ORS	0.590	0.086	53	59	1.333	0.147	0.417	0.762
Height-for-age (–3 SD)	0.051	0.013	413	430	1.205	0.254	0.025	0.077
Height-for-age (–2 SD)	0.200	0.020	413	430	0.987	0.101	0.160	0.240
Weight-for-height (–2 SD)	0.110	0.018	412	430	1.164	0.161	0.075	0.146
Weight-for-height (+2 SD)	0.018	0.007	412	430	1.025	0.370	0.005	0.032
Weight-for-age (–2 SD)	0.182	0.021	421	440	1.108	0.115	0.140	0.224
Exclusive breastfeeding	0.592	0.058	99	103	1.161	0.097	0.477	0.708
Minimum dietary diversity (children 6–23 months)	0.369	0.036	250	263	1.171	0.097	0.297	0.440
Body mass index (BMI) <18.5	0.087	0.010	1,113	1,142	1.192	0.116	0.067	0.107
Body mass index (BMI) ≥25.0	0.388	0.018	1,113	1,142	1.203	0.045	0.353	0.424
Body mass index-for-age (–2 SD)	0.034	0.019	91	99	1.038	0.567	0.000	0.072
Body mass index-for-age (+1 SD)	0.128	0.035	91	99	1.012	0.270	0.059	0.197
Prevalence of hypertension (women)	0.275	0.019	1003	1037	1.354	0.069	0.238	0.313
Prevalence of diabetes (women)	0.119	0.012	983	1019	1.171	0.104	0.095	0.144
Mobile phone ownership	0.630	0.017	2,546	2,625	1.745	0.027	0.596	0.663
Have and use a bank account or mobile phone for financial transactions	0.288	0.015	2,546	2,625	1.655	0.052	0.258	0.317
Participate in decision making (all three decisions)	0.613	0.017	2,439	2,521	1.771	0.029	0.578	0.648
Agree with at least one specified reason a husband is justified in wife beating	0.171	0.014	2,546	2,625	1.854	0.081	0.143	0.198

Table B.11 Sampling errors: Rangpur sample, Bangladesh DHS 2022

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence interval	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
HOUSEHOLDS AND POPULATION								
Births registered with civil authority	0.382	0.017	1,487	1,446	1.302	0.044	0.348	0.415
At least basic sanitation service	0.557	0.018	15,118	14,436	2.036	0.032	0.522	0.593
Using open defecation	0.028	0.006	15,118	14,436	2.284	0.227	0.015	0.040
Using a handwashing facility with soap and water	0.614	0.018	15,098	14,417	2.132	0.030	0.578	0.650
WOMEN								
No education	0.173	0.008	3,624	3,452	1.202	0.044	0.158	0.188
Secondary education or higher	0.566	0.012	3,624	3,452	1.448	0.021	0.542	0.590
Literacy	0.731	0.009	3,624	3,452	1.282	0.013	0.712	0.750
Use of the internet in last 12 months	0.082	0.007	3,624	3,452	1.556	0.087	0.068	0.096
Total fertility rate (last 3 years)	2.469	0.075	11,779	11,245	1.150	0.031	2.318	2.620
Currently pregnant	0.044	0.003	4,375	4,203	1.018	0.070	0.038	0.050
Mean number of children ever born to women age 40–49	3.110	0.063	864	817	1.437	0.020	2.983	3.236
Median birth interval	68.441	1.427	913	879	1.053	0.021	65.588	71.294
Want no more children	0.595	0.013	2,298	2,197	1.269	0.022	0.569	0.621
Ideal number of children	2.234	0.021	2,387	2,278	1.529	0.009	2.192	2.275
Total wanted fertility rate (last 3 years)	1.293	0.054	11,779	11,245	1.058	0.042	1.184	1.402
Currently using any contraceptive method	0.707	0.013	2,298	2,197	1.414	0.019	0.680	0.734
Currently using any modern method	0.613	0.013	2,298	2,197	1.308	0.022	0.587	0.640
Currently using pill	0.310	0.012	2,298	2,197	1.268	0.039	0.285	0.334
Currently using injectables	0.155	0.011	2,298	2,197	1.459	0.071	0.133	0.177
Currently using implants	0.020	0.003	2,298	2,197	1.139	0.167	0.013	0.026
Currently using male condoms	0.060	0.005	2,298	2,197	1.098	0.090	0.049	0.071
Currently using any traditional method	0.093	0.008	2,298	2,197	1.259	0.082	0.078	0.109
Unmet need for spacing	0.040	0.005	2,298	2,197	1.233	0.127	0.030	0.050
Unmet need for limiting	0.029	0.004	2,298	2,197	1.027	0.123	0.022	0.037
Unmet need total	0.069	0.006	2,298	2,197	1.213	0.093	0.056	0.082
Demand satisfied by modern methods (all women 15–49)	0.791	0.012	1,782	1,704	1.229	0.015	0.767	0.815
Participation in decision making about family planning	0.916	0.010	2,298	2,197	1.719	0.011	0.896	0.936
Not exposed to any of the eight media sources	0.577	0.021	2,399	2,291	2.106	0.037	0.534	0.619
Neonatal mortality (last 0-4 years)	30.491	4.970	1525	1474	1.060	0.163	20.550	40.431
Post-neonatal mortality (last 0-4 years)	2.888	1.298	1504	1452	0.913	0.449	0.292	5.483
Infant mortality (last 0-4 years)	33.378	4.894	1526	1474	1.011	0.147	23.591	43.166
Child mortality (last 0-4 years)	7.715	2.489	1450	1388	0.980	0.323	2.737	12.693
Under-5 mortality (last 0-4 years)	40.836	5.718	1528	1475	1.060	0.140	29.399	52.272
Perinatal mortality rate (last 0-4 years)	46.407	5.707	1545	1490	1.029	0.123	34.994	57.821
Stillbirth rate (last 0-4 years)	18.570	3.170	1545	1490	0.900	0.171	12.229	24.911
Early neonatal rate (last 0-4 years)	28.311	4.703	1518	1465	1.042	0.166	18.904	37.718
Received ANC from a skilled provider	0.825	0.022	415	409	1.165	0.026	0.782	0.869
4+ ANC visits	0.353	0.029	415	409	1.218	0.081	0.296	0.410
8+ ANC visits	0.032	0.008	415	409	0.895	0.244	0.016	0.047
Mothers protected against tetanus for last birth	0.836	0.020	415	409	1.093	0.024	0.797	0.876
Delivered in a health facility (live births)	0.618	0.033	425	419	1.408	0.054	0.552	0.684
Delivered by a skilled provider (live births)	0.663	0.034	425	419	1.480	0.051	0.596	0.731
Delivered by C-section (live births)	0.431	0.031	425	419	1.290	0.072	0.369	0.494
Women with postnatal check during first 2 days	0.491	0.028	415	409	1.125	0.056	0.436	0.546
Newborns with postnatal check during first 2 days	0.515	0.029	415	409	1.198	0.057	0.457	0.574
Any problem accessing health care	0.587	0.013	2,399	2,291	1.287	0.022	0.561	0.613
Sought treatment for diarrhea	0.699	0.079	39	39	1.087	0.113	0.541	0.856
Treated with ORS	0.480	0.086	39	39	1.079	0.180	0.307	0.652
Height-for-age (–3 SD)	0.050	0.011	491	473	1.118	0.218	0.028	0.071
Height-for-age (–2 SD)	0.221	0.023	491	473	1.182	0.105	0.175	0.268
Weight-for-height (–2 SD)	0.111	0.014	491	474	0.979	0.126	0.083	0.138
Weight-for-height (+2 SD)	0.015	0.007	491	474	1.212	0.435	0.002	0.029
Weight-for-age (–2 SD)	0.246	0.020	500	481	0.992	0.079	0.207	0.285
Exclusive breastfeeding	0.576	0.050	95	95	0.978	0.087	0.476	0.675
Minimum dietary diversity (children 6–23 months)	0.361	0.029	310	304	1.051	0.080	0.304	0.419
Body mass index (BMI) <18.5	0.104	0.010	1,035	982	1.067	0.098	0.083	0.124
Body mass index (BMI) ≥25.0	0.317	0.019	1,035	982	1.293	0.059	0.280	0.355
Body mass index-for-age (–2 SD)	0.047	0.023	93	88	1.031	0.485	0.001	0.092
Body mass index-for-age (+1 SD)	0.113	0.031	93	88	0.935	0.272	0.052	0.175
Prevalence of hypertension (women)	0.223	0.015	942	892	1.127	0.068	0.193	0.254
Prevalence of diabetes (women)	0.165	0.017	936	887	1.346	0.104	0.130	0.199
Mobile phone ownership	0.585	0.017	2,399	2,291	1.699	0.029	0.551	0.619
Have and use a bank account or mobile phone for financial transactions	0.263	0.013	2,399	2,291	1.479	0.051	0.236	0.289
Participate in decision making (all three decisions)	0.635	0.015	2,298	2,197	1.529	0.024	0.605	0.666
Agree with at least one specified reason a husband is justified in wife beating	0.114	0.010	2,399	2,291	1.594	0.091	0.093	0.135

Table B.12 Sampling errors: Sylhet sample, Bangladesh DHS 2022

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence interval	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
HOUSEHOLDS AND POPULATION								
Births registered with civil authority	0.407	0.021	1,544	875	1.589	0.053	0.364	0.450
At least basic sanitation service	0.604	0.023	15,537	8,511	2.459	0.039	0.557	0.651
Using open defecation	0.001	0.001	15,537	8,511	1.017	0.735	0.000	0.002
Using a handwashing facility with soap and water	0.472	0.029	15,510	8,498	2.959	0.062	0.414	0.530
WOMEN								
No education	0.188	0.012	3,208	1,736	1.730	0.064	0.164	0.212
Secondary education or higher	0.476	0.019	3,208	1,736	2.149	0.040	0.438	0.514
Literacy	0.738	0.014	3,208	1,736	1.772	0.019	0.711	0.766
Use of the internet in last 12 months	0.181	0.012	3,208	1,736	1.767	0.066	0.157	0.205
Total fertility rate (last 3 years)	2.273	0.074	12,544	6,831	1.078	0.033	2.125	2.421
Currently pregnant	0.066	0.005	3,550	1,928	1.283	0.080	0.056	0.077
Mean number of children ever born to women age 40–49	3.974	0.099	794	428	1.388	0.025	3.777	4.172
Median birth interval	42.184	1.617	1,049	600	1.406	0.038	38.951	45.418
Want no more children	0.553	0.012	1,996	1,082	1.122	0.023	0.528	0.578
Ideal number of children	2.495	0.042	2,130	1,154	2.016	0.017	2.411	2.578
Total wanted fertility rate (last 3 years)	1.201	0.062	12,544	6,831	1.187	0.052	1.076	1.325
Currently using any contraceptive method	0.528	0.015	1,996	1,082	1.368	0.029	0.498	0.559
Currently using any modern method	0.443	0.014	1,996	1,082	1.273	0.032	0.414	0.471
Currently using pill	0.249	0.013	1,996	1,082	1.370	0.053	0.222	0.276
Currently using injectables	0.054	0.008	1,996	1,082	1.550	0.145	0.038	0.070
Currently using implants	0.017	0.004	1,996	1,082	1.217	0.207	0.010	0.024
Currently using male condoms	0.045	0.006	1,996	1,082	1.254	0.129	0.034	0.057
Currently using any traditional method	0.086	0.008	1,996	1,082	1.225	0.090	0.070	0.101
Unmet need for spacing	0.077	0.007	1,996	1,082	1.202	0.093	0.063	0.091
Unmet need for limiting	0.055	0.006	1,996	1,082	1.117	0.103	0.044	0.067
Unmet need total	0.132	0.009	1,996	1,082	1.196	0.069	0.114	0.150
Demand satisfied by modern methods (all women 15–49)	0.670	0.015	1,340	715	1.187	0.023	0.639	0.701
Participation in decision making about family planning	0.844	0.014	1,996	1,082	1.779	0.017	0.815	0.873
Not exposed to any of the eight media sources	0.699	0.016	2,156	1,169	1.664	0.024	0.666	0.732
Neonatal mortality (last 0-4 years)	28.790	5.036	1649	928	1.127	0.175	18.718	38.863
Post-neonatal mortality (last 0-4 years)	17.313	4.275	1666	936	1.243	0.247	8.763	25.863
Infant mortality (last 0-4 years)	46.103	6.448	1650	929	1.167	0.140	33.207	58.999
Child mortality (last 0-4 years)	6.230	2.103	1631	914	1.226	0.338	2.023	10.437
Under-5 mortality (last 0-4 years)	52.046	6.238	1653	930	1.109	0.120	39.571	64.521
Perinatal mortality rate (last 0-4 years)	47.352	6.451	1684	947	1.178	0.136	34.450	60.253
Stillbirth rate (last 0-4 years)	28.816	4.659	1684	947	1.060	0.162	19.498	38.134
Early neonatal rate (last 0-4 years)	19.072	3.812	1636	920	1.093	0.200	11.447	26.696
Received ANC from a skilled provider	0.801	0.028	405	230	1.400	0.035	0.745	0.857
4+ ANC visits	0.316	0.031	405	230	1.323	0.097	0.255	0.377
8+ ANC visits	0.023	0.007	405	230	0.948	0.311	0.009	0.037
Mothers protected against tetanus for last birth	0.768	0.027	405	230	1.272	0.035	0.715	0.821
Delivered in a health facility (live births)	0.516	0.042	423	240	1.719	0.082	0.432	0.601
Delivered by a skilled provider (live births)	0.593	0.043	423	240	1.763	0.072	0.508	0.678
Delivered by C-section (live births)	0.257	0.030	423	240	1.405	0.117	0.197	0.317
Women with postnatal check during first 2 days	0.452	0.034	405	230	1.381	0.076	0.383	0.520
Newborns with postnatal check during first 2 days	0.451	0.036	405	230	1.456	0.080	0.379	0.523
Any problem accessing health care	0.691	0.031	2,156	1,169	3.078	0.044	0.629	0.752
Sought treatment for diarrhea	0.849	0.062	35	19	1.039	0.074	0.724	0.974
Treated with ORS	0.701	0.105	35	19	1.370	0.150	0.491	0.912
Height-for-age (–3 SD)	0.102	0.015	546	312	1.100	0.143	0.073	0.131
Height-for-age (–2 SD)	0.339	0.025	546	312	1.197	0.075	0.288	0.390
Weight-for-height (–2 SD)	0.122	0.015	546	312	1.091	0.124	0.092	0.152
Weight-for-height (+2 SD)	0.005	0.003	546	312	0.963	0.539	0.000	0.011
Weight-for-age (–2 SD)	0.317	0.023	555	317	1.160	0.073	0.271	0.364
Exclusive breastfeeding	0.550	0.065	74	42	1.116	0.118	0.420	0.680
Minimum dietary diversity (children 6–23 months)	0.262	0.023	313	178	0.935	0.089	0.215	0.308
Body mass index (BMI) <18.5	0.155	0.013	948	513	1.129	0.086	0.128	0.182
Body mass index (BMI) ≥25.0	0.278	0.017	948	513	1.183	0.062	0.244	0.313
Body mass index-for-age (–2 SD)	0.029	0.017	40	21	0.612	0.562	0.000	0.063
Body mass index-for-age (+1 SD)	0.121	0.049	40	21	0.936	0.404	0.023	0.219
Prevalence of hypertension (women)	0.235	0.015	980	536	1.090	0.063	0.206	0.265
Prevalence of diabetes (women)	0.159	0.016	965	528	1.279	0.098	0.128	0.190
Mobile phone ownership	0.642	0.018	2,156	1,169	1.771	0.029	0.605	0.679
Have and use a bank account or mobile phone for financial transactions	0.354	0.015	2,156	1,169	1.437	0.042	0.324	0.383
Participate in decision making (all three decisions)	0.484	0.018	1,996	1,082	1.576	0.036	0.449	0.520
Agree with at least one specified reason a husband is justified in wife beating	0.103	0.009	2,156	1,169	1.435	0.091	0.085	0.122

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Bangladesh DHS 2022

Age	Female		Male		Age	Female		Male	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	1,452	2.2	1,484	2.5	41	620	0.9	328	0.6
1	1,243	1.9	1,279	2.2	42	857	1.3	788	1.3
2	1,210	1.8	1,295	2.2	43	597	0.9	343	0.6
3	1,310	2.0	1,307	2.2	44	616	0.9	284	0.5
4	1,329	2.0	1,294	2.2	45	1,039	1.6	1,733	2.9
5	1,151	1.7	1,265	2.1	46	562	0.9	315	0.5
6	1,160	1.8	1,320	2.2	47	557	0.8	349	0.6
7	1,203	1.8	1,270	2.1	48	655	1.0	581	1.0
8	1,170	1.8	1,192	2.0	49	470	0.7	229	0.4
9	1,162	1.8	1,120	1.9	50	306	0.5	1,353	2.3
10	1,219	1.8	1,202	2.0	51	536	0.8	374	0.6
11	1,164	1.8	1,114	1.9	52	674	1.0	567	1.0
12	1,277	1.9	1,190	2.0	53	626	0.9	304	0.5
13	1,139	1.7	1,097	1.9	54	448	0.7	262	0.4
14	1,262	1.9	1,162	2.0	55	1,012	1.5	1,036	1.7
15	1,355	2.1	1,222	2.1	56	568	0.9	281	0.5
16	1,327	2.0	1,143	1.9	57	445	0.7	299	0.5
17	1,285	1.9	1,111	1.9	58	504	0.8	372	0.6
18	1,555	2.4	1,206	2.0	59	305	0.5	241	0.4
19	1,335	2.0	869	1.5	60	1,185	1.8	1,389	2.3
20	1,416	2.1	1,007	1.7	61	264	0.4	212	0.4
21	1,067	1.6	746	1.3	62	412	0.6	404	0.7
22	1,292	2.0	1,024	1.7	63	275	0.4	236	0.4
23	1,081	1.6	733	1.2	64	191	0.3	188	0.3
24	1,149	1.7	690	1.2	65	999	1.5	1,287	2.2
25	1,340	2.0	1,071	1.8	66	157	0.2	180	0.3
26	1,163	1.8	798	1.3	67	142	0.2	204	0.3
27	1,086	1.6	696	1.2	68	121	0.2	180	0.3
28	1,104	1.7	885	1.5	69	72	0.1	119	0.2
29	893	1.4	414	0.7	70	762	1.2	1,045	1.8
30	1,386	2.1	1,385	2.3	71	64	0.1	83	0.1
31	784	1.2	327	0.6	72	129	0.2	160	0.3
32	1,104	1.7	876	1.5	73	29	0.0	61	0.1
33	891	1.3	469	0.8	74	32	0.0	69	0.1
34	1,062	1.6	610	1.0	75	351	0.5	525	0.9
35	1,441	2.2	1,836	3.1	76	35	0.1	53	0.1
36	1,024	1.6	567	1.0	77	25	0.0	42	0.1
37	869	1.3	561	0.9	78	33	0.0	39	0.1
38	1,024	1.6	827	1.4	79	26	0.0	24	0.0
39	802	1.2	389	0.7	80+	847	1.3	681	1.1
40	1,199	1.8	1,957	3.3	Total	66,030	100.0	59,230	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.

Figure C.1 Population pyramid

Percent distribution of the household population

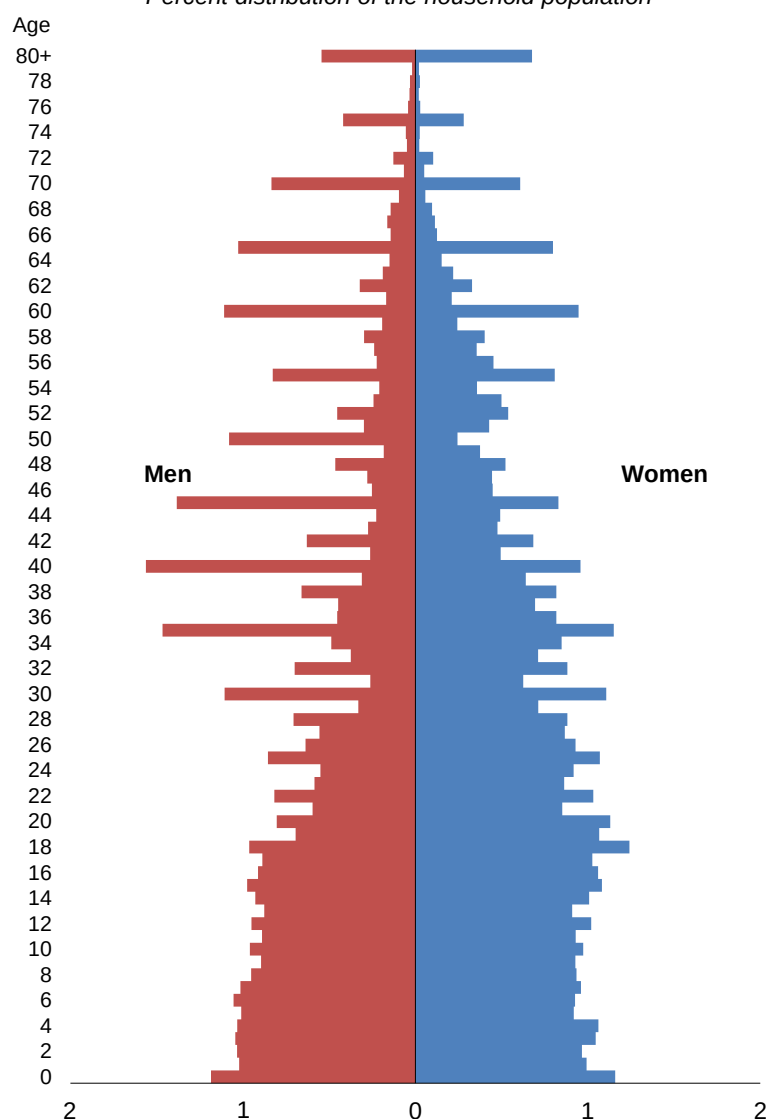


Table C.2 Age distribution of eligible and interviewed women

De facto household population of women age 10–54 and of ever-married women age 15–54, number and percent distribution of interviewed women age 15–49, and percentage of eligible women who were interviewed (weighted), by 5-year age groups, Bangladesh DHS 2022

Age group	Household population of women age 10–54	Ever-married women age 10–54	Interviewed women age 15–49		Percentage of eligible women interviewed
			Number	Percentage	
10–14	6,062	na	na	na	na
15–19	6,857	2,943	2,594	8.6	88.1
20–24	6,005	5,502	4,914	16.3	89.3
25–29	5,586	5,870	5,252	17.5	89.5
30–34	5,227	5,743	5,124	17.1	89.2
35–39	5,160	5,691	5,105	17.0	89.7
40–44	3,889	4,325	3,822	12.7	88.4
45–49	3,284	3,623	3,243	10.8	89.5
50–54	2,590	2,577	na	na	na
15–49	36,007	33,698	30,053	100.0	89.2
Ratios					
10–14 to 15–19	88	na	na	na	na
50–54 to 45–49	79	na	na	na	na

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both the household population of women and interviewed women are household weights. Age is based on the Household Questionnaire.
na = not applicable

Table C.3 Age displacement at ages 14/15

Number of women age 12–18 listed in the household schedule by single-year age and age ratio 15/14, according to division (weighted), Bangladesh DHS 2022

Division	Age							Total age 12–18	Age ratio (age 15/ age 14)
	12	13	14	15	16	17	18		
Barishal	79	71	103	91	89	85	95	613	87.9
Chattogram	276	248	246	300	305	271	347	1,992	121.8
Dhaka	328	288	327	325	361	336	458	2,424	99.3
Khulna	144	113	133	144	137	136	167	975	108.5
Mymensingh	119	98	105	122	113	98	134	789	116.5
Rajshahi	130	116	144	169	146	167	181	1,053	117.4
Rangpur	150	142	138	147	159	164	191	1,090	106.0
Sylhet	99	86	108	101	114	114	148	770	93.9
Total	1,325	1,162	1,305	1,399	1,423	1,371	1,721	9,706	107.2

Table C.4 Age displacement at ages 49/50

Number of women age 47–53 listed in the household schedule by single-year age and age ratio 50/49, according to division (weighted), Bangladesh DHS 2022

Division	Age							Total age 47–53	Age ratio (age 50/ age 49)
	47	48	49	50	51	52	53		
Barishal	46	45	32	14	31	32	37	236	43.3
Chattogram	83	117	72	29	65	109	134	609	41.2
Dhaka	122	139	98	114	163	176	132	945	116.3
Khulna	74	95	85	27	69	106	74	529	31.7
Mymensingh	43	50	35	31	47	55	53	315	87.6
Rajshahi	86	108	86	50	84	102	103	618	58.9
Rangpur	85	67	49	39	69	88	84	480	80.1
Sylhet	31	45	28	15	30	43	36	228	53.6
Total	570	667	484	320	557	711	652	3,961	66.0

Table C.5 Pregnancy outcomes by years preceding the survey

Number of pregnancy outcomes, percentage with year and month of birth given or end of pregnancy given, sex ratio at birth of live births, and ratio by years preceding the survey, according to living children, dead children, stillbirths, miscarriages/abortions, and total pregnancy outcomes (weighted), Bangladesh DHS 2022

Years preceding survey	Number of pregnancy outcomes					Percentage with year and month of birth given or end of pregnancy given					Sex ratio at birth of live births ¹			Ratio of years preceding survey ²				
	Living children	Dead children	Still-births	Miscar-riages/ab-or-tions	Total	Living children	Dead children	Still-births	Miscar-riages/ab-or-tions	Total	Living children	Dead children	Total	Living children	Dead children	Still-births	Miscar-riages/ab-or-tions	Total
0	2,907	73	46	456	3,482	99.9	100.0	97.1	98.7	99.7	102.3	122.4	102.8	na	na	na	na	na
1	2,496	72	55	395	3,018	99.9	100.0	98.1	93.5	99.1	106.2	118.6	106.6	93.1	100.0	91.0	93.8	93.3
2	2,455	70	75	386	2,986	99.8	99.7	97.1	91.5	98.7	109.6	156.4	110.7	98.0	83.0	134.7	101.7	98.7
3	2,514	97	56	365	3,032	99.9	100.0	98.1	89.3	98.6	101.9	138.5	103.1	100.8	122.7	83.8	102.5	101.2
4	2,532	88	59	325	3,005	99.8	99.3	93.0	88.8	98.5	103.8	106.4	103.9	103.2	102.8	116.7	91.3	102.0
5	2,393	75	45	347	2,860	99.8	96.2	90.9	86.4	97.9	109.4	118.6	109.7	97.4	73.6	67.8	105.1	96.8
6	2,381	114	74	336	2,905	99.2	92.9	85.2	85.3	97.0	113.7	144.1	114.9	101.2	115.2	170.4	97.5	102.3
7	2,312	124	42	341	2,819	99.2	91.2	89.2	82.7	96.7	110.4	111.2	110.4	98.1	109.1	63.9	111.7	99.2
8	2,335	113	57	275	2,780	99.0	89.7	89.0	84.1	96.9	103.3	165.5	105.5	102.3	93.7	113.8	89.1	100.7
9	2,251	117	58	276	2,702	98.7	90.0	92.6	80.1	96.3	103.2	118.4	103.9	96.0	97.4	99.6	99.4	96.5
0–4	12,904	400	292	1,927	15,523	99.9	99.8	96.7	92.7	98.9	104.6	126.8	105.2	na	na	na	na	na
5–9	11,672	543	275	1,576	14,066	99.2	91.7	89.1	83.9	97.0	108.0	130.2	108.9	na	na	na	na	na
10–14	11,479	675	340	1,256	13,750	98.3	87.4	87.8	81.9	96.0	102.2	152.5	104.5	na	na	na	na	na
15–10	11,051	709	322	869	12,951	96.7	91.7	88.6	78.9	95.0	97.5	129.3	99.2	na	na	na	na	na
20+	13,467	1,715	456	954	16,592	93.3	89.1	82.0	75.5	91.5	106.8	126.7	108.9	na	na	na	na	na
All	60,573	4,042	1,685	6,583	72,882	97.4	90.7	88.1	84.2	95.6	103.9	131.6	105.5	na	na	na	na	na

Note: This table includes data from all interviewed women, including those selected for the long individual questionnaire and those for the short individual questionnaire.

na = not applicable

¹ $(B_m/B_f) \times 100$, where B_m and B_f are the numbers of male and female births, respectively

² $[2P_x / (P_{x-1} + P_{x+1})] \times 100$, where P_x is the number of pregnancy outcomes in year x preceding the survey

Table C.6 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Bangladesh DHS 2022

Subject	Reference group	Percentage with information missing	Number of cases
Date of live birth or stillbirth	Live births or stillbirths in the 15 years preceding the survey		
Missing day only		5.39	38,579
Missing month but year reported		1.33	38,579
Missing year		0.00	38,579
Date of live birth or stillbirth	Live births or stillbirths in the 5 years preceding the survey		
Missing day only		1.63	13,595
Missing month but year reported		0.19	13,595
Missing year		0.00	13,595
Date of birth of women	Women age 15-49		
Missing month but year reported		7.70	30,078
Missing year		47.60	30,078
Diarrhea in last 2 weeks	Living children age 0-59 months	0.30	8,538
Anthropometry of children	Living children age 0-59 months (from the Biomarker Questionnaire)		
Height		3.29	4,418
Weight		2.18	4,418
Height or weight		3.29	4,418
Anthropometry of women	Women age 15-49 (from the Biomarker Questionnaire)		
Height		2.26	10,583
Weight		2.24	10,583
Height or weight		2.26	10,583
Anthropometry of men	Men age 15-49 (from the Biomarker Questionnaire)		
Height		8.37	4,379
Weight		8.37	4,379
Height or weight		8.39	4,379

Table C.7 Standardization exercise results from anthropometry training

Trainees' precision and accuracy for height measurements taken during the standardization exercise for anthropometry, Bangladesh DHS 2022

Measurer	Standardization exercise ¹		Restandardization exercise ¹	
	Trainees' precision ²	Trainees' accuracy ²	Trainees' precision ²	Trainees' accuracy ²
Trainee 1	0.14	0.96	0.25	0.36
Trainee 2	0.20	0.21	na	na
Trainee 3	0.35	0.38	na	na
Trainee 4	0.35	0.27	na	na
Trainee 5	0.16	0.17	na	na
Trainee 6	0.31	0.31	na	na
Trainee 7	2.55	1.89	0.00	0.26
Trainee 8	0.51	0.68	na	na
Trainee 9	0.21	0.30	na	na
Trainee 10	0.47	0.35	na	na
Trainee 11	0.29	0.35	na	na
Trainee 12	2.64	1.12	0.42	0.29
Trainee 13	0.34	0.37	na	na
Trainee 14	0.31	0.37	na	na
Trainee 15	0.72	0.45	0.37	0.43
Trainee 16	0.13	0.27	na	na
Trainee 17	3.99	2.03	0.28	0.35
Trainee 18	0.60	0.62	0.32	0.30
Trainee 19	0.24	0.21	na	na
Trainee 20	0.35	0.45	na	na
Trainee 21	0.30	0.13	na	na
Trainee 22	0.28	0.32	na	na
Trainee 23	0.59	0.55	na	na
Trainee 24	0.35	0.35	na	na
Trainee 25	0.54	0.34	na	na
Trainee 26	5.27	2.83	0.28	0.27
Trainee 27	0.37	0.42	na	na
Trainee 28	0.30	0.32	na	na
Trainee 29	0.24	0.32	na	na
Trainee 30	1.75	0.80	0.52	0.35
Trainee 31	0.54	0.88	0.47	0.47
Trainee 32	0.49	0.58	na	na
Trainee 33	0.20	0.27	na	na
Trainee 34	0.14	0.65	na	na
Trainee 35	0.32	0.29	na	na
Trainee 36	0.18	0.38	na	na
Trainee 37	0.30	0.59	na	na
Trainee 38	0.22	0.53	na	na
Trainee 39	0.30	0.59	na	na
Trainee 40	0.21	0.35	na	na
Trainee 41	0.24	0.20	na	na
Trainee 42	0.20	0.25	na	na
Trainee 43	0.20	0.21	na	na
Average	0.66	0.56	0.32	0.34

na = not applicable

¹ Ten children were measured twice for each standardization and restandardization exercise.

² Trainees' precision and accuracy are defined in terms of a technical error of measurement (TEM), which is calculated as $\sqrt{\sum(D^2)/(2N)}$, where D is the difference in height and N is the number of repeat measurements. An acceptable TEM according to WHO-UNICEF is a TEM of <0.6 cm for precision and <0.8 cm for accuracy.

