Gender of Birth Control Method Practice in Sexual Behavior Patterns in Bangladesh

MD. EMAJ UDDIN PH. D., ZANNATUL FERDOUS MS. C.

Deptt. of Social Work - University of Rajshahi

Abstract. Although Bangladesh in sexual and social relational sense is culturally conservative and restricted society, several recent studies reveal that diverse sexual behavior patterns and birth control method practices are increasing day by day in both rural and urban areas of this country. Purpose of the study was to examine and explore who and why of the partners uses birth control methods in marital, premarital and extramarital heterosexual relations in Bangladesh. Based on relevant literatures review this study reveal that in premarital and extramarital heterosexual relations male partners generally used temporary birth control methods, such as condom or coital interrupts to prevent culturally illegitimate, unexpected birth and sexually transmitted diseases (STDs). Although male partners in marital sexuality primarily used temporary methods, females usually used both temporary and permanent ones, such as pill, injection or tubal ligation to prevent unexpected birth, to extend birth spacing and enjoy marital sexual life because of women's low socio-economic status, patriarchal family authority, and socialization and women's orientation in social policy. Based on probability sample future studies should be done to test the result presented in this article.

Parole Chaive: Sexual Behavior Pattern, Gender Status, Birth Control Method Practice, Bangladesh.

.INTRODUCTION

Eligible people all over the world involve in diverse patterns of sexual behavior: marital, premarital and extramarital sexuality and practice birth control methods in those patterns, depending on their bio-socio-cultural patterns. The purpose of the sexual behavior in general is to have sexual satisfaction with or without having children in across the life cycle, while the aim of birth control method practice is to prevent zygote, forming and uniting of active male's sperm and female's ovum. Relevant research indicates that aims and functions of birth control methods among the heterosexual couples, married or unmarried, are to prevent to develop a zygote united by male's sperm and female's ovum or to kill sperms in the women's vaginal tract, or to prevent of women's ovum. In broader sense, the purpose of birth control methods practice by either partner is to limit over population in the family as well as in the community, to improve stock, temporary ill health in either partner and chronic diseases and obstetrical complication in the female partner, to prevent sexually transmitted diseases (STDs) and illegitimate birth, and to increase birth spacing etc. (Tindall, 1987, pp. 598-599). These behaviors of birth control methods practice in relation to sexual behavior patterns not only depend on the heterosexual purposes: when the aim of the heterosexual married couples or cohabiters' sexual act is to have a number of children, they never use birth control methods, while the purpose of sex act of those couples is to have sexual satisfaction, they usually use birth control method: temporary or permanent in which unexpected birth cannot occur. These behaviors are influenced by gender status across the social structure and cultural patterns. The purpose of the study is to describe and expose existing information about gender dimension of birth control methods practice in sexual behavior pattern in Bangladesh. In order that the present study answers the questions: who uses birth control methods in sexual behavior pattern? Which birth control method he or she adopts? How and why gender status of male and female influences birth control methods practice in those sexual behavior patterns in Bangladesh? And then some recommendations suggest, overcoming gender inequality of birth control methods practice in sexual behavior patterns, especially marital sexual behavior in Bangladesh.

Relevant studies reveal that there are wide cultural variations in gender dimensions of birth control methods practice in connection with sexual behavior patterns: premarital, marital and extramarital around the world. Cross-cultural researchers generalize that there are two types of attitudes toward sexual behavior: one is conservative and another permissive. In some permissive cultures (such as Mangaia, European and Western cultures) premarital and extramarital sexuality, including marital one are culturally accepted, but the restrictive cultures (such as, Inis Beag of Ireland, Roman Catholics, Muslims all over the world and the Philippines) strictly condemn those patterns of sexual behavior and only approve heterosexual behavior between husband and wife in marital ties (Davenport, 1987; Frayser, 1985; McAnulty & Burnette, 2001; Pengelley, 1977; Widmer, Treas & Newcomb, 1998; Wikipadia, 2007) in which one of the partners may use birth control method to prevent unwanted birth and STDs (Davenport, 1987; Frayser, 1985; Goetz, editor-in-chief, 1985; McAnulty & Burnette, 2001; Pengelley, 1977).

