

**“The Men Are Away”:
How Women in Bangladesh with a Migrant Spouse Manage
Fertility Intentions and Contraception**

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Short Abstract

Bangladesh has a mobile labor force, supplying both internal and international migrant workers. Approximately 12% of currently married women report their husband lives elsewhere; between 40-77% of migrating husbands return to the household at least once per year. Spousal separation due to repeat seasonal migration among men on this scale has the potential to influence fertility and contraceptive prevalence rates and the reproductive behavior of affected couples. This study complements quantitative Demographic and Health Survey (DHS) data with qualitative in-depth interviews among a sub-sample of DHS respondents whose husbands usually stay elsewhere but return at least once a year in the division of Barisal, Bangladesh. The study explores how husbands' migration patterns influence couple fertility intentions, contraceptive decision-making and behavior, and the experience and resolution of unintended pregnancies in this population.

Extended Abstract

Introduction

Bangladesh is one of the major labour-exporting countries in the world, with large scale labor migration flows occurring both internationally and domestically. Each year a large number of people migrate overseas for both long- and short-term employment (Siddiqui 2005). According to the 2011 Bangladesh DHS, approximately 12% of currently married women have a husband who lives elsewhere (NIPORT 2013). This percentage is higher in Chittagong, Barisal, and Sylhet divisions. While in Chittagong, the labor migration pattern is dominated by international migration especially to destinations in the Middle East (Siddiqui 2005), Barisal is characterized by domestic migration, namely to Dhaka and environs, which facilitates frequent return visits. Between 40-77% of migrating husbands return to the household at least once per year (NIPORT 2013).

Spousal separation due to repeat seasonal migration among men has the potential to influence fertility and contraceptive prevalence rates. The length of separation has the potential to disrupt both the level and timing of fertility (Massey and Mullan 1984). A recent analysis in neighbouring Nepal examined the effect of male migration on contraceptive use, unmet need, and fertility. This study suggests that male migration was likely an important contributor to the decline in fertility between 2006 and 2011, despite concurrent stagnation in contraceptive prevalence (Khanal et al. 2013).

Spousal separation does not necessarily imply an absence of coital activity; yet, the family planning needs of temporarily separated couples may differ significantly from those who are continuously cohabiting. Absence of the husband may be considered as a protection against pregnancy but when husbands are away many women may stop using family planning altogether, which may present obstacles to pregnancy prevention when coital activity resumes. One study found that pills users who stop using contraceptives when their husbands are absent may be particularly at risk if their husband returns unexpectedly (Ban et al. 2012).

Recent Demographic and Health Survey (DHS) data for Bangladesh indicate that contraceptive use among women married to migrating husbands lags behind that among the population of all women age 15-49 by 18-34 percentage points (NIPORT 2013). These women may be at a lower overall risk of pregnancy, but their contraceptive needs are also different. Specifically, their family planning needs may be further complicated by the both the frequency of return visits and the predictability or unpredictability of their husbands' migration pattern.

Despite the potential for migration to influence fertility behavior, it is not well known what are the fertility intentions of women with husbands who live elsewhere, how they perceive their risk of pregnancy, and how they manage that risk. Specifically, it is unknown whether these women have a lesser need for family planning services because of their lower coital frequency and reduced risk of pregnancy, or whether they have more complex needs for family planning that are more difficult to meet with existing services and available methods, by virtue of the intermittent presence of their husbands.

This qualitative study explores how women whose husbands live elsewhere understand and manage their risk of getting pregnant. We conducted approximately 25 in-depth interviews with eligible women selected from a sub-sample of Bangladesh DHS respondents in rural clusters of Barisal.

Methods

The 2014 Bangladesh DHS, with data collected between July-October 2014, is the seventh DHS in Bangladesh and is a nationally representative sample of about 18,000 ever-married women of reproductive age (15-49 years). The qualitative component comprises 25 in-depth interviews among a sub-sample of Bangladesh DHS respondents who have agreed during the quantitative survey to a follow-up in-depth interview on the topic. These women were specifically married women whose husbands live elsewhere but return at least once per year and who do not want any more children or want to delay pregnancy. The exact total number of interviews was determined by the principle of saturation (Guest et al. 2006; Patton 2002; Morse 1994). Study procedures were reviewed by IRBs in Bangladesh (icddr,b) and the United States (ICF International) and, as with the Bangladesh DHS survey, the study is supported by USAID/Bangladesh through The DHS Program (contract # AID-OAA-C-13-00095). In-depth interviews were conducted between January-April 2015.

The division of Barisal was selected for this study because of the high rate of ex-migration here. According to the 2011 Bangladesh DHS¹, 17% of women in Barisal division had husbands who were living elsewhere (NIPORT 2013). Moreover, 13% of women had husbands living elsewhere who visited them at least once in the last 12 months. When asked about future fertility intentions, about half of these women did not want any more children; yet the majority of them did not use any contraception (44%). Given that a high proportion of husbands made at least one return visit in the last 12 months, women may have greater unmet need than assumed.

In-depth, semi-structured interviews were carried out with 25 women guided by an interview guide. AtlasTi was used to code and manage the data. As qualitative inquiry employs an iterative approach, transcripts were being coded per a predetermined list of major themes, and supplemented by codes for new themes and sub-themes that emerged from the respondents' own narratives. Analysis of qualitative data is complemented by case-specific quantitative data from the main DHS survey. These data are embargoed until their public release, anticipated in January 2016, and so do not appear in this abstract, though they will appear in the full conference paper.