Table C.8 Height and weight data completeness and quality for children

Among children under age 5 (age 0–59 months) who were eligible for anthropometry, percentage with incomplete or missing data for height, weight, or month or year of birth; among children with complete data on height and age, percentage with implausible data for height-for-age; among children with complete data on weight and height, percentage with implausible data for weight-for-height; among children with complete data on weight and age, percentage with implausible data for weight-for-age; and among all children under age 5 who were eligible for anthropometry, percentage with valid data for height-for-age, weight-for-height, or weight-for-age, according to background characteristics (unweighted), Bangladesh DHS 2022

Background characteristic	Percentage with data incomplete or missing for:				Percentage with implausible data for:						Percentage with valid data for ⁸ :			
	Height ¹	Weight ²	Month or year of birth ³	Number of children	Height-for-age ⁴	Number of children with complete height and age ⁵	Weight-for-height ⁶	Number of children with complete weight and height	Weight-for-age ⁷	Number of children with complete weight and age ⁵	Height-for-age	Weight-for-height	Weight-for-age	Number of children
Age in months														
<6	5.9	3.1	0.0	478	0.4	450	2.0	450	0.2	463	93.7	92.3	96.7	478
6–11	1.4	0.8	0.2	490	0.6	482	0.2	483	0.0	485	97.8	98.4	99.0	490
12–23	3.1	1.9	0.4	836	0.6	808	0.2	810	0.0	818	96.1	96.7	97.8	836
24–35	3.0	2.1	0.5	853	0.2	826	0.2	827	0.1	834	96.6	96.7	97.7	853
36–47	3.0	2.1	0.2	870	0.0	843	0.1	844	0.0	851	96.9	96.9	97.8	870
48–59	3.1	2.8	0.3	893	0.1	864	0.5	865	0.0	867	96.6	96.4	97.1	893
0–23	3.4	1.9	0.2	1,804	0.6	1,740	0.7	1,743	0.1	1,766	95.9	96.0	97.8	1,804
24–59	3.1	2.3	0.3	2,616	0.1	2,533	0.3	2,536	0.0	2,552	96.7	96.7	97.5	2,616
Sex														
Male	3.0	2.2	0.3	2,249	0.4	2,178	0.6	2,181	0.1	2,197	96.4	96.4	97.6	2,249
Female	3.4	2.2	0.3	2,171	0.2	2,095	0.2	2,098	0.0	2,121	96.3	96.4	97.7	2,171
Mother's interview status														
Interviewed	2.4	1.4	0.1	4,199	0.3	4,095	0.5	4,100	0.0	4,137	97.2	97.2	98.5	4,199
Not interviewed but in household	19.0	17.6	3.2	221	0.0	178	0.0	179	0.0	181	80.5	81.0	81.9	221
Residence														
Urban	4.5	3.4	0.4	1,421	0.4	1,354	0.4	1,357	0.0	1,369	94.9	95.1	96.3	1,421
Rural	2.6	1.6	0.3	2,999	0.3	2,919	0.5	2,922	0.1	2,949	97.1	97.0	98.3	2,999
Division														
Barishal	2.5	1.8	0.0	510	0.2	497	0.2	497	0.2	501	97.3	97.3	98.0	510
Chattogram	1.9	1.5	0.1	748	0.3	734	0.3	734	0.0	737	97.9	97.9	98.5	748
Dhaka	5.8	4.2	0.5	650	0.5	610	0.7	612	0.2	621	93.4	93.5	95.4	650
Khulna	3.0	2.1	0.6	467	0.2	451	0.7	453	0.0	455	96.4	96.4	97.4	467
Mymensingh	1.7	1.1	0.6	534	0.0	525	0.0	525	0.0	528	98.3	98.3	98.9	534
Rajshahi	5.3	3.7	0.2	437	0.2	414	0.5	414	0.0	421	94.5	94.3	96.3	437
Rangpur	2.6	1.2	0.2	507	0.4	493	0.6	494	0.0	500	96.8	96.8	98.6	507
Sylhet	3.0	1.9	0.2	567	0.5	549	0.7	550	0.0	555	96.3	96.3	97.9	567
Mother's education														
No education	1.9	1.1	1.1	261	0.8	254	0.0	256	0.0	256	96.6	98.1	98.1	261
Primary incomplete	1.4	0.2	0.7	421	0.0	412	0.0	415	0.0	417	97.9	98.6	99.0	421
Primary complete	1.9	1.1	0.0	531	0.4	521	0.2	521	0.0	525	97.7	97.9	98.9	531
Secondary incomplete	2.3	1.3	0.0	1,670	0.3	1,631	0.4	1,631	0.1	1,649	97.4	97.3	98.7	1,670
Secondary complete or higher	3.0	2.0	0.0	1,316	0.3	1,277	0.9	1,277	0.1	1,290	96.7	96.1	97.9	1,316
Measurer														
Measurer 1	4.5	2.7	0.0	224	0.0	214	0.9	214	0.5	218	95.5	94.6	96.9	224
Measurer 2	2.1	1.6	0.0	188	0.5	184	0.0	184	0.0	185	97.3	97.9	98.4	188
Measurer 3	3.3	2.5	0.0	244	0.0	236	0.8	236	0.0	238	96.7	95.9	97.5	244
Measurer 4	4.7	4.0	0.4	277	0.8	264	0.0	264	0.0	266	94.6	95.3	96.0	277
Measurer 5	0.9	0.9	0.4	224	0.0	221	0.5	222	0.0	221	98.7	98.7	98.7	224
Measurer 6	0.8	0.4	0.0	236	0.4	234	0.9	234	0.0	235	98.7	98.3	99.6	236
Measurer 7	6.8	2.1	0.0	190	0.0	177	1.1	177	0.0	186	93.2	92.1	97.9	190
Measurer 8	2.2	1.8	0.0	227	0.5	222	0.9	222	0.0	223	97.4	96.9	98.2	227
Measurer 9	2.8	1.9	0.5	212	0.0	206	0.5	206	0.0	208	97.2	96.7	98.1	212
Measurer 10	2.7	0.5	1.1	187	0.0	180	0.0	182	0.0	184	96.3	97.3	98.4	187
Measurer 11	2.8	2.0	0.4	247	0.8	240	0.0	240	0.0	242	96.4	97.2	98.0	247
Measurer 12	5.2	3.1	0.4	229	0.5	217	0.0	217	0.0	222	94.3	94.8	96.9	229
Measurer 13	2.5	2.5	0.0	199	0.5	194	0.0	194	0.0	194	97.0	97.5	97.5	199
Measurer 14	5.3	5.3	0.0	170	0.0	161	0.6	161	0.0	161	94.7	94.1	94.7	170
Measurer 15	5.6	5.6	1.0	197	0.0	186	0.0	186	0.0	186	94.4	94.4	94.4	197
Measurer 16	1.9	0.9	0.0	211	0.0	207	0.5	207	0.0	209	98.1	97.6	99.1	211
Measurer 17	1.3	0.4	0.0	229	0.4	226	0.9	226	0.4	228	98.3	97.8	99.1	229
Measurer 18	3.2	1.8	0.0	222	0.5	215	0.0	215	0.0	218	96.4	96.8	98.2	222
Measurer 19	1.9	1.5	0.8	260	0.0	253	0.8	255	0.0	254	97.3	97.3	97.7	260
Measurer 20	3.3	1.6	0.4	245	0.8	236	0.4	237	0.0	240	95.5	96.3	98.0	245
Total	3.2	2.2	0.3	4,420	0.3	4,273	0.4	4,279	0.0	4,318	96.4	96.4	97.6	4,420

¹ Child's height in centimeters is missing, child was not present, child refused, and other result codes

² Child's weight in kilograms is missing, child was not present, child refused, and other result codes

³ Incomplete date of birth; a complete date of birth is month/day/year or month/year.

⁴ Implausible cases for height-for-age are defined as more than 6 standard deviations (SD) above or below the standard population median (z scores) based on the WHO Child Growth Standards among children with complete height and month/year of birth data.

⁵ Complete age is calculated from month and year of birth.

⁶ Implausible cases for weight-for-height are defined as more than 5 SD above or below the standard population median (z scores) based on the WHO Child Growth Standards among children with complete weight and height data.

⁷ Implausible cases for weight-for-age are defined as more than 5 SD above or 6 SD below the standard population median (z scores) based on the WHO Child Growth Standards among children with complete weight and month/year of birth data.

⁸ No missing data, incomplete data, or implausible data

Table C.9 Height measurements from random subsample of measured children

Differences in first height measurement and second height measurement among children under age 5 (0–59 months) randomly selected and remeasured, according to division and measurer (unweighted), Bangladesh DHS 2022

Division and measurer	Median difference in height measurements ¹	Percentage of height measurements with a difference >1 cm	Number of children randomly selected and remeasured
Division			
Barishal	0.244	4.8	124
Chattogram	0.227	2.4	168
Dhaka	0.202	4.7	172
Khulna	0.242	5.6	144
Mymensingh	0.224	4.6	131
Rajshahi	0.193	7.8	141
Rangpur	0.224	1.5	137
Sylhet	0.271	6.7	120
Measurer			
Measurer 1	0.267	9.3	54
Measurer 2	0.184	1.6	63
Measurer 3	0.223	1.8	57
Measurer 4	0.226	1.6	64
Measurer 5	0.161	0.0	57
Measurer 6	0.280	3.9	51
Measurer 7	0.188	6.6	61
Measurer 8	0.319	3.4	58
Measurer 9	0.213	3.4	58
Measurer 10	0.286	3.2	62
Measurer 11	0.219	0.0	58
Measurer 12	0.275	9.1	55
Measurer 13	0.475	21.4	56
Measurer 14	0.220	8.3	48
Measurer 15	0.178	9.8	51
Measurer 16	0.230	1.7	58
Measurer 17	0.183	0.0	60
Measurer 18	0.290	1.9	52
Measurer 19	0.197	5.2	58
Measurer 20	0.187	3.6	56
Total	0.225	4.7	1,137

¹ Median absolute difference between measurers' first and second height measurements in centimeters

Table C.10 Interference in height and weight measurements of children

Among children under age 5 measured for height or weight, percentage of children for whom hairstyle or ornamentation interfered with height measurement and percentage of children who were not minimally dressed or who wore heavy permanent ornaments during weight measurement, according to background characteristics (unweighted), Bangladesh DHS 2022

Background characteristic	Percentage of children for whom hairstyle or ornamentation interfered with height measurement	Percentage of children who were not minimally dressed or who wore heavy permanent ornaments during weight measurement	Number of children
Age in months			
<6	0.6	0.6	478
6–11	1.0	0.2	490
12–23	0.2	0.1	836
24–35	0.5	0.2	853
36–47	0.6	0.3	870
48–59	0.7	0.0	893
0–23	0.6	0.3	1,804
24–59	0.6	0.2	2,616
Sex			
Male	0.5	0.2	2,249
Female	0.6	0.2	2,171
Residence			
Urban	0.6	0.3	1,421
Rural	0.6	0.2	2,999
Division			
Barishal	1.8	0.6	510
Chattogram	0.1	0.3	748
Dhaka	0.5	0.5	650
Khulna	0.2	0.2	467
Mymensingh	0.7	0.0	534
Rajshahi	0.5	0.0	437
Rangpur	0.2	0.2	507
Sylhet	0.7	0.0	567
Measurer			
Measurer 1	0.0	0.4	224
Measurer 2	1.6	1.1	188
Measurer 3	0.8	0.4	244
Measurer 4	0.0	0.0	277
Measurer 5	0.0	0.0	224
Measurer 6	0.8	0.8	236
Measurer 7	0.0	0.0	190
Measurer 8	0.0	0.0	227
Measurer 9	0.0	0.0	212
Measurer 10	0.0	0.0	187
Measurer 11	1.2	0.0	247
Measurer 12	0.9	0.0	229
Measurer 13	0.5	0.0	199
Measurer 14	1.2	1.2	170
Measurer 15	0.5	0.5	197
Measurer 16	1.9	0.5	211
Measurer 17	1.3	0.0	229
Measurer 18	0.5	0.0	222
Measurer 19	0.4	0.0	260
Measurer 20	0.0	0.0	245
Total	0.6	0.2	4,420

Table C.11 Interference in height and weight measurements of women and men

Among women age 15–49 and men age 15–49 measured for height or weight, percentage of women and men for whom hairstyle or ornamentation interfered with height measurement and percentage of women and men who were not wearing lightweight clothing or who wore heavy permanent ornaments during weight measurement, according to background characteristics (unweighted), Bangladesh DHS 2022

Background characteristic	Women			Men		
	Percentage for whom hairstyle or ornamentation interfered with height measurement	Percentage who were not wearing lightweight clothing or who wore heavy permanent ornaments during weight measurement	Number of women	Percentage for whom hairstyle or ornamentation interfered with height measurement	Percentage who were not wearing lightweight clothing or who wore heavy permanent ornaments during weight measurement	Number of men
Age						
15–19	0.7	0.5	1,048	0.8	0.5	372
20–29	1.1	0.4	3,687	1.0	0.4	1,403
30–39	0.5	0.1	3,473	0.6	0.4	1,430
40–49	0.6	0.3	2,462	0.7	0.2	1,237
Residence						
Urban	0.8	0.4	3,814	0.8	0.3	1,703
Rural	0.8	0.3	6,856	0.7	0.4	2,739
Division						
Barishal	1.3	0.5	1,127	1.1	0.2	446
Chattogram	1.1	0.4	1,574	0.0	0.3	606
Dhaka	0.5	0.3	1,608	1.1	0.4	717
Khulna	0.1	0.3	1,351	0.5	0.4	563
Mymensingh	0.7	0.1	1,144	0.4	0.0	472
Rajshahi	1.1	0.4	1,342	1.4	0.7	562
Rangpur	0.5	0.2	1,272	0.7	0.2	535
Sylhet	0.7	0.2	1,252	0.7	0.6	541
Measurer						
Measurer 1	1.4	0.6	512	0.0	0.0	213
Measurer 2	0.6	1.5	538	3.2	2.0	249
Measurer 3	1.4	0.2	576	0.4	0.0	233
Measurer 4	0.7	0.2	556	0.0	0.0	222
Measurer 5	1.8	0.6	543	0.4	0.4	227
Measurer 6	0.0	0.2	521	0.0	0.0	210
Measurer 7	0.8	0.0	497	1.0	0.0	191
Measurer 8	0.2	0.5	551	0.9	0.5	220
Measurer 9	0.0	0.0	559	0.4	0.4	226
Measurer 10	0.2	0.2	535	0.4	0.0	238
Measurer 11	0.4	0.0	539	0.4	0.4	230
Measurer 12	0.8	0.2	518	0.0	0.0	222
Measurer 13	1.1	0.0	562	0.8	0.0	237
Measurer 14	1.4	0.4	496	0.0	0.5	204
Measurer 15	0.9	0.2	530	0.0	0.0	200
Measurer 16	1.0	0.2	506	0.5	0.5	212
Measurer 17	0.8	0.6	522	4.2	0.4	236
Measurer 18	0.8	0.0	494	0.9	0.0	224
Measurer 19	0.7	0.0	561	0.4	0.4	235
Measurer 20	0.4	0.5	554	0.5	1.4	213
Total	0.8	0.3	10,670	0.8	0.4	4,442

Table C.12 Heaping in anthropometric measurements for children (digit preference)

Distribution of weight and height/length measurements by decimal digit recorded (unweighted), Bangladesh DHS 2022

Digit	Weight		Height or length	
	Number	Percent	Number	Percent
0	417	9.3	282	6.4
1	466	10.4	495	11.2
2	459	10.3	565	12.8
3	442	9.9	513	11.6
4	431	9.6	471	10.6
5	501	11.2	490	11.1
6	431	9.6	488	11.0
7	450	10.1	401	9.1
8	414	9.3	380	8.6
9	458	10.2	339	7.7
Total	4,469	100.0	4,424	100.0
Index of dissimilarity ¹	na	2.2	na	8.3

Note: Table includes all children with weight and height/length measurements, regardless of the completeness of date of birth information and cases with implausible data. Both weight and length/height measurements are recorded with one decimal digit.

na = not applicable

¹ The index of dissimilarity is a measure of digit preference calculated as one-half of the sum of absolute differences between the observed and expected percentage. It can be interpreted as the percentage of values that would need to be redistributed in order to achieve a uniform distribution.

Table C.13 Observation of handwashing facility

Percent distribution of handwashing facilities in all households by whether or not they were observed by the interviewers, according to background characteristics (weighted), Bangladesh DHS 2022

Background characteristic	Handwashing facility observed		Handwashing facility not observed			Total	Number of households
	Fixed place	Mobile	Not in dwelling, yard, or plot	No permission to see	Other reason		
Residence							
Urban	93.5	5.7	0.6	0.2	0.0	100.0	8,511
Rural	90.2	8.9	0.7	0.0	0.1	100.0	21,507
Division							
Barishal	88.5	10.5	0.9	0.0	0.0	100.0	1,791
Chattogram	89.2	8.7	2.0	0.1	0.0	100.0	5,239
Dhaka	92.9	6.5	0.4	0.2	0.0	100.0	7,671
Khulna	93.9	5.8	0.2	0.1	0.0	100.0	3,513
Mymensingh	90.6	8.4	0.7	0.0	0.2	100.0	2,402
Rajshahi	89.4	10.3	0.3	0.0	0.0	100.0	4,138
Rangpur	96.1	3.5	0.3	0.0	0.1	100.0	3,577
Sylhet	81.3	18.0	0.4	0.0	0.2	100.0	1,688
Wealth quintile							
Lowest	84.0	14.2	1.6	0.0	0.2	100.0	6,296
Second	88.9	10.3	0.8	0.0	0.0	100.0	6,039
Middle	91.8	7.7	0.5	0.0	0.0	100.0	6,003
Fourth	94.5	5.0	0.4	0.1	0.0	100.0	5,917
Highest	97.4	2.2	0.1	0.3	0.0	100.0	5,763
Total	91.2	8.0	0.7	0.1	0.1	100.0	30,018

Table C.14 School attendance by single year of age

Percent distribution of the de jure population age 4–24 by educational level and grade attended in the current school year (weighted), Bangladesh DHS 2022

Age in years at beginning of school year	Not attending school	Early childhood education program	Primary school grade					Secondary school grade					More than secondary	Don't know	Total	Number of persons age 4–24
			1	2	3	4	5	1	2	3	4	5				
4	57.8	36.1	5.4	0.3	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	100.0	2,470
5	21.8	49.8	24.0	3.7	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	100.0	2,435
6	9.9	22.6	43.0	21.0	2.8	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.3	100.0	2,436
7	6.3	9.0	22.4	42.5	16.8	2.3	0.3	0.1	0.0	0.0	0.0	0.0	0.0	0.3	100.0	2,346
8	5.7	2.7	8.5	25.6	40.8	13.7	2.5	0.3	0.1	0.0	0.0	0.0	0.0	0.1	100.0	2,293
9	6.3	0.8	3.2	11.2	24.5	35.2	15.7	2.5	0.1	0.0	0.0	0.1	0.1	0.2	100.0	2,329
10	6.6	0.3	0.8	4.1	12.6	22.3	36.3	14.4	2.3	0.3	0.0	0.0	0.0	0.0	100.0	2,247
11	9.2	0.2	0.3	2.0	6.0	11.2	25.9	29.4	13.8	1.9	0.2	0.0	0.0	0.1	100.0	2,465
12	11.8	0.1	0.1	0.8	1.9	5.3	11.6	22.9	26.8	15.3	2.8	0.2	0.0	0.3	100.0	2,231
13	17.7	0.0	0.2	0.3	0.6	2.2	5.5	9.3	20.1	25.5	15.1	2.7	0.3	0.4	100.0	2,336
14	21.9	0.0	0.0	0.3	0.4	0.3	2.4	4.3	8.7	18.9	26.1	15.8	0.7	0.2	100.0	2,550
15	29.6	0.0	0.0	0.0	0.2	0.3	0.7	1.3	3.3	7.4	17.2	35.5	4.2	0.2	100.0	2,494
16	36.2	0.0	0.0	0.0	0.1	0.1	0.2	0.7	1.2	3.9	8.6	33.6	15.2	0.1	100.0	2,387
17	50.0	0.0	0.0	0.1	0.0	0.0	0.1	0.2	0.3	1.3	2.8	17.6	27.4	0.2	100.0	2,674
18	56.7	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.3	0.3	1.7	8.3	32.5	0.1	100.0	2,351
19	65.7	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.1	0.8	3.3	29.7	0.2	100.0	2,333
20	68.1	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.1	0.2	0.4	1.7	29.3	0.0	100.0	1,875
21	75.6	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.2	0.7	23.3	0.0	100.0	2,150
22	79.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.4	19.5	0.2	100.0	1,862
23	81.6	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.2	0.1	0.1	17.7	0.1	100.0	1,747
24 ^a	83.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	16.6	0.2	100.0	531

Note: Age at the beginning of the school year is calculated from dates of birth of household members or by rejuvenating household members based on the date of the survey, the date after the start of the school year, and completed age at the time of the survey. Levels and grades refer to the current school year or the most recent school year if data collection was completed between school years.

^a Those age 25 at the time of the interview who were age 24 at the beginning of the school year are excluded from the table since data on current attendance were collected only for those age 4–24 at the time of the interview.

PERSONS INVOLVED IN THE 2022 BDHS

Appendix D

NIPORT PROFESSIONALS

Md. Shafiqul Islam, Director General
Mohammed Ahsanul Alam, Director (Research)
Giyasuddin Ahamed, Senior Research Associate

USAID/BANGLADESH

Dr. Mohammad Shahrear Farid, Project Management Specialist (Monitoring, Evaluation & Learning)

icddr,b PROFESSIONALS

Dr. Shams El Arifeen, Senior Director and Senior Scientist
Dr. Ahmed Ehsanur Rahman, Scientist
Abu Bakkar Siddique, Statistician
Aniqa Tasnim Hossain, Assistant Scientist
Dr. Sabrina Jabeen, Assistant Scientist
Nazir Ahmed Talukder, Field Research Manager
Ema Akter, Research Investigator
A.F.M Azim Uddin, Senior Field Research Office
Dr. Md. Masud Parvez, Project Research Physician
Dr. Mahmudul Hasan Mitul, Project Research Physician
Dr. Mehedi Hasan, Project Research Physician
Farha Nusrat Zahan, Research Fellow
Bishnu Pada Das, Programme Officer

ICF PROFESSIONALS

Boaz Anglade	Joanna Lowell
Annie Allnutt	Kerry MacQuarrie
Suzanne Arrington	Benjamin K. Mayala
Sarah Balian	Sidney Moore
Annette McFarland	Sarang P. Pedgaonkar
Rachael Church	Anjushree Pradhan
Monique C. Barrère	Rajendra Dangol
Sabina Behague	Peter Redvers-Lee
Nitai Chakraborty	Ruilin Ren
Trevor N. Croft	Sara Scates
Rose Donohue	Elizabeth Shariat Panahi
Sorrel Namaste	Danielle Toth
Mahmoud Elkasabi	Michelle H. Winner
Joy D. Fishel	Blake W. Zachary
Justin Fisher	Greg Edmondson
Christopher L. Gramer	Natalie Shattuck
Samir Hamed	Joan Wardell
David Kioko	

MITRA AND ASSOCIATES SURVEY IMPLEMENTATION TEAM

Mr. S. N. Mitra, Team Leader
Mr. Shahidul Islam, Survey Manager (Deputy Team Leader)
Mr. S Fuad Pasha, Technical Coordinator
Mr. Muhammad Munirul Islam, Data Processing Officer

Master Trainers and Data Processing Staff

Mr. A B Siddique Mozumder
Mr. Zahurul Islam
Mr. Monir Hossain Bhuiyan
Ms. Somista Das

Ms. Nusrat Sharmin
Mr. Haradhan Kumar Sen
Mr. Shishir Paul

Quality Control Officers

Mr. Billal Hossain
Mr. Ataur Rahman
Mr. Deluar Hossain
Ms. Samsunnahar Lucky
Ms. Sultana Razia

Ms. Nipa Akter
Ms. Sheuli Begum
Ms. Golnaha Khatun
Ms. Mokti Begum

Field Supervisors

Mr. Akhtar Uzzaman
Mr. Abdus Salam
Mr. Moniruzzaman
Mr. Sohel Rana
Mr. Rana Sheikh
Mr. Rumel Miah
Mr. Ariful Islam
Mr. Mostafizur Rahman
Mr. Al Amin Chowdhury
Mr. Kamruzzaman
Mr. Tanviruzzaman

Mr. Anowarul Islam
Mr. Firoz Ahmed
Mr. Dalward Hossen
Mr. Ismail Hossain
Mr. A. K. M. Ferdous
Mr. Sobuj Hossain
Mr. Azad
Mr. Mamun Hossain Matabbar
Mr. Goutam Halder
Mr. Mohedul Islam
Mr. Sree Shibu Tosh Roy

Lead Interviewers

Ms. Ferdausi Akter (VA)
Ms. Ayesha Islam Brishty (VA)
Ms. Shammiy Islam (VA)
Ms. Mariam Khatun (VA)
Ms. Bithy Jaman (Shayra) (VA)
Ms. Sheikh Fahmida Yasmin (VA)
Ms. Shami Akter Babli (VA)
Ms. Sufia Akter (VA)
Ms. Momotaj Bhuyan (VA)
Ms. Sharmin (VA)

Ms. Khan Suriya (VA)
Ms. Saniya Khatun (VA)
Ms. Shapna (VA)
Ms. Taslima (VA)
Ms. Sabina Yasmin (Sapna) (VA)
Ms. Shahanaj Parvin (VA)
Ms. Rabeya Akter (VA)
Ms. Nazjma Akter (Ver.)
Ms. Ummah Kulsum (Ver.)
Ms. Dilshad Jahan Dipa (VA)

Interviewers

Ms. Arzina Khatun (VA)
Ms. Marzia Akter (VA)
Ms. Winee Bioly Shaha
Ms. Anamika Akter-A
Ms. Munia Akter
Ms. Shirina Khatun (VA)
Ms. Sumaiya Akther (Sylhet) (VA)
Ms. Samsunnahar Mithila
Ms. Zebun Nesa
Ms. Sanjida (VA)
Ms. Tamanna Monowar (Tania)
Ms. Nazma Sultana
Ms. Masuda Parvin
Ms. Kakoli Yesmin (VA)
Ms. Hafiza Sharmin (VA)
Ms. Fulmoti
Ms. Sultana Rizia
Ms. Trisha Akter
Ms. Lima Akter Api (Agailjra) (VA)
Ms. Sufia Begum
Ms. Payara Akther
Ms. Nilufar Yeasmen (VA)
Ms. Mukta Khanam (VA)
Ms. Farhana Naznin
Ms. Momtaz Begum Hena
Ms. Kabita Biswas (VA)
Ms. Firoza Khatun
Ms. Hosneara Khatun
Ms. Sufola Akter
Ms. Asma Khatun (VA)
Ms. Hasrat Jahan Lucky
Ms. Borna Khatun
Ms. Fatema Akter Ripa
Ms. Jakia Akter (VA)
Ms. Sohana Akter
Ms. Sweety Khanom
Ms. Refat Mony
Ms. Zueria Mostariz (VA)
Ms. Fency Akter (VA)
Ms. Afroja Begum
Ms. Lima Akter (Rang)
Ms. Masuda Parvin
Ms. Jakia Akter

Ms. Jeusmin Khanam
Ms. Shampa Akter
Ms. Arifa Hossain (Sinthia) (VA)
Ms. Papiya Sultana (VA)
Ms. Beauty Akter
Ms. Shahina Akterf
Ms. Sharmin Akter (VA)
Ms. Helena Nasrin
Ms. Nargis
Ms. Soniya Akter
Ms. Sajeda Begum (Maya) (VA)
Ms. Amena Khatun
Ms. Sanjida Suma
Ms. Salma Jahan Setu
Ms. Rawshanara Khatun (VA)
Ms. Lima Akter (Barishal)
Ms. Shilpi Khanam (Madari)
Ms. Mahmuda Sultana
Ms. Sabina Yeasmin (VA)
Ms. Shuly Vakta
Ms. Tamanna Akter
Ms. Nusrat Jahan Eti
Ms. Anamika Akter
Ms. Rokeya Parvin Sarker (VA)
Ms. Shanta Islam
Ms. Ayrin Akter
Ms. Dilruba Sharmin
Ms. Ummah Kulsum (VA)
Ms. Aysha Siddika (VA)
Ms. Nasima Akter
Ms. Shanta Begum
Ms. Shabana
Ms. Nazjma Akter (VA)
Ms. Sumi Khatun (VA)
Ms. Alafa Khatun (Bina)
Ms. Sarmin Sultana
Ms. Shabnur Akhter
Ms. Dipa Akter
Ms. Ruma Khatun (Nataore) (VA)
Ms. Laboni Mondal (VA)
Ms. Arju Moni
Ms. Taslima Kajol

Health Technicians

Mr. Shah Alam
Mr. Abdul Mannan
Mr. Abu Aiub Ansari
Mr. Akibur Rahman Akash
Mr. Azizul Hasan Jahid
Mr. Delowar Hossain
Mr. Fakhurul Islam
Mr. Ikramul Hoque
Mr. Maruf Billah
Mr. Md. Rakib
Mr. Merazul Islam
Mr. Mohammad Hosen
Mr. Mokbul Hossen
Mr. Monoyer Hossen
Mr. Naser Rahman
Mr. Nasimul Haque Siddique
Mr. Sabuz Hossain
Mr. Saddam Hossain
Mr. Saikat Dash
Mr. Sakil Hossain
Mr. Traiqul Islam Pasa

Ms. Anu Khatun
Ms. Arifa Sultina
Ms. Fatema Akter
Ms. Jannatun mewa Konok
Ms. Kalpana Akter
Ms. Kamrun Nahar
Ms. Khandaker Ropa Akter
Ms. Mahamuda Sultana
Ms. Mitu Parvin
Ms. Monisha Akter
Ms. Moriom Khatun
Ms. Rebeka Akter
Ms. Sadia Afrin Swarna
Ms. Sanjida Afroj Shaon
Ms. Sanjida Sultana
Ms. Shanta Akter
Ms. Sharmin Arafrin Haque Hashi
Ms. Tamanna Akter
Ms. Tanjila Akter
Ms. Taposhi Rabeya Basri
Ms. Rumana Parvin Rekha

Listing/Mapping Supervisors

Mr. Rasel Hossain
Mr. Thahiduzzaman
Mr. Wadud Kabir
Mr. Maharaj Adhikary
Mr. Enamul Hoque
Mr. Solayman Khan

Mr. Shazedul Islam
Mr. Al Amin Chowdhury
Mr. Khan Mehndi Hasan
Mr. Asraful Alam
Mr. Habib Bin Ansari
Mr. Omar Faruk (Dinaj)

Household Listers/Mappers

Mr. Monoar Hosen
Mr. S M Nazrul Islam
Mr. A. K. M Hamidullah Kaiser
Mr. Arun Biswas
Mr. Abdul Latif
Mr. Mofij Chowdhury
Mr. Sumon Hossain
Mr. Mostafijar Rahman
Mr. Mustafiz Rahman Talukder
Mr. Shihab Uddin Mia
Mr. Anwar Hossain
Mr. Abdul Karim
Mr. Iqbal Hosen
Mr. Razib Hossain
Mr. Zakirul Islam Sumon
Mr. S K Ekramul Haque
Mr. Abdul Momin
Mr. Tipu Sutan
Mr. Jamal Uddin Sanim
Mr. Suman Samadder

Mr. A K M A Mannan Bhuiyan
Mr. Aktaruzzaman
Mr. Monsur Ali
Mr. Sajol Chandra Bagchi
Mr. Abu Bakkar Siddik
Mr. Sajib Mia
Mr. Ashit Chandra Tilok
Mr. Akash Ahmed
Mr. Munzurul Hasan
Mr. Pavel Hossain
Mr. Shohanur
Mr. Omar Faruk (Patua)
Mr. Arafat
Mr. Prokash Chandra Varali
Mr. Mizanur Rahman
Mr. M A Goni
Mr. Md. Monir Khan
Mr. Jakir Hossen
Mr. Humayun Kabir
Mr. Sadek Hasan

Household Listers/Mappers (continued)

Mr. Sabbir Hasan

Mr. Shadhin Das

Mr. Azad Miah

Mr. Tavar Rahman Mnna

Mr. Julhas Uddin

Mr. Asadul Islam

Mr. Md. Ferdaus Alam

Mr. Shoyeb Miah

Mr. Nafizul Islam

Mr. Md. Alam

Mr. Sanjoy Chowdhury

Mr. Al-Shahariar

Mr. Rafiqul Hasan

Mr. Juwel Rana

Mr. Sagar Kumar Mistry

Mr. Mirazur Rahman

Mr. Sohel Shaikh

Mr. Omar Ali

Mr. Anarul Islam

Mr. Solayman

Mr. Akash Dutta

Mr. Boktiar Uddin

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ডাটা ম্যানেজমেন্ট শাখা
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নং: ৫২.০১.০০০০.৪০৩.১৬.০৩৬.১৬(অংশ-৪).২১

তারিখ: ১৬ মাঘ ১৪২৮
২৪ জানুয়ারি ২০২২

বিষয়: জাতীয় জনসংখ্যা গবেষণা ও প্রশিক্ষণ ইন্সটিটিউট (নিপোর্ট) কর্তৃক 'বাংলাদেশ ডেমোগ্রাফিক অ্যান্ড হেলথ সার্ভে (বিডিএইচএস) ২০২২' পরিচালনায় অনাপত্তি প্রদান।

উপর্যুক্ত বিষয়ের প্রেক্ষিতে জানানো যাচ্ছে যে, পরিসংখ্যান আইন, ২০১৩-এর ধারা-১১ অনুযায়ী জাতীয় জনসংখ্যা গবেষণা ও প্রশিক্ষণ ইন্সটিটিউট (নিপোর্ট)-এর আবেদনের পরিপ্রেক্ষিতে 'বাংলাদেশ ডেমোগ্রাফিক অ্যান্ড হেলথ সার্ভে (বিডিএইচএস) ২০২২' পরিচালনায় বাংলাদেশ পরিসংখ্যান ব্যুরো (বিবিএস)-এর অনাপত্তিপত্র (ফরম-২) এতৎসঙ্গে প্রেরণ করা হলো।

সংযুক্তি: অনাপত্তিপত্র (ফরম-২)-০১ (এক) পাতা।


মোহাম্মদ তাজুল ইসলাম

(অতিরিক্ত সচিব)

মহাপরিচালক

ফোন: +৪৪ ০২ ৫৫০০৭০৫৬

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মহাপরিচালক

জাতীয় জনসংখ্যা গবেষণা ও প্রশিক্ষণ ইন্সটিটিউট (নিপোর্ট)

আজিমপুর, ঢাকা।

[দৃ.:আ.: পরিচালক, গবেষণা]

সদয় অবগতির জন্য:

- ০১) সচিবের একান্ত সচিব, পরিসংখ্যান ও তথ্য ব্যবস্থাপন বিভাগ, আগারগাঁও, ঢাকা।
- ০২) সচিবের একান্ত সচিব, স্বাস্থ্য শিক্ষা ও পরিবার কল্যাণ বিভাগ, বাংলাদেশ সচিবালয়, আব্দুল গনি রোড, ঢাকা-১২০৫।
- ০৩) ব্যক্তিগত কর্মকর্তা, মহাপরিচালকের দপ্তর, বিবিএস, ঢাকা।
- ০৪) অফিস কপি।

**নিপোট কর্তৃক ‘ডেমোগ্রাফিক অ্যান্ড হেলথ সার্ভে (বিডিএইচএস) ২০২২’ পরিচালনার মাধ্যমে
পরিসংখ্যান প্রস্তুত ও প্রকাশের জন্য বাংলাদেশ পরিসংখ্যান ব্যুরোর অনাপত্তি**

পরিসংখ্যান আইন, ২০১৩ (২০১৩ সনের ১২ নং আইন) এর ধারা ১১ এর উদ্দেশ্য পূরণকল্পে উক্ত আইন এবং এতৎসংক্রান্ত বিধি ও নীতিমালা অনুযায়ী নিম্নবর্ণিত শর্তসাপক্ষে জাতীয় জনসংখ্যা গবেষণা ও প্রশিক্ষণ ইন্সটিটিউট (নিপোট)-কে ‘বাংলাদেশ ডেমোগ্রাফিক অ্যান্ড হেলথ সার্ভে ২০২২’ শীর্ষক জরিপ পরিচালনা ও প্রতিবেদন প্রকাশের অনাপত্তি প্রদান করা হলো:

শর্তসমূহ:

- (ক) জরিপের ক্ষেত্র: স্বাস্থ্য ও জনতত্ত্ব
- (খ) (অ) নমুনায়ন ফ্রেম: Integrated Census Management System (ICMS) for Population and Housing Census 2022.
(আ) নমুনায়ন পদ্ধতি: সম্ভাবনা নির্ভর নমুনায়ন।
(ই) নমুনা আয়তন নিরূপণ পদ্ধতি: ফর্মুলা নির্ভর।
(ঈ) নমুনা আয়তন/নমুনা এককের সংখ্যা: নমুনায়ন সংক্রান্ত উপকর্মটির সুপারিশ অনুযায়ী নির্ধারণযোগ্য।
(উ) তথ্য সংগ্রহের সময়কাল: মার্চ হতে জুলাই ২০২২।
(ঊ) ফলাফল প্রকাশের সময়কাল:
 - (i) প্রাথমিক ফলাফল প্রকাশ: নভেম্বর ২০২২ (প্রকাশের পূর্বে অনাপত্তি প্রদান পর্যালোচনা কমিটিতে উপস্থাপন করতে হবে)।
 - (ii) চূড়ান্ত প্রতিবেদন প্রকাশ: মার্চ ২০২৩ (প্রকাশের পূর্বে অনাপত্তি প্রদান পর্যালোচনা কমিটিতে উপস্থাপন করতে হবে)।
- (গ) ‘বাংলাদেশ ডেমোগ্রাফিক অ্যান্ড হেলথ সার্ভে (বিডিএইচএস) ২০২২’ সার্ভে পরিচালনা ও প্রকাশের ক্ষেত্রে বিবিএস কর্তৃক প্রস্তুতকৃত ও প্রকাশিত উপাত্তের সাথে দ্বৈততা রয়েছে এমন সূচকসমূহের ক্ষেত্রে Key Findings Table এবং প্রতিবেদনের সংশ্লিষ্ট সকল সারণির নিচে ফুটনোট আকারে Disclaimer হিসেবে ‘Not to be treated as official statistics as BBS regularly produces such estimates’ উল্লেখ করতে হবে;
- (ঘ) নিপোট কর্তৃক পরিচালিত ‘বাংলাদেশ ডেমোগ্রাফিক অ্যান্ড হেলথ সার্ভে (বিডিএইচএস) ২০২২’-এর রিপোর্টে প্রকাশিত উপাত্ত শুধুমাত্র হেলথ প্রোগ্রাম মনিটরিং কাজে ব্যবহার করা হবে। জাতীয় ও আন্তর্জাতিক এজেন্ডা পরিবীক্ষণ ও অগ্রগতি প্রতিবেদন (যেমন: ৮ম পঞ্চবার্ষিক পরিকল্পনা, টেকসই উন্নয়ন লক্ষ্যমাত্রা (এসডিজি), প্রেক্ষিত পরিকল্পনা ইত্যাদি)’র ক্ষেত্রে অবশ্যই বিবিএস কর্তৃক প্রণীত সরকারি পরিসংখ্যানকে অগ্রাধিকার দিতে হবে;
- (ঙ) বিভিন্ন সূচকের বিপরীতে উপাত্তের ভিন্নতা দূর করতে নিপোট এবং বিবিএস-এর জনতাত্ত্বিক জরিপগুলোর মধ্যে সময় ও পদ্ধতিগত বিষয়ে Harmonize করতে হবে;
- (চ) এসডিজি সূচক ২.২.৩ (১৫-৪৯ বছর বয়সী গর্ভবতী মহিলাদের মধ্যে রক্ত স্বল্পতার ব্যাপকতা)-এর প্রাক্কলন অন্তর্ভুক্তির লক্ষ্যে ‘বাংলাদেশ ডেমোগ্রাফিক অ্যান্ড হেলথ সার্ভে (বিডিএইচএস) ২০২২’-এ প্রয়োজনীয় প্রশ্ন সংযোজনসহ ব্যবস্থা গ্রহণ করতে হবে;
- (ছ) তথ্য সংগ্রহের পূর্বে তথ্য সংগ্রহকারীদের যথাযথ প্রশিক্ষণ প্রদান নিশ্চিত করতে হবে এবং প্রশিক্ষণসহ মাঠ পর্যায়ে তথ্য সংগ্রহ কার্যক্রম পরিবীক্ষণে ‘জরিপ/শুমারি প্রস্তাব পরীক্ষা, অনুমোদন ও পরিবীক্ষণ কমিটি’কে সক্রিয়ভাবে সম্পৃক্ত করতে হবে;
- (জ) প্রকাশিত জরিপ প্রতিবেদনের সাথে বিবিএস-এর অনাপত্তিপত্র সংযুক্ত করতে হবে এবং বিবিএসকে প্রাথমিক ও চূড়ান্ত উভয় প্রকাশনার ১০ (দশ) টি হার্ডকপি সরবরাহ করতে হবে;
- (ঝ) ‘সংস্থা কর্তৃক পরিসংখ্যান প্রস্তুত ও প্রকাশ নীতিমালা, ২০১৬’-এর অনুচ্ছেদ-৪, ৫ ও ৭ এর নির্দেশনাসমূহ যথাযথভাবে প্রতিপালন করতে হবে;
- (ঞ) জরিপের প্রাথমিক ও চূড়ান্ত উভয় প্রতিবেদন প্রকাশের পূর্বে প্রস্তুতকৃত খসড়া প্রতিবেদন পূর্ব-পর্যালোচনার জন্য বিবিএস-এর ‘জরিপ/শুমারি, পরীক্ষা, অনুমোদন ও পরিবীক্ষণ কমিটি’র সভায় উপস্থাপন করতে হবে।

[অপর পৃষ্ঠা দ্রষ্টব্য]

- ২। নিপোট 'সংস্থা কর্তৃক পরিসংখ্যান প্রস্তুত ও প্রকাশ নীতিমালা, ২০১৬'-এর অনুসরণ এবং ব্যুরো কর্তৃক প্রদত্ত শর্তাবলী পূরণ ও মান বজায় রাখার বিষয়টি নিশ্চিত করবে।
- ৩। নির্ধারিত সময়সীমার মধ্যে পরিসংখ্যান প্রস্তুত ও প্রকাশের কার্যক্রম সম্পন্ন করতে না পারলে, নিপোট এ বিধিমালার অধীন বাংলাদেশ পরিসংখ্যান ব্যুরোর নিকট সময় বৃদ্ধির আবেদন করতে পারবে।
- ৪। 'সংস্থা কর্তৃক পরিসংখ্যান প্রস্তুত ও প্রকাশ নীতিমালা, ২০১৬' যথাযথভাবে অনুসরণ এবং শর্তসমূহ যথাযথভাবে পূরণ ও মান বজায় রাখার বিষয়টি বাংলাদেশ পরিসংখ্যান ব্যুরো এবং নিপোটের যৌথ পরিবীক্ষণের (Monitoring) মাধ্যমে নিশ্চিত করতে হবে।



মোহাম্মদ অসজুল ইসলাম

মহাপরিচালক

(অতিরিক্ত সচিব)

☎ +৮৮ ০২ ৫৫০০৭০৫৬

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BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2022
 HOUSEHOLD QUESTIONNAIRE

BANGLADESH
 MITRA AND ASSOCIATES

IDENTIFICATION				
DIVISION				
DISTRICT				
UPAZILA				
UNION/WARD				
VILLAGE/MOHALLA/BLOCK				
CLUSTER NUMBER				
HOUSEHOLD NUMBER				
RURAL=1, CITY CORPORATION=2, OTHER URBAN=3.				
NAME OF HOUSEHOLD HEAD				
HOUSEHOLD SELECTED FOR LONG OR SHORT INTERVIEW (1=LONG; 2=SHORT)				
HOUSEHOLD SELECTED FOR BIOMARKERS (1=YES; 2=NO)				
HOUSEHOLD SELECTED FOR BLOOD GLUCOSE AND BLOOD PRESSURE (1=YES; 2=NO)				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
INTERVIEWER'S NAME				INT. NO.
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NUMBER 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 EVER MARRIED WOMEN 15-49 YRS TOTAL NUMBER OF CHILDREN 0-5 YRS TOTAL WOMEN 18+ YEARS TOTAL MEN 18+ YEARS LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE
LANGUAGE OF QUESTIONNAIRE**	0 1	LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**
LANGUAGE OF QUESTIONNAIRE**	ENGLISH **LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 BANGLA 04 LANGUAGE 4 06 LANGUAGE 6			
TEAM	TEAM SUPERVISOR			
NUMBER	NAME NUMBER			

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Mitra and Associates, a private research organization located in Dhaka. We are conducting a survey about health and other topics all over Bangladesh under the authority of the National Institute of Population Research and Training (NIPORT), Medical Education and Family Welfare Division, Ministry of Health and Family Welfare (MOHFW). The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact BMRC or Mitra and Associates, and NIPORT in Dhaka.

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED . . 2 → END



100	RECORD THE TIME.	HOURS	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER		ELIGIBILITY		HOUSEHOLDS SELECTED FOR BP AND BLOOD	
				MARITAL STATUS			9A		11	11A	11B	
1	2	3	4	5	6	7	8	9	9A	11	11A	11B
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME)'s current marital status?	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49	IF HOUSEHOLD SELECTED FOR BIOMARKERS	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL WOMEN AGE 18+	CIRCLE LINE NUMBER OF ALL MEN AGE 18+
		SEE CODES BELOW.				IF 95 OR MORE, RECORD '95'.	1 = CURRENTLY MARRIED 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED					
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS 		01	01	01	01	01
02			1 2	1 2	1 2			02	02	02	02	02
03			1 2	1 2	1 2			03	03	03	03	03
04			1 2	1 2	1 2			04	04	04	04	04
05			1 2	1 2	1 2			05	05	05	05	05
06			1 2	1 2	1 2			06	06	06	06	06
07			1 2	1 2	1 2			07	07	07	07	07
08			1 2	1 2	1 2			08	08	08	08	08
09			1 2	1 2	1 2			09	09	09	09	09
10			1 2	1 2	1 2			10	10	10	10	10

7A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES ☐	ADD TO TABLE	NO ☐
7B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?	YES ☐	ADD TO TABLE	NO ☐
7C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES ☐	ADD TO TABLE	NO ☐

CODES FOR Q. 3: 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

HOUSEHOLD SCHEDULE

	IF AGE 4 YEARS OR OLDER		IF AGE 4-24 YEARS		IF AGE 0-4 YEARS	IF AGE 18 OR OLDER	IF AGE 13 YEARS OR OLDER
LINE NO.	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	NATIONAL ID CARD	MOBILE PHONE
	16	17	18	19	20	20A	20B
	Has (NAME) ever attended school or any early childhood education program?	What is the highest level of school (NAME) has attended? What is the highest class (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school or any early childhood education program at any time during the 2021-2022 school year?	During [this/that] school year, what level and class [is/was] (NAME) attending?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	Does (NAME) have a national ID card?	Does (NAME) have a mobile phone? If yes, what type? 1 = YES, SMART 2 = YES, BASIC 3 = YES, BOTH SMART AND BASIC 4 = NO PHONE 8 = DON'T KNOW
01	Y N 1 2 ↓ GO TO 20	LEVEL CLASS 1 2 ↓ GO TO 20	Y N 1 2 ↓ GO TO 20	LEVEL CLASS 1 2 ↓ GO TO 20		Y N DK 1 2 8	
02	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20		1 2 8	
03	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20		1 2 8	
04	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20		1 2 8	
05	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20		1 2 8	
06	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20		1 2 8	
07	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20		1 2 8	
08	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20		1 2 8	
09	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20		1 2 8	
10	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20	1 2 ↓ GO TO 20		1 2 8	

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	CLASS
0 = PRE-PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	98 = DON'T KNOW
2 = SECONDARY	
3 = HIGHER	
8 = DON'T KNOW	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 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)	→ 107
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 109
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DON'T KNOW Z	
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	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, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT .. 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 121
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 0 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	
121	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 127
122	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
127	How many rooms in this household are used for sleeping?	ROOMS	
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 130

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
129	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Buffaloes? b) Milk cows or bulls? c) Goats or sheep? d) Chickens or ducks? e) Other farm animals?	a) BUFFALOES b) MILK COWS/BULLS c) GOATS/SHEEP d) CHICKEN/DUCKS e) OTHER FARM ANIMALS <table border="1" style="float: right; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																																														
130	Does any member of this household own any homestead? IF "NO" PROBE: Does your household own homestead in any other places?	YES 1 NO 2																																														
130A	Does your household own any land other than the homestead land?	YES 1 NO 2	→ 132																																													
131	How much land do members of this household own other than the homestead land? AMOUNT SPECIFY LOCAL UNIT 1 LOCAL UNIT = ... ACRES IF 95 OR MORE, CIRCLE '950'.	ACRES DECIMAL AREA <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> . <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> 95 OR MORE ACRES 950 DON'T KNOW 998																																														
132	Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer/laptop? f) A refrigerator? g) Solar electricity? h) A mobile phone? i) An almirah/wardrobe? j) An electric fan? k) A DVD/VCD player? l) A water pump? m) An IPS/generator? n) An air conditioner?	<table border="0"> <tr> <th></th><th>YES</th><th>NO</th></tr> <tr><td>a) ELECTRICITY</td><td>1</td><td>2</td></tr> <tr><td>b) RADIO</td><td>1</td><td>2</td></tr> <tr><td>c) TELEVISION</td><td>1</td><td>2</td></tr> <tr><td>d) NON-MOBILE TELEPHONE ..</td><td>1</td><td>2</td></tr> <tr><td>e) COMPUTER/LAPTOP</td><td>1</td><td>2</td></tr> <tr><td>f) REFRIGERATOR</td><td>1</td><td>2</td></tr> <tr><td>g) SOLAR ELECTRICITY</td><td>1</td><td>2</td></tr> <tr><td>h) MOBILE PHONE</td><td>1</td><td>2</td></tr> <tr><td>i) ALMIRAH/WARDROBE</td><td>1</td><td>2</td></tr> <tr><td>j) ELECTRIC FAN</td><td>1</td><td>2</td></tr> <tr><td>k) DVD/VCD PLAYER</td><td>1</td><td>2</td></tr> <tr><td>l) WATER PUMP</td><td>1</td><td>2</td></tr> <tr><td>m) IPS/GENERATOR</td><td>1</td><td>2</td></tr> <tr><td>n) AIR CONDITIONER</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) ELECTRICITY	1	2	b) RADIO	1	2	c) TELEVISION	1	2	d) NON-MOBILE TELEPHONE ..	1	2	e) COMPUTER/LAPTOP	1	2	f) REFRIGERATOR	1	2	g) SOLAR ELECTRICITY	1	2	h) MOBILE PHONE	1	2	i) ALMIRAH/WARDROBE	1	2	j) ELECTRIC FAN	1	2	k) DVD/VCD PLAYER	1	2	l) WATER PUMP	1	2	m) IPS/GENERATOR	1	2	n) AIR CONDITIONER	1	2	
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k) DVD/VCD PLAYER	1	2																																														
l) WATER PUMP	1	2																																														
m) IPS/GENERATOR	1	2																																														
n) AIR CONDITIONER	1	2																																														
133	Does any member of this household own: a) A car/truck/microbus? b) An autobike/tempo/CNG? c) A rickshaw/van d) A bicycle? e) A motorcycle or motor scooter? f) A boat with a motor? g) A canoe or boat without a motor?	<table border="0"> <tr> <th></th><th>YES</th><th>NO</th></tr> <tr><td>a) CAR/TRUCK/MICROBUS</td><td>1</td><td>2</td></tr> <tr><td>b) AUTOBIKE/TEMPO/CNG</td><td>1</td><td>2</td></tr> <tr><td>c) RICKSAW/VAN</td><td>1</td><td>2</td></tr> <tr><td>d) BICYCLE</td><td>1</td><td>2</td></tr> <tr><td>e) MOTORCYCLE/MOTOR SCOOTER ..</td><td>1</td><td>2</td></tr> <tr><td>f) BOAT WITH A MOTOR</td><td>1</td><td>2</td></tr> <tr><td>g) CANOE/BOAT WITHOUT MOTOR</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) CAR/TRUCK/MICROBUS	1	2	b) AUTOBIKE/TEMPO/CNG	1	2	c) RICKSAW/VAN	1	2	d) BICYCLE	1	2	e) MOTORCYCLE/MOTOR SCOOTER ..	1	2	f) BOAT WITH A MOTOR	1	2	g) CANOE/BOAT WITHOUT MOTOR	1	2																						
	YES	NO																																														
a) CAR/TRUCK/MICROBUS	1	2																																														
b) AUTOBIKE/TEMPO/CNG	1	2																																														
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e) MOTORCYCLE/MOTOR SCOOTER ..	1	2																																														
f) BOAT WITH A MOTOR	1	2																																														
g) CANOE/BOAT WITHOUT MOTOR	1	2																																														
134	Does any member of this household have an account in a bank or other financial institution?	YES 1 NO 2																																														
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2																																														

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
149	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE 4 NOT OBSERVED, OTHER REASON 5	→ 152
150	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
151	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
151A	OBSERVATION ONLY: OBSERVE TYPE OF PLACE FOR HAND WASHING	COVERED SPACE (INSIDE DWELLING) 1 OPEN SPACE, NOT SHARED 2 OPEN SPACE, SHARED 3	
152	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
153	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING TIN/METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
154	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 36 TIN 37 OTHER _____ 96 (SPECIFY)									
156	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

IDENTIFICATION									
CLUSTER NUMBE									
HOUSEHOLD NUMBER									
NAME OF HOUSEHOLD HEAD _____									
NAME AND LINE NUMBER OF WOMAN _____									
HOUSEHOLD IS SELECTED FOR LONG OR SHORT INTERVIEW (1=LONG; 2=SHORT)									
INTERVIEWER VISITS									
	1	2	3	FINAL VISIT					
DATE	_____	_____	_____	DAY					
				MONTH					
INTERVIEWER'S NAME	_____	_____	_____	YEAR					
RESULT*	_____	_____	_____	INT. NO.					
				RESULT*					
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS					
TIME	_____	_____							
*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED 7 OTHER _____ SPECIFY									
LANGUAGE OF QUESTIONNAIRE** 0 1 LANGUAGE OF INTERVIEW** NATIVE LANGUAGE OF RESPONDENT** TRANSLATOR USED (YES = 1, NO = 2)									
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 02 BANGLA 03 CODING CATEGORI									
TEAM NUMBER TEAM SUPERVISOR NAME _____ NUMBER									

INTRODUCTION AND CONSENT

(1)

Hello. My name is _____. I am working with Mitra and Associates, a private research organization located in Dhaka. We are conducting a survey about health and other topics all over Bangladesh under the authority of the National Institute of Population Research and Training (NIPORT), Medical Education and Family Welfare Division, Ministry of Health and Family Welfare (MOHFW). We are conducting a survey about health and other topics all over Bangladesh. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED ... 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED ... 2 → END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS MINUTES.....	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ALWAYS 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS ☐ 05 YEARS ☐ OR MORE		→ 107
106	In what month and year did you move here?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	
107	Just before you moved here, which division did you live in?	BARISAL 01 CHITTAGONG 02 DHAKA 03 KHULNA 04 MYMENSINGH 05 RAJSHAHI 06 RANGPUR 07 SYLHET 08 OUTSIDE OF BANGLADESH 96	
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY CORPORATION 1 OTHER TOWN 2 RURAL AREA 3	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Why did you move to this place?	EMPLOYMENT 01 EDUCATION/TRAININ..... 02 MARRIAGE FORMATION..... 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON..... 04 FORCED DISPLACEMEN..... 05 OTHER _____ 96 (SPECIFY)	
110	In what month and year were you born?	MONTH DON'T KNOW MONTH..... 98 YEAR..... DON'T KNOW YEAR 9998	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEAR'.....	
111A	Are you now married, separated, deserted, divorced, widowed, or have you never been married?	CURRENTLY MARRIED 1 SEPARATED 2 DESERTED 3 DIVORCED 4 WIDOWED 5 NEVER MARRIED 6	→ END
113	Have you ever attended school/madrasha?	YES 1 NO 2	→ 117
113A	What type of school have you last attended?	SCHOOL 1 MADRASHA 2	
114	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
115	What is the highest class you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS	
116	CHECK 114: PRIMARY OR SECONDARY ↓ HIGHER →		→ 119
117 (4)	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENC 2 ABLE TO READ WHOLE SENTENC..... 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED..... 5	
118	CHECK 117: CODE '2', '3' OR '4' CIRCLED ↓ CODE '1' OR '5' CIRCLED →		→ 120
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEE 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
121	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
122	Do you own a mobile phone?	YES 1 NO 2	→ 130
123	Is your mobile phone a smart phone?	YES 1 NO 2	
130	What is your religion?	ISLAM 01 HINDUISM 02 BUDDHISM 03 CHRISTIANITY 04 OTHER 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES ☐ NO ☐ PROBE AND CORRECT 201- 208 AS										
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES 1 NO 2	→ 212								
211	How many miscarriages, abortions, and stillbirths have you had?	PREGNANCY LOSSES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
213	CHECK 212: ONE OR MORE PAST PREGNANCIES ☐ NO PAST PREGNANCIES ☐		→ 232								

SECTION 2. REPRODUCTION

214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy. RECORD ALL PREGNANCIES IN 215-228. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 3 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE.							
215	216	217	218	219	220	221	222
Think back to your (first/next) pregnancy. Was that a single pregnancy, twins, or IF MULTIPLE PREGNANCY: COPY VALUE FOR 215 IN NEXT ROW(S). PREGNANCY HISTORY LINE NUMBER	IF 215=1, ASK: Was the baby born alive, born dead, or did you have a miscarriage or abortion? IF 215 > 1, ASK: Was the (first/next) baby in this pregnancy born alive or born dead?	Did the baby cry, move, or breathe?	What name was given to the baby? RECORD NAME.	Is (NAME) a boy or a girl?	CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME. NOTE: IF 217=1, THEN PREGNANCY OUTCOME= BORN ALIVE. On what day, month, and year was (NAME) born? IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: On what day, month, and year did this pregnancy end?	How long did this pregnancy last in weeks or months? RECORD IN COMPLETED WEEKS OR MONTHS.	FOR ROW 01, ASK: Were there any other pregnancies before this pregnancy? AFTER ROW 01: IF 215=1 OR THIS IS THE FIRST BIRTH OF A MULTIPLE PREGNANCY, ASK: Were there any other pregnancies between the previous pregnancy and this pregnancy? IF 215 > 1 AND THIS IS NOT THE
01 SING 1 TWINS 2 TRIP 3 NO. OF OUT-	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES 1 NO 2 ↓ (SKIP TO 220)	NAME	BOY 1 GIRL 2	DAY MONTH YEAR	WEEKS 1 MONTHS 2	YES (ADD PREGNANCY) 1 NO (NEXT PREGNANCY) 2
02 SING 1 TWINS 2 TRIP 3 NO. OF OUT-	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES 1 NO 2 ↓ (SKIP TO 220)	NAME	BOY 1 GIRL 2	DAY MONTH YEAR	WEEKS 1 MONTHS 2	YES (ADD PREGNANCY) 1 NO (NEXT PREGNANCY) 2
03 SING 1 TWINS 2 TRIP 3 NO. OF OUT-	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES 1 NO 2 ↓ (SKIP TO 220)	NAME	BOY 1 GIRL 2	DAY MONTH YEAR	WEEKS 1 MONTHS 2	YES (ADD PREGNANCY) 1 NO (NEXT PREGNANCY) 2
222A	Have you had any pregnancies that ended since the last pregnancy mentioned? YES ☐ → ADD TO TABLE NO ☐ → GO TO 223, ROW 1						

SECTION 2. REPRODUCTION

	223	224	225	226	227	228	228A	228B	228C
			IF BORN ALIVE AND STILL LIVING:			IF BORN ALIVE AND NOW DEAD:	IF BORN ALIVE AND NOW DEAD:		
	CHECK 216, 217 AND 221: IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE. IF 216=2 OR 3, THEN CHECK 221. IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD. IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE.	Is (NAME) still alive?	How old was (NAME) at (his/her) last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	CHECK 228: AGE AT DEATH RECORDED IN DAYS, MONTHS OR 2-4 YEARS	Now I would like to ask further questions about your child (ren) who died. On what day, month and year did (NAME) die?	CHECK 228B: YEAR OF DEATH
01	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 (SKIP TO 228)	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] (SKIP TO 223 IN NEXT ROW)	DAYS 1 [][] MONTHS 2 [][] YEARS 3 [][] (SKIP TO 223 IN NEXT ROW)	DAYS, MONTHS OR 2-4 YEARS 1 5 OR MORE YEARS 2 (SKIP TO 223 IN NEXT ROW)	DAY [][] MONTH [][] YEAR [][][]	YEAR 2017 OR LATER 1 YEAR 2016 OR EARLIER 2
02	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 (SKIP TO 228)	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] (SKIP TO 223 IN NEXT ROW)	DAYS 1 [][] MONTHS 2 [][] YEARS 3 [][] (SKIP TO 223 IN NEXT ROW)	DAYS, MONTHS OR 2-4 YEARS 1 5 OR MORE YEARS 2 (SKIP TO 223 IN NEXT ROW)	DAY [][] MONTH [][] YEAR [][][]	YEAR 2017 OR LATER 1 YEAR 2016 OR EARLIER 2
03	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 (SKIP TO 228)	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] (SKIP TO 223 IN NEXT ROW)	DAYS 1 [][] MONTHS 2 [][] YEARS 3 [][] (SKIP TO 223 IN NEXT ROW)	DAYS, MONTHS OR 2-4 YEARS 1 5 OR MORE YEARS 2 (SKIP TO 223 IN NEXT ROW)	DAY [][] MONTH [][] YEAR [][][]	YEAR 2017 OR LATER 1 YEAR 2016 OR EARLIER 2

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 ☐ NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 ☐ (PROBE AND RECONCILE) ←		
230A	CHECK 228C: ENTER THE NUMBER OF DEATHS SINCE JANUARY 2017 (CODE 1)	NUMBER OF DEATHS.....	
230B	CHECK 230A: IF ONE OR MORE DEATHS ☐ IF NO ☐ SKIP TO 231 ←		
230C	We would like to get more information on the circumstances around the deaths of young children so that the government can provide services to help reduce these deaths. We would like to come back and talk with you about your child(ren's) death. Is	YES 1 NO 2 UNSURE 8	
231	C FOR EACH LIVE BIRTH IN 2017-2022, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH LIVE BIRTH, RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2017-2022, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.		
232	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 236
233	How many weeks or months pregnant are you? RECORD NUMBER OF COMPLETED WEEKS OR MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED	WEEKS 1 MONTHS..... 2	
234	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 236
235	CHECK 208: TOTAL NUMBER OF LIVE BIRTHS ONE OR MORE ☐ NONE ☐ a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER 1 NO MORE/NONE 2	
236	When did your last menstrual period start?	DAYS AGO 1	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
		WEEKS AGO	2	
		MONTHS AGO	3	
	(DATE, IF GIVEN)	YEARS AGO	4	
		IN MENOPAUSE/ HAS HAD HYSTERECTOMY		994
		BEFORE LAST BIRTH		995
		NEVER MENSTRUATED		996
236A	CHECK COVER: HOUSEHOLD IS SELECTED FOR LONG OR SHORT INTERVIEW?			
	LONG INTERVIEW ☐	SHORT INTERVIEW ☐		1116

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301A	CHECK 111A: CURRENTLY MARRIED ☐ SEPARATED/DESERTED ☐ DIVORCED/WIDOWED		→ 317
302	CHECK 232: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 317
303	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 307
304	Are you or your husband sterilized? IF YES: Who is sterilized, you or your husband?	YES, RESPONDENT STERILIZED ONLY 1 YES, HUSBAND STERILIZED ONLY 2 YES, BOTH STERILIZED 3 NO, NEITHER STERILIZED 4	→ 306
305	CHECK 304: RESPONDENT STERILIZED ONLY ☐ PARTNER STERILIZED ONLY ☐ BOTH STERILIZED ☐ PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION. PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION. PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.		
306	Just to check, are you or your husband doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES 1 NO 2	→ 317
307	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K SAFE PERIOD RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 312 → 314 → 314 → 314 → 311 → 314
310	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	OVACON GOLD 01 FEMICON 02 MINICON 03 FEMIPILL 04 NORET-28 05 SHUKI 06 OVOSTAT 07 DESOLON 08 BRIDICON 09 LYNES 10 MARVELON 11 COMBINATION 3 (C 3) 12 MENOREST 13 ROSEN 14 GIANCE 35 15 APAN 16 MYPILL 17 SMARTPILL 18 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 314

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
311	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	RAJA 01 PANTHER 02 HERO 03 SENSATION 04 U & ME 05 MOODS 06 GAMY 07 WONDER LIFE 08 ROMANTEX 09 DUREX 10 LOVE GUARD 11 CORAL 12 JIPPY 13 NIRAPAC 14 GREEN LOVE 15 CAREX 16 DELUXE NIRODH 17 XTREME 18 SUPER GUARD 19 AMORE 20 OTHER 96 (SPECIFY) DON'T KNOW 98	314												
312	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLE) 15 UH & FAMILY WELFARE CENTI 17 OTHER PUBLIC SECTOR 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 21 PRIVATE HOSPITA 22 PRIVATE CLINI 23 QUALIFIED DOCTOR'S CHAMBER 24 OTHER PRIVATE MEDICAL SECTOR 26 (SPECIFY) NGO MEDICAL SECTOR NGO STATIC CLINIC 31 OTHER PUBLIC SECTOR 36 (SPECIFY) OTHER 96 (SPECIFY) DON'T KNOW 98													
313	In what month and year was the sterilization performed?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>													315
314	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>													
315	CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314? NO ☐ YES ☐ GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY)														

SECTION 3. CONTRACEPTION (CAPI OPTION)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 313 AND 314: YEAR IS 2017-2022 ☐ C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE ↓ YEAR IS 2016 OR EARLIER ☐ C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2017 . THEN ↓ (SKIP TO 329) ←		
317	I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years. C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2017. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.		
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH YEAR	
317B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your husband use any method of contraception?	YES 1 NO 2	→ 317I
317C	Which method was that?	METHOD CODE	
317D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY 00 MONTHS DATE GIVEN 95	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH YEAR	
317F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS DATE GIVEN 95	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH YEAR	
317H	Why did you stop using (METHOD)?	REASON STOPPED	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?	YES 1 NO 2	
319	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED ☐ ANY METHOD USED ☐		→ 321
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 331
321	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDON 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTIO 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 SAFE PERIOD RHYTHM METH 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHO 96	→ 331 → 331B → 331B → 331B → 331B

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SAT. CLINIC/EPI OUTREACH 19 GOVT. FIELD WORKER (FWA) 20 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL . . 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER . . 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 41 NGO SATELLITE CLINIC 42 NGO DEPO HOLDER 43 NGO FIELD WORKER 44 OTHER NGO _____ 46 (SPECIFY) OTHER SOURCE SHOP 51 FRIEND/RELATIVE 52 OTHER _____ 96 (SPECIFY)	→ 331B
331	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 331B

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331A	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) _____ (NAME OF PLACE) _____ (NAME OF PLACE)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL A SPECIALIZED GOVT HOSPITAL B DISTRICT HOSPITAL C MCWC D UPAZILA HEALTH COMPLEX E UH & FAMILY WELFARE CENTER F COMMUNITY CLINIC G SAT. CLINIC/EPI OUTREACH H GOVT. FIELD WORKER (FWA) I OTHER PUBLIC SECTOR J _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL... K PRIVATE HOSPITAL L PRIVATE CLINIC M QUALIFIED DOCTOR'S CHAMBER N NON-QUALIFIED DOCTOR'S CHAMBER .. O PHARMACY/DRUG STORE P OTHER PRIVATE MEDICAL SECTOR Q _____ (SPECIFY) NGO SECTOR NGO STATIC CLINIC R NGO SATELLITE CLINIC S NGO DEPO HOLDER T NGO FIELD WORKER U OTHER NGO V _____ (SPECIFY) OTHER SOURCE SHOP W FRIEND/RELATIVE Y OTHER X _____ (SPECIFY)	
331B	In the last 6 months, were you visited by a fieldworker who talked to you about family planning or gave you a family planning method?	TALKED 1 GAVE FAMILY PLANNING METHOD 2 TALKED AND GAVE METHOD 3 NO 4	→ 401
331C	Who visited you to talk about family planning or to give you family planning methods? Name _____ Anyone else? Name _____	GOVT. FP WORKER A GOVT. HEALTH WORKER B NGO WORKER C OTHER X _____ (SPECIFY)	
331D	During the last six months, how many times did a health worker or workers visit you to talk about family planning or to give you family planning methods?	NUMBER OF TIMES DON'T KNOW 98	
331E	When was the last time you were visited by a fieldworker 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 '0'.	MONTHS AGO DON'T KNOW 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 220 AND 225: ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐	NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ → 601	
402	CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY. PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION OR MISCARRIAGE 5 PREGNANCY HISTORY NUMBER .. PREGNANCY OUTCOME TYPE..... PREGNANCY HISTORY NUMBER .. PREGNANCY OUTCOME TYPE..... PREGNANCY HISTORY NUMBER .. PREGNANCY OUTCOME TYPE..... PREGNANCY HISTORY NUMBER .. PREGNANCY OUTCOME TYPE..... PREGNANCY HISTORY NUMBER .. PREGNANCY OUTCOME TYPE..... PREGNANCY HISTORY NUMBER .. PREGNANCY OUTCOME TYPE.....		
403	Now I would like to ask some questions about your pregnancies in the last 3 years. (We will talk about each separately, starting with the last one you had.)		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER.....	
405	PREGNANCY OUTCOME TYPE FROM 402.	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION/MISCARRIAGE 5	→ 407
406	RECORD DATE PREGNANCY ENDED FROM 220.	DAY MONTH YEAR.....	→ 408
407	RECORD NAME FROM 218. NAME.....		
408	CHECK 405: PREGNANCY TYPE ☐ 1 OR 2 PREGNANCY TYPE ☐ 3, 4, OR 5 a) When you got pregnant with (NAME), did you want to get pregnant at that time? b) When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that	YES 1 NO 2	→ 411

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <table border="1"><tr><td></td><td></td></tr></table>					
409	Did you want to have a baby later on, or not at all?	LATER 1 NOT AT ALL..... 2	→ 411				
410	How much longer did you want to wait?	MONTHS..... 1 <table border="1"><tr><td></td><td></td></tr></table> YEARS 2 <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 998					
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH..... 2 MOST RECENT STILLBIRTH..... 3 PRIOR STILLBIRTH..... 4 ABORTION/MISCARRIAGE 5	→ 434 → 434 → 475				
412	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2	→ 414				
413	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <table border="1"><tr><td></td></tr></table> (SKIP TO 420) ← MOST RECENT STILLBIRTH <table border="1"><tr><td></td></tr></table> →				→ 426		
414	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMC) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L OTHER X (SPECIFY)					

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>																																
415	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	HOME HOME A PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL B SPECIALIZED GOVT HOSPITAL C DISTRICT HOSPITAL D MCWC E UPAZILA HEALTH COMPLEX F UH & FAMILY WELFARE CENTRE G COMMUNITY CLINIC H SAT. CLINIC/EPI OUTREACH I OTHER PUBLIC SECTOR SECTOR J _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL K PRIVATE HOSPITAL L PRIVATE CLINIC M QUALIFIED DOCTOR CHAMBER N UNQUALIFIED DOCTOR CHAMBER O PHARMACY P OTHER PRIVATE MEDICAL Q _____ (SPECIFY) NGO SECTOR NGO STATIC CLINIC R NGO SAT CLINIC S OTHER X _____ (SPECIFY)																																
416	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	WEEKS 1 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MONTHS 2 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> DON'T KNOW 998																																
417	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> DON'T KNOW 98																																
418	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following: a) Was your blood pressure b) Did you give a urine sample? c) Did you give a blood sample? d) Was your weight measured? e) Did you have an ultrasonograph? f) Did you receive counselling about pregnancy danger signs? g) Did you receive counseling about a family planning method you can use immediately after you give birth?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) URINE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BLOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) WEIGHT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) ULTRASON.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) DANGER SIGN!</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) FP METHOD AFTER BIRTH</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) BP	1	2	8	b) URINE	1	2	8	c) BLOOD	1	2	8	d) WEIGHT	1	2	8	e) ULTRASON.	1	2	8	f) DANGER SIGN!	1	2	8	g) FP METHOD AFTER BIRTH	1	2	8
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g) FP METHOD AFTER BIRTH	1	2	8																															