Several studies indicate that sexual revolution in the sexually permissive cultures has occurred in the developed nations where premarital, extramarital and homosexuality exist side by side marital one due to comprehensive changes between men and women relation across the cultures and societies. In these sexual behavioral patterns contraceptive prevalence rates are higher than the developing and under developing cultures in order to achieve purposes of birth control methods adoption, mentioned above. In this respect Shorter (1973) argues that with the progress of female emancipation, and socio-economic status development, egalitarian relation between men and women in the family and in the society both total fertility and age-specific fertility rates decline due to increase contraceptive prevalence rates among the men and women in the European and other developed nations. In many cases men's contraceptive prevalence rates in those countries in any sexual behavior pattern are higher than the women's. According to United Nations (2001), reliance on male-oriented contraceptive methods is greater in the developed nations, where it represents about 50% of all contraceptive use than in the less developed ones,

where it is about 20%, sizeable regional differences also exist in the over all contraceptive rates within the developing world, ranging from 20% in Africa to 60% in Asia and 66% in Latin America and Caribbean. Other relevant studies (Ali, 1997; Bloom, 2001; Li, 2004; Dharmalingam and Morgan, 1996; Barber, 2007; Shah, Shah and Radovanovic, 1998; World Health Organization, 1995) suggest that contraceptive prevalence rates among the eligible women in the developing nations are higher than the men, because of women's low socio-economic status, high dependency on men, patriarchal power structure and low value of women's socio-economic contributions. In addition, the literatures also suggest that husband's temporary birth control methods prevail before completing parity progression ratio, but women's birth control prevalence rate is two-folds higher than the men's; in postpartum contraceptive use, women accept more permanent methods, while men accept more temporary methods only in marital sexual pattern than other sexuality. Do these situations prevail in Bangladesh, like many developing and under-developed cultures? First of all we will define the key terms used in this study: sexual behavior pattern, gender status and birth control method and based on literatures then we will describe and analyze the gender status of birth control methods practice in sexual behavior patterns in Bangladesh.

DEFINING KEY CONCEPTS

Sexual Behavior Pattern

According to Mcanulty & Burnette (2001) sexual intercourse refers to penile-vaginal coitus between heterosexual men and women to have sexual pleasure, to make love with each other, to have a child and to release tension/ anxiety etc. (p.8). According to Wikipadia (2007), sexual intercourse, in biological sense, is the act in which male reproductive organ enters the female reproductive tract: the two entities may be opposite sexes that have been viewed as the natural endpoint of all sexual contact between them. Recently the term, sexual intercourse has been broadened and labels at least three different sex acts: *vaginal intercourse* in which male's penis penetrates into female's vaginal tract; *oral intercourse*, involving oral caress of the sex organs (male or female); and *anal intercourse* in which male's penis inserts into his partner's anus. Based on the definition, however, sexual intercourse in this study was defined as vaginal coitus between husband and wife across the marital life cycle or vaginal intercourse between an adult man and an adult woman who are involved in premarital or extramarital sexual behavior, when one of the partners may use temporary or permanent birth control method to prevent sexually transmitted diseases and unexpected birth.

Gender Status

Although social and biological scientists make differences between sex and gender in many ways, the terms are inevitably inseparable. Actually, sex is a biological term that human beings are indicated as males and females who remain fixed as a male and female across the life cycle, while gender is a socio-cultural term with which human beings is usually classified into two categories, one as *masculinity* (or men) and another as *femininity* (or women) that vary across the societies in time and space. The terms, masculinity and femininity, are designed in a particular society to gain social purposes in a particular time, that may vary or change due to changes in society. The literatures reviewed suggest that men are generally more independent, dominant, active, competitive, logical, worldly, direct, adventurous, self-confident, superior, objective, rational, aggressive, while women are usually more dependent, emotional, subjective, emotional, passive, cooperative, home-oriented, inferior, weak and illogical, depending on the status of society's socio-cultural change and progress. These dimensions of masculine and feminine gender statuses have pervasive effects not only on human social, economic, political, religious, cultural makeup, but also on sexual/reproductive behavior and gender status of birth control methods practice pattern. The last terms, *sexual behavior and reproduction*, are very important in the sense that in order to gain sexual satisfaction and reproductive success across the heterosexual couples' in their marital life cycle and unmarried or cohabiting couples who are involved in sexual behavior patterns.