Thematic areas of investigation for women married to migrating husbands included: husbands' migration (occasional) patterns and its influence on women's fertility intentions and understanding of risk of getting pregnant; spousal communication and decision making regarding type/period of family planning use and method, considering husband's nature of work, other elements related to husband's migration that influences on women's autonomy and mobility in accessing desired contraception, barriers and facilitating factors that influence women's family planning use and preferences and finally, women's experience with unintended pregnancy followed by menstrual regulation or unintended births.

Preliminary Results

Contraceptive use was high in this sample, with nearly all couples using some method to avoid pregnancy when husbands returned to their homes. Most couples used pills (the predominant method among all Bangladeshi women) along with several couples who used condom.

Women understood their risk of pregnancy during husbands' visits and husbands were largely considerate of women's desires to avoid pregnancy. While husbands' visits may occur suddenly without much

¹ These data will be replaced with data from the 2014 Bangladesh DHS, embargoed until their public release, which is anticipated to be January 2016.

advance warning, they and their wives did communicate to avoid visits that coincided with women's menstruation and to ensure contraception was on hand or collected in time for the husbands' return. Some women protected themselves in the case of unpredictable visits by ensuring that they consistently had a sufficient supply (1-2 cycles) of pills on hand. Husbands were largely cooperative in collecting the pills and condoms (often stopping at the market as they arrived at the village) whenever they made visits to their spouse. However, husbands' helpfulness in supplying contraception contributed to a pattern of contraceptive use whereby women use one cycle of pills at a time starting when husbands arrive rather than using pills continuously regardless of the husbands' presence or absence in the home.

The experience of side effects was commonplace with complaints of dizziness or "head spinning," nausea, and vertigo being particularly prevalent. In numerous cases, these symptoms were sufficiently severe so as to interfere with women's domestic work and daily activities. This experience contributed to a pattern of inconsistent and less effective contraceptive use: women would begin a new cycle of pills but take them only for the duration of their husbands' visit and abandon the rest of the cycle upon his departure. Women believed themselves to be protected using pills in this manner, thus underestimating their risk of experiencing an unintended pregnancy. Other women abandoned pills in favor of less effective traditional methods (withdrawal, periodic abstinence).

Half of the informants experienced unintended pregnancies. While our data suggest to the researchers that some of these may be due to the failure to use the pill consistently, many women themselves attributed their unintended pregnancies to a different sort of use failure: they must have missed a pill for one or more nights during the husband's visit and not realized it. Other women became pregnant during a period of post-partum amenorrhea or while using traditional methods.

Although quantitative data suggest that the prevalence of menstrual regulation (MR) is somewhat higher among the population of women with a migrant husband, most of the women in our sample who experienced an unintended pregnancy did not use menstrual regulation. Rather, they compromised and accepted a pregnancy that they did not plan for.

Once women had achieved their desired number of pregnancies, women and couples described themselves as being more cautious in their attempts to limit a subsequent pregnancy. However, this consisted largely of being more vigilant in their use of pills, condoms, or traditional methods. For pill users, this comprised being more careful not to miss a pill when their husband was present, rather than altering their pattern of inconsistent and incomplete pill cycle use. Methods like contraceptive injections, implants, and IUDs were seldom considered. Women were reluctant to consider methods that either suppressed menstruation or, in the event of similar side effects as the pill, could not be immediately discontinued or required a second invasive procedure to remove. Thus, despite their diligent care, these women continue to be at a higher risk of unintended pregnancy than they realize.

References

- Guest, G., A. Bunce, and L. Johnson. (2006) "How many interviews are enough? Experiments in data saturation and variability" Family Health International.
- Khanal, M. N., Shrestha, D. R., Pant, P. D., & Mehata, S. (2013) *Impact of Male Migration on Contraceptive Use, Unmet Need and Fertility in Nepal. Further analysis of the 2011 Nepal Demographic and Health Survey*. Calverton, Maryland, USA: Nepal Ministry of Health and Population, New ERA, and ICF International.
- Massey, D. S., & Mullan, B. P. (1984). "A Demonstration of the Effect of Seasonal Migration on Fertility." *Demography*, 21(4), 501-517. doi: 10.2307/2060912
- Mitra, S.N., Ahmed Al-Sabir, Anne, R. Cross, and Kanta Jamil. (1997) *Bangladesh Demographic and Health Survey, 1996-1997*: Dhaka and Calverton, Maryland: National Institute of Population Research and Training (NIPORT), Mitra and Associates, and Macro International Inc.
- Morse, J. (1994) "Designing funded qualitative research." In *Handbook for qualitative research*, ed. N. Denzin and Y. Lincoln, 220–35. Thousand Oaks, CA: Sage
- National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. (2013) *Bangladesh Demographic and Health Survey 2011*. Dhaka, Bangladesh and Calverton, Maryland, USA: NIPORT, Mitra and Associates, and ICF International.
- Patton, M. (2002) *Qualitative research and evaluation methods*. 3rd ed. Thousand Oaks, CA: Sage
- Siddiqui, T. (2005). International labour migration from Bangladesh: A decent work perspective. *Policy Integration Department Working Paper* (66).