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ...	
419	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT ☐ LIVE BIRTH MOST RECENT ☐ STILLBIRTH		→ 426
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES 1 NO 2 DON'T KNOW 8	→ 423
421	During this pregnancy, how many times did you get a tetanus injection?	TIMES DON'T KNOW 8	
422	CHECK 421: ONE TIME ☐ OR DK TWO OR MORE TIMES ☐		→ 426
423	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 DON'T KNOW 8	→ 426
424	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES DON'T KNOW 8	
425	CHECK 424: ONLY ☐ ONE MORE ☐ THAN ONE a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection prior to this	YEARS AGC	
426	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.	YES 1 NO 2 DON'T KNOW 8	→ 434
428	During the whole pregnancy, for how many days did you take the iron tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS DON'T KNOW 998	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
434	CHECK 405: PREGNANCY TYPE <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> 1 OR 2 PREGNANCY TYPE <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> 3 OR 4 a) Who assisted with the delivery of (NAME)? Anyone else? b) Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE CODE. _____ NAME	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBOURS/FRIENDS N OTHER _____ X (SPECIFY) NO ONE ASSISTED Y
435	CHECK 405: PREGNANCY TYPE <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> 1 OR 2 PREGNANCY TYPE <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> 3 OR 4 a) Where did you give birth to (NAME)? b) Where did you deliver this stillbirth? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE CODE. _____ NAME	HOME HOME 11 → 437 PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 21 SPECIALIZED GOVT HOSPITAL 22 DISTRICT HOSPITAL 23 MCWC 24 UPAZILA HEALTH COMPLEX 25 UH & FAMILY WELFARE CENTRE 27 COMMUNITY CLINIC 28 OTHER PUBLIC SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 OTHER PRIVATE MEDICAL 36 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 41 DELIVERY HUT 42 OTHER _____ 96 → 437 (SPECIFY)
435A	When you were at the facility/clinic did any health care provider discussed with you/counseled you about family planning before or after delivery?	YES, BEFORE DELIVERY 1 YES, AFTER DELIVERY 2 YES, BEFORE AND AFTER DELIVERY 3 NO 4 → 436

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																												
435B	During this check, were you counseled about: a) Information on family planning methods b) Sources of family planning methods c) Importance of spacing and or limiting births d) Immediate IUD insertion e) Immediate implant insertion f) Immediate tubal ligation g) Use of LAM h) Exclusive breastfeeding	<table> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> <tr> <td>a. FP METHODS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. FP SOURCES</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. SPACING AND LIMITING BIRTHS ..</td> <td>1</td> <td>2</td> </tr> <tr> <td>d. IUD INSERTION</td> <td>1</td> <td>2</td> </tr> <tr> <td>e. IMPLANT</td> <td>1</td> <td>2</td> </tr> <tr> <td>f. TUBAL LIGATION</td> <td>1</td> <td>2</td> </tr> <tr> <td>g. LAM</td> <td>1</td> <td>2</td> </tr> <tr> <td>h. EXCLUSIVE BF</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	a. FP METHODS	1	2	b. FP SOURCES	1	2	c. SPACING AND LIMITING BIRTHS ..	1	2	d. IUD INSERTION	1	2	e. IMPLANT	1	2	f. TUBAL LIGATION	1	2	g. LAM	1	2	h. EXCLUSIVE BF	1	2	
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436	CHECK 405: PREGNANCY TYPE <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> 1 OR 2 PREGNANCY TYPE <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> 3 OR 4 a) Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out? b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2																												
436A	How much did you pay in total for your last delivery? IF MORE THAN 999995, WRITE 999995.	<table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table> TAKA NOTHING 000000 DON'T KNOW 999998	→ 437																											
436B	Where did you get the money for (NAME'S) delivery? Any other source?	FAMILY FUND A BORROWED B SOLD ASSETS/MORTGAGE C GIFT FROM FAMILY D GIFT FROM NEIGHBOUR/FRIEND E VOUCHER F INSURANCE G OTHER X SPECIFY																												
437	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4	→ 441 → 445 → 487																											
438	After the birth, was (NAME) put on your chest?	YES 1 NO 2 DON'T KNOW 8	→ NB1																											
439	Was (NAME)'s bare skin touching your bare skin?	YES 1 NO 2 DON'T KNOW 8	→ NB1																											

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
440	How long after birth was (NAME) put on the bare skin of your chest? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DAYS 2 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
NB1	How long after the birth was (NAME) bathed for the first time? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DAYS 2 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW 998	
NB2	CHECK 435: PLACE OF DELIVERY CODE <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> 11, 12, OR 96 CIRCLED	CODE <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> 21- 46	→ NB6
NB3	What was used to cut the cord?	RAZOR BLADE 1 KNIFE 2 SCISSORS 3 OTHER 6 (SPECIFY) DON'T KNOW 8	→ NB6
NB4	Was it new or had it ever been used before?	NEW 1 USED BEFORE 2 DON'T KNOW 8	
NB5	Was it boiled before it was used to cut the cord?	YES 1 NO 2 DON'T KNOW 8	
NB6	From the time the cord was cut till it fell off, was anything applied to the cord?	YES 1 NO 2 DON'T KNOW 8	→ 441
NB7	What was applied? Anything else?	CHLORHEXIDINE A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET) B MUSTARD OIL C ASH D ANIMAL DUNG E OTHER X (SPECIFY) DON'T KNOW Z	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ...	
CH1	CHECK NB7: SUBSTANCE APPLIED TO CORD CODE 'A' ☐ NOT CIRCLED CODE 'A' ☐ CIRCLED		→ CH3
CH2	Was chlorhexidine applied to the cord at any time? SHOW SAMPLE OF CHLORHEXIDINE	YES 1 NO 2 DON'T KNOW 8	→ 441
CH3	How long after the cord was cut was chlorhexidine first applied?	HOURS 1 DAYS 2 DON'T KNOW 998	
CH4	For how many days was chlorhexidine applied to the cord? IF 7 OR MORE DAYS, RECORD '7'.	DAYS DON'T KNOW 8	
441	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAG 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	
442	Was (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW 8	→ 444
443	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 . KG FROM RECALL 2 . DON'T KNOW 99998	
444	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ☐ PRIOR LIVE BIRTH ☐		→ 480
445	CHECK 435: PLACE OF DELIVERY FACILITY BIRTH: ANY CODE 21 THROUGH 46 CIRCLED ☐ CODE 11, 12, OR 96 CIRCLED ☐		→ 464
446	Did the doctors, nurses, or other staff at the facility treat you with respect all of the time, some of the time, or not at all?	ALL OF THE TIME 1 SOME OF THE TIME 2 NOT AT ALL 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
447	CHECK 405: PREGNANCY TYPE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> PREGNANCY TYPE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> a) How long after (NAME) was delivered did you stay in (FACILITY IN 435)? b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.			HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 998							
448	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Before you left the facility, did anyone check on your health?	YES 1 NO 2	→ 451								
449	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 998									
450	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL QUALIFIED DOCTOR 11 NURSE/MIDWIFE/PARAMEDIC 12 FAMILY WELFARE VISITOR (FWV) 13 COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) 14 SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) 15 COMMUNITY HEALTH CARE PROVIDER (CHCP) 16 HEALTH ASSISTANT (HA) 17 FAMILY WELFARE ASSISTANT (FWA) 18 NGO WORKER 21 OTHER PERSON TRAINED TBA (TTBA) 31 UNTRAINED TBA (UTBA) 32 UNQUALIFIED DOCTOR 33 RELATIVES 34 NEIGHBOURS/FRIENDS 35 OTHER 96 (SPECIFY)									
451	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> MOST RECENT STILLBIRTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>				→ 455						
452	Now I would like to talk to you about checks on (NAME'S) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME). Before (NAME) left the facility, did anyone check on (NAME'S) health?	YES 1 NO 2 DON'T KNOW 8	→ 455								

SECTION 4. PREGNANCY AND POSTNATAL CARE

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453	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 998							
454	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL QUALIFIED DOCTOR 11 NURSE/MIDWIFE/PARAMEDIC 12 FAMILY WELFARE VISITOR (FWV) 13 COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) 14 SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) 15 COMMUNITY HEALTH CARE PROVIDER (CHCP) 16 HEALTH ASSISTANT (HA) 17 FAMILY WELFARE ASSISTANT (FWA) 18 NGO WORKER 21 OTHER PERSON TRAINED TBA (TTBA) 31 UNTRAINED TBA (UTBA) 32 UNQUALIFIED DOCTOR 33 RELATIVES 34 NEIGHBOURS/FRIENDS 35 OTHER 96 (SPECIFY)							
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2	→ 459						
456	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 998							

SECTION 4. PREGNANCY AND POSTNATAL CARE

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457	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL QUALIFIED DOCTOR 11 NURSE/MIDWIFE/PARAMEDIC 12 FAMILY WELFARE VISITOR (FWV) 13 COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) 14 SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) 15 COMMUNITY HEALTH CARE PROVIDER (CHCP) 16 HEALTH ASSISTANT (HA) 17 FAMILY WELFARE ASSISTANT (FWA) 18 NGO WORKER 21 OTHER PERSON TRAINED TBA (TTBA) 31 UNTRAINED TBA (UTBA) 32 UNQUALIFIED DOCTOR 33 RELATIVES 34 NEIGHBOURS/FRIENDS 35 OTHER 96 (SPECIFY)	
458	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	HOME HOME 11 PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 21 SPECIALIZED GOVT HOSPITAL 22 DISTRICT HOSPITAL 23 MCWC 24 UPAZILA HEALTH COMPLEX 25 UH & FAMILY WELFARE CENTRE 27 COMMUNITY CLINIC 28 OTHER PUBLIC SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR _____ PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 OTHER PRIVATE MEDICAL 36 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 41 DELIVERY HUT 42 OTHER 96 (SPECIFY)	
459	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT ☐ LIVE BIRTH ↓ MOST RECENT ☐ STILLBIRTH		→ 474
460	After (NAME) left (FACILITY IN 435) did any healthcare provider or a traditional birth attendant check on (NAME)'s health?	YES 1 NO 2 DON'T KNOW 8	→ 473

SECTION 4. PREGNANCY AND POSTNATAL CARE

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461	How long after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 998							
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465	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 998							
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468	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT ☐ LIVE BIRTH MOST RECENT ☐ STILLBIRTH		→ 474						
469	I would like to talk to you about checks on (NAME's) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME). After (NAME) was born, did any healthcare provider or a traditional birth attendant check on (NAME's) health?	YES 1 NO 2 DON'T KNOW 8	→ 473						
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473	During the first 2 days after (NAME)'s birth, did any healthcare provider do the following: a) Examine the cord? b) Measure (NAME)'s temperature? c) Tell you how to recognize if your baby needs immediate medical attention? d) Talk with you about breastfeeding? e) Observe (NAME) breastfeeding?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) CORD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) TEMPERATURE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) MEDICAL ATTENTION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) TALK ABOUT BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) OBSERVE BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) CORD	1	2	8	b) TEMPERATURE	1	2	8	c) MEDICAL ATTENTION	1	2	8	d) TALK ABOUT BREASTFEEDING	1	2	8	e) OBSERVE BREASTFEEDING	1	2	8	
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474	During the first 2 days after the birth, did any healthcare provider do the following to you: a) Measure your blood pressure? b) Discuss your vaginal bleeding with you? c) Discuss family planning with you? d) Ask if you are having any problems with urination, such as not being able to urinate or not being able to control your urination? e) Ask you if you had any pain? f) Ask if you feel sad or depressed?	<table> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> <tr> <td>a) BLOOD PRESSUR</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) BLEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) FAMILY PLANNINC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) URINATION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) PAIN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) SAD OR DEPRESSED</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) BLOOD PRESSUR	1	2	8	b) BLEEDING	1	2	8	c) FAMILY PLANNINC	1	2	8	d) URINATION	1	2	8	e) PAIN	1	2	8	f) SAD OR DEPRESSED	1	2	8	
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475	CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY? YES ☐ NO ☐ → 479																														
476	CHECK 405: <table> <tr> <td> PREGNANCY TYPE 1 ☐ a) Has your menstrual period returned since the birth of (NAME)? </td> <td> PREGNANCY TYPE 3 OR 5 ☐ b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)? </td> </tr> </table>	PREGNANCY TYPE 1 ☐ a) Has your menstrual period returned since the birth of (NAME)?	PREGNANCY TYPE 3 OR 5 ☐ b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?	<table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2																							
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477	CHECK 232: IS RESPONDENT PREGNANT? NOT PREGNANT ☐ PREGNANT OR UNSURE ☐ → 479																														
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479	CHECK 405: PREGNANCY OUTCOME TYPE	<table> <tr> <td>MOST RECENT LIVE BIRTH</td> <td>1</td> </tr> <tr> <td>MOST RECENT STILLBIRTH</td> <td>3</td> </tr> <tr> <td>ABORTION/MISCARRIAGE</td> <td>5</td> </tr> </table>	MOST RECENT LIVE BIRTH	1	MOST RECENT STILLBIRTH	3	ABORTION/MISCARRIAGE	5	→ 487																						
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480	Did you ever breastfeed (NAME)?	<table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2	→ 482																								
YES	1																														
NO	2																														
481	CHECK 224 FOR CHILD: LIVING ☐ → 486 DEAD ☐ → 487																														
482	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 <table> <tr> <td>HOURS</td> <td>1</td> <td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td> </tr> <tr> <td>DAYS</td> <td>2</td> <td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td> </tr> </table>	HOURS	1	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	DAYS	2	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>																							
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483	In the first 2 days after delivery, was (NAME) given anything other than breast milk to eat or drink – anything at all like water, infant formula, or powdered milk, honey, sugar water (shorbot or misri pani), glucose, or mustard oil?	<table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2																									
YES	1																														
NO	2																														

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ..	
484	CHECK 224 FOR CHILD: LIVING ☐ ↓ DEAD ☐ → 487		
485	Are you still breastfeeding (NAME)?	YES 1 NO 2	
486	Did [NAME] drink anything from a bottle with a nipple yesterday during the day or last night?	YES 1 NO 2 DON'T KNOW 8	
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) ← NO MORE PREGNANCY ☐ → 601 OUTCOMES 0-35 MONTHS BEFORE		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE ☐	NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE ☐ → 708	
602	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER ..		
604	In the last 7 days, was (NAME) given any of the following: a) Iron tablets or syrup? b) micronutrient powders? SHOW COMMON TYPES OF TABLETS/SYRUPS/MULTIPLE MICRONUTRIENT POWDERS.	YES NO DK a) TABLETS/SYRUP 1 2 8 b) [MULTIPLE MICRONUTRIENT POWDERS] 1 2 8	
605	In the last 6 months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	
606	In the last 6 months, was (NAME) given any medicine for intestinal worms?	YES 1 NO 2 DON'T KNOW 8	
608	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	→ 618

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER	
609	CHECK 485: CURRENTLY BREASTFEEDING? YES ☐ NO/NOT ☐ a) Now I would like to know how much (NAME) was given to drink during the diarrhea, including breast milk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) 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	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																					
610	When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) 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																					
611	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2	→ 615																				
612	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL A SPECIALIZED GOVT HOSPITAL B DISTRICT HOSPITAL C MCWC D UPAZILA HEALTH COMPLE E UH & FAMILY WELFARE CENT F COMMUNITY CLINIC G SAT. CLINIC/EPI OUTREACH H HEALTH ASSISTANT (HA) I FAMILY WELFARE ASSISTANT (FWA) J OTHER PUBLIC SECTOR K _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL L PRIVATE HOSPITAL M PRIVATE CLINIC N QUALIFIED DOCTOR CHAMBER O UNQUALIFIED DOCTOR CHAMBER P PHARMACY/DRUG STORE Q OTHER PRIVATE MEDICAL R _____ (SPECIFY) NGO SECTOR NGO STATIC CLINIC S NGO SATELLITE CLINIC T NGO DEPO HOLDER U NGO FIELD WORKER V OTHER NGO W _____ (SPECIFY) OTHER _____ X _____ (SPECIFY)																					
615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea: a) A fluid made from a special packet called OR Saline PACKET? b) A home made sugar-salt-water solution (laban gur)? c) Zinc syrup? d) Zinc tablets?	<table border="0"> <tr> <td></td><td align="right">YES</td><td align="right">NO</td><td align="right">DK</td></tr> <tr> <td>a) ORS PKT.</td><td align="center">1</td><td align="center">2</td><td align="center">8</td></tr> <tr> <td>b) LABAN GUR</td><td align="center">1</td><td align="center">2</td><td align="center">8</td></tr> <tr> <td>c) ZINC SYRUP</td><td align="center">1</td><td align="center">2</td><td align="center">8</td></tr> <tr> <td>d) ZINC TABLETS</td><td align="center">1</td><td align="center">2</td><td align="center">8</td></tr> </table>		YES	NO	DK	a) ORS PKT.	1	2	8	b) LABAN GUR	1	2	8	c) ZINC SYRUP	1	2	8	d) ZINC TABLETS	1	2	8	
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d) ZINC TABLETS	1	2	8																				

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8			
621	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8			
622	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	→ 624		
623	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY..... 2 BOTH..... 3 OTHER 6 (SPECIFY) DON'T KNOW 8	→ 625		
624	CHECK 618: HAD FEVER? YES ☐ NO OR DON'T KNOW ☐		→ 634		
625	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2	→ 630		
626	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL..... A SPECIALIZED GOVT HOSPITA..... B DISTRICT HOSPITA..... C MCWC D UPAZILA HEALTH COMPLE..... E UH & FAMILY WELFARE CENT..... F COMMUNITY CLINIC G SAT. CLINIC/EPI OUTREACI..... H HEALTH ASSISTANT (HA..... I FAMILY WELFARE ASSISTANT (FWA.... J OTHER PUBLIC SECTOR..... K _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL L PRIVATE HOSPITA M PRIVATE CLINIC..... N QUALIFIED DOCTOR CHAMBE..... O UNQUALIFIED DOCTOR CHAMBE.... P PHARMACY/DRUG STOR..... Q OTHER PRIVATE MEDICAL..... R _____ (SPECIFY) NGO SECTOR NGO STATIC CLINIC S NGO SATELLITE CLINIC T NGO DEPO HOLDER U NGO FIELD WORKER V OTHER NGO..... W _____ (SPECIFY) OTHER X _____ (SPECIFY)			

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER	
627	CHECK 626: TWO OR MORE CODES CIRCLED ☐	ONLY ONE CODE CIRCLED ☐	→ 629
628	Where did you first seek advice or treatment? USE LETTER CODE FROM 626.	FIRST PLACE	
629	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS	
630	At any time during the illness, did (NAME) take any medicine for the illness?	YES 1 NO 2 DON'T KNOW 8	→ 634
631	What medicine did (NAME) take? Any other medicine? RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.	ANTIMALARIAL MEDICINE ARTEMISININ COMBINATION THERAPY (ACT) A SP/FANSIDAR B CHLOROQUINE C PRIMAQUINE D QUININE E OTHER ANTIMALARIAL _____ F (SPECIFY) ANTIBIOTIC MEDICINE BETA LACTUM G MACROLIDES H QUINOLONE I CEPHALOSPORIN J GENTAMYCIN K COTRIMOXAZOLE L OTHER MEDICINE ASPIRIN M PARACETAMOL/PANADOL N IBUPROFEN O OTHER _____ X (SPECIFY) DON'T KNOW Z	
634	CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE ☐ (GO TO 603 FOR THE NEXT SURVIVING CHILD) ←	NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐	→ 635

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																												
635	CHECK 220, 225 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ ↓ _____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓	708																																																																													
636	Now I would like to ask you about liquids that (NAME FROM 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME) had them at home, or somewhere else. Yesterday during the day or at night, did (NAME) a) Plain water? b) Gura dudh such as Lactogen, NIDO, Bimil, Biomil, or Nan? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'. c) Milk from animals, such as fresh milk, packaged milk, or dried milk like Dano or Marks? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'. IF YES: Was the milk a sweet or flavored type of milk? d) Lassi or matha? IF YES: How many times did (NAME) drink lassi or matha?? IF 7 OR MORE TIMES, RECORD '7'. IF YES: Was the lassi or matha drink a sweet or flavored type of yogurt drink? f) Chocolate milk like Horlicks, Milo, Complan or Ovaltine? g) Fruit juice, packet juice such as Frooto or Tang, or shorbot? h) Soft drinks such as Pepsi, Mojo, Sprite, or i) Tea or coffee? IF YES: Was the drink sweetened? j) Clear broth or clear soup? k) Any other liquids? IF YES: What was the drink? IF YES: Was the drink sweetened?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NUMBER OF TIMES DRANK FORMULA ☐</td><td></td><td></td><td>8</td></tr> <tr> <td>c)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NUMBER OF TIMES DRANK MILK ☐</td><td></td><td></td><td>8</td></tr> <tr> <td>SWEET/ FLAVORED ... 1</td><td></td><td>2</td><td>8</td></tr> <tr> <td>d)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NUMBER OF TIMES DRANK YOGURT ☐</td><td></td><td></td><td>8</td></tr> <tr> <td>SWEET/ FLAVORED ... 1</td><td></td><td>2</td><td>8</td></tr> <tr> <td>f)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>h)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>i)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>SWEETENED . 1</td><td></td><td>2</td><td>8</td></tr> <tr> <td>j)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>k)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>OTHER DRINK(S) _____ (SPECIFY)</td><td></td><td></td><td></td></tr> <tr> <td>SWEETENED . 1</td><td></td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a)	1	2	8	b)	1	2	8	NUMBER OF TIMES DRANK FORMULA ☐			8	c)	1	2	8	NUMBER OF TIMES DRANK MILK ☐			8	SWEET/ FLAVORED ... 1		2	8	d)	1	2	8	NUMBER OF TIMES DRANK YOGURT ☐			8	SWEET/ FLAVORED ... 1		2	8	f)	1	2	8	g)	1	2	8	h)	1	2	8	i)	1	2	8	SWEETENED . 1		2	8	j)	1	2	8	k)	1	2	8	OTHER DRINK(S) _____ (SPECIFY)				SWEETENED . 1		2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
637	Now I would like to ask you about foods that (NAME) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. a) Yogurt, other than yogurt drink? IF YES: How many times did (NAME) eat IF 7 OR MORE TIMES, RECORD '7'.				
		YES	NO	DK	
	a) Yogurt, other than yogurt drink?	1	2	8	
	IF YES: How many times did (NAME) eat IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT		8	
	b) Rice, paratha, ruti, maize, semai, rice pudding, or packaged cereal such as Cerelac?	1	2	8	
	c) Carrots or pumpkin?	1	2	8	
	d) Potato, plantain, arum, or sweet potato?	1	2	8	
	e) Lal shak, pui shak, amaranth, spinach, or any other shak?	1	2	8	
	f) Any other vegetables, such as eggplant, lady finger, long beans, bottle gourd, bitter gourd or	1	2	8	
	g) Ripe mango, ripe papaya, or orange musk melon?	1	2	8	
	h) Any other fruits, such as guava, ripe banana, jackfruit, jamrul, malta or other fruits?	1	2	8	
	i) Liver or gizzard?	1	2	8	
	j) Sausages?	1	2	8	
	k) Any other meat, such as beef, goat meat, chicken, pigeon, or duck?	1	2	8	
	l) Eggs?	1	2	8	
	m) Fish or dried fish?	1	2	8	
	n) Daal, chickpeas, or khichuri?	1	2	8	
	o) Peanuts or jackfruit seeds?	1	2	8	
	p) Paneer or cheese?	1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	r) Any sweet foods such as mishti, sweet biscuits, cakes, halwa, jilapi, chocolate, or ice cream?	r) 1 2 8	
	s) Chips, puri, singara, samucha, pakora, chop, or instant noodles such as Maggi noodles or Pran's Mr. Noodles?	s) 1 2 8	
	u) Any other solid, semi-solid, or soft food? IF YES: What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, RECORD THE NAME OF THE FOOD.	u) 1 2 8 OTHER FOOD(S) _____ (SPECIFY)	
638	CHECK 637 (CATEGORIES 'a' THROUGH 'u'): NOT A SINGLE 'YES' ☐ AT LEAST ONE 'YES' ☐ → 640		
639	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) ← (THEN CONTINUE TO 640) ← NO 2 → 708	
640	How many times did (NAME) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DON'T KNOW 8	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
708	CHECK 111A: CURRENTLY MARRIED ☐ SEPARATED/DESERTED DIVORCED/WIDOWED ☐		→ 714
709	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE (WITHIN BD) 2 STAYING ELSEWHERE (OUTSIDE BC) 3	→ 714
709A	How often did he come home in the past 12 months?	NUMBER OF TIMES DID NOT COME IN THE LAST 12 MONTHS 96	
714	Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
715	CHECK 714: MARRIED ONLY ONCE ☐ MARRIED MORE THAN ONCE ☐ a) In what month and year did you start living with your husband? b) Now I would like to ask about your first husband. In what month and year did you start living with him?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	→ 716A
716	How old were you when you first started living with him?	AGE	
716A	Do you think you got married at an age that was right for you, or would you have preferred to marry earlier or later?	EARLIER 1 RIGHT TIME 2 LATER 3	→ 716C
716B	At what age would you have preferred to get married?	AGE	
716C	Were you studying or attending school just before you got married?	YES 1 NO 2	→ 716E
716D	Did you continue your studies after marriage? IF YES: For how long?	NO 1 YES, LESS THAN A YEAR 2 YES, FOR 1-2 YEARS 3 YES, FOR 3-4 YEARS 4 YES, FOR 5+ YEARS 5	
716E	Were you working outside the home just before you got married?	YES 1 NO 2	→ 721
716F	Did you continue working after marriage? IF YES: For how long?	NO 1 YES, LESS THAN A YEAR 2 YES, FOR 1-2 YEARS 3 YES, FOR 3-4 YEARS 4 YES, FOR 5+ YEARS 5	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
721	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE		
722	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 → 801 AGE IN YEARS	
723	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 → 801	
723A	How many times during the last month did you have sexual intercourse? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 307: NOT ASKED ☐ NEITHER ARE STERILIZED ☐ HE OR SHE STERILIZED ☐	→ 813	
802	CHECK 232: PREGNANT ☐ NOT PREGNANT OR UNSURE ☐	→ 804	
803	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 805 → 812
804	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 807 → 813 → 811
805	CHECK 232: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ a) How long would you like to wait from now before the birth of (a/another) child? b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 811 → 813 → 811
806	CHECK 232: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐	→ 812	
807	CHECK 307: USING A CONTRACEPTIVE NOT ASKED ☐ CURRENTLY USING ☐	→ 813	
808	CHECK 805: '24' OR MORE MONTHS OR '02' OR MORE YEARS ☐ NOT ASKED ☐ '00-23' MONTHS OR '00-01' YEAR ☐	→ 812	
809	CHECK 723: DAYS, WEEKS OR MONTHS AGO ☐ YEARS AGO ☐ NOT ASKED ☐	→ 811 → 811	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	CHECK 804: WANTS TO HAVE A/ANOTHER CHILD ☐ a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? _____ WANTS NO MORE/NONE ☐ b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? _____ RECORD ALL REASONS MENTIONED.	NOT MARRIED A FERTILITY-RELATED REASONS NOT HAVING SEX B INFREQUENT SEX C MENOPAUSAL D HYSTERECTOMY Y CAN'T GET PREGNANT E NOT MENSTRUATED SINCE LAST BIRTH F BREASTFEEDING G UP TO GOD/FATALISTIC H OPPOSITION TO USE RESPONDENT OPPOSED I HUSBAND/PARTNER OPPOSE J OTHERS OPPOSED K RELIGIOUS PROHIBITION L LACK OF KNOWLEDGE KNOWS NO METHOD M KNOWS NO SOURCE N METHOD-RELATED REASONS INCONVENIENT TO USE O CHANGES IN MENSTRUAL BLEEDING P METHODS COULD CAUSE INFERTILITY Q INTERFERES WITH BODY'S NORMAL PROCESSES R OTHER SIDE EFFECTS S COST/ACCESS/AVAILABILITY LACK OF ACCESS/TOO FAR T COSTS TOO MUCH U PREFERRED METHOD NOT AVAILABLE V NO METHOD AVAILABLE W OTHER _____ X (SPECIFY) DON'T KNOW Z	
811	CHECK 307: USING A CONTRACEPTIVE NOT ASKED ☐ YES, ☐ CURRENTLY USING		→ 813
812	Do you think you will use a contraceptive method to delay or avoid pregnancy in the next 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 812B
812A	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 EMERGENCY CONTRACEPTIVE PILL 08 LACTATIONAL AMEN. METHOD 11 SAFE PERIOD 12 WITHDRAWAL 13 OTHER _____ 96 (SPECIFY) UNSURE 98	→ 813

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812B	What is the main reason that you think you will not use a contraceptive method at any time in the future?	FERTILITY-RELATED REASONS NO SEX 21 INFREQUENT SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSE 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITIO 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON'T KNOW 98	
813	CHECK 224: HAS LIVING CHILDREN ☐ ↓ a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN ☐ ↓ b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER OTHER 96 (SPECIFY)	→ 815 → 815
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER . OTHER 96 (SPECIFY)	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
815	In the last 12 months have you:	<table border="0"> <tr> <td></td><td align="right">YES</td><td align="right">NO</td></tr> <tr> <td>a) Heard about family planning on the radio?</td><td>a) RADIO</td><td>1 2</td></tr> <tr> <td>b) Seen anything about family planning on the television?</td><td>b) TELEVISION</td><td>1 2</td></tr> <tr> <td>c) Read about family planning in a newspaper or magazine?</td><td>c) NEWSPAPER OR MAGAZIN</td><td>1 2</td></tr> <tr> <td>d) Received a voice or text message about family planning on a mobile phone?</td><td>d) MOBILE PHONE</td><td>1 2</td></tr> <tr> <td>e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram?</td><td>e) FACEBOOK/TWITTER/ INSTAGRAM</td><td>1 2</td></tr> <tr> <td>f) Seen anything about family planning on a poster, leaflet or brochure?</td><td>f) POSTER/LEAFLET/BROCHURE</td><td>1 2</td></tr> <tr> <td>g) Seen anything about family planning on an outdoor sign or billboard?</td><td>g) OUTDOOR SIGN/BILLBOAR</td><td>1 2</td></tr> <tr> <td>h) Heard anything about family planning at community meetings or events?</td><td>h) COMMUNITY MEETINGS/EVENTS ..</td><td>1 2</td></tr> </table>		YES	NO	a) Heard about family planning on the radio?	a) RADIO	1 2	b) Seen anything about family planning on the television?	b) TELEVISION	1 2	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZIN	1 2	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONE	1 2	e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram?	e) FACEBOOK/TWITTER/ INSTAGRAM	1 2	f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/BROCHURE	1 2	g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOAR	1 2	h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/EVENTS ..	1 2	
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816A	In the last month have you heard about family planning from any community health worker?	<table border="0"> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> </table>	YES	1	NO	2	→ 817																							
YES	1																													
NO	2																													
816B	Were these government or non-government workers?	<table border="0"> <tr> <td>GOVERNMENT</td><td>1</td></tr> <tr> <td>NON-GOVERNMENT</td><td>2</td></tr> <tr> <td>BOTH GOVT AND NON-GOV</td><td>3</td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </table>	GOVERNMENT	1	NON-GOVERNMENT	2	BOTH GOVT AND NON-GOV	3	DON'T KNOW	8																				
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NON-GOVERNMENT	2																													
BOTH GOVT AND NON-GOV	3																													
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817	CHECK 111A: YES, ☐ CURRENTLY MARRIED ↓ NO, ☐ NOT IN A UNION		→ 901																											
818	Who usually makes the decision on whether or not you should use contraception, you, your husband, you and your husband jointly, or someone else?	<table border="0"> <tr> <td>RESPONDENT</td><td>1</td></tr> <tr> <td>HUSBAND</td><td>2</td></tr> <tr> <td>RESPONDENT AND HUSBAND JOINTLY</td><td>3</td></tr> <tr> <td>SOMEONE ELSE</td><td>4</td></tr> <tr> <td>OTHER _____ (SPECIFY)</td><td>6</td></tr> </table>	RESPONDENT	1	HUSBAND	2	RESPONDENT AND HUSBAND JOINTLY	3	SOMEONE ELSE	4	OTHER _____ (SPECIFY)	6	→ 820 → 820																	
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OTHER _____ (SPECIFY)	6																													
819	When making this decision with your husband, would you say that your opinion is more important, equally important, or less important than your husband's opinion?	<table border="0"> <tr> <td>MORE IMPORTANT</td><td>1</td></tr> <tr> <td>EQUALLY IMPORTANT</td><td>2</td></tr> <tr> <td>LESS IMPORTANT</td><td>3</td></tr> </table>	MORE IMPORTANT	1	EQUALLY IMPORTANT	2	LESS IMPORTANT	3																						
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820	Has your husband or any other family member ever tried to pressure you to become pregnant when you did not want to become pregnant?	<table border="0"> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> </table>	YES	1	NO	2																								
YES	1																													
NO	2																													
821	CHECK 307: NOT ASKED ☐ NEITHER ARE ☐ ↓ STERILIZED ↓ HE OR SHE ARE ☐ STERILIZED		→ 901																											
822	Does your husband want the same number of children that you want, or does he want more or fewer than you want?	<table border="0"> <tr> <td>SAME NUMBEF</td><td>1</td></tr> <tr> <td>MORE CHILDREN</td><td>2</td></tr> <tr> <td>FEWER CHILDREN</td><td>3</td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </table>	SAME NUMBEF	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8																				
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DON'T KNOW	8																													