Birth Control Method

Birth control method refers to ways of conscious attempt to control the number and/or timing of births within a sexual union (Lucas & Meyer, 1994, p.57). Birth control methods are mainly classified into two main categories: permanent and temporary. *Permanent method* refers to irreversible ways of birth control which prevent unexpected birth almost 100%, such as tubectomy (tubal ligation) for women and vasectomy for men and *temporary method* refers to reversible means of birth control that make spacing between births and/or protect unexpected birth as effectiveness as from 70% to 95%, such as withdrawal, condom for men and pill, diaphragms, IUD etc. for women (Brum & Mckane, 1989, pp. 393-394). These birth control methods practice is influenced by gender status that varies from one society to another, depending on the evolution and socio-cultural changes in the society.

SEXUAL BEHAVIOR PATTERN AND GENDER OF BIRTH CONTROL METHOD PRACTICE IN BANGLADESH CONTEXT

Bangladesh is an agrarian economy based rural country where various religious and ethnic communities live in the same geographical conditions side by side, and involve in the historical and social processes for livelihood. Marriage and family in connection with historical and social processes in Bangladesh are universal and important institutions, which perform many functions and play many important roles to meet sexual needs for human development and adjustment across the generations like many other conservative cultures around the world. The main stream of Bangladeshi culture always prefers marital sexuality, and never permits premarital, extramarital and even homosexuality that may secretly exist among the people of upper and lower classes in both rural and urban communities as well as in different tribal cultural groups (Aziz, 1979; Aziz & Maloney, 1985; Maloney, Aziz & Sarker, 1981; Uddin, 2007). In these sexual behaviors, either male or female use contraceptives to prevent illegitimate birth in premarital or extramarital heterosexual behavior and to protect unwanted birth in marital sexual behavior influenced by gender status norms.

Marital Sexuality

Marital sexual behavior in Bangladesh is a universal norm to meet sexual satisfaction with or without having children (Uddin, 2007). Literatures in Bangladesh also suggest that contraceptive users in association with marital sexuality are increasing due to changes in couples' socio-economic status, positive attitudes

toward small family size norms and contraceptive methods. In order to increase space between births and protect unwanted pregnancy contraceptive prevalence rate was 7.7% in 1975, while it reached 44.6% in 1995, but current users of it are about 68%. In another study Saha & Bairagi (2007) indicated that total fertility rate in Bangladesh declined from 4.8 in 1979 to 2.9 in 2000 due to increase contraceptive prevalence rates from 30% to 70% in that period. Although the contraceptive users are gradually increasing in this country, contraceptive users among women are higher than are among men (Mitra & Kamal, 1985; Mitra et al., 1994). Chowdhury (2004) revealed that out of 10,544 samples contraceptive prevalence rates were 80 % for women and 20% for men. In a comparative study Sarker (1997) revealed that out of 52 samples contraceptive rate of both Hindu husband and wife was the same, while out of 69 samples that rate varied between Muslim husband (32%) and wife (37%). In recent cross-cultural study Uddin and Arefin (2007) among the post-partum Santal and Oraon couples, most of the contraceptive users were exclusively women who would practice permanent methods to control unexpected birth. In these studies researchers argue that gender inequality, women's low socio-economic status, gender socialization and autocratic family authority pattern and women-oriented birth control policy are mainly responsible for the higher rates of women's temporary or permanent contraceptive uses than the men's.

Premarital Sexuality

Although premarital sexuality between a man and a woman in Bangladesh is strictly forbidden, relevant studies reveal that this pattern of sexuality exists in any way in rural and urban areas (Aziz and Maloney, 1985). Recent magazines, daily papers and systematic studies reveal that premarital sexual behavior between adult males and females has been gradually increasing due to changes in age at marriage, parent-sibling relation, sexual behavior and mate selection process (ICDDR, B, 2008). In mate selection romantic marriage in place of arranged marriage is gradually increasing due to changes in urbanization, migration, education and occupation rates, where adult sons and daughters are economically and socially more free from their parental role and authority. Changes in such circumstances premarital heterosexuality is increasing for sexual satisfaction in the prostitution or for making permanent marital bond development. In order that purposes, artificial/temporary or permanent bond makers more or less are secretly involved in sexual intercourse in which males usually use condom either to prevent sexuality-transmitted diseases for the first case or to control unwanted birth in latter case (Alexander et al., 2007; Caldwell & Pieris, 1999; Li & Boulay, 2008; Silverman et al., 2007).

Extramarital Sexuality

Several studies indicate that extramarital sexual behavior also exists in both rural and urban areas of Bangladesh (Aziz & Maloney, 1985). This sexual behavior is gradually increasing day by day due to changes, to some extent, personal sexual attitudes, values and norms associated with increasing proximity between men and women and prostitutions changes in women's literacy, migration and labor force participation rates (Melhado, 2007). Because relevant research and daily newspaper show that family or marital violence is associated with either dowry or husband or wife's extramarital affairs. In addition, the couples may not live together in the same house due to migration in purpose of higher education or employment, he or she may be involved in extramarital affairs for only sexual reason. In this sexual behavior, men usually use temporary birth control methods, such as condom if the prospective woman is unmarried or she is married, but she takes temporary methods to prevent sexually transmitted diseases or illegitimate birth (Caldwell & Pieris, 1999).

The literatures review, above-mentioned, clearly shows that in premarital and extramarital sexual behavior, men usually temporarily use birth control methods, while women's birth control methods practice in marital sexual behavior are general. The next section of the study analyzes why women's birth control methods, either temporary or permanent, are more prevailed in Bangladesh.

WHY WOMEN'S BIRTH CONTROL METHODS ARE MORE PREVAILED THAN MEN

Although birth control methods for both men and women remain, women's contraceptive prevalence rates in marital sexual behavior are higher than that the men's in developing societies like Bangladesh. In this respect, the causes are mainly responsible are given bellow:

Socio-Economic Status

Systematic studies reveal that women's socio-economic status in developing countries, especially in Bangladesh (education, occupation and income) is lower than its counterpart, men. In most of the cases women are deprived from education (Uddin, 2009). Many of the literate women cannot access in the job market due to crisis of job, conservative family values, childcare and raring and family obligation. As a result, most of the women depend on and live in their husbands' status in their life cycle. In such low socio-economic status of the Bangladeshi women is generally influenced by husband's willing in the birth control methods practice to increase space between births for child health and maturity like her ones.

Family Authority

The social system of Bangladesh, in general, is patri-lineal, patriarchal and patrilocal in nature. Traditionally, the different religious and ethnic communities in this country prefer male domination in all affairs of the community life: Women are subjugated to men in many areas of the family and community life. According to patriarchal cultural norms, after marriage every woman becomes a legal member of their husband's family where she is subordinate to her husband or elder members and sons' preferences in those communities are higher than daughters; sons are the only inheritors of the parental properties in many respects. Family as well as community authority assign on an elderly male member who take decisions singly or jointly to manage and lead the family and community. Although women in those communities work hard both outside and inside the family and engage in economic, social and religious activities side by side men less value for their contributions. In the decision-making process of family and community affairs women are always exclusive, although they much contribute to the human living (Ali, 1998; Jalil, 1999; Rahaman, 2004; Uddin, 2006). In one study Uddin (2006) revealed that autocratic Santal husbands in the family decision-making imposed on wives to take birth control methods due to their low socio-economic and cultural status in the family prevailed. In another study Rahaman (2004) indicated that socio-economic status attainments of

Oraon wives were lower than the husbands. As a result, husbands in the community dominated their wives and any decision, especially birth control methods adoption imposed on them.