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED ☐ SEPARATED/DESERTED ☐ DIVORCED/WIDOWED		909
902	How old was your husband on his last birthday?	AGE IN COMPLETED YEAR:	
903	Did your husband ever attend school?	YES 1 NO 2	906
903A	What type of schooling did your husband last attend?	SCHOOL 1 MADRASHA 2	
904	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	906
905	What was the highest class he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS DON'T KNOW 98	
906	Has your husband done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	908
907	Has your husband done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	909
908	What is your husband's occupation? That is, what kind of work does he mainly do?	 	
909	Aside from your own housework, have you done any work in the last 7 days?	YES 1 NO 2	913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last 7 days, have you done any of these things or any other work?	YES 1 NO 2	913
911	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	913
912	Have you done any work in the last 12 months?	YES 1 NO 2	917
913	What is your occupation? That is, what kind of work do you mainly do?	 	
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
917	CHECK 701: CURRENTLY MARRIED ☐ SEPARATED/DESERTED ☐ DIVORCED/WIDOWED ☐		→ 925
918	CHECK 916: CODE '1' OR '2' ☐ CIRCLED ☐ OTHER ☐		→ 921
919	Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER 6 (SPECIFY)	
921	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 HUSBAND HAS NO EARNINGS 4 OTHER 6 (SPECIFY)	
922	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 928
926	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 928
927	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 930A
929	Do you have a title deed or other government recognized document for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 930A
930	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
930A	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 930C
930B	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2	
930C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2	
930D	Have you ever used the Internet from any location on any device?	YES 1 NO 2	→ 931
930E	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 931
930F	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ PRES./ LISTEN. LISTEN. NOT NOT PRES. CHILDREN < 10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES 1 2 3	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	YES	NO	DK	
	a) If she goes out without telling him?	a) GOES OUT 1	2	8	
	b) If she neglects the children?	b) NEGLECTS CHILDRE . . 1	2	8	
	c) If she argues with him?	c) ARGUES 1	2	8	
	d) If she refuses to have sex with him?	d) REFUSES SEX 1	2	8	
	e) If she burns the food?	e) BURNS FOOD 1	2	8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1113	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem: a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	<table> <thead> <tr> <th></th><th>BIG PROBLEM</th><th>NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td><td>1</td><td>2</td></tr> <tr> <td>b) GETTING MONEY</td><td>1</td><td>2</td></tr> <tr> <td>c) DISTANCE</td><td>1</td><td>2</td></tr> <tr> <td>d) GO ALONE</td><td>1</td><td>2</td></tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
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a) PERMISSION TO GO	1	2																
b) GETTING MONEY	1	2																
c) DISTANCE	1	2																
d) GO ALONE	1	2																
1114	Are you covered by any health insurance?	YES 1 NO 2	→ 1115A															
1115	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)																
1115A	Do you have a health card which provide free or subsidized health care services?	YES 1 NO 2																

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP		
	Now I will ask you a few questions on how you have felt or behaved in the last 2 weeks. You may find some of these questions very personal. Let me assure you that your answers are completely confidential and will not be told to anyone. If I ask you any question you don't want to answer, just let me know and I will go on to the							
	GAD (ANXIETY) CODES: CODE '7' (RF) REFUSED TO ANSWER CODE '8' (DK) DON'T KNOW							
GAD	The next questions are about how you have been feeling during the last 2 weeks. Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, or always?	NEVER RARELY OFTEN AL- WAYS				RF	DK	
	1) Feeling nervous, anxious or on edge? Would you say never, rarely, often, or always?	1)	0	1	2	3	7	8
	2) Not being able to stop or control worrying? IF NECESSARY ASK: Would you say never, rarely, often, or always?	2)	0	1	2	3	7	8
	3) Worrying too much about different things? IF NECESSARY ASK: Would you say never, rarely, often, or always?	3)	0	1	2	3	7	8
	4) Trouble relaxing? IF NECESSARY ASK: Would you say never, rarely, often, or always?	4)	0	1	2	3	7	8
	5) Being so restless that it is hard to sit still? IF NECESSARY ASK: Would you say never, rarely, often, or always?	5)	0	1	2	3	7	8
	6) Becoming easily annoyed or irritable? IF NECESSARY ASK: Would you say never, rarely, often, or always?	6)	0	1	2	3	7	8
	7) Feeling afraid as if something awful might happen? IF NECESSARY ASK: Would you say never, rarely, often, or always?	7)	0	1	2	3	7	8
	PHQ (DEPRESSION) CODES: CODE '7' (RF) REFUSED TO ANSWER CODE '8' (DK) DON'T KNOW							
PHQ	Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, or always?	NEVER RARELY OFTEN AL- WAYS				RF	DK	
	1) Little interest or pleasure in doing things? Would you say never, rarely, often, or always?	1)	0	1	2	3	7	8
	2) Feeling down, depressed or hopeless? IF NECESSARY ASK: Would you say never, rarely, often, or always?	2)	0	1	2	3	7	8
	3) Trouble falling asleep, staying asleep, or sleeping too much? IF NECESSARY ASK: Would you say never, rarely, often, or always?	3)	0	1	2	3	7	8
	4) Feeling tired or having little energy? IF NECESSARY ASK: Would you say never, rarely, often, or always?	4)	0	1	2	3	7	8
	5) Poor appetite or overeating? IF NECESSARY ASK: Would you say never, rarely, often, or always?	5)	0	1	2	3	7	8
	6) Feeling bad about yourself - or that you are a failure or have let yourself or your family down? IF NECESSARY ASK: Would you say never, rarely, often, or always?	6)	0	1	2	3	7	8

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
(1)	7) Trouble concentrating on things, such as reading the newspaper or watching television? IF NECESSARY ASK: Would you say never, rarely, often, or always? 8) Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual? IF NECESSARY ASK: Would you say never, rarely, often, or always? 9) Thoughts that you would be better off dead or of hurting yourself in some way? IF NECESSARY ASK: Would you say never, rarely, often, or always?	7) 0 1 2 3 7 8 8) 0 1 2 3 7 8 9) 0 1 2 3 7 8	
MTH1	CHECK THE REPORTED SYMPTOMS: ANY CODE '1', '2', OR '3' RECORDED IN GAD, AND/OR ANY CODE '1', '2', OR '3' RECORDED IN PHQ ANY SYMPTOMS REPORTED FOR GAD AND/OR PHQ ☐	NO ☐ SYMPTOM	→ MTH4
MTH2	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ MTH4
MTH3	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	DOCTOR/MEDICAL PERSONNEL A SOCIAL SERVICE ORGANIZATION B SOCIAL WORKER C COMMUNITY HEALTH WORKER/ FIELDWORKER D RELIGIOUS LEADER E CURRENT/FORMER SPOUSE/PARTNER F OTHER FAMILY MEMBER G FRIEND H NEIGHBOR I OTHER X (SPECIFY)	
MTH4	Have you ever been told by a doctor or other healthcare worker that you have: a) Depression? b) Anxiety?	YES NO a) DEPRESSION 1 2 b) ANXIETY 1 2	
MTH5	During the last 2 weeks, did you take medicine prescribed by a doctor or other healthcare worker for depression or anxiety?	YES 1 NO 2	
MTH6	During the last 2 weeks, did you take medicine prescribed by a doctor or other healthcare worker for any other mental health condition?	YES 1 NO 2	
MTH7	SCORE THE PHQ SCALE BY SUMMING THE ANSWERS TO PHQ 1-9.	PHQ SCORE	
MTH8	CHECK MTH7 AND PHQ9: ASSESS NEED FOR REFERRAL RESPONDENTS WITH A SCORE OF 10 OR HIGHER ON THE PHQ SCALE, AND/OR THOSE WHO ANSWERED '1', '2', OR '3' ON PHQ9 SHOULD BE OFFERED A REFERRAL FOR MENTAL HEALTH SERVICES. SCORE OF 10 OR HIGHER ON THE PHQ SCALE AND/OR ANY CODE '1', '2', OR '3' IN PHQ9 ☐	OTHER ☐	→ 1116
MTH9	Thank you for answering this series of questions. Based on the information you shared with me about your recent experiences, you may benefit from services provided by [NAME OF AGENCY]. PROVIDE RESPONDENT WITH REFERRAL CARD. This card provides [NAME OF AGENCY]'s contact information.		
1116	RECORD THE TIME.	HOURS MINUTES	

(1) In some settings, there may be an ethical requirement to provide a referral to mental health or counselling services when a respondent reports thoughts about self harm. In these settings, the survey team should investigate whether or not these services are available to refer respondents to. If a referral is recommended, but the services are not available, the country may need to consider removing PHQ9 from the Mental Health module.

(2) Coding categories to be adapted locally

(3) If question PHQ9 is excluded, the scoring procedure and cutoffs remain the same. The only change will be that the maximum score possible on the PHQ scale will be 24 instead of 27. If PHQ9 is excluded, adjust referral instructions in MTH8 to remove reference to

(4) Adapt referral instructions to country context.

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

- B BIRTHS
P PREGNANCIES
T TERMINATIONS
- 0 NO METHOD
- 1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 CONDOM
8 FEMALE CONDOM
9 EMERGENCY CONTRACEPTION
J STANDARD DAYS METHOD
K LACTATIONAL AMENORRHEA METHOD
L RHYTHM METHOD
- M WITHDRAWAL
X OTHER MODERN METHOD
Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND/PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 CHANGES IN MENSTRUAL BLEEDING
- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
- 7 LACK OF ACCESS/TOO FAR
8 COSTS TOO MUCH
N INCONVENIENT TO USE
F UP TO GOD/FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER

(SPECIFY)

Z DON'T KNOW

(1) Year of fieldwork is assumed to be 2022. For fieldwork beginning in 2023, all references to calendar years should be increased by one; for example, 2017 should be changed to 2018, 2018 should be changed to 2019, and similarly for all years throughout the questionnaire.

(2) Response categories may be added for other methods, including fertility awareness methods.

			COL. 1	COL. 2
	12	DEC	01	
	11	NOV	02	
	10	OCT	03	
2	09	SEP	04	2
0	08	AUG	05	0
2	07	JUL	06	2
2	06	JUN	07	2
	05	MAY	08	2
	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	
	12	DEC	13	
	11	NOV	14	
	10	OCT	15	
2	09	SEP	16	2
0	08	AUG	17	0
2	07	JUL	18	2
1	06	JUN	19	1
	05	MAY	20	
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	
	12	DEC	25	
	11	NOV	26	
	10	OCT	27	
2	09	SEP	28	2
0	08	AUG	29	0
2	07	JUL	30	2
0	06	JUN	31	0
	05	MAY	32	
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	
	12	DEC	37	
	11	NOV	38	
	10	OCT	39	
2	09	SEP	40	2
0	08	AUG	41	0
1	07	JUL	42	1
9	06	JUN	43	9
	05	MAY	44	
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	
	12	DEC	49	
	11	NOV	50	
	10	OCT	51	
2	09	SEP	52	2
0	08	AUG	53	0
1	07	JUL	54	1
8	06	JUN	55	8
	05	MAY	56	
	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	
	12	DEC	61	
	11	NOV	62	
	10	OCT	63	
2	09	SEP	64	2
0	08	AUG	65	0
1	07	JUL	66	1
7	06	JUN	67	7
	05	MAY	68	
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2022
 BIOMARKER QUESTIONNAIRE

BANGLADESH
 MITRA AND ASSOCIATES

IDENTIFICATION					
PLACE NAME _____					
NAME OF HOUSEHOLD HEAD _____					
CLUSTER NUMBER					
HOUSEHOLD NUMBER					
HOUSEHOLD SELECTED FOR BIOMARKERS (1= YES; 2 = NO)					
HOUSEHOLD SELECTED FOR BLOOD PRESSURE & BLOOD GLUCOSE (1= YES; 2 = NO)					
BIOMARKER SPECIALIST VISITS					
	1	2	3	FINAL VISIT	
DATE [FIELDWORKER'S] NAME				DAY MONTH YEAR	
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS	
NOTES: _____ _____ _____ _____ _____ _____ _____ _____				TOTAL EVER-MARRIED WOMEN 15-49 YRS FOR HEIGHT AND WEIGHT (COL. 9A)	
				TOTAL CHILDREN 0-5 YRS FOR HEIGHT AND WEIGHT (COL. 11)	
				TOTAL WOMEN 18+ YRS FOR HW, BP, AND GLUCOSE (COL. 11A)	
				TOTAL MEN 18+ YRS FOR HEIGHT, WEIGHT BP, AND GLUCOSE (COL. 11B)	
LANGUAGE OF QUESTIONNAIRE**		LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**	
0 1					
LANGUAGE OF QUESTIONNAIRE**		**LANGUAGE CODES: 01 ENGLISH 02 BANGLA			
ENGLISH		CODE			
TEAM NUMBER		TEAM SUPERVISOR NAME			
		NUMBER			

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 1		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER 	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY MONTH YEAR 	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS 	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES ☐ NO ☐ _____		→ 125
106	WEIGHT IN KILOGRAMS.	KG. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
113	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	 BIOMARKER TECHNICIAN	
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	 BIOMARKER TECHNICIAN	
115	TODAY'S DATE:	DAY MONTH YEAR 	
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY PAMPHLET.		
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.		

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 2		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER 	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY MONTH YEAR 	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS 	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES ☐ NO ☐	→ 125	
106	WEIGHT IN KILOGRAMS.	KG. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
113	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	 BIOMARKER TECHNICIAN	
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	 BIOMARKER TECHNICIAN	
115	TODAY'S DATE:	DAY MONTH YEAR 	
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY PAMPHLET.		
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.		

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 3		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER 	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY MONTH YEAR 	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS 	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES ☐ NO ☐	→ 125	
106	WEIGHT IN KILOGRAMS.	KG. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
113	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	 BIOMARKER TECHNICIAN	
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	 BIOMARKER TECHNICIAN	
115	TODAY'S DATE:	DAY MONTH YEAR 	
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY PAMPHLET.		
125	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.		

WEIGHT AND HEIGHT MEASUREMENT FOR EVER-MARRIED WOMEN AGE 15-49 AND ALL WOMEN AGE 18+ IN SELECTED HOUSEHOLDS

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AND AGE FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 1		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER 	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2 50 YEARS AND ABOVE 3	→ 204A
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	CODE 4 (NEVER IN UNION) 1 OTHER 2	→ 205
204A	CHECK CAPI OUTPUT: HOUSEHOLD SELECTED FOR BP AND BLOOD GLUCOSE HOUSEHOLD NOT SELECTED FOR BP AND BLOOD GLUCOSE 		→ 268
205	WEIGHT IN KILOGRAMS.	KG. NOT PRESENT 99994 REFUSED 99995 OTHER 99996	→ 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	BIOMARKER TECHNICIAN	
210	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	BIOMARKER TECHNICIAN	
211	TODAY'S DATE:	DAY MONTH YEAR 	
212	CHECK 203: AGE 18-49 YEARS AGE 15-17 YEARS 	AGE 50 YEARS AND ABOVE 	→ 268 → 214
213	CHECK CAPI OUTPUT: HOUSEHOLD SELECTED FOR BP AND BLOOD GLUCOSE HOUSEHOLD NOT SELECTED FOR BP AND BLOOD GLUCOSE 		→ 268

BLOOD PRESSURE AND BLOOD GLUCOSE MEASUREMENT FOR WOMEN AGE 18+

		WOMAN 1	SKIP																				
A D U L T R E S P O N D E N T C O N S E N T	ADULT RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT																						
	214	I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?																					
	# 215	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 → 232 → 268																				
	216	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF BLOOD PRESSURE MEASURER.	_____ (SIGN) BIOMARKER TECHNICIAN																				
	217	Before measuring I would like to ask a few questions about things that may affect blood pressure. Have you done any of the following within the past 30 minutes: a) Eaten anything? b) Had coffee, tea, cola or other drink that has caffeine? c) Smoked any tobacco product? d) Conducted any physical activity or exercises that made you breathe harder than usual?	<table border="0"> <thead> <tr> <th></th> <th align="center">YE</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a EATEN</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b CAFFEINE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c SMOKED</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d EXERCISED</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>		YE	NO	DK	a EATEN	1	2	8	b CAFFEINE	1	2	8	c SMOKED	1	2	8	d EXERCISED	1	2	8
		YE	NO	DK																			
	a EATEN	1	2	8																			
b CAFFEINE	1	2	8																				
c SMOKED	1	2	8																				
d EXERCISED	1	2	8																				
218	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment. BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETERS.	ARM CIRCUMFERENCE (IN CENTIMETERS)																					
219	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE.	MODEL 767 SMALL: 16 CM – 23 CM 1 MEDIUM: 24 CM – 35 CM 2 LARGE: 36 CM – 41 CM 3 MODEL 789 EXTRA LARGE: 42 CM – 60 CM .. 4																					
220	RECORD TIME OF FIRST BP READING	TIME :																					
221	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC DIASTOLIC REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996 → 232																					

BLOOD PRESSURE AND BLOOD GLUCOSE MEASUREMENT FOR WOMEN AGE 18+

WOMAN 1		SKIP												
222	Before today, have you ever had your blood pressure measured by a doctor or other health worker?	YES 1 NO 2 DON'T KNOW 8												
223	When did you check your blood pressure last?	<table border="1"> <tr> <td>DAYS AGO 1</td> <td></td> <td></td> </tr> <tr> <td>WEEKS AGO 2</td> <td></td> <td></td> </tr> <tr> <td>MONTHS AGO 3</td> <td></td> <td></td> </tr> <tr> <td>YEARS AGO 4</td> <td></td> <td></td> </tr> </table>	DAYS AGO 1			WEEKS AGO 2			MONTHS AGO 3			YEARS AGO 4		
DAYS AGO 1														
WEEKS AGO 2														
MONTHS AGO 3														
YEARS AGO 4														
224	Where did you check your blood pressure last?	PUBLIC SECTOR MEDICAL COLLEGE 11 HOSPITAL 12 SPECIALIZED GOVT HOSPITAL 13 DISTRICT HOSPITAL 14 MCWC 15 UPAZILA HEALTH COMPLEX 16 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 21 (SPECIFY) _____ NGO SECTOR NGO STATIC CLINIC 22 NGO SATELLITE CLINIC 23 NGO DEPO HOLDER 24 NGO FIELD WORKER 25 OTHER NGO SECTOR 26 (SPECIFY) _____ PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 36 OTHER PRIVATE MEDICAL SECTOR 37 (SPECIFY) _____ OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY) _____												

BLOOD PRESSURE AND BLOOD GLUCOSE MEASUREMENT FOR WOMEN AGE 18+

WOMAN 1		SKIP	
225	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ 229A
226	Who told you?	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER X SPECIFY	
227	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	
228	Has a doctor or other health worker prescribed medication to control your blood pressure?	YES 1 NO 2	
229	Are you taking medication to control your blood pressure?	YES 1 NO 2	
229A	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT		
229B	May I measure your blood pressure now?	YES 1 NO 2	→ 232
230	RECORD TIME OF SECOND BP READING	TIME :	
231	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC DIASTOLIC REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	
232	Have you ever heard of an illness called diabetes?	YES 1 NO 2 REFUSED 9	
233	Before this survey, has your blood glucose ever been measured?	YES 1 NO 2 REFUSED 9	→ 236

BLOOD PRESSURE AND BLOOD GLUCOSE MEASUREMENT FOR WOMEN AGE 18+

		WOMAN 1	SKIP								
234		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
235	Where did you check your blood glucose last?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & 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 OTHER NGO SECTOR 26 (SPECIFY) _____ PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) _____ OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY) _____									
236	Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2 REFUSED 9	→ 240A								

BLOOD PRESSURE AND BLOOD GLUCOSE MEASUREMENT FOR WOMEN AGE 18+

WOMAN 1		SKIP
237	Who told you?	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER X SPECIFY _____
238	In the past 12 months, have you been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2
239	Has a doctor or other health worker prescribed medication to control your blood sugar or diabetes?	YES 1 NO 2
240	Are you taking medication to control your blood sugar or diabetes?	YES 1 NO 2
240A	CHECK 221 AND 231: FIRST AND SECOND BP MEASUREMENT TAKEN NOT ASKED (NO BP TAKEN) 	250 256
241	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT.	
242	May I measure your blood pressure at this time?	YES 1 NO 2
243	RECORD TIME OF THIRD BP READING	TIME :
244	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC DIASTOLIC REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996
245	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND THE AVERAGE OF THE DIASTOLIC BLOOD PRESSURE FROM 231 AND 244:	
246	BLOOD PRESSURE FROM 231: SYSTOLIC DIASTOLIC 	
247	BLOOD PRESSURE FROM 244: SYSTOLIC DIASTOLIC 	
248	RECORD THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES. SUM SYSTOLIC SUM DIASTOLIC 	
249	CALCULATE THE AVERAGE SYSTOLIC AND AVERAGE DIASTOLIC BLOOD PRESSURE BY DIVIDING EACH OF THE SUMS IN 248 BY 2. AVERAGE SYSTOLIC AVERAGE DIASTOLIC 	253

BLOOD PRESSURE AND BLOOD GLUCOSE MEASUREMENT FOR WOMEN AGE 18+

	WOMAN 1	SKIP																																																								
250	CHECK 231: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN 231 ↓ SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH RECORDED IN 231 → 252	252																																																								
251	CHECK 221: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN 221 ↓ SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH NOT RECORDED → 256	256																																																								
252	RECORD SYSTOLIC AND DIASTOLIC MEASURES. SYSTOLIC DIASTOLIC																																																									
253	USE THE TABLE TO DETERMINE THE CORRECT VALUE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM: CIRCLE THE ROW WHICH INCLUDES THE VALUE OF THE SYSTOLIC BLOOD PRESSURE RECORDED IN 249 OR 252. THEN CIRCLE THE COLUMN WHICH INCLUDES THE VALUE OF THE DIASTOLIC BLOOD PRESSURE RECORDED IN 249 OR 252. THE VALUE IN THE CELL WHERE THE ROW AND THE COLUMN MEET WILL BE USED IN COMPLETING 254. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="text-align: center;">AVERAGE SYSTOLIC PRESSURE</th> <th colspan="6" style="text-align: center;">AVERAGE DIASTOLIC PRESSURE</th> </tr> <tr> <th></th> <th style="text-align: center;">≤ 84</th> <th style="text-align: center;">85 - 89</th> <th style="text-align: center;">90 - 99</th> <th style="text-align: center;">100 - 109</th> <th style="text-align: center;">110 - 119</th> <th style="text-align: center;">≥ 120</th> </tr> <tr> <td style="text-align: center;">≤ 129</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">130 - 139</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">140 - 159</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">160 - 179</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">180 - 209</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">≥ 210</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> </tr> </table>	AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE							≤ 84	85 - 89	90 - 99	100 - 109	110 - 119	≥ 120	≤ 129	1	2	3	4	5	6	130 - 139	2	2	3	4	5	6	140 - 159	3	3	3	4	5	6	160 - 179	4	4	4	4	5	6	180 - 209	5	5	5	5	5	6	≥ 210	6	6	6	6	6	6	
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254	CIRCLE THE VALUE FROM 253 IN THE TABLE BELOW. CIRCLE THE SAME VALUE IN THE BLOOD PRESSURE REPORTING FORM. READ ALOUD TO THE RESPONDENT THE REPORTING FORM INSTRUCTIONS TO THE RIGHT OF THAT NUMBER, THEN GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="text-align: center;">VALUE FROM BP253:</th> <th style="text-align: center;">RESPONDENT'S BLOOD PRESSURE CATEGORY:</th> <th style="text-align: center;">CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:</th> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">ACCEPTABLE RANGE</td> <td style="text-align: center;">24 MONTHS</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">AT THE HIGH END OF THE ACCEPTABLE RANGE</td> <td style="text-align: center;">12 MONTHS</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">ABOVE ACCEPTABLE RANGE</td> <td style="text-align: center;">2 MONTHS</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">MODERATELY HIGH</td> <td style="text-align: center;">1 MONTH</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">HIGH</td> <td style="text-align: center;">7 DAYS</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">VERY HIGH</td> <td style="text-align: center;">TODAY</td> </tr> </table>	VALUE FROM BP253:	RESPONDENT'S BLOOD PRESSURE CATEGORY:	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:	1	ACCEPTABLE RANGE	24 MONTHS	2	AT THE HIGH END OF THE ACCEPTABLE RANGE	12 MONTHS	3	ABOVE ACCEPTABLE RANGE	2 MONTHS	4	MODERATELY HIGH	1 MONTH	5	HIGH	7 DAYS	6	VERY HIGH	TODAY																																				
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255	CHECK IF THE RESPONDENT RECEIVED THE BLOOD PRESSURE REPORTING FORM WITH WRITTEN RESULTS	REPORTING FORM RECEIVED 1 NOT RECEIVED 2																																																								

	WOMAN 1	SKIP
256	ASK CONSENT FOR FASTING BLOOD SUGAR TESTING As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level may is an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels. For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers. If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey. Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning. To obtain correct blood glucose measurement, we would ask that you do not eat or drink anything except plain water for at least 8 hours prior to my blood glucose testing visit.	

WOMAN 1		SKIP
257	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME (IF 'NOT PRESENT' IN THE 1ST APPOINTMENT, MAKE A 2ND APPOINTMENT, MAKE A 3RD APPOINTMENT)	A) 1ST APPOINTMENT FOR GLUCOSE GRANTED 1 REFUSED 2 SIGN AND GO TO 267 SIGN _____ RESPONDENT NOT PRESENT 3 (MAKE SECOND APPOINTMENT) B) 2ND APPOINTMENT FOR GLUCOSE GRANTED 1 REFUSED 2 SIGN AND GO TO 267 SIGN _____ RESPONDENT NOT PRESENT 3 (MAKE THIRD APPOINTMENT) NO NEED FOR FURTHER APPOINTMENT 7 C) 3RD APPOINTMENT FOR GLUCOSE GRANTED 1 REFUSED 2 SIGN AND GO TO 267 SIGN _____ RESPONDENT NOT PRESENT 3 IF ANOTHER WOMAN GO TO 202 ON NEXT PAGE. IF NO MORE WOMEN, GO TO 301. NO NEED FOR FURTHER APPOINTMENT 7
258	When can I come to test your blood glucose? (IF 'NOT PRESENT' IN THE 1ST APPOINTMENT, MAKE A 2ND APPOINTMENT, MAKE A 3RD APPOINTMENT)	1ST APP. DATE _____ HOUR MINUTES ... 2ND APP. DATE _____ HOUR MINUTES ... 3RD APP. DATE _____ HOUR MINUTES ...
259	WHEN RETURNING FOR BLOOD GLUCOSE TESTING: ASK CONSENT FOR BLOOD GLUCOSE TESTING As I mentioned yesterday, we are going to measure the level of sugar in blood. As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level may be an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels. For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. SHOW UNOPENED PACKAGE The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers. If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey. You can say yes or no to having blood glucose measurement now. Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning. Would you allow me to proceed to take your measurement?	

BLOOD PRESSURE AND BLOOD GLUCOSE MEASUREMENT FOR WOMEN AGE 18+

WOMAN 1		SKIP
260	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME (IF 'NOT PRESENT' MAKE 2 MORE CALL BACKS TO FIND RESPONDENT)	A) 1ST APPOINTMENT GRANTED 1 (SIGNATURE OF INTERVIEWER) ←] REFUSED 2 (GO TO 267) ←] RESP. NOT PRESENT 3 B) 2ND APPOINTMENT GRANTED 1 (SIGNATURE OF INTERVIEWER) ←] REFUSED 2 (GO TO 267) ←] RESP. NOT PRESENT 3 C) 3RD APPOINTMENT GRANTED 1 (SIGNATURE OF INTERVIEWER) ←] REFUSED 2 (GO TO 267) ←] RESP. NOT PRESENT 3
261	When was the last time you had something to eat?	HOURS MINUTES 1st APP. 2nd APP. 3rd APP.
262	When was the last time you had something to drink other than plain water?	HOURS MINUTES 1st APP. 2nd APP. → 263B 3rd APP. → 263C
263A	CHECK 261 (1ST APPOINTMENT): LAST TIME TO EAT	8 HOURS OR MORE 1 (SKIP TO 265) ←] LESS THAN 8 HOURS 2
264A	READ TO RESPONDENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 257B TO MAKE THE SECOND APPOINTMENT AND REPEAT QUESTIONS 258-263.
263B	CHECK 261 (2ND APPOINTMENT): LAST TIME TO EAT	8 HOURS OR MORE 1 (SKIP TO 265) ←] LESS THAN 8 HOURS 2
264B	READ TO RESPONDENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 257C TO MAKE THE THIRD APPOINTMENT. THEN REPEAT QUESTIONS 258-263.
263C	CHECK 261 (3RD APPOINTMENT): LAST TIME TO EAT	8 HOURS OR MORE 1 (SKIP TO 265) ←] LESS THAN 8 HOURS 2

BLOOD PRESSURE AND BLOOD GLUCOSE MEASUREMENT FOR WOMEN AGE 18+

	WOMAN 1		SKIP
264C	READ TO RESPONDENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. THANK THE RESPONDENT AND EXPLAIN THE REASON FOR NOT BEING ABLE TO TAKE THE MEASUREMENT. THEN GO TO 267.	
265	PREPARE SUPPLIES AND EQUIPMENT FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE BLOOD GLUCOSE TEST		
266	RECORD TIME FOR BLOOD GLUCOSE TESTING	DAY MONTH YEAR HOURS MINUTES	
267	RECORD FASTING BLOOD SUGAR IN MG/DL IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD GLUCOSE, RECORD REASON BLOOD GLUCOSE IS NOT MEASURED	MG/DL REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	
267A	IF THE BLOOD GLUCOSE TESTING WAS DONE IN FIRST APPOINTMENT, CIRCLE 7 IN 257B . IF THE BLOOD GLUCOSE TESTING WAS DONE IN SECOND APPOINTMENT, CIRCLE 7 IN 257C .		
267B	CIRCLE THE NUMBER WHICH INCLUDES THE VALUE FROM 267 IN THE BLOOD GLUCOSE REPORTING FORM. READ ALOUD TO THE RESPONDENT THE REPORT INSTRUCTIONS TO THE RIGHT OF THAT NUMBER , THEN GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE.		
268	IF ANOTHER WOMAN, GO TO 202 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301.		

WEIGHT AND HEIGHT MEASUREMENT FOR EVER-MARRIED WOMEN AGE 15-49 AND ALL WOMEN AGE 18+ IN SELECTED HOUSEHOLDS

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AND AGE FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 2		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2 50 YEARS AND ABOVE 3	→ 204A
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	CODE 4 (NEVER IN UNION) 1 OTHER 2	→ 205
204A	CHECK CAPI OUTPUT:	HOUSEHOLD SELECTED FOR BP AND BLOOD GLUCOSE ☐ ↓ HOUSEHOLD NOT SELECTED FOR BP AND BLOOD GLUCOSE ☐	→ 268
205	WEIGHT IN KILOGRAMS.	KG. NOT PRESENT 99994 REFUSED 99995 OTHER 99996	→ 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	 BIOMARKER TECHNICIAN	
210	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	 BIOMARKER TECHNICIAN	
211	TODAY'S DATE:	DAY MONTH YEAR	
212	CHECK 203:	AGE 18-49 YEARS ☐ ↓ AGE 15-17 YEARS ☐ AGE 50 YEARS AND ABOVE ☐	→ 268 → 214

213	CHECK CAPI OUTPUT:	HOUSEHOLD SELECTED FOR BP AND BLOOD GLUCOSE	HOUSEHOLD NOT SELECTED FOR BP AND BLOOD GLUCOSE	268

BLOOD PRESSURE AND BLOOD GLUCOSE MEASUREMENT FOR WOMEN AGE 18+

	WOMAN 2	SKIP

ADULT RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT																							
A D U L T R E S P O N D E N T C O N S E N T	#	214 I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?																					
	215	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 → 232 → 268																				
	216	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF BLOOD PRESSURE MEASURER.	_____ (SIGN) BIOMARKER TECHNICIAN																				
	217	Before measuring I would like to ask a few questions about things that may affect blood pressure. Have you done any of the following within the past 30 minutes: a) Eaten anything? b) Had coffee, tea, cola or other drink that has caffeine? c) Smoked any tobacco product? d) Conducted any physical activity or exercises that made you breathe harder than usual?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YE</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a EATEN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b CAFFEINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c SMOKED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d EXERCISED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YE	NO	DK	a EATEN	1	2	8	b CAFFEINE	1	2	8	c SMOKED	1	2	8	d EXERCISED	1	2	8
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c SMOKED	1	2	8																				
d EXERCISED	1	2	8																				
	218	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment. BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETERS.	ARM CIRCUMFERENCE (IN CENTIMETERS) ...																				
	219	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE.	MODEL 767 SMALL: 16 CM – 23 CM 1 MEDIUM: 24 CM – 35 CM 2 LARGE: 36 CM – 41 CM 3 MODEL 789 EXTRA LARGE: 42 CM – 60 CM .. 4																				
	220	RECORD TIME OF FIRST BP READING	TIME :																				

221	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> DIASTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996							232		
222	Before today, have you ever had your blood pressure measured by a doctor or other health worker?	YES 1 NO 2 DON'T KNOW 8	225								
223	When did you check your blood pressure last?	DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
224	Where did you check your blood pressure last?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & 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 OTHER NGO SECTOR 26 (SPECIFY) _____ PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) _____ OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY) _____									

225	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ 229A																
226	Who told you?	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER X SPECIFY _____																	
227	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2																	
228	Has a doctor or other health worker prescribed medication to control your blood pressure?	YES 1 NO 2																	
229	Are you taking medication to control your blood pressure?	YES 1 NO 2																	
229A	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT																		
229B	May I measure your blood pressure now?	YES 1 NO 2	→ 232																
230	RECORD TIME OF SECOND BP READING	TIME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	
231	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> DIASTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996																	
232	Have you ever heard of an illness called diabetes?	YES 1 NO 2 REFUSED 9																	
233	Before this survey, has your blood glucose ever been measured?	YES 1 NO 2 REFUSED 9	→ 236																
234		DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	

235	Where did you check your blood glucose last?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & 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 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)	
236	Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2 REFUSED 9	240A

237	Who told you?	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER X SPECIFY _____	
238	In the past 12 months, have you been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2	
239	Has a doctor or other health worker prescribed medication to control your blood sugar or diabetes?	YES 1 NO 2	
240	Are you taking medication to control your blood sugar or diabetes?	YES 1 NO 2	
240A	CHECK 221 AND 231: FIRST AND SECOND BP MEASUREMENT TAKEN ↓ FIRST BP MEASUREMENT TAKEN NOT ASKED (NO BP TAKEN)	→ 250 → 256	
241	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT.		
242	May I measure your blood pressure at this time?	YES 1 NO 2	→ 250
243	RECORD TIME OF THIRD BP READING	TIME :	
244	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC DIASTOLIC REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	→ 250
245	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND THE AVERAGE OF THE DIASTOLIC BLOOD PRESSURE FROM 231 AND 244:		
246	BLOOD PRESSURE FROM 231: SYSTOLIC DIASTOLIC 		
247	BLOOD PRESSURE FROM 244: SYSTOLIC DIASTOLIC 		

248	RECORD THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES.	SUM SYSTOLIC 	SUM DIASTOLIC 																																																									
249	CALCULATE THE AVERAGE SYSTOLIC AND AVERAGE DIASTOLIC BLOOD PRESSURE BY DIVIDING EACH OF THE SUMS IN 248 BY 2.	AVERAG SYSTOLIC 	AVERAGE DIASTOLIC 																																																									
250	CHECK 231:			253																																																								
	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN 231		SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH RECORDED IN 231	252																																																								
251	CHECK 221:			256																																																								
	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN 221		SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH NOT RECORDED	256																																																								
252	RECORD SYSTOLIC AND DIASTOLIC MEASURES.																																																											
	SYSTOLIC 	DIASTOLIC 																																																										
253	USE THE TABLE TO DETERMINE THE CORRECT VALUE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM: CIRCLE THE ROW WHICH INCLUDES THE VALUE OF THE SYSTOLIC BLOOD PRESSURE RECORDED IN 249 OR 252. THEN CIRCLE THE COLUMN WHICH INCLUDES THE VALUE OF THE DIASTOLIC BLOOD PRESSURE RECORDED IN 249 OR 252. THE VALUE IN THE CELL WHERE THE ROW AND THE COLUMN MEET WILL BE USED IN COMPLETING 254.																																																											
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 25%;">AVERAGE SYSTOLIC PRESSURE</th> <th colspan="6">AVERAGE DIASTOLIC PRESSURE</th> </tr> <tr> <th></th> <th>≤ 84</th> <th>85 - 89</th> <th>90 - 99</th> <th>100 - 109</th> <th>110 - 119</th> <th>≥ 120</th> </tr> <tr> <td>≤ 129</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>130 - 139</td> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>140 - 159</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>160 - 179</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>180 - 209</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> </tr> <tr> <td>≥ 210</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> </table>				AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE							≤ 84	85 - 89	90 - 99	100 - 109	110 - 119	≥ 120	≤ 129	1	2	3	4	5	6	130 - 139	2	2	3	4	5	6	140 - 159	3	3	3	4	5	6	160 - 179	4	4	4	4	5	6	180 - 209	5	5	5	5	5	6	≥ 210	6	6	6	6	6	6
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140 - 159	3	3	3	4	5	6																																																						
160 - 179	4	4	4	4	5	6																																																						
180 - 209	5	5	5	5	5	6																																																						
≥ 210	6	6	6	6	6	6																																																						

254

CIRCLE THE VALUE FROM 253 IN THE TABLE BELOW. CIRCLE THE SAME VALUE IN THE BLOOD PRESSURE REPORTING FORM. READ ALOUD TO THE RESPONDENT THE REPORTING FORM INSTRUCTIONS TO THE RIGHT OF THAT NUMBER, THEN GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE.