Socialization

Socialization is an important factor to women's birth control practice in Bangladesh. Women generally do not discuss with men, such as father, brother and if any about their sexuality and birth control methods rather than they consult with other women, such as mother, elder sister, elder's brother's wife about them. As a result women in marital life and other sexual behavior do not discuss with their husbands and male partners. This women's orientation of socialization in sexuality and birth control method practice also influences them to accept birth control methods (Hossain, 2003).

Social Policy

In developing nations, like Bangladesh population policy focused on family planning and birth control methods is women-oriented ((Mitra & Kamal, 1985; Mitra et al., 1994). Based on population policy the respective authorities of Government and Non-Government agencies go to eligible women are agreed to accept birth control methods, either permanent or temporary, in many ways, such as if they adopt birth control methods, will decrease both maternal and child mortality rates, will improve their physical and mental health, will improve social status etc. In addition, as women become pregnant, they should adopt birth control methods. For these purposes, the agencies of propaganda also focus on women's birth control methods to convince eligible women to accept (Hossain, 2003).

DISCUSSION AND RECOMMENDATIONS

Birth control methods are the deliberate, conscious and willingly prevention of conception or pregnancy, using various chemical drugs, mechanical devices or social and physical techniques. Some methods prevent the monthly release of the women's ovum; others provide a barrier that prevents sperm from reaching the ovum; some chemical methods kill sperm and still others, such as surgical procedures can seal off the fallopian tubes for the women or block the sperm in the men's testes. To adopt birth control methods for either men or women, such as these, are rationalized and justified in the sense that prevent unwanted birth, increase spacing between births that do help to make sure maturity for baby and recover mother's physical and mental health, reduce both infant and maternal mortality rates. In addition, these aspects of birth control methods practiced contribute to optimum population at both family and national levels that help accommodate for schooling, housing, employment, health facilities, and mannature relations, although many side effects affect the users (Howkins & Bourne, 1976). Although these justifications for practice of birth control methods, above-mentioned, are more or less appropriate for Bangladesh in general and women in particular, women's birth control methods in this country are universal, like many other developing societies. The present study reveals that about 70% of the couples with desired family size took birth control methods to prevent unwanted birth. The study also reveals that most of the women in marital sexuality adopted either temporary or permanent birth control methods due to women's low socio-economic status, autocratic family authority, women's orientation of socialization and social policy in both the rural and urban communities in Bangladesh, although some men accepted temporary methods in marital sexuality and/or temporary methods in extra or premarital sexual relations, to some extent. However, the findings of the study confirm that there were significant differences in men and women birth control adoption; women adopted more permanent birth control methods than the men; autocratic family authority pattern rather than syncratic and autonomic pattern significantly influenced women to take permanent birth control method such as tubectomy in the communities (Uddin & Arefin, 2007).

Comparison of men and women birth control methods adoption in relation to family authority pattern was one of the main focuses of the study. The results of the study described above suggest that there are significant differences between men and women in both the communities that are supported by Mitra and Kamal (1985), United Nations (2001), Chowdhury (2004) and many other studies conducted in the developing countries. Dharmalingam & Morgan (1996) in their study conducted in two villages of South India explored that the women worked outside the family for wages had greater autonomy and used more contraceptives due to want no more children than the non-working women. Shaw, Shaw & Radovanovic (1998) in Kuwait study found that the couples reached their desired family size (5.3), 50% of the women accepted contraceptives to stop new births. In Bangladesh Chowdhury (2004) in his study found that out of 10,544 samples, 40% of the men and 60% of the women accepted birth control methods. United Nations' (2001) study explored that overall contraceptive rates were ranging from 20% in Africa to 60% in Asia and 66% in Latin America and the Caribbean in which the contraceptive users were exclusively women, although the least percent were men. In most of the cases, women accepted more sterilization than the men, although there were no provisions on men to accept sterilization. In this respect several studies (United Nations, 2001 & 2003) around the world suggest that men's contraceptive rates in the developed societies are higher than that the women's, because of women's empowerment and socio-economic status uprising and egalitarian relationship between men and women in the family, where husband and wife communicate and decide about family planning in shared ways, while in the developing and under developing societies like Bangladesh the case is reverse due to women's low socio-economic status, low empowerment, and more autocratic family authority norms prevailed in the family structure in which men always impose their decisions, such as sterilization on women. Philips and Hossain (1998) argued that family demographic welfare and socio-economic development policies in Bangladesh that emphasized on fostering women's independence, autonomy, and rising of socio-economic status failed to achieve gender equality due to prevailing patriarchal autocratic norms that influence women to accept birth control methods, especially, tubectomy after completing desired family size norms. In conclusion, based on the findings, however, the present study suggests some recommendations for policy implication to change the situation. The recommendations are as follows:

- Socio-economic status of women, in general, should be increased by social policy taken at government level;
- Gender equality norms between male and female children should be developed from the beginning at birth at the family level in which they can practice

egalitarian norms in marital relationship;
- Women's socio-economic status should be upraised changes in the communities' social systems in which they can socio-economically empower in the family and community life;
- Women approach in contraceptive uses should be systematically changed and men approach should be increased based on freedom of consumer choice.
- Based on the recommendations, differentiation and inequality exist in contraceptive uses in sexual behavior patterns between men and women may be reduced in Bangladesh.

REFERENCES

Ali, A. (1998). *The Santals of Bangladesh*. Calcutta: The Sabuge Sangah Press.

Ali, K.A. (1997). Modernization and family planning programs in Egypt. *Middle East Report 205* (October- December).

Alexander, M. et al. (2007). Correlates of premarital relationships among unmarried youth in Pune district, Maharashtra, India. *International Family Planning Perspectives*, December.

Barber, S.L. (2007). Family planning advice and postpartum contraceptive use among low-income women in Mexico. *International Family Planning Perspectives*, 33(1), pp.6-12.

Bloom, S.S., David, W. & Monika, D.G. (2001). Dimensions of women's autonomy and the influence on maternal health care utilization in a North Indian city. *Demography*, 38(1), pp. 67-78.

Brum, G.D. & Mckane, L.K. (1989). *Biology: Exploring life.* New York: John Wiley and Sons, pp. 393-394.

Bangladesh Bureau of Statistics (2001). *Statistical yearbook of Bangladesh*. Ministry of Planning, Government of the People's Republic of Bangladesh, Dhaka: Statistics Division.

Chowdhury, M.A.M. (2004). *Correlates of high-risk and low-risk childbearing pattern in Bangladesh*. Unpublished Ph.D. Dissertation. Rajshahi: University of Rajshahi.

Caldwell, B. & Pieris, I. (1999). Continued high-risk behavior among Bangladeshi males. *Resistances to Behavioral Change to Reduce HIV?AIDS Infection* (Chapter 16), pp. 183-196.

Dharmalingam, A. & Morgan, S.P. (1996). Women's work, autonomy, & birth control: Evidence from two South India Villages. *Population Studies*, 50(2), pp. 187-201.

Ehrlich, P.R. & Ehrlich, A.H. (1970). *Population, resources and environment: Issues in human ecology*. San Francisco: W.H. Freeman and Company.

Howkins, J. & Bourne, G. (1976). *Shaw's textbook of gynaecology*. New York: Longman Group Limited, 9th Edition.

Hossain, K. J. (2003). Male involvement in family planning in Bangladesh: Factors constraining low use and the potential for augmenting CPR. *UNFPA* (Paper 27). Available at www.cpd-bangladesh.org.

ICDDR, B (2008). Sexual behavior of adolescents: Premarital affairs and sex.. www.icddrb.org/images/wp130_Results_Sexual_Behavior.pdf.

Jalil, M.A. (1999). *Oraon* (in Bengalee Version). Dhaka: Bishaw Sahitta Bhaban.