VALUE FROM BP253:	RESPONDENT'S BLOOD PRESSURE CATEGORY:	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:
1	ACCEPTABLE RANGE	24 MONTHS
2	AT THE HIGH END OF THE ACCEPTABLE RANGE	12 MONTHS
3	ABOVE ACCEPTABLE RANGE	2 MONTHS
4	MODERATELY HIGH	1 MONTH
5	HIGH	7 DAYS
6	VERY HIGH	TODAY

255

CHECK IF THE RESPONDENT RECEIVED THE BLOOD PRESSURE REPORTING FORM WITH WRITTEN RESULTS

REPORTING FORM RECEIVED 1
NOT RECEIVED 2

256

ASK CONSENT FOR FASTING BLOOD SUGAR TESTING

As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level may be an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels.

For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers.

If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.

Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning.

To obtain correct blood glucose measurement, we would ask that you do not eat or drink anything except plain water for at least 8 hours prior to my blood glucose testing visit.

257	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME (IF 'NOT PRESENT' IN THE 1ST APPOINTMENT, MAKE A 2ND APPOINTMENT, MAKE A 3RD APPOINTMENT)	A) 1ST APPOINTMENT FOR GLUCOSE GRANTED 1 REFUSED 2 SIGN AND GO TO 267 ← SIGN _____ ← RESPONDENT NOT PRESENT (MAKE SECOND APPOINTMENT) 3 B) 2ND APPOINTMENT FOR GLUCOSE GRANTED 1 REFUSED 2 SIGN AND GO TO 267 ← SIGN _____ ← RESPONDENT NOT PRESENT (MAKE THIRD APPOINTMENT) 3 NO NEED FOR FURTHER APPOINTMENT 7 C) 3RD APPOINTMENT FOR GLUCOSE GRANTED 1 REFUSED 2 SIGN AND GO TO 267 ← SIGN _____ ← RESPONDENT NOT PRESENT IF ANOTHER WOMAN GO TO 202 ON NEXT PAGE. IF NO MORE WOMEN, GO TO 301. 3 NO NEED FOR FURTHER APPOINTMENT 7
258	When can I come to test your blood glucose? (IF 'NOT PRESENT' IN THE 1ST APPOINTMENT, MAKE A 2ND APPOINTMENT, MAKE A 3RD APPOINTMENT)	1ST APP. DATE _____ HOUR MINUTES ... 2ND APP. DATE _____ HOUR MINUTES ... 3RD APP. DATE _____ HOUR MINUTES ...

259	WHEN RETURNING FOR BLOOD GLUCOSE TESTING: ASK CONSENT FOR BLOOD GLUCOSE TESTING As I mentioned yesterday, we are going to measure the level of sugar in blood. As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level may is an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels. For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. /it has never been used before and will be thrown away after each test. SHOW UNOPENED PACKAGE The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers. If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey. You can say yes or no to having blood glucose measurement now. Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning. Would you allow me to proceed to take your meaurement?												
260	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME (IF 'NOT PRESENT' MAKE 2 MORE CALL BACKS TO FIND RESPONDENT) A) 1ST APPOINTMENT GRANTED 1 (SIGNATURE OF INTERVIEWER) ← REFUSED 2 (GO TO 267) ← RESP. NOT PRESENT 3 B) 2ND APPOINTMENT GRANTED 1 (SIGNATURE OF INTERVIEWER) ← REFUSED 2 (GO TO 267) ← RESP. NOT PRESENT 3 C) 3RD APPOINTMENT GRANTED 1 (SIGNATURE OF INTERVIEWER) ← REFUSED 2 (GO TO 267) ← RESP. NOT PRESENT 3												
261	When was the last time you had something to eat? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">HOURS</th><th style="text-align: center;">MINUTES</th></tr> </thead> <tbody> <tr> <td>1st APP.</td><td> </td><td> </td></tr> <tr> <td>2nd APP.</td><td> </td><td> </td></tr> <tr> <td>3rd APP.</td><td> </td><td> </td></tr> </tbody> </table>		HOURS	MINUTES	1st APP.			2nd APP.			3rd APP.		
	HOURS	MINUTES											
1st APP.													
2nd APP.													
3rd APP.													
262	When was the last time you had something to drink other than plain water? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">HOURS</th><th style="text-align: center;">MINUTES</th></tr> </thead> <tbody> <tr> <td>1st APP.</td><td> </td><td> </td></tr> <tr> <td>2nd APP.</td><td> </td><td> </td></tr> <tr> <td>3rd APP.</td><td> </td><td> </td></tr> </tbody> </table> → 263B → 263C		HOURS	MINUTES	1st APP.			2nd APP.			3rd APP.		
	HOURS	MINUTES											
1st APP.													
2nd APP.													
3rd APP.													

263A	CHECK 261 (1ST APPOINTMENT): LAST TIME TO EAT	8 HOURS OR MORE 1 (SKIP TO 265) ← LESS THAN 8 HOURS 2													
264A	READ TO RESPONDENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 257B TO MAKE THE SECOND APPOINTMENT AND REPEAT QUESTIONS 258-263.													
263B	CHECK 261 (2ND APPOINTMENT): LAST TIME TO EAT	8 HOURS OR MORE 1 (SKIP TO 265) ← LESS THAN 8 HOURS 2													
264B	READ TO RESPONDENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 257C TO MAKE THE THIRD APPOINTMENT. THEN REPEAT QUESTIONS 258-263.													
263C	CHECK 261 (3RD APPOINTMENT): LAST TIME TO EAT	8 HOURS OR MORE 1 (SKIP TO 265) ← LESS THAN 8 HOURS 2													
264C	READ TO RESPONDENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. THANK THE RESPONDENT AND EXPLAIN THE REASON FOR NOT BEING ABLE TO TAKE THE MEASUREMENT. THEN GO TO 267.													
265	PREPARE SUPPLIES AND EQUIPMENT FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE BLOOD GLUCOSE TEST														
266	RECORD TIME FOR BLOOD GLUCOSE TESTING	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>													
267	RECORD FASTING BLOOD SUGAR IN MG/DL IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD GLUCOSE, RECORD REASON BLOOD GLUCOSE IS NOT MEASURED	MG/DL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996													
267A	IF THE BLOOD GLUCOSE TESTING WAS DONE IN FIRST APPOINTMENT, CIRCLE 7 IN 257B . IF THE BLOOD GLUCOSE TESTING WAS DONE IN SECOND APPOINTMENT, CIRCLE 7 IN 257C .														
267B	CIRCLE THE NUMBER WHICH INCLUDES THE VALUE FROM 267 IN THE BLOOD GLUCOSE REPORTING FORM. READ ALOUD TO THE RESPONDENT THE REPORT INSTRUCTIONS TO THE RIGHT OF THAT NUMBER, THEN GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE.														
268	IF ANOTHER WOMAN, GO TO 202 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301.														

WEIGHT AND HEIGHT MEASUREMENT FOR ALL MEN AGE 18+

	CHECK CAPI OUTPUT:	HOUSEHOLD SELECTED FOR BP AND BLOOD GLUCOSE	☐	HOUSEHOLD NOT SELECTED FOR BP AND BLOOD GLUCOSE	☐	368
301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AND AGE FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO MEN, USE ADDITIONAL QUESTIONNAIRE(S).					
	MAN 1					SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.			NAME		
				LINE NUMBER		
303	CHECK CAPI OUTPUT FOR AGE:			18-49 YEARS 2 50 YEARS AND ABOVE 3		
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:			CODE 4 (NEVER IN UNION) 1 OTHER 2		
305	WEIGHT IN KILOGRAMS.			KG.		
				NOT PRESENT 99994 REFUSED 99995 OTHER 99996		→ 307
306	WAS THE MAN WEARING ONLY LIGHTWEIGHT CLOTHING?			YES 1 NO 2		
307	HEIGHT IN CENTIMETERS.			CM.		
				NOT PRESENT 9994 REFUSED 9995 OTHER 9996		→ 309
308	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?			YES 1 NO 2		
309	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.			 BIOMARKER TECHNICIAN		
310	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.			 BIOMARKER TECHNICIAN		
311	TODAY'S DATE:			DAY MONTH YEAR		

		MAN 1	SKIP																				
ADULT RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT																							
314	I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?																						
# 315	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	→ 332 → 368																				
316	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF BLOOD PRESSURE MEASURER.	_____ (SIGN) BIOMARKER TECHNICIAN																					
317	Before measuring I would like to ask a few questions about things that may affect blood pressure. Have you done any of the following within the past 30 minutes: a) Eaten anything? b) Had coffee, tea, cola or other drink that has caffeine? c) Smoked any tobacco product? d) Conducted any physical activity or exercises that made you breathe harder than usual?	<table border="0"> <thead> <tr> <th></th> <th>YE</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a EATEN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b CAFFEINE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c SMOKED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d EXERCISED</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YE	NO	DK	a EATEN	1	2	8	b CAFFEINE	1	2	8	c SMOKED	1	2	8	d EXERCISED	1	2	8	
	YE	NO	DK																				
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b CAFFEINE	1	2	8																				
c SMOKED	1	2	8																				
d EXERCISED	1	2	8																				
318	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment. BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETERS.	ARM CIRCUMFERENCE (IN CENTIMETERS) ...																					
319	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE.	MODEL 767 SMALL: 16 CM – 23 CM 1 MEDIUM: 24 CM – 35 CM 2 LARGE: 36 CM – 41 CM 3 MODEL 789 EXTRA LARGE: 42 CM – 60 CM .. 4																					
320	RECORD TIME OF FIRST BP READING	TIME																					
321	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC DIASTOLIC REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	→ 332																				
322	Before today, have you ever had your blood pressure measured by a doctor or other health worker?	YES 1 NO 2 DON'T KNOW 8	→ 325																				

323	When did you check your blood pressure last?	DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
324	Where did you check your blood pressure last?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & 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 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)																
325	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2																

→ 329A

326	Who told you?	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER X SPECIFY _____	
327	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	
328	Has a doctor or other health worker prescribed medication to control your blood pressure?	YES 1 NO 2	
329	Are you taking medication to control your blood pressure?	YES 1 NO 2	
329A	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT		
329B	May I measure your blood pressure now?	YES 1 NO 2	→ 332
330	RECORD TIME OF SECOND BP READING	TIME :	
331	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC DIASTOLIC REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	
332	Have you ever heard of an illness called diabetes?	YES 1 NO 2 REFUSED 9	
333	Before this survey, has your blood glucose ever been measured?	YES 1 NO 2 REFUSED 9	→ 336
334	When did you check your blood glucose last?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	

335	Where did you check your blood glucose last?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & 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 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)	
336	Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2 REFUSED 9	→ 340A
337	Who told you?	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER X SPECIFY	

338	In the past 12 months, have you been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2	
339	Has a doctor or other health worker prescribed medication to control your blood sugar or diabetes?	YES 1 NO 2	
340	Are you taking medication to control your blood sugar or diabetes?	YES 1 NO 2	
340A	CHECK 321 AND 331:	FIRST BP MEASUREMENT TAKEN ☐ → 350 FIRST AND SECOND BP MEASUREMENT TAKEN ☐ NOT ASKED (NO BP TAKEN) ☐ → 356	
341	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT.		
342	May I measure your blood pressure at this time?	YES 1 NO 2	→ 350
343	RECORD TIME OF THIRD BP READING	TIME :	
344	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC DIASTOLIC REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	→ 350
345	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND THE AVERAGE OF THE DIASTOLIC BLOOD PRESSURE FROM 331 AND 344:		
346	BLOOD PRESSURE FROM 331:	SYSTOLIC DIASTOLIC	
347	BLOOD PRESSURE FROM 344:	SYSTOLIC DIASTOLIC	
348	RECORD THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES.	SUM SYSTOLIC SUM DIASTOLIC	
349	CALCULATE THE AVERAGE SYSTOLIC AND AVERAGE DIASTOLIC BLOOD PRESSURE BY DIVIDING EACH OF THE SUMS IN 348 BY 2.	AVERAGE SYSTOLIC AVERAGE DIASTOLIC → 353	
350	CHECK 331:	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN 331 ☐ → SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH RECORDED IN 331 ☐ → 352	
351	CHECK 321:	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN 321 ☐ → SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH NOT RECORDED ☐ → 356	

352	RECORD SYSTOLIC AND DIASTOLIC MEASURES.	SYSTOLIC 	DIASTOLIC 																																																									
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354	CIRCLE THE VALUE FROM 353 IN THE TABLE BELOW. CIRCLE THE SAME VALUE IN THE BLOOD PRESSURE REPORTING FORM. READ ALOUD TO THE RESPONDENT THE REPORTING FORM INSTRUCTIONS TO THE RIGHT OF THAT NUMBER, THEN GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 15%;">VALUE FROM 353:</th> <th style="width: 40%;">RESPONDENT'S BLOOD PRESSURE CATEGORY:</th> <th style="width: 45%;">CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:</th> </tr> <tr> <td>1</td> <td>ACCEPTABLE RANGE</td> <td>24 MONTHS</td> </tr> <tr> <td>2</td> <td>AT THE HIGH END OF THE ACCEPTABLE RANGE</td> <td>12 MONTHS</td> </tr> <tr> <td>3</td> <td>ABOVE ACCEPTABLE RANGE</td> <td>2 MONTHS</td> </tr> <tr> <td>4</td> <td>MODERATELY HIGH</td> <td>1 MONTH</td> </tr> <tr> <td>5</td> <td>HIGH</td> <td>7 DAYS</td> </tr> <tr> <td>6</td> <td>VERY HIGH</td> <td>TODAY</td> </tr> </table>				VALUE FROM 353:	RESPONDENT'S BLOOD PRESSURE CATEGORY:	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:	1	ACCEPTABLE RANGE	24 MONTHS	2	AT THE HIGH END OF THE ACCEPTABLE RANGE	12 MONTHS	3	ABOVE ACCEPTABLE RANGE	2 MONTHS	4	MODERATELY HIGH	1 MONTH	5	HIGH	7 DAYS	6	VERY HIGH	TODAY																																			
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355	CHECK IF THE RESPONDENT RECEIVED THE BLOOD PRESSURE REPORTING FORM WITH WRITTEN RESULTS	REPORTING FORM RECEIVED 1 NOT RECEIVED 2																																																										
356	ASK CONSENT FOR FASTING BLOOD SUGAR TESTING As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level may is an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels. For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers. If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey. Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning. To obtain correct blood glucose measurement, we would ask that you do not eat or drink anything except plain water for at least 8 hours prior to my blood glucose testing visit. Would you allow me to return to take your blood glucose measurement before you break your fast?																																																											

363A	CHECK 361 (1ST APPOINTMENT): LAST TIME TO EAT	8 HOURS OR MORE 1 (SKIP TO 365) ← LESS THAN 8 HOURS 2																									
364A	READ TO RESPONDENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 357B TO MAKE THE SECOND APPOINTMENT AND REPEAT QUESTIONS 358-363																									
363B	CHECK 361 (2ND APPOINTMENT): LAST TIME TO EAT	8 HOURS OR MORE 1 (SKIP TO 365) ← LESS THAN 8 HOURS 2																									
364B	READ TO RESPONDENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 357C TO MAKE THE THIRD APPOINTMENT. THEN REPEAT QUESTIONS 358-363																									
363C	CHECK 361 (3RD APPOINTMENT): LAST TIME TO EAT	8 HOURS OR MORE 1 (SKIP TO 365) ← LESS THAN 8 HOURS 2																									
364C	READ TO RESPONDENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. THANK THE RESPONDENT AND EXPLAIN THE REASON FOR NOT BEING ABLE TO TAKE THE MEASUREMENT. THEN GO TO 367																									
365	PREPARE SUPPLIES AND EQUIPMENT FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE BLOOD GLUCOSE TEST																										
366	RECORD TIME FOR BLOOD GLUCOSE TESTING	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																									
367	RECORD FASTING BLOOD SUGAR IN MG/DL IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD GLUCOSE, RECORD REASON BLOOD GLUCOSE IS NOT MEASURED	MG/DL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996																									
367A	IF THE BLOOD GLUCOSE TESTING WAS DONE IN FIRST APPOINTMENT, CIRCLE 7 IN 257B . IF THE BLOOD GLUCOSE TESTING WAS DONE IN SECOND APPOINTMENT, CIRCLE 7 IN 257C .																										
367B	CIRCLE THE NUMBER WHICH INCLUDES THE VALUE FROM 367 IN THE BLOOD GLUCOSE REPORTING FORM. READ ALOUD TO THE RESPONDENT THE REPORT INSTRUCTIONS TO THE RIGHT OF THAT NUMBER, THEN GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE.																										
368	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE; IF NO MORE MEN, END.																										

WEIGHT AND HEIGHT MEASUREMENT FOR ALL MEN AGE 18+

	CHECK CAPI OUTPUT: HOUSEHOLD SELECTED FOR BP AND BLOOD GLUCOSE ↓ ☐ HOUSEHOLD NOT SELECTED FOR BP AND BLOOD GLUCOSE ↓ ☐	→ 368
301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AND AGE FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO MEN, USE ADDITIONAL QUESTIONNAIRE(S).	
	MAN 2	
	SKIP	
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____ LINE NUMBER
303	CHECK CAPI OUTPUT FOR AGE:	18-49 YEARS 2 50 YEARS AND ABOVE 3
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:	CODE 4 (NEVER IN UNION) 1 OTHER 2
305	WEIGHT IN KILOGRAMS.	KG. NOT PRESENT 99994 REFUSED 99995 OTHER 99996
		→ 307
306	WAS THE MAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2
307	HEIGHT IN CENTIMETERS.	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996
		→ 309
308	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
309	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	 BIOMARKER TECHNICIAN
310	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	 BIOMARKER TECHNICIAN
311	TODAY'S DATE:	DAY MONTH YEAR

MAN 2		SKIP																					
ADULT RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT																							
314	I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?																						
# 315	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	→ 332 → 368																				
316	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF BLOOD PRESSURE MEASURER.	_____ (SIGN) BIOMARKER TECHNICIAN																					
317	Before measuring I would like to ask a few questions about things that may affect blood pressure. Have you done any of the following within the past 30 minutes: a) Eaten anything? b) Had coffee, tea, cola or other drink that has caffeine? c) Smoked any tobacco product? d) Conducted any physical activity or exercises that made you breathe harder than usual?	<table border="0"> <thead> <tr> <th></th> <th>YE</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a EATEN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b CAFFEINE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c SMOKED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d EXERCISED</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YE	NO	DK	a EATEN	1	2	8	b CAFFEINE	1	2	8	c SMOKED	1	2	8	d EXERCISED	1	2	8	
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318	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment. BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETERS.	ARM CIRCUMFERENCE (IN CENTIMETERS) ...																					
319	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE.	MODEL 767 SMALL: 16 CM – 23 CM 1 MEDIUM: 24 CM – 35 CM 2 LARGE: 36 CM – 41 CM 3 MODEL 789 EXTRA LARGE: 42 CM – 60 CM .. 4																					
320	RECORD TIME OF FIRST BP READING	TIME :																					
321	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC DIASTOLIC REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	→ 332																				
322	Before today, have you ever had your blood pressure measured by a doctor or other health worker?	YES 1 NO 2 DON'T KNOW 8	→ 325																				

323	When did you check your blood pressure last?	<table> <tr> <td>DAYS AGO</td> <td>.....</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>WEEKS AGO</td> <td>.....</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>MONTHS AGO</td> <td>.....</td> <td>3</td> <td></td> <td></td> </tr> <tr> <td>YEARS AGO</td> <td>.....</td> <td>4</td> <td></td> <td></td> </tr> </table>	DAYS AGO		1			WEEKS AGO		2			MONTHS AGO		3			YEARS AGO		4		
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324	Where did you check your blood pressure last?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & 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 OTHER NGO SECTOR 26 (SPECIFY) _____ PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) _____ OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY) _____																				
325	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ 329A																			

326	Who told you?	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER X SPECIFY _____
327	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2
328	Has a doctor or other health worker prescribed medication to control your blood pressure?	YES 1 NO 2
329	Are you taking medication to control your blood pressure?	YES 1 NO 2
329A	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT	
329B	May I measure your blood pressure now?	YES 1 NO 2 → 332
330	RECORD TIME OF SECOND BP READING	TIME :
331	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC DIASTOLIC REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996
332	Have you ever heard of an illness called diabetes?	YES 1 NO 2 REFUSED 9
333	Before this survey, has your blood glucose ever been measured?	YES 1 NO 2 REFUSED 9 → 336
334	When did you check your blood glucose last?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4

335	Where did you check your blood glucose last?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & 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 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)	
336	Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2 REFUSED 9	→ 340A
337	Who told you?	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER X SPECIFY	
338	In the past 12 months, have you been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2	

339	Has a doctor or other health worker prescribed medication to control your blood sugar or diabetes?	YES 1 NO 2	
340	Are you taking medication to control your blood sugar or diabetes?	YES 1 NO 2	
340A	CHECK 321 AND 331: FIRST BP MEASUREMENT TAKEN ☐ → 350 FIRST AND SECOND BP MEASUREMENT TAKEN ☐ NOT ASKED (NO BP TAKEN) ☐ → 356		
341	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT.		
342	May I measure your blood pressure at this time?	YES 1 NO 2	→ 350
343	RECORD TIME OF THIRD BP READING	TIME :	
344	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC DIASTOLIC REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	→ 350
345	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND THE AVERAGE OF THE DIASTOLIC BLOOD PRESSURE FROM 331 AND 344:		
346	BLOOD PRESSURE FROM 331:	SYSTOLIC DIASTOLIC	
347	BLOOD PRESSURE FROM 344:	SYSTOLIC DIASTOLIC	
348	RECORD THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES.	SUM SYSTOLIC SUM DIASTOLIC	
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352	RECORD SYSTOLIC AND DIASTOLIC MEASURES.	SYSTOLIC DIASTOLIC	

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354	CIRCLE THE VALUE FROM 353 IN THE TABLE BELOW. CIRCLE THE SAME VALUE IN THE BLOOD PRESSURE REPORTING FORM. READ ALOUD TO THE RESPONDENT THE REPORTING FORM INSTRUCTIONS TO THE RIGHT OF THAT NUMBER, THEN GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE. <table border="1" style="margin: 10px auto; width: 80%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 15%;">VALUE FROM 353:</th> <th style="width: 40%;">RESPONDENT'S BLOOD PRESSURE CATEGORY:</th> <th style="width: 45%;">CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:</th> </tr> <tr> <td>1</td> <td>ACCEPTABLE RANGE</td> <td>24 MONTHS</td> </tr> <tr> <td>2</td> <td>AT THE HIGH END OF THE ACCEPTABLE RANGE</td> <td>12 MONTHS</td> </tr> <tr> <td>3</td> <td>ABOVE ACCEPTABLE RANGE</td> <td>2 MONTHS</td> </tr> <tr> <td>4</td> <td>MODERATELY HIGH</td> <td>1 MONTH</td> </tr> <tr> <td>5</td> <td>HIGH</td> <td>7 DAYS</td> </tr> <tr> <td>6</td> <td>VERY HIGH</td> <td>TODAY</td> </tr> </table>		VALUE FROM 353:	RESPONDENT'S BLOOD PRESSURE CATEGORY:	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:	1	ACCEPTABLE RANGE	24 MONTHS	2	AT THE HIGH END OF THE ACCEPTABLE RANGE	12 MONTHS	3	ABOVE ACCEPTABLE RANGE	2 MONTHS	4	MODERATELY HIGH	1 MONTH	5	HIGH	7 DAYS	6	VERY HIGH	TODAY																																			
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6	VERY HIGH	TODAY																																																								
355	CHECK IF THE RESPONDENT RECEIVED THE BLOOD PRESSURE REPORTING FORM WITH WRITTEN RESULTS	REPORTING FORM RECEIVED 1 NOT RECEIVED 2																																																								
356	ASK CONSENT FOR FASTING BLOOD SUGAR TESTING As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level may is an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels. For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers. If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey. Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning. To obtain correct blood glucose measurement, we would ask that you do not eat or drink anything except plain water for at least 8 hours prior to my blood glucose testing visit. Would you allow me to return to take your blood glucose measurement before you break your fast?																																																									

363A	CHECK 361 (1ST APPOINTMENT): LAST TIME TO EAT	8 HOURS OR MORE 1 (SKIP TO 365) ← LESS THAN 8 HOURS 2																									
364A	READ TO RESPONDENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 357B TO MAKE THE SECOND APPOINTMENT AND REPEAT QUESTIONS 358-363																									
363B	CHECK 361 (2ND APPOINTMENT): LAST TIME TO EAT	8 HOURS OR MORE 1 (SKIP TO 365) ← LESS THAN 8 HOURS 2																									
364B	READ TO RESPONDENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 357C TO MAKE THE THIRD APPOINTMENT. THEN REPEAT QUESTIONS 358-363																									
363C	CHECK 361 (3RD APPOINTMENT): LAST TIME TO EAT	8 HOURS OR MORE 1 (SKIP TO 365) ← LESS THAN 8 HOURS 2																									
364C	READ TO RESPONDENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. THANK THE RESPONDENT AND EXPLAIN THE REASON FOR NOT BEING ABLE TO TAKE THE MEASUREMENT. THEN GO TO 367																									
365	PREPARE SUPPLIES AND EQUIPMENT FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE BLOOD GLUCOSE TEST																										
366	RECORD TIME FOR BLOOD GLUCOSE TESTING	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																									
367	RECORD FASTING BLOOD SUGAR IN MG/DL IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD GLUCOSE, RECORD REASON BLOOD GLUCOSE IS NOT MEASURED	MG/DL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996																									
367A	IF THE BLOOD GLUCOSE TESTING WAS DONE IN FIRST APPOINTMENT, CIRCLE 7 IN 257B . IF THE BLOOD GLUCOSE TESTING WAS DONE IN SECOND APPOINTMENT, CIRCLE 7 IN 257C .																										
367B	CIRCLE THE NUMBER WHICH INCLUDES THE VALUE FROM 367 IN THE BLOOD GLUCOSE REPORTING FORM. READ ALOUD TO THE RESPONDENT THE REPORT INSTRUCTIONS TO THE RIGHT OF THAT NUMBER, THEN GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE.																										
368	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE; IF NO MORE MEN, END.																										

[illegible][illegible]

DEMOGRAPHIC AND HEALTH SURVEYS
FIELDWORKER QUESTIONNAIRE

BANGLADESH
MITRA AND ASSOCIATES

LANGUAGE OF
QUESTIONNAIRE **ENGLISH**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	What is your name?	NAME	
101	RECORD FIELDWORKER NUMBER	NUMBER	

INSTRUCTIONS

Information on all [DHS] field workers is collected as part of the [DHS] survey. Please fill out the questions below. The information you provide will be part of the survey data file; however, your name will be removed and will not be part of the data file. Thank you for providing the information needed.

102	In what division do you live?	BARISAL 01 CHITTAGONG 02 DHAKA 03 KHULNA 04 MYMENSINGH 05 RAJSHAHI 06 RANGPUR 07 SYLHET 08	
103	Do you live in a city, town, or rural area?	CITY 1 TOWN 2 RURAL 3	
104	How old are you? RECORD AGE IN COMPLETED YEARS.	AGE	
105	Are you male or female?	MALE 1 FEMALE 2	
106	What is your current marital status?	CURRENTLY MARRIED 1 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED 6	
107	How many living children do you have? INCLUDE ONLY CHILDREN WHO ARE YOUR BIOLOGICAL CHILDREN.	LIVING CHILDREN	
108	Have you ever had a child who died?	YES 1 NO 2	
109 (1)	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
110 (1)	What is the highest class you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110A	Have you ever received clinical, medical, or laboratory training or worked in healthcare?	YES 1 NO 2	→ 111
110B	What is your current occupational category or qualification? For example, are you a registered nurse, doctor, or laboratory technician?	MEDICAL DOCTOR 01 ASSISTANT MEDICAL OFFICER 02 CLINICAL OFFICER 03 ASSISTANT CLINICAL OFFICER 04 REGISTERED NURSE/MIDWIFE 05 ENROLLED NURSE/MIDWIFE 06 NURSE ASSISTANT/ATTENDANT 07 LABORATORY SCIENTIST 08 LABORATORY TECHNOLOGIST 09 LABORATORY TECHNICIAN 10 LABORATORY ASSISTANT 11 NO TECHNICAL QUALIFICATION 95 OTHER 96 (SPECIFY)	
111 (2)	What is your religion?	ISLAM 01 HINDUISM 02 BUDDHISM 03 CHRISTIANITY 04 OTHER 96 (SPECIFY)	
113	What languages can you speak? RECORD ALL LANGUAGES YOU CAN SPEAK.	BANGLA A OTHER X (SPECIFY)	
114	What is your mother tongue/native language (language spoken at home growing up)?	BANGLA 01 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
115	Have you ever worked on:	YES	NO	
(3)	a) a DHS prior to this survey?	a) DHS 1	2	
	b) an MIS prior to this survey?	b) MIS 1	2	
	c) any other survey prior to this survey?	c) OTHER SURVEY 1	2	
116	Were you already working for Mitra and Associates or NIPORT at the time you were employed to work on this DHS?	YES, MITRA AND ASSOCIATES 1 YES, NIPORT 2 NO 3		→ 118
117	Are you a permanent or temporary employee of Mitra and Associates or NIPORT?	PERMANENT 1 TEMPORARY 2		
118	If you have comments, please write them here.			

DEMOGRAPHIC AND HEALTH SURVEYS
 REMEASUREMENT QUESTIONNAIRE

BANGLADESH
 MITRA AND ASSOCIATES

IDENTIFICATION (1)				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				
HOUSEHOLD NUMBER				
[COUNTRY-SPECIFIC QUESTION ON BIOMARKER SUBSAMPLING]				
FIELDWORKER VISITS (2)				
	1	2	3	FINAL VISIT
DATE [FIELDWORKER'S] NAME				DAY MONTH YEAR
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS
[FIELDWORKER] OBSERVATIONS 				TOTAL CHILDREN TO REMEASURE
LANGUAGE OF QUESTIONNAIRE** 01 LANGUAGE OF INTERVIEW** NATIVE LANGUAGE OF RESPONDENT** TRANSLATOR (YES = 1, NO = 2)				
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6				
TEAM NUMBER	TEAM SUPERVISOR NAME NUMBER		CAPI SUPERVISOR (3) NAME NUMBER	

Note: Brackets [] indicate items that should be adapted on a country-specific basis.

REMEASUREMENT OF WEIGHT AND HEIGHT FOR SELECTED CHILDREN AGE 0-4

101	CHECK CAPI REPORT FOR CHILDREN SELECTED FOR REMEASUREMENT. RECORD THE LINE NUMBER AND NAME FOR THE FIRST CHILD SELECTED FOR REMEASUREMENT IN QUESTION 102 ON THIS PAGE. IF MORE THAN ONE CHILD IS SELECTED IN A HOUSEHOLD, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD TO REMEASURE		SKIP
102	CHECK CAPI REPORT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER	
103	CHECK CAPI REPORT AND RECORD DATE OF BIRTH OF CHILD.	DAY MONTH YEAR	
104	CHECK CAPI REPORT AND RECORD CHILD'S AGE IN COMPLETED YEARS. COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES ☐ NO ☐	→ 116	
106 (4)	WEIGHT IN KILOGRAMS.	KG. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 108
107 (5)	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112 (6)	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	

REMEASUREMENT OF WEIGHT AND HEIGHT FOR SELECTED CHILDREN AGE 0-4

113	ENTER [FIELDWORKER] NUMBER OF MEASURER.	<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table> [FIELDWORKER] NUMBER																
114	ENTER [FIELDWORKER] NUMBER OF ASSISTANT MEASURER.	<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table> [FIELDWORKER] NUMBER																
115	TODAY'S DATE:	DAY <table border="1"> <tr> <td></td><td></td> </tr> <tr> <td></td><td></td> </tr> </table> MONTH <table border="1"> <tr> <td></td><td></td> </tr> <tr> <td></td><td></td> </tr> </table> YEAR <table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>																
116	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.																	

2022 BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY

VERBAL AUTOPSY QUESTIONNAIRE FORM-1 (0-28 DAYS OF AGE)

**National Institute of Population Research and Training (NIPORT)
Ministry of Health and Family Welfare**

Mitra and Associates

ICF Macro

**VERBAL AUTOPSY FORM-1
FOR NEONATAL DEATHS (0-28 DAYS OF AGE)**

IDENTIFICATION				
DIVISION:				
DISTRICT:				
UPAZILA:				
UNION/WARD:				
VILLAGE/MOHALLA/BLOCK:				
CLUSTER NUMBER:				
HOUSEHOLD NUMBER				
TYPE OF AREA: Rural 1 CC 2 Other than CC 3				
NAME OF HOUSEHOLD HEAD:				
NAME AND LINE NO. OF RESPONDENT:				
NAME AND LINE NUMBER OF DEAD CHILD:				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR 2 0 2 2
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE				TOTAL NO. OF VISITS
TIME				
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME 3 MOTHER/KNOWLEDGABLE RESPONDENT POSTPOND 4 MOTHER/KNOWLEDGABLE RESPONDENT REFUSED 5 DWELLING VACANT/DESTROYED/NOT FOUND 6 MOTHER/KNOWLEDGABLE RESPONDENT NOT PRESENT 7 OTHER _____ (SPECIFY)				
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____		NAME _____		
DATE _____		DATE _____		

INTRODUCTION AND CONSENT

Introductory statement:

My name is _____. I am working for Mitra and Associates, a private research organization located in Dhaka. We are conducting a survey about health all over Bangladesh under the authority of the National Institute of Population Research and Training (NIPORT), Medical Education and Family Welfare Division, Ministry of Health and Family Welfare (MOHFW). The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Why the study being done?

The survey aims to provide information to address the monitoring and evaluation needs of the Fourth Health, Population and Nutrition Sector Program (HPNSP) and to provide managers and policy makers involved in this program with the information that they need to effectively plan and execute future interventions.

What is involved in the study?

You have been selected as respondents in this survey. I would like to ask you some questions about your household and household members.

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 about 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 evaluate, strengthen and refocus national effort to improve health, population and nutrition 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.

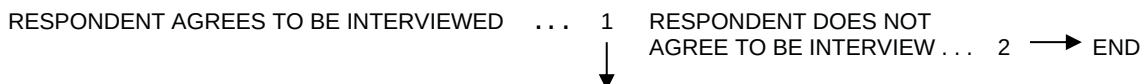
Who do I contact if I have a question or problem?

If you wish to know more about your rights as a participant in this study you may write the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka or Mitra and Associates, Main Road 1, House 35, Senpara Parbata, Mirpur 10, Dhaka or Phone 9025410, 9025412. If you have further questions regarding the nature of this study you may also contact NIPORT, 13/1 Sheikh Shaheb Bazar, Azimpur, Dhaka-1205 or Phone 9662495, 58611206.

At this time, do you want to ask me anything about the survey? May I begin the interview now?

Signature of interviewer:

Date:



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 2: BASIC INFORMATION ABOUT RESPONDENT			
201	RECORD THE TIME AT START OF INTERVIEW	HOUR MINUTES	
202	NAME OF THE RESPONDENT	NAME: _____	
203	What is your relationship to the (NAME)?	FATHER 1 MOTHER 2 SIBLING 3 NO RELATION 4 OTHER RELATIVE 6 (SPECIFY)	
204	Did you live with (NAME) in the period leading to her/his death?	YES 1 NO 2	
SECTION 3: INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH			
301	COPY THE NAME OF THE DECEASED CHILD FROM Q212 OF WOMEN QUESTIONNAIRE	NAME: _____	
302	Was (NAME) female or male?	FEMALE 1 MALE 2 AMBIGUOUS/ INTERSEX 3	
303	CHECK 215: NAME'S DATE OF BIRTH	DAY MONTH YEAR	
303A	During which season did (NAME) die?	SUMMER 1 MONSOON 2 AUTUMN 3 LATE AUTUMN 4 WINTER 5 SPRING 6 DON'T KNOW 8	
303B	Where did (NAME) die?	DISTRICT: UPAZILA:	
304	How old was (NAME) when s/he died? IF LESS THAN ONE DAY RECORD '00'.	AGE IN DAYS	
305	When did (NAME) die? RECORD '98' IF DON'T KNOW DAY OR MONTH. RECORD '9998' IF DON'T KNOW YEAR.	DAY MONTH YEAR	
306	INTERVIEWER: CHECK 304: AGE AT DEATH 0-28 DAYS ↓	AGE AT DEATH 29 DAYS TO LESS THAN 5 YEARS → USE VA FORM 2 AGE AT DEATH 6 YEARS AND ABOVE → END	
307	Where did (NAME) die?	HOSPITAL 1 OTHER HEALTH FACILITY 2 ON THE WAY TO HEALTH FACILITY OR TO A PROVIDER 3 HOME 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
307A	In the two weeks before death, did (s)he live with, visit, or care for someone who had any COVID-19 symptoms or a positive COVID-19 test? (Hint to the interviewer: COVID-19 symptoms include fever, difficulty breathing, cough, extreme fatigue, and changes in sense of smell or taste. In the case of neonates or young children, please omit "care for".)	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 4: RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH			
401	Could you tell me about the illness/events that led to her/his death?		
402	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT.		
403	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
403A	Are any of the following words of interest mentioned in the above narrative? Asphyxia A Incubator B Lung problem C Pneumonia D Preterm delivery E None of the above words were mentioned F		
SECTION 5: PREGNANCY HISTORY			
501	I would like to ask you some questions concerning the mother and symptoms that (NAME) had/showed at birth and shortly after. Some of these questions may not appear to be directly related to (NAME's) death. Please answer all the questions. The answers will help us to get a clear picture of all possible symptoms that (NAME) had.		
502	How many births, including stillbirths, did the mother have before (NAME)?	NUMBER OF BIRTHS STILLBIRTHS DON'T KNOW 98	
503	How many months or weeks was the pregnancy when (NAME) was born?	MONTHS 1 WEEKS 2 DON'T KNOW 998	
504	Did the pregnancy end earlier than expected?	YES 1 NO 2 DON'T KNOW 8	→ 506
505	How many weeks before the expected date of delivery?	WEEK DON'T KNOW 98	
506	During the pregnancy did the mother suffer from any of the following known illnesses: (READ OUT ALL SYMPTOMS) 1 High blood pressure? 2 Heart disease? 3 Diabetes? 4 Epilepsy/convulsion? 5 Did she suffer from any other medically diagnosed illness?	YES NO DK HIGH BLOOD PRESSURE 1 2 8 HEART DISEASE 1 2 8 DIABETES 1 2 8 EPILEPSY/CONVULSION 1 2 8 OTHER 1 2 8 (SPECIFY)	
507	During the last 3 months of pregnancy did the mother suffer from any of the following illnesses (READ OUT ALL SYMPTOMS) 1. Vaginal bleeding? 2. Smelly vaginal discharge? 3. Puffy face? 4. Headache? 5. Blurred vision? 6. Convulsion? 7. Febrile illness? 8. Severe abdominal pain that was not labor pain? 9. Pallor and shortness of breath (both present)? 10. Did she suffer from any other illness?	YES NO DK VAGINAL BLEEDING 1 2 8 SMELLY VAGINAL DISCHARGE 1 2 8 PUFFY FACE 1 2 8 HEADACHE 1 2 8 BLURRED VISION 1 2 8 CONVULSION 1 2 8 FEBRILE ILLNESS 1 2 8 SEVERE ABDOMINAL PAIN (NOT LABOR PAIN) 1 2 8 PALLOR AND SHORTNESS OF BREATH (BOTH) 1 2 8 OTHER ILLNESS 1 2 8 (SPECIFY)	
508	Was (NAME) single or multiple birth?	SINGLETON 1 TWIN 2 TRIPLER OR MORE 3 DON'T KNOW 8	→ 601 → 601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	What was the birth order of (NAME)?	FIRST 1 SECOND 2 THIRD OR HIGHER.....3 DON'T KNOW.....8	
SECTION 6: DELIVERY HISTORY			
601	Where was (NAME) born?	HOSPITAL 1 OTHER HEALTH FACILITY 2 HOME.....3 OTHER 6 (SPECIFY) DON'T KNOW.....8	
602	Who assisted with the delivery? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT DURING THE DELIVERY.	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) ... C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT H NGO WORKER.....I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBOURS/FRIENDS N OTHERS X (SPECIFY) NO ONE ASSISTED Y	
603	When did the water break?	BEFORE LABOR STARTED.....1 DURING LABOR 2 WATER DID NOT BREAK 3 DON'T KNOW.....8	
604	How many hours after the water broke was (NAME) born?	LESS THAN 24 HOUR 1 24 HOURS OR MORE 2 DON'T KNOW.....8	
605	Was the water foul smelling?	YES 1 NO 2 DON'T KNOW.....8	
606	Did (NAME) stop moving in the womb?	YES 1 NO 2 DON'T KNOW 8	→ 608
607	When did (NAME) stop moving in the womb?	BEFORE LABOR STARTED.....1 DURING LABOR 2 DON'T KNOW.....8	
608	Did (PERSON WHO ASSISTED DELIVERY IN 602) listen for fetal heart sounds during labor?	YES 1 NO 2 DON'T KNOW.....8	→ 610
609	Were fetal heart sounds present?	YES 1 NO 2 DON'T KNOW.....8	
610	Was there excess bleeding on the day labor started/ or during delivery?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		DON'T KNOW 8	
611	Did (NAME)'S mother have a fever on the day labor started?	YES 1 NO 2 DON'T KNOW 8	
612	How long did the labor pains last?	LESS THAN 12 HOUR 1 12-23 HOURS 2 24 HOURS OR MORE 3 LABOUR PAIN DID NOT START 4 DON'T KNOW 8	
613	Was it a normal vaginal delivery?	YES 1 → NO 2 DON'T KNOW 8 →	615 615
614	What type of delivery was it?	FORCEPS/VACUUM 1 CAESAREAN SECTION 2 → OTHER 6 (SPECIFY) DON'T KNOW 8	701
615	Which part of (NAME) came first?	HEAD 1 BOTTOM 2 FEET 3 ARM/HAND 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
616	Did the umbilical cord come out before (NAME) was born?	YES 1 NO 2 DON'T KNOW 8	
SECTION 7: CONDITION OF THE BABY SOON AFTER BIRTH			
701	At birth what was (NAME)'S size smaller than normal, normal or larger than normal?	SMALLER THAN NORMAL 1 NORMAL 2 LARGER THAN NORMAL 3 DON'T KNOW 8	
701A	CHECK 504: WAS THE BABY BORN MORE THAN ONE MONTH EARLY?	YES 1 NO 2 → DON'T KNOW 8 →	703
702	Was (NAME) born prematurely?	YES 1 NO 2 → DON'T KNOW 8 →	704
703	How many months or weeks along was the pregnancy? CHECK THE ANSWER FROM 503	MONTHS 1 WEEKS 2 DON'T KNOW 998	
704	What was (NAME)'S birth weight?	KILOGRAMS DON'T KNOW 98	
704A	Was the umbilical cord wrapped more than once around the neck of the child at birth?	YES 1 NO 2 DON'T KNOW 8	
705	Was anything applied to the umbilical cord stump after birth?	YES 1 NO 2 → DON'T KNOW 8 →	707
706	What was it?	ANTIBIOTICS (POWDER/OINTM) A ANTISEPTIC (DETOL/SAVLON HEXISOL) B SPIRIT/ALCOHOL C MUSTARD OIL WITH GARLIC D CHEWED RICE E TUMERIC JUICE/POWDER F	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		GINGER JUICE.....G SHIDUR.....H BORIC POWDER I GENTIAN VIOLET (BLUE INK).....J TALCOM POWDER.....K OTHER _____ X (SPECIFY) DON'T KNOW.....Y	
707	Were there any signs of injury or broken bones?	YES 1 NO 2 DON'T KNOW 8	709
708	Where were marks or signs of injury?	_____ _____ _____	
709	Was there any sign of paralysis?	YES 1 NO 2 DON'T KNOW 8	
710	Did (NAME) have any malformation?	YES 1 NO 2 DON'T KNOW 8	712
711	What kind of malformation did (NAME) have?	SWELLING/DEFECT ON THE BACK A VERY LARGE HEAD B VERY SMALL HEAD..... C DEFECT OF LIP AND/OR PALATE D OTHER MALFORMATION _____ X (SPECIFY) DON'T KNOW Y	
712	What was the color of (NAME) at birth?	NORMAL 1 PALE 2 BLUE.....3 DON'T KNOW 8	
713	Did (NAME) breathe after birth, even a little?	YES 1 NO 2 DON'T KNOW 8	
714	Was (NAME) given assistance to breathe?	YES 1 NO 2 DON'T KNOW 8	
715	Did (NAME) ever cry after birth, even a little?	YES 1 NO 2 DON'T KNOW 8	
716	Did (NAME) ever move, even a little?	YES 1 NO 2 DON'T KNOW 8	
717	CHECK 713, 715, AND 716 FOR CODES 'NO': ALL THREE CODES 'NO': THE BABY DIDN'T BREATHE, THE BABY DIDN'T CRY, THE BABY DIDN'T MOVE ☐	OTHER ☐	801
718	If (NAME) did not cry, breathe or move, was (NAME) born dead?	YES 1 NO 2 DON'T KNOW 8	801
719	Was (NAME) macerated (soft pulpy, discoloured and skin peeling away) that is, showed signs of decay?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 8: HISTORY OF INJURIES/ACCIDENTS			
801	Did (NAME) suffer from any injury or accident that led to her/his death?	YES 1 NO 2 DON'T KNOW 8	804
802	What kind of injury or accident did (NAME) suffer?	ROAD TRAFFIC ACCIDENT 1 FALL 2 DROWNING 3 POISONING 4 BURNS 5 VIOLENCE/ASSAULT 6 FALL FROM HEIGHT 7 INJURED BY FIRE ARMS 8 STAB INJURY 9 HANGING/ STRANGULATION 10 BLUNT FORCE INJURY 11 NATURAL CALAMITIES 12 ELECTROCUTION 13 OTHERS 96 DON'T KNOW 98	802C
802A	Where was (NAME) when the accident happened?	PEDESTRIAN 1 IN CAR OR LIGHT VEHICLE 2 IN BUS OR HEAVY VEHICLE 3 ON A MOTORISED CYCLE 4 ON A NON-MOTORISED CYCLE 5 OTHER 6 (SPECIFY)	
802B	With what other (counterpart) object/person when the road traffic accident happen?	PEDESTRIAN 1 IN CAR OR LIGHT VEHICLE 2 IN BUS OR HEAVY VEHICLE 3 ON A MOTORISED CYCLE 4 ON A NON-MOTORISED CYCLE 5 OTHER 6 (SPECIFY)	
802C	Was (NAME) injured in a non-road traffic accident?	YES 1 NO 2 DON'T KNOW 8	
803	Was the injury or accident intentionally inflicted by someone else?	YES 1 NO 2 DON'T KNOW 8	
804	Did (NAME) suffer from any animal/insect bite that led to her/his death?	YES 1 NO 2 DON'T KNOW 8	901A
805	What type of animal/insect?	DOG 1 SNAKE 2 INSECT 3 OTHER 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 9: NEONATAL ILLNESS HISTORY			
901A	How old was (NAME) when the fatal illness started?	DAY DON'T KNOW 98	
901B	Before the illness that led to death, was (NAME) growing normally?	YES 1 NO 2 DON'T KNOW 8	
901C	For how many days was (NAME) ill before (s)he died?	DAYS DON'T KNOW 98	
901	Was (NAME) ever able to suckle or bottle-feed?	YES 1 NO 2 DON'T KNOW 8 } →	905
902	How soon after birth did (NAME) suckle or bottle-feed?	HOURS 1 DAYS 2 DON'T KNOW 998	
903	Did (NAME) stop suckling or bottle-feeding?	YES 1 NO 2 DON'T KNOW 8 } →	905
904	How many days after birth did (NAME) stop suckling or bottle-feeding? IF LESS THAN ONE DAY RECORD '00'.	DAY DON'T KNOW 98	
905	Was the breastfeeding exclusive?	YES 1 NO 2 DON'T KNOW 8	
906	Did the baby have convulsions?	YES 1 NO 2 DON'T KNOW 8 } →	908
907	How soon after birth did the convulsions start? IF LESS THAN ONE DAY RECORD '00'.	DAY DON'T KNOW 98	
908	Did (NAME) become stiff and arched backwards?	YES 1 NO 2 DON'T KNOW 8	
909	(Was the soft part at the top of (NAME)'s head was swollen or bulging) ?	YES 1 NO 2 DON'T KNOW 8 } →	910A
910	How many days after birth did (NAME) have the bulging? IF LESS THAN ONE DAY RECORD '00'.	DAY DON'T KNOW 98	
910A	During the illness that led to death was the soft top part of (NAME)'s head (fontanelle) sunken?	YES 1 NO 2 DON'T KNOW 8 } →	911
910B	How many days after birth did (NAME) have the sunken top of head? IF LESS THAN ONE DAY RECORD '00'.	DAY DON'T KNOW 98	
911	Did (NAME) become unresponsive or unconscious after birth?	YES 1 NO 2 DON'T KNOW 8 } →	912A
912	How many days after birth did (NAME) become unresponsive or unconscious? IF LESS THAN ONE DAY RECORD '00'.	DAY DON'T KNOW 98	
912A	Did (NAME) become unresponsive or unconscious in last illness?	YES 1 NO 2 DON'T KNOW 8	
912B	Did (NAME) become unresponsive or unconscious in 24 hours or more before she/he died?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
913	Did (NAME) have a fever?	YES 1 NO 2 DON'T KNOW 8	915
914	How many days after birth did (NAME) have a fever? IF LESS THAN ONE DAY RECORD '00'.	DAY DON'T KNOW 98	
914A	Did the fever continue until death?	YES 1 NO 2 DON'T KNOW 8	
915	Did (NAME) become cold to the touch?	YES 1 NO 2 DON'T KNOW 8	917
916	How many days after birth did (NAME) become cold to the touch? IF LESS THAN ONE DAY RECORD '00'.	DAY DON'T KNOW 98	
917	Did (NAME) have a cough?	YES 1 NO 2 DON'T KNOW 8	919
918	How many days after birth did (NAME) start to cough? IF LESS THAN ONE DAY RECORD '00'.	DAY DON'T KNOW 98	
919	Did (NAME) have fast breathing?	YES 1 NO 2 DON'T KNOW 8	921
920	How many days after birth did (NAME) start breathing fast? IF LESS THAN ONE DAY RECORD '00'.	DAY DON'T KNOW 98	
921	Did (NAME) have difficulty breathing?	YES 1 NO 2 DON'T KNOW 8	922B
922	How many days after birth did (NAME) start having difficulty in breathing? IF LESS THAN ONE DAY RECORD '00'.	DAY DON'T KNOW 98	
922A	For how many days did the difficulty breathing last?	DAY DON'T KNOW 98	
922B	During the illness that led to death did (NAME) become lethargic after a period of normal activity?	YES 1 NO 2 DON'T KNOW 8	
923	Did (NAME) have chest indrawing?	YES 1 NO 2 DON'T KNOW 8	
924	Did (NAME) have noisy breathing (grunting or wheezing)? DEMONSTRATE	YES 1 NO 2 DON'T KNOW 8	
925	Did (NAME) have flaring of the nostrils	YES 1 NO 2 DON'T KNOW 8	
926	Did (NAME) have diarrhea?	YES 1 NO 2 DON'T KNOW 8	930
927	How many days after birth did (NAME) have diarrhea? IF LESS THAN ONE DAY RECORD '00'.	DAY DON'T KNOW 98	
927A	How long did the diarrhea last? IF LESS THAN ONE DAY RECORD '00'.	DAY DON'T KNOW 98	
928	When the diarrhea was most severe, how many times did (NAME) pass stools in a day?	NUMBER DON'T KNOW 98	
929	Was there blood in the stools?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		DON'T KNOW 8	
930	Did the baby have vomiting?	YES 1 NO 2 DON'T KNOW 8	933
931	How many days after birth did vomiting start? IF LESS THAN ONE DAY RECORD '00'.	DAY DON'T KNOW 98	
932	When the vomiting was most severe, how many times did (NAME) vomit in a day?	NUMBER OF TIMES A DAY DON'T KNOW 98	
932A	Did (NAME) vomit in the week preceding death	YES 1 NO 2 DON'T KNOW 8	
933	Did (s)he have a more than usually protruding abdomen?	YES 1 NO 2 DON'T KNOW 8	935
934	How many days after birth did (NAME) have a more than usually protruding abdomen?	DAY DON'T KNOW 98	
935	Did (NAME) have redness or discharge from the umbilical cord stump?	YES 1 NO 2 DON'T KNOW 8	
936	Did (NAME) have a pustular skin rash?	YES 1 NO 2 DON'T KNOW 8	
936A	During the illness that led to death, did (s)he have areas of the skin turn black?	YES 1 NO 2 DON'T KNOW 8	
936B	During the illness that led to death, did (s)he have areas of the skin with redness or swelling?	YES 1 NO 2 DON'T KNOW 8	
936C	During the illness that led to death, did (s)he have bleed anywhere?	YES 1 NO 2 DON'T KNOW 8	
937	Did (NAME) have yellow palms or soles?	YES 1 NO 2 DON'T KNOW 8	939A
938	How many days after birth did the yellow palms or soles begin? IF LESS THAN ONE DAY RECORD '00'.	DAY DON'T KNOW 98	
939	For how many days did (NAME) have yellow palms or soles?	DAY DON'T KNOW 98	
939A	Did (NAME) appear healthy and then just die suddenly?	YES 1 NO 2 DON'T KNOW 8	
939B	Was there any diagnosis by a health professional of COVID-19?	YES 1 NO 2 DON'T KNOW 8	
939C	Did (s)he have a recent test by a health professional for COVID-19?	YES 1 NO 2 DON'T KNOW 8	
939D	What was the result?	POSITIVE 1 NEGATIVE 2 UNCLEAR 3 DON'T KNOW 8	
SECTION 10: MOTHER'S HEALTH AND CONTEXTUAL FACTORS			
1001	What was the age of the mother at the time (NAME) died?	YEAR DON'T KNOW 98	
1001A	Is (NAME)'s mother still alive?	YES 1	1002

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		NO 2 DON'T KNOW 8	
1001B	Did (NAME)'s mother die during or after the delivery?	DURING DELIVERY 1 AFTER DELIVERY 2	1002
1001C	How many days or months after delivery did (NAME)'s mother die? (instruction)	DAYS 1 MONTHS..... 2 DON'T KNOW.....998	
1002	Did (NAME)'s the mother receive antenatal care?	YES 1 NO 2 DON'T KNOW 8	
1002A	Were there any complications in the late part of the pregnancy (defined as the last 3 months before labour)?	YES 1 NO 2 DON'T KNOW 8	
1002AA	Were there any complications during labour or delivery?	YES 1 NO 2 DON'T KNOW 8	
1002B	What was the colour of the liquor when the water broke?	GREEN OR BROWN 1 CLEAR.....2 WATER DID NOT BRAKE 3 OTHER 6 DON'T KNOW 8	
1002C	Did (NAME)'s mother receive any vaccinations since reaching adulthood during this pregnancy?	YES 1 NO 2 DON'T KNOW 8	
1002D	During labour, did (NAME)'s mother suffer from fever?	YES 1 NO 2 DON'T KNOW 8	
1002E	During the last 3 months of pregnancy, labour or delivery, did (NAME)'s mother suffer from high blood pressure?	YES 1 NO 2 DON'T KNOW 8	
1002F	Did (NAME)'s mother have diabetes mellitus?	YES 1 NO 2 DON'T KNOW 8	
1002G	Did (NAME)'s mother have foul smelling vaginal discharge during pregnancy or after delivery?	YES 1 NO 2 DON'T KNOW 8	
1002H	During the last 3 months of pregnancy, labour or delivery, did (NAME)'s mother suffer from convulsions?	YES 1 NO 2 DON'T KNOW 8	
1002I	During the last 3 months of pregnancy did (NAME)'s mother suffer from blurred vision?	YES 1 NO 2 DON'T KNOW 8	
1002J	Did (NAME)'s mother have severe anemia?	YES 1 NO 2 DON'T KNOW 8	
1002K	Did (NAME)'s mother have vaginal bleeding during the last 3 months of pregnancy but before labour started?	YES 1 NO 2 DON'T KNOW 8	
1003	Did the mother receive tetanus toxoid (TT) vaccine?	YES 1 NO 2 DON'T KNOW 8	1005
1004	How many doses?	NUMBER OF DOSES DON'T KNOW 98	
1005	How is the mother's health now?	HEALTHY 1 ILL 2 NOT ALIVE 3 DON'T KNOW.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1005A	Has (NAME)'s (biological) mother ever been tested for HIV?	YES 1 NO 2 DON'T KNOW 8	
1005B	Has (NAME)'s (biological) mother ever been told she had HIV/AIDS by a health worker?	YES 1 NO 2 DON'T KNOW 8	
SECTION 11: TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS			
1101	Did (NAME) receive any treatment for the illness that led to death?	YES 1 NO 2 DON'T KNOW 8	1201
1101A	Did (NAME) receive oral rehydration salts?	YES 1 NO 2 DON'T KNOW 8	1101C
1101B	Did (NAME) need oral rehydration salts?	YES 1 NO 2 DON'T KNOW 8	
1101C	Did (NAME) receive intravenous fluids (drip) treatment?	YES 1 NO 2 DON'T KNOW 8	1101E
1101D	Did (NAME) need intravenous fluids (drip) treatment?	YES 1 NO 2 DON'T KNOW 8	
1101E	Did (NAME) receive a blood transfusion?	YES 1 NO 2 DON'T KNOW 8	1101G
1101F	Did (NAME) need a blood transfusion?	YES 1 NO 2 DON'T KNOW 8	
1101G	Did (NAME) receive treatment/food through a tube passed through the nose?	YES 1 NO 2 DON'T KNOW 8	1101I
1101H	Did (NAME) need treatment/food through a tube passed through the nose?	YES 1 NO 2 DON'T KNOW 8	
1101I	Did (NAME) receive injectable antibiotics?	YES 1 NO 2 DON'T KNOW 8	1101K
1101j	Did (NAME) need injectable antibiotics?	YES 1 NO 2 DON'T KNOW 8	
1101K	Did (NAME) receive antiretroviral therapy (ART)?	YES 1 NO 2 DON'T KNOW 8	1101M
1101L	Did (NAME) need antiretroviral therapy (ART)?	YES 1 NO 2 DON'T KNOW 8	
1101M	Did (NAME) have an operation for the illness?	YES 1 NO 2 DON'T KNOW 8	1102
1101N	Did (NAME) need an operation for the illness?	YES 1 NO 2 DON'T KNOW 8	
1102	Can you please list the treatments (NAME) was given for the illness that led to death? COPY FROM PRESCRIPTION/DISCHARGE NOTES IF AVAILABLE	_____ _____ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1103	Please tell me at which of the following places or facilities (NAME) received treatment during the illness that led to death Anywhere else?	HOME HOME A OTHER HOME B PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL C SPECIALIZED GOVT HOSPITAL D (SPECIFY) DISTRICT HOSPITAL E MCWC F UPAZILLA HEALTH COMPLEX G UH & FAMILY WELFARE CENTRE H COMMUNITY CLINIC I SAT. CLINIC/EPI OUTREACH J OTHER PUBLIC SECTOR K (SPECIFY) NGO SECTOR NGO STATIC CLINIC L NGO SAT CLINIC M PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL N PRIVATE HOSPITAL/CLINIC O QUALIFIED DOCTOR P UNQUALIFIED DOCTOR Q PHARMACY R OTHER PRIVATE MEDICAL S (SPECIFY) OTHER X (SPECIFY)	
1103A	INTERVIEWER: CHECK Q.1103: CODE C TO S CIRCLED ☐ ↓	OTHER CODE ☐ →	1201A
1104	In the month before death, how many contacts with formal health services did (NAME) have?	NUMBER OF CONTACTS DON'T KNOW 98	
1104A	Record the name and address of any hospital health centre or clinic where help was sought:	_____ _____ _____	
1104B	Was a motorised transport used to go to the hospital?	YES 1 NO 2 DON'T KNOW 8	
1104C	Were there any problems during admission to the hospital or health facility?	YES 1 NO 2 DON'T KNOW 8	
1104D	Were there any problems with the way (s)he was treated (medical treatment, procedures, interpersonal attitudes, respect, dignity) in the hospital or health facility?	YES 1 NO 2 DON'T KNOW 8	
1104E	Were there any problems getting medications, or diagnostic tests in the hospital or health facility?	YES 1 NO 2 DON'T KNOW 8	
1104F	Does it take more than 2 hours to get to the nearest hospital or health facility?	YES 1 NO 2 DON'T KNOW 8	
1104G	In the final days before death were there any	YES 1	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	doubts about whether medical care was needed?	NO 2 DON'T KNOW 8	
1104H	In the final days before death, was traditional medicine used?	YES 1 NO 2 DON'T KNOW 8	
1104I	In the final days before death, did anyone use a telephone or cell phone to call for help?	YES 1 NO 2 DON'T KNOW 8	
1104J	Over the course of illness, did the total costs of care and treatment prohibit other household payments?	YES 1 NO 2 DON'T KNOW 8	
1105	Did a health care worker tell you the cause of death?	YES 1 NO 2 DON'T KNOW 8	1201A
1106	What did the health care worker say?	_____ _____ _____	
SECTION 12: DATA ABSTRACTED FROM DEATH CERTIFICATE			
1201A	Write down the birth registration number of (NAME)?	DON'T KNOW / UNSURE 999 DO NOT HAVE CARD 777 DIDN'T DO REGISTRATION 888	
1201B	Was the death registered?	YES 1 NO 2 DON'T KNOW 8	1301
1201	Do you have a death certificate for (NAME)?	YES 1 NO 2 DON'T KNOW 8	
1202	May I see the death certificate?	DAYMONTHYEAR	
	COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICATE		
1202A	COPY DEATH REGISTRATION NUMBER FROM THE DEATH CERTIFICATE		
1203	COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE.	DAYMONTHYEAR	
1204	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE:	_____ _____ _____	
1205	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY):	_____ _____ _____	
1206	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY):	_____ _____ _____	
1207	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY):	_____ _____ _____	
1207A	RECORD THE CONTRIBUTORY CAUSE OF DEATH FROM THE THE DEATH CERTIFICATE (CHAPTER 2):	_____ _____ _____	
SECTION 13: DATA ABSTRACTED FROM OTHER HEALTH RECORDS			
1301	OTHER HEALTH RECORDS AVAILABLE	YES 1 NO 2	1311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1302	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE. (RECORD INFORMATION ABOUT MOTHER AND STILLBORN DECEASED CHILD)	_____ _____ _____	
1303	BURIAL PERMIT (CAUSE OF DEATH)	_____ _____ _____	
1304	POST MORTEM RESULTS (CAUSE OF DEATH)	_____ _____ _____	
1305	VACCINATION/MCH/ANC CARD (RELEVANT INFORMATION)	_____ _____ _____	
1306	HOSPITAL PRESCRIPTION (RELEVANT INFORMATION)	_____ _____ _____	
1307	TREATMENT CARDS (RELEVANT INFORMATION)	_____ _____ _____	
1308	HOSPITAL DISCHARGE (RELEVANT INFORMATION)	_____ _____ _____	
1309	LABORATORY RESULTS (RELEVANT INFORMATION)	_____ _____ _____	
1310	OTHER HOSPITAL DOCUMENTS	_____ _____ _____	
1311	RECORD THE TIME AT THE END OF INTERVIEW	HOUR MINUTES	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTION:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

2022 BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY

VERBAL AUTOPSY QUESTIONNAIRE FORM-2 (29 DAYS TO <5 YEARS)

**National Institute of Population Research and Training (NIPORT)
Ministry of Health and Family Welfare**

Mitra and Associates

ICF Macro

VERBAL AUTOPSY FORM-2
DEATH OF CHILD AGED 4 WEEKS TO 5 YEARS

IDENTIFICATION				
DIVISION:				
DISTRICT:				
UPAZILA:				
UNION/WARD:				
VILLAGE/MOHALLA/BLOCK:				
CLUSTER NUMBER:				
HOUSEHOLD NUMBER				
TYPE OF AREA: Rural 1 CC 2 Other than CC 3				
NAME OF HOUSEHOLD HEAD:				
NAME AND LINE NO. OF RESPONDENT:				
NAME AND LINE NUMBER OF DEAD CHILD:				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR 2 0 2 2
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE				TOTAL NO. OF VISITS
TIME				
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME 3 MOTHER/KNOWLEDGABLE RESPONDENT POSTPOND 4 MOTHER/KNOWLEDGABLE RESPONDENT REFUSED 5 PARTLY COMPLETED 6 MOTHER/KNOWLEDGABLE RESPONDENT NOT PRESENT 7 OTHER _____ (SPECIFY)				
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____		NAME _____		
DATE _____		DATE _____		

INTRODUCTION AND CONSENT

Introductory statement:

My name is _____. I am working for Mitra and Associates, a private research organization located in Dhaka. We are conducting a survey about health all over Bangladesh under the authority of the National Institute of Population Research and Training (NIPORT), Medical Education and Family Welfare Division, Ministry of Health and Family Welfare (MOHFW). The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Why the study being done?

The survey aims to provide information to address the monitoring and evaluation needs of the Fourth Health, Population and Nutrition Sector Program (HPNSP) and to provide managers and policy makers involved in this program with the information that they need to effectively plan and execute future interventions.

What is involved in the study?

You have been selected as respondents in this survey. I would like to ask you some questions about your household and household members.

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 about 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 evaluate, strengthen and refocus national effort to improve health, population and nutrition 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 a question or problem?

If you wish to know more about your rights as a participant in this study you may write the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka or Mitra and Associates, Main Road 1, House 35, Senpara Parbata, Mirpur 10, Dhaka or Phone 9025410, 9025412. If you have further questions regarding the nature of this study you may also contact NIPORT, 13/1 Sheikh Shaheb Bazar, Azimpur, Dhaka-1205 or Phone 9662495, 58611206.

At this time, do you want to ask me anything about the survey? May I begin the interview now?