Li, J. (2004). Gender inequality, family planning and maternal and child care in a rural Chinese country. *Social Science and Medicine*, 59(4), pp. 695-708.

Li, N. & Boulay, M. (2008). Predictors of premarital sex among Bangladeshi male adolescents. Retrieved from paa2008. Princeton.edu.download.

Lucas, D. & Meyer, P. eds. (1994). *Beginning population studies*. The Australian National University, p.57.

Mitra, S.N. & Kamal, G.M. (1985). *Bangladesh contraceptive prevalence survey-1983*. Dhaka: Mitra and Associates.

Mitra, S.N., et al. (1994). *Bangladesh demographic and health survey-1993-1994*. Dhaka: Mitra and Associates.

Melhado, L. (2007). Among Bangladeshi men, wife abuse is associated with extramarital sex. *International Family Planning Perspectives* (September).

Philips, J.E. & Hossain, M.B. (1998). *The impact of family planning household service delivery on women's status in Bangladesh*. Policy Research Division Working Papers, No. 118, New York: Population Council.

Rahaman, M.A. (2004). *The Oraon community in Bangladesh and their socio-economic attainments: A study of four villages*. Unpublished Ph. D. Dissertation, the Institute of Bangladesh Studies, Rajshahi: The University of Rajshahi.

Saha, U.R. & Bairagi, R. (2007). Inconsistencies in the relationship between contraceptive use and fertility in Bangladesh. *International Family Planning Perspectives*, 33(1), pp. 31-37.

Sarker, P.C. (1997). *Social structure and fertility behaviour: A cross-cultural study*. Dhaka: Centre for Development Services.

Shah, N.M., Shah, M.A. & Radovanovic, Z. (1998). Patterns of desired fertility and contraceptive use in Kuwait. *International Family Planning Perspectives*, 24(3), pp.133-138.

Shorter, E. (1973). Female emancipation, birth control, and fertility in European histories. *The American Historical Review*, 78(3), pp. 605-640.

Silverman, J. G. et al. (2007). Violence against women, sexual risk and sexually transmitted infection among Bangladeshi men. *Sexually Transmitted Infections*, vol. 83, no. 3, pp. 211-215, 2007.

Uddin, M. E. (2006). *Family structure in a village of Bangladesh: A cross-cultural study*. Unpublished Ph. D. Dissertation, the Institute of Bangladesh Studies, Rajshahi: University of Rajshahi.

Uddin, M. E. (2007). Marital duration and sexual frequency among the Muslim and Santal couples in rural Bangladesh: A cross-cultural perspective. *International Journal of humanities and Social Sciences*, Vol. 1 (4), Fall (www.waset.org), pp. 182-191.

Uddin, M. E. & Arefin, S. (2007). Family authority patterns and gender dimensions of birth control methods adoption in the Santal and Oraon ethnic communities in rural Bangladesh. *International Journal of Humanities and Social Sciences*, 1(4): 168-175.

Uddin, M. E. (2009). Cross-cultural socio-economic status attainment between Muslim and Santal couple in rural Bangladesh. *International Journal of Behavioral, Cognitive, Educational and Psychological Sciences*, Vol. 1 (3), Summer (www.waset.org), pp. 154-161.

United Nations (1994). *Population, environment and development*. Proceedings of the United Nations Expert Group Meeting on Population, Environment and Development, United Nations Headquarters, 20-24 January 1992, New York.

.....(1997). *Family-building and family planning evaluation.* Department of Economic and Social Affairs, R/148, New York: Population Division.

.....(2001). *World population monitoring 2000: Population, gender and development*. Department of Economic and Social Affairs, New York: Population Division.

.....2003). *Partnership and reproductive behavior in low fertility countries*. Department of Economic and Social Affairs, New York: Population Division.

Wolfe, D.M. (1959). Power and authority in the family. In D. Cartwright (ed.): *Studies in social power*. The University of Michigan Press.

World Health Organization (1995). An assessment of the need for contraceptive introduction in Zambia. Retrieved from www.who.int/ reproductive-health/publications/HRP_ITT_95_4_1.enhtml.