Signature of interviewer:

Date:

RESPONDENT AGREES TO BE INTERVIEWED . . . 1
↓
RESPONDENT DOES NOT
AGREE TO BE INTERVIEW . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<i>(Hint to the interviewer: COVID-19 symptoms include fever, difficulty breathing, cough, extreme fatigue, and changes in sense of smell or taste. In the case of neonates or young children, please omit "care for".)</i>	DON'T KNOW 8	
307B	In the two weeks before death, did (s)he travel to an area where COVID-19 is known to be present?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 4: RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH			
401	Could you tell me about the illness/events that led to (NAME)'S death?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
402	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT		

403	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT		

403A	Are any of the following words of interest mentioned in the above narrative? ABDOMEN A CANCER B DEHYDRATION..... C DENGUE FEVER..... D DIARRHOEA..... E FEVER..... F HEART PROBLEMS G JAUNDICE (YELLOW SKIN OR EYES)..... H PNEUMONIA I RASH J NONE OF THE ABOVE WORDS WERE MENTIONED K		
SECTION 5: HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS			
501	I would like to ask you some questions concerning previously known medical conditions the deceased had injuries and accidents that the deceased suffered; and signs and symptoms that (NAME) had/showed when s/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. The answers will help us to get a clear picture of all possible symptoms that (NAME) had. Please tell me if the deceased suffer from any of the following illnesses:		
502	Heart disease?	YES 1 NO 2 DON'T KNOW 8	
503	Diabetes?	YES 1 NO 2 DON'T KNOW 8	
504	Asthma?	YES 1 NO 2 DON'T KNOW 8	
505	Epilepsy?	YES 1 NO 2 DON'T KNOW 8	
506	Malnutrition?	YES 1 NO 2 DON'T KNOW 8	
507	Cancer?	YES 1 NO 2 DON'T KNOW 8	509
508	Can you specify the type or site of cancer?	TYPE/SITE _____	
509	Tuberculosis	YES 1	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		NO 2 DON'T KNOW 8	
510	HIV/AIDS	YES 1 NO 2 DON'T KNOW 8	
510A	Did (s)he have a recent positive test by a health professional for malaria?	YES 1 NO 2 DON'T KNOW 8	
510B	Did (s)he have a recent negative test by a health professional for malaria?	YES 1 NO 2 DON'T KNOW 8	
510C	Was there any diagnosis by a health professional of dengue fever?	YES 1 NO 2 DON'T KNOW 8	
510D	Was there any diagnosis by a health professional of measles?	YES 1 NO 2 DON'T KNOW 8	
510E	Was there any diagnosis by a health professional of sickle cell disease?	YES 1 NO 2 DON'T KNOW 8	
510F	Was there any diagnosis by a health professional of kidney disease?	YES 1 NO 2 DON'T KNOW 8	
510G	Was there any diagnosis by a health professional of liver disease?	YES 1 NO 2 DON'T KNOW 8	
510H	Was there any diagnosis by a health professional of COVID-19?	YES 1 NO 2 DON'T KNOW 8	
510I	Did (s)he have a recent test by a health professional for COVID-19?	YES 1 NO 2 DON'T KNOW 8	
510J	What was the result?	POSITIVE 1 NEGATIVE 2 UNCLEAR 3 DON'T KNOW 8	
511	Did s/he suffer from any other medically diagnosed illness?	YES 1 NO 2 DON'T KNOW 8	→ 601
512	Can you specify the illness?	ILLNESS _____ _____	
SECTION 6: HISTORY OF INJURIES/ACCIDENTS			
601	Did (NAME) suffer from any injury or accident that led to her/his death?	YES 1 NO 2 DON'T KNOW 8	→ 606
602	What kind of injury or accident did (NAME) suffer?	ROAD TRAFFIC ACCIDENT 1	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		FALL 2- DROWNING 3 POISONING 4 BURNS 5 VIOLENCE/ASSAULT 6 FALL FROM HEIGHT 7 INJURED BY FIRE ARMS 8 STAB INJURY 9 HANGING/ STRANGULATION 10 BLUNT FORCE INJURY 11 NATURAL CALAMITIES 12 ELECTROCUTION 13 OTHERS 96 DON'T KNOW 98-	602C
602A	Where was (NAME) when the accident happned?	PEDESTRIAN 1 IN CAR OR LIGHT VEHICLE 2 IN BUS OR HEAVY VEHICLE 3 ON A MOTORISED CYCLE 4 ON A NON-MOTORISED CYCLE 5 OTHER 6	
602B	With what the other object/person when the road traffic accident happen?	PEDESTRIAN 1 IN CAR OR LIGHT VEHICLE 2 IN BUS OR HEAVY VEHICLE 3 ON A MOTORISED CYCLE 4 ON A NON-MOTORISED CYCLE 5 OTHER 6	
602C	Was (NAME) injured in a non-road traffic accident?	YES 1 NO 2 DON'T KNOW 8	
603	Was the injury or accident intentionally inflicted by someone else?	YES 1 NO 2 DON'T KNOW 8	
606	Did (NAME) suffer from any animal/insect bite othat led to her/his death?	YES 1 NO 2 DON'T KNOW 8	608
607	What type of animal/insect?	DOG 1 SNAKE 2 INSECT 3 OTHER 6 (SPECIFY) DON'T KNOW 8	
608	INTERVIEWER: CHECK 304: AGE AT DEATH LESS THAN 1 YEAR ☐	AGE AT DEATH 1 YEAR OR OLDER ☐	801
SECTION 7: SYMPTOMS AND SIGNS NOTED DURING THE FINAL ILLNESS OF INFANTS			
701	At birth what was (NAME)'s size, smaller than normal, normal or larger than normal?	SMALLER THAN NORMAL 1 NORMAL 2 LARGER THAN NORMAL 3 DON'T KNOW 8	
702	Was (NAME) born prematurely?	YES 1 NO 2 DON'T KNOW 8	704
703	How many months or weeks premature? INDICATE PERIOD OF PREGNANCY	WEEK 1 ☐ ☐ MONTH 2 ☐ ☐ DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
704	Was (NAME) growing normally?	YES 1 NO 2 DON'T KNOW 8	
704A	What was (Name's) birth weight?	KILLOGRAM DON'T KNOW 98	
704B	Was any part of (NAME) physically abnormal at time of delivery? (for example body part too large or too small)	YES 1 NO 2 DON'T KNOW 8	
704C	Did (NAME) have swelling or a defect on the back at time of birth?	YES 1 NO 2 DON'T KNOW 8	
704D	Did (NAME) have a very large head at time of birth?	YES 1 NO 2 DON'T KNOW 8	
704E	Did (NAME) have a very small head at time of birth?	YES 1 NO 2 DON'T KNOW 8	
705	Did (NAME) have bulging of the fontanelle (soft part at the top of the head was swollen) ?	YES 1 NO 2 DON'T KNOW 8	707
706	For how many days before death did s/he have the bulging?	DAY DON'T KNOW 98	
	ASK QUESTION NO 707-717 IF THE DECEASED WAS 29 DAYS to ONE YEAR OLD OR LESS		
707	Was the baby able to suckle or bottle-feed within the first 24 hours after birth? (Ask only for deceased who were < 1 year old.)	YES 1 NO 2 DON'T KNOW 8	
708	Did the baby ever suckle in a normal way? (Ask only for deceased who were < 1 year old.)	YES 1 NO 2 DON'T KNOW 8	
709	Did the baby stop suckling? (Ask only for deceased who were < 1 year old.)	YES 1 NO 2 DON'T KNOW 8	711
710	How many days after birth did the baby stop suckling? (Ask only for deceased who were < 1 year old.)	DAY DON'T KNOW 98	
711	Did the baby have convulsions in the first 24 hours of life? (Ask only for deceased who were < 1 year old.)	YES 1 NO 2 DON'T KNOW 8	713
712	Did the baby have convulsions starting more than 24 hrs after birth? (Ask only for deceased who were < 1 year old.)	YES 1 NO 2 DON'T KNOW 8	
713	Did the baby's body become stiff, with the head arched backwards? (Ask only for deceased who were < 1 year old.)	YES 1 NO 2 DON'T KNOW 8	
714	During the illness that led to death did the baby have a sunken fontanelle? (Ask only for deceased who were <18 months of age)	YES 1 NO 2 DON'T KNOW 8	
715	During the illness that led to death, did the baby become unresponsive or unconscious? (Ask only for deceased who were < 1 year old.)	YES 1 NO 2 DON'T KNOW 8	
716	Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours? (Ask only for deceased who were < 1 year old.)	YES 1 NO 2 DON'T KNOW 8	
717	Did the baby become unresponsive or unconscious more than 24 hours after birth? (Ask only for deceased who were < 1 year old.)	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	SECTION 8: STATUS OF MOTHER AND SYMPTOMS NOTED DURING THE FINAL ILLNESS FOR ALL CHILDREN		
801	How is the mother's health now?	HEALTHY 1 ILL 2 NOT ALIVE 3 DON'T KNOW 8	801C 801C
801A	Did (NAME)'s mother die during or after the delivery?	DURING DELIVERY 1 AFTER DELIVERY 2	
801B	How many days or months after delivery did the mother die? RECORD 'DAYS' IF LESS THAN 1 MONTH	DAYS 1 MONTHS.....2 DON'T KNOW 998	
801C	Did (NAME)'s mother receive professional assistance during the delivery? (ask only up to one year)	YES 1 NO 2 DON'T KNOW 8	
801D	Has the deceased's (biological) mother ever been tested for HIV?	YES 1 NO 2 DON'T KNOW 8	
801E	Has (NAME)'s (biological) mother ever been told she had HIV/AIDS by a health worker?	YES 1 NO 2 DON'T KNOW 8	
802	For how long was (NAME) ill before s/he died?	DAYS 1 MONTHS.....2 DON'T KNOW 998	
802A	Did (NAME) appear healthy and then just die suddenly?	YES 1 NO 2 DON'T KNOW 8	
803	Did (NAME) have a fever?	YES 1 NO 2 DON'T KNOW 8	808
804	How long before the death the fever started?	DAYS 1 MONTHS.....2 DON'T KNOW 998	
805	Was the fever severe?	YES 1 NO 2 DON'T KNOW 8	
806	Was the fever continuous or on and off?	CONTINUOUS 1 ON AND OFF.....2 DON'T KNOW 8	
806A	Did the fever continue until death?	YES 1 NO 2 DON'T KNOW 8	
807	Did (NAME) have chills/rigor?	YES 1 NO 2 DON'T KNOW 8	
807A	Did (NAME) have night sweats?	YES 1 NO 2 DON'T KNOW 8	
808	Did (NAME) have a cough?	YES 1 NO 2 DON'T KNOW 8	812
809	For how long did (NAME) have a cough?	DAYS 1 MONTHS.....2 DON'T KNOW 998	
809A	Was the cough productive, with sputum?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		DON'T KNOW 8	
809B	Did (NAME) cough up blood?	YES 1 NO 2 DON'T KNOW 8	
809C	Did (NAME) make a whooping sound when coughing?	YES 1 NO 2 DON'T KNOW 8	
810	Was the cough severe?	YES 1 NO 2 DON'T KNOW 8	
811	Did (NAME) vomit after he/she coughed?	YES 1 NO 2 DON'T KNOW 8	
812	Did (NAME) have fast breathing?	YES 1 NO 2 DON'T KNOW 8	814
813	For how long did (NAME) have fast breathing?	DAY DON'T KNOW 98	
814	Did (NAME) have difficulty in breathing?	YES 1 NO 2 DON'T KNOW 8	820
815	For how long did (NAME) have difficulty in breathing?	DAY DON'T KNOW 98	
816	Did (NAME) have chest indrawing?	YES 1 NO 2 DON'T KNOW 8	818
817	For how long did (NAME) have chest indrawing?	DAY DON'T KNOW 98	
818	Did (NAME) have noisy breathing (grunting or wheezing)? DEMONSTRATE	YES 1 NO 2 DON'T KNOW 8	
819	Did (NAME) have flaring of the nostrils?	YES 1 NO 2 DON'T KNOW 8	
820	Did (NAME) have diarrhoea?	YES 1 NO 2 DON'T KNOW 8	824
821	For how long did (NAME) have diarrhoea?	DAY DON'T KNOW 98	
822	When the diarrhoea was most severe, how many times did (NAME) pass stool in a day?	NUMBER DON'T KNOW 98	
823	At any time during the final illness was there blood in the stool?	YES 1 NO 2 DON'T KNOW 8	
824	Did (NAME) vomit?	YES 1 NO 2 DON'T KNOW 8	827
825	For how long did (NAME) vomit?	DAY DON'T KNOW 98	
826	When the vomiting was most severe, how many times did (NAME) vomit in a day?	NUMBER OF TIMES A DAY DON'T KNOW 98	
826a	Did (NAME) vomit blood?	YES 1 NO 2 DON'T KNOW 8	
826b	Was the vomit black?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		DON'T KNOW 8	
827	Did (NAME) have abdominal pain?	YES 1 NO 2 DON'T KNOW 8	830
828	For how long did (NAME) had abdominal pain?	DAYS 1 MONTHS.....2 DON'T KNOW.....998	
829	Was the pain severe?	YES 1 NO 2 DON'T KNOW 8	
830	Did (NAME) have abdominal distension?	YES 1 NO 2 DON'T KNOW 8	833A
831	For how long did s/he have abdominal distension?	DAYS 1 MONTHS.....2 DON'T KNOW.....998	
832	Did the distension develop rapidly within days or gradually over months?	RAPIDLY WITHIN A DAY.....1 GRADUALLY OVER MONTHS 2 DON'T KNOW.....8	
833	Was there a period of a day or longer during which (NAME) did not pass any stool?	YES 1 NO 2 DON'T KNOW 8	
833A	Did (NAME) have a more than usually protruding abdomen?	YES 1 NO 2 DON'T KNOW 8	834
833B	For how many days or months did (s)he have a more than usually Protruding abdomen?	DAYS 1 MONTHS.....2 DON'T KNOW.....998	
834	Did (NAME) have any mass in the abdomen?	YES 1 NO 2 DON'T KNOW 8	836
835	For how long did (NAME) have the mass in the abdomen?	DAYS 1 MONTHS.....2 DON'T KNOW.....998	
836	Did (NAME) have headache?	YES 1 NO 2 DON'T KNOW 8	839
837	For how long did (NAME) have headache?	DAYS 1 MONTHS.....2 DON'T KNOW.....998	
838	Was the headache severe?	YES 1 NO 2 DON'T KNOW 8	
839	Did (NAME) have a stiff or painful neck?	YES 1 NO 2 DON'T KNOW 8	841
840	For how long did (NAME) have a stiff or painful neck?	DAYS DON'T KNOW.....98	
841	Did (NAME) become unconscious?	YES 1 NO 2 DON'T KNOW 8	844
842	For how long was (NAME) unconscious?	DAYS	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		DON'T KNOW.....98	
843	Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY.....1 FAST (IN A DAY) 2 SLOWLY (MANY DAYS) 3 DON'T KNOW 8	
844	Did (NAME) have convulsions?	YES 1 NO 2 DON'T KNOW 8	846
844A	Did the convulsion occur in the whole body?	YES 1 NO 2 DON'T KNOW 8	
845	For how many days or months did (NAME) have convulsions?	DAYS 1 MONTHS.....2 DON'T KNOW.....998	
845A	Was (s)he in any way paralysed?	YES 1 NO 2 DON'T KNOW 8	849
845B	Did s(he) have paralysis of only one side of the body?	YES 1 NO 2 DON'T KNOW 8	
845C	Which were the limbs or body parts paralysed?	RIGHT SIDE 1 LEFT SIDE.....2 LOWER PART OF BODY 3 UPPER PART OF BODY 4 ONE LEG ONLY 5 ONE ARM ONLY 6 WHOLE BODY 7 OTHER 8 DON'T KNOW 9	Skip to 849 if any option chosen except option 3 or 5
847	How long did (NAME) have paralysis of the lower limbs?	DAYS 1 MONTHS.....2 DON'T KNOW.....998	
848	Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY.....1 FAST (IN A DAY) 2 SLOWLY (MANY DAYS) 3 DON'T KNOW 8	
849	Was there any change in the amount of urine (NAME) passed daily?	YES 1 NO 2 DON'T KNOW 8	852
850	For how long did s/he have the change in the amount of urine (NAME) passed daily?	DAYS 1 MONTHS.....2 DON'T KNOW.....998	
851	How much urine did (NAME) pass?	TOO MUCH.....1 TOO LITTLE 2 NO URINE AT ALL 3 DON'T KNOW 8	
851A	During the final illness, did (NAME) ever pass blood in the urine?	YES 1 NO 2 DON'T KNOW 8	
852	During the illness that led to death, did (NAME) have any skin rash?	YES 1 NO 2 DON'T KNOW 8	856
853	For how long did (NAME) have the skin rash?	DAYS DON'T KNOW.....98	
854	Was the rash located on:	YES NO DK	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	1. The face? 2. The trunk? 3. On the arms and legs? 4. Any other place?	FACE 1 2 8 TRUNK 1 2 8 ARMS AND LEGS..... 1 2 8 OTHER PLACE..... 1 2 8 (SPECIFY)	
855	What did the rash look like?	MEASLES RASH 1 RASH WITH CLEAR FLUID 2 RASH WITH PUS.....3 DON'T KNOW 8	
855A	During the illness that led to death did his/her skin flake off in patches?	YES 1 NO 2 DON'T KNOW 8	
856	Did (NAME) have red eyes?	YES 1 NO 2 DON'T KNOW 8	
857	Did (NAME) have bleeding from the nose, mouth, or anus?	YES 1 NO 2 DON'T KNOW 8	
858	Did (NAME) have weight loss?	YES 1 NO 2 DON'T KNOW 8	860
859	For how long before death did (NAME) have the weight loss?	DAYS 1 MONTHS..... 2 DON'T KNOW 998	
860	Did (NAME) look very thin and wasted?	YES 1 NO 2 DON'T KNOW 8	
860A	Did (NAME) have sores or ulcers anywhere on the body?	YES 1 NO 2 DON'T KNOW 8	861
860B	Did the sores have clear fluid or pus?	YES 1 NO 2 DON'T KNOW 8	
860C	Did (NAME) (s)he have an ulcer (pit) on the foot?	YES 1 NO 2 DON'T KNOW 8	
860D	Did the ulcer on the foot ooze pus?	YES 1 NO 2 DON'T KNOW 8	861
860E	For how many days did the ulcer on the foot ooze pus?	DAYS DON'T KNOW 98	
861	Did (NAME) have mouth sores or white patches in the mouth or on the tongue?	YES 1 NO 2 DON'T KNOW 8	863
862	For how long did s/he have mouth sores or white patches in the mouth or on the tongue?	DAYS DON'T KNOW 98	
863	Did (NAME) have any swelling?	YES 1 NO 2 DON'T KNOW 8	866
864	For how long did (NAME) have the swelling?	DAYS 1 MONTHS..... 2 DON'T KNOW 998	
864A	During the illness that led to death, did (NAME) have swollen legs or feet?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
864B	During the illness that led to death did (NAME) have areas of skin that turned black?	YES 1 NO 2 DON'T KNOW 8																													
864C	Did (NAME) have difficulty swallowing?	YES 1 NO 2 DON'T KNOW 8	864F																												
864D	For how many days before death did (NAME) have difficulty swallowing? IF LESS THAN ONE DAY RECORD '00'.	DAYS DON'T KNOW 98																													
864E	Was the difficulty with swallowing with solids, liquids, or both?	SOLID 1 LIQUID 2 BOTH 3 DON'T KNOW 8																													
865	Was the swelling on: 1 The face? 2 The joints? 3 The ankles? 4 The whole body? 5 Any other place?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>FACE.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>JOINTS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ANKLES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHOLE BODY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>OTHER PLACE.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td colspan="4">SPECIFY</td></tr> </tbody> </table>		YES	NO	DK	FACE.....	1	2	8	JOINTS	1	2	8	ANKLES	1	2	8	WHOLE BODY	1	2	8	OTHER PLACE.....	1	2	8	SPECIFY				
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OTHER PLACE.....	1	2	8																												
SPECIFY																															
866	Did (NAME) have any lumps?	YES 1 NO 2 DON'T KNOW 8	869																												
867	For how long did (NAME) have the lumps?	DAYS 1 MONTHS.....2 DON'T KNOW 998																													
868	Were the lumps on: 1 The neck? 2 The armpit? 3 The groin? 4 Any other place?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>NECK</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ARMPIT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>GROIN.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>OTHER PLACE.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td colspan="4">SPECIFY</td></tr> </tbody> </table>		YES	NO	DK	NECK	1	2	8	ARMPIT	1	2	8	GROIN.....	1	2	8	OTHER PLACE.....	1	2	8	SPECIFY								
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GROIN.....	1	2	8																												
OTHER PLACE.....	1	2	8																												
SPECIFY																															
869	Did (NAME) have yellow discoloration of the eyes?	YES 1 NO 2 DON'T KNOW 8	871																												
870	For how long did (NAME) have the yellow discoloration of the eyes?	DAYS 1 MONTHS.....2 DON'T KNOW 998																													
871	Did (NAME) 's hair color change to reddish or yellowish?	YES 1 NO 2 DON'T KNOW 8	873																												
872	For how long did (NAME) have reddish/yellowish hair?	DAYS 1 MONTHS.....2 DON'T KNOW 998																													
873	Did (NAME) look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?	YES 1 NO 2 DON'T KNOW 8	875																												
874	For how long did (NAME) look pale (thinning/lack of blood) or have pale palms, eyes, or nail beds?	DAYS DON'T KNOW 98																													
875	Did (NAME) have sunken eyes?	YES 1 NO 2 DON'T KNOW 8	901																												
876	For how long did s/he have sunken eyes?	DAYS DON'T KNOW 98																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
876A	Did (s)he drink a lot more water than usual?	YES 1 NO 2 DON'T KNOW 8	
	SECTION 8A: Neonatal and child history, signs and symptoms THIS SECTION SHOULD ONLY BE ASKED IF THE DECEASED WAS 29 DAYS to ONE YEAR OLD OR LESS		
877	How old was the child when the fatal illness started?	MONTHS..... DON'T KNOW 98	
878	Was the child part of a multiple birth? (Ask only for deceased who were < 1 year old.)	YES 1 NO 2 DON'T KNOW 8	
879	Was the child the first, second, or later in the birth order? (Ask only for deceased who were < 1 year old)	FIRST 1 SECOND OR LATER 2 DON'T KNOW 8	
880	How many months long was the pregnancy before birth? (Ask only for deceased who were < 1 year old)	MONTHS..... DON'T KNOW 98	
881	Were there any complications in the late part of the pregnancy (defined as the last 3 months before labour)?	YES 1 NO 2 DON'T KNOW 8	
882	Were there any complications during labour or delivery?	YES 1 NO 2 DON'T KNOW 8	
883	How many births, including stillbirths, did the baby's mother have before this baby?	NUMBER OF BIRTH..... DON'T KNOW 98	
	SECTION 9: TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS		
901	Was (NAME) vaccinated for measles?	YES 1 NO 2 DON'T KNOW 8	
901A	Do you have (NAME) 's vaccination card?	YES 1 NO 2 DON'T KNOW 8	902
901B	Can I see the vaccination card? NOTE THE VACCINES THE CHILD RECEIVED		
902	Did (NAME) receive any treatment for the illness that led to death?	YES 1 NO 2 DON'T KNOW 8	909
903	Can you please list the drugs s/he was given for the illness that led to death? COPY FROM PRESCRIPTION/DISCHARGE NOTES IF AVAILABLE.		
904	What type of treatment did s/he receive: 1 Oral rehydration salts and/or intravenous fluids (drip) treatment? 2 Blood transfusion? 3 Treatment/food through a tube passed through the nose? 4 Any other treatment?	YES NO DK ORS/DRIP TREATMENT... 1 2 8 BLOOD TRANSFUSION ... 1 2 8 THROUGH THE NOSE 1 2 8 OTHER 1 2 8 (SPECIFY)	
904A	Did (NAME) receive injectable antibiotics?	YES 1 NO 2 DON'T KNOW 8	904C
904B	Did (NAME) need injectable antibiotics?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		DON'T KNOW 8	
904C	Did (NAME) receive antiretroviral therapy (ART)?	YES 1 NO 2 DON'T KNOW 8	905
904D	Did (NAME) need antiretroviral therapy (ART)?	YES 1 NO 2 DON'T KNOW 8	
905	Did (s)he ever received treatment from the following health facilities? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.	HOME HOME.....A OTHER HOME B PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL C SPECIALIZED GOVT HOSPITAL D (SPECIFY) DISTRICT HOSPITAL E MCWC F UPAZILLA HEALTH COMPLEX G UH & FAMILY WELFARE CENTRE H COMMUNITY CLINIC I SAT. CLINIC/EPI OUTREACH J OTHER PUBLIC SECTOR K (SPECIFY) NGO SECTOR NGO STATIC CLINIC.....L NGO SAT CLINIC M PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL N PRIVATE HOSPITAL/CLINIC.....O QUALIFIED DOCTOR P UNQUALIFIED DOCTOR Q PHARMACY R OTHER PRIVATE MEDICAL S (SPECIFY) OTHER.....X (SPECIFY)	
905A	In the final days before death, did (NAME) travel to a hospital or health facility?	YES 1 NO 2 DON'T KNOW 8	905H
905B	Did (NAME) use motorised transport to get to the hospital or health facility?	YES 1 NO 2 DON'T KNOW 8	
905C	Were there any problems during admission to the hospital or health facility?	YES 1 NO 2 DON'T KNOW 8	
905D	Were there any problems with the way (NAME) was treated (medical treatment, procedures, interpersonal attitudes, respect, dignity) in the hospital or health facility?	YES 1 NO 2 DON'T KNOW 8	
905E	Were there any problems getting medications, or diagnostic tests in the hospital or health facility?	YES 1 NO 2 DON'T KNOW 8	
905F	Does it take more than 2 hours to get to the nearest hospital or health facility?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
905G	Was (NAME) discharged from hospital very ill?	YES 1 NO 2 DON'T KNOW 8	
905H	in the final days before death were there any doubts about whether medical care was needed?	YES 1 NO 2 DON'T KNOW 8	
905I	in the final days before death, was traditional medicine used?	YES 1 NO 2 DON'T KNOW 8	
905J	In the final days before death, did anyone use a telephone or cell phone to call for help?	YES 1 NO 2 DON'T KNOW 8	
905K	Over the course of illness, did the total costs of care and treatment prohibit other household payments?	YES 1 NO 2 DON'T KNOW 8	
905L	INTERVIEWER: CHECK Q.905: CODE C TO S THEN CIRCLED ☐ ↓	OTHER CODE, CIRCLED ☐ →	909
906	In the month before death, how many contacts with formal health services did s/he have?	NUMBER DON'T KNOW 98	
907	Did a health care worker tell you the cause of death?	YES 1 NO 2 DON'T KNOW 8 } →	909
908	What did the health care worker say?	_____ _____	
909	Did (NAME) have any operation for the illness?	YES 1 NO 2 DON'T KNOW 8 } →	1001
910	How long before death did (NAME) have operation?	DAYS DON'T KNOW 98	
911	Which part of the body was operated?	ABDOMEN.....1 CHEST.....2 HEAD.....3 OTHER 6 (SPECIFY) DON'T KNOW.....8	
SECTION 10: DATA ABSTRACTED FROM DEATH CERTIFICATE			
1001A	Was the death registered?	YES 1 NO 2 DON'T KNOW 8 } →	1101
1001	Do you have a death certificate for the deceased?	YES 1 NO 2 DON'T KNOW 8 } →	1101
1002	May I see the death certificate? COPY DAY, MONTH AND YEAR OF DEATH COPY DEATH REGISTRATION NUMBER	 DAY MONTH YEAR	
1002A	COPY DEATH REGISTRATION NUMBER FROM THE DEATH CERTIFICATE		
1003	COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE.	 DAY MONTH YEAR	
1004	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE:	_____ _____ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1005	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY):	_____ _____ _____	
1006	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY):	_____ _____ _____	
1007	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY):	_____ _____ _____	
SECTION 11: DATA ABSTRACTED FROM OTHER HEALTH RECORDS			
1101	OTHER HEALTH RECORDS AVAILABLE	YES.....1 NO 2 →	1111
1102	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE	_____ _____ _____	
1103	BURIAL PERMIT (CAUSE OF DEATH) _____ _____ _____		
1104	POST MORTEM RESULTS (CAUSE OF DEATH) _____ _____ _____		
1105	MCH/ANC CARD (RELEVANT INFORMATION) _____ _____ _____		
1106	HOSPITAL PRESCRIPTION (RELEVANT INFORMATION) _____ _____ _____		
1107	TREATMENT CARDS (RELEVANT INFORMATION) _____ _____ _____		
1108	HOSPITAL DISCHARGE (RELEVANT INFORMATION) _____		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	LABORATORY RESULTS (RELEVANT INFORMATION) 		
1110	OTHER HOSPITAL DOCUMENTS SPECIFY 		
1111	RECORD THE TIME AT THE END OF INTERVIEW HOUR MINUTES		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTION:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

SUMMARY INDICATORS

Appendix G

Indicator	Bangladesh Demographic and Health Survey								
	1993–94	1996–97	1999–00	2004	2007	2011	2014	2017–18	2022
Fertility									
Total fertility rate (TFR) 15–49	3.4	3.3	3.3	3.0	2.7	2.3	2.3	2.3	2.3
Adolescent fertility (15–19) ^a	33	36	35	33	33	30	31	27.7	23.5
Contraceptive prevalence rate (CPR)^b									
Any method	44.6	49.2	53.8	58.1	55.8	61.2	62.4	61.9	64.0
Any modern method	36.2	41.5	43.4	47.3	47.5	52.1	54.1	51.9	54.7
Pill	17.4	20.8	23.0	26.2	28.5	27.2	27.0	25.4	27.4
Injectables	4.5	6.2	7.2	9.7	7.0	11.2	12.4	10.7	11.4
Male condom	3.0	3.9	4.3	4.2	4.5	5.5	6.4	7.2	8.1
Female sterilization	8.1	7.6	6.7	5.2	5.0	5.0	4.6	4.8	4.5
Male sterilization	1.1	1.1	0.5	0.6	0.7	1.2	1.2	1.1	0.9
IUD	2.2	1.8	1.2	0.6	0.9	0.7	0.6	0.6	0.4
Implants	na	0.1	0.5	0.8	0.7	1.1	1.7	2.1	1.7
Contraceptive prevalence rate (modern methods) among married adolescents age 15–19	19.6	27.8	31.2	34.1	37.6	42.4	46.7	43.7	48.1
Contraceptive prevalence rate (modern methods) in low-performing divisions^b									
Sylhet	na	16.0	25.0	22.0	24.7	35.2	40.9	44.8	44.3
Chattogram	23.4	30.8	34.9	37.4	38.2	44.5	47.2	44.8	49.0
Unmet need for family planning^b									
Percentage of currently married women with unmet need for family planning	21.6	19.7	18.2	15.0	16.8	13.5	12.0	12.0	10.0
Fertility preferences^b									
Percentage of currently married women age 15–49 who want no more children ^c	57.9	58.8	60.0	60.1	62.5	64.9	62.5	59.9	57.2
Antenatal coverage									
Percentage of last live births in the 2 years preceding the survey for which women received ANC from a medically trained provider at least once	na	na	na	51.4	53.8	55.2	65.0	82.1	87.6
Antenatal care visits (4+)									
Percentage of last live births in the 2 years preceding the survey for which women had four or more ANC visits with any provider	na	na	na	16.8	22.9	26.9	31.5	45.8	40.5
Quality of antenatal care^d									
Percentage of last live births in the 2 years preceding the survey for which women received quality ANC	na	na	na	na	na	na	na	17.9	21.2
Skilled assistance at delivery									
Percentage of live births in the 2 years preceding the survey attended by a medically trained provider	na	na	na	16.1	22.7	33.1	44.4	53.9	69.9
Percentage of live births in the 2 years preceding the survey delivered in health facilities by wealth quintile									
Lowest quintile	na	na	na	3.2	7.0	10.4	16.5	26.8	42.4
Highest quintile	na	na	na	38.6	52.1	60.8	72.0	78.7	87.4
Total	na	na	na	12.2	18.9	30.7	39.5	50.6	64.7

(Continued...)

SUMMARY INDICATORS—Continued

Indicator	Bangladesh Demographic and Health Survey								
	1993–94	1996–97	1999–00	2004	2007	2011	2014	2017–18	2022
Postnatal care (within 2 days of delivery)									
Percentage of last live births in the 2 years preceding the survey for which mother/child received PNC from a medically trained provider within 2 days of delivery									
Mother	na	na	na	na	na	28.4	37.3	52.5	55.2
Child	na	na	na	na	na	30.4	32.1	52.6	56.2
Percentage of last live births delivered at home in the 2 years preceding the survey for which mother/child received PNC from a medically trained provider within 2 days of delivery									
Mother	na	na	na	na	na	na	na	6.8	12.6
Child	na	na	na	na	na	na	na	7.0	12.1
Childhood mortality (3-year period preceding the survey)									
Neonatal mortality rate (NNMR)	48	44	43	40	29	28	29	27	20
Postneonatal mortality rate (PNNMR) ^e	33	35	24	25	16	9	11	9	5
Infant mortality rate (${}_1q_0$)	81	79	67	65	46	37	40	36	25
Child mortality rate (${}_5q_1$)	49	36	26	24	13	11	7	7	6
Under-5 mortality rate (${}_5q_0$)	126	112	91	88	58	48	47	43	31
Treatment for diarrhea									
Percentage of children under age 5 with diarrhea treated with ORS or homemade solution	58.3	61.0	73.6	74.6	81.2	80.6	84.3	85.1	75.7
Percentage of children under age 5 with diarrhea treated with ORT and zinc	na	na	na	na	na	36.1	38.1	43.6	44.1
Nutritional status of children									
Percentage of children under age 5 clarified as malnourished according to three anthropometric indices of nutritional status ^f									
Height-for-age (stunting)									
Severe	na	na	na	22.1	16.1	15.3	11.6	8.9	5.7
Moderate or severe	na	na	na	50.6	43.2	41.3	36.1	30.8	23.6
Weight-for-height (wasting)									
Severe	na	na	na	3.4	2.9	4.0	3.1	1.5	1.8
Moderate or severe	na	na	na	14.5	17.4	15.6	14.3	8.4	11.0
Weight-for-age (underweight)									
Severe	na	na	na	13.6	11.8	10.4	7.7	4.1	4.4
Moderate or severe	na	na	na	42.5	41.0	36.4	32.6	21.9	22.3
Exclusive breastfeeding									
Percentage of children under age 6 months who are exclusively breastfed (based on 24-hour recall)	45.9	45.1	46.1	42.2	42.9	63.5	55.3	65.0	53.4
Infant and young child feeding (IYCF)									
Percentage of children age 6–23 months fed a minimum acceptable diet	na	na	na	na	na	20.9	22.8	35.4	29.6

na = not applicable

^a Percentage of women age 15–19 who have ever had a live birth or are currently pregnant

^b Rates for 2007, 2011, 2014, and 2017–18 are for currently married women age 15–49.

^c Want no more children or have been sterilized

^d Quality ANC is defined as four or more ANC visits with at least one to a medically trained provider, measurement of weight and blood pressure, testing of urine and blood, and receipt of information on danger signs during pregnancy.

^e Computed as the difference between the infant and neonatal mortality rates

^f Based on the WHO Child Growth Standards adopted in 2006

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The DHS Program Website – Download free DHS reports, standard documentation, key indicator data, and training tools, and view announcements.	DHSprogram.com		
STATcompiler – Build custom tables, graphs, and maps with data from 90 countries and thousands of indicators.	Statcompiler.com		
DHS Program Mobile App – Access key DHS indicators for 90 countries on your mobile device (Apple, Android, or Windows).	Search DHS Program in your iTunes or Google Play store		
DHS Program User Forum – Post questions about DHS data and search our archive of FAQs.	userforum.DHSprogram.com		
Tutorial Videos – Watch interviews with experts and learn DHS basics, such as sampling and weighting, downloading datasets, and How to Read DHS Tables.	www.youtube.com/DHSProgram		
Datasets – Download DHS datasets for analysis.	DHSprogram.com/Data		
Spatial Data Repository – Download geographically linked health and demographic data for mapping in a geographic information system (GIS).	spatialdata.DHSprogram.com		
Learning Hub – Access online courses for independent learning and workshop participation, communities of practice, and other training resources.	Learning.DHSprogram.com		
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