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less likely than older couples to have already had unwanted births—and therefore less opportunity to report unwanted births as wanted—we used only data for respondents aged 30 or younger in this analysis.)
At pretest, women in each group desired
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dicate of attitudes toward family planning.* At pretest, the education-only
group had the highest percentage of men naming at least one modern method, followed by the education group. The pill and the condom were the most widely known methods in all three groups—known among more than two-thirds of the CBD group, half of the education-only group and about one-third of the control group (not shown). The increase in knowledge for these two methods was significant for the CBD and education-only groups (p<.001). Knowledge of spermicides increased significantly only in the CBD group (p<.001), however.

Attitudes Toward Childbearing
To gauge changes in attitudes toward family planning, we analyzed changes from pretest to posttest surveys in ideal family size. (Since younger men and women are less likely than older couples to have already had unwanted births—and therefore less opportunity to report unwanted births as wanted—we used only data for respondents aged 30 or younger in this analysis.)
At pretest, women in each group desired at least seven children, on average, and there were no significant differences between groups (not shown). We observed a substantial change in ideal family size from pretest to posttest, however, for two groups: Both the CBD and the education-only groups reported wanting an average of two fewer children at posttest, bringing the mean ideal number down from eight to six for these two groups (p<.001). In contrast, among the men, no group showed any significant change in ideal family size: In all groups, the ideal family size remained between seven and eight children between pretest and posttest.
The percentage of women who intend to use family planning if it becomes readily available to them is another useful indicator of attitudes toward family planning.* At pretest, the education-only group had the lowest percentage of women who were ready to use family planning (Table 2). While all three groups experienced significant gains by the posttest (p<.001), the education group showed the largest gain, followed by the CBD group. Thus, by the posttest, the control group reported the lowest level of intention to practice contraception.

Family Planning Use
Women’s current use of a modern method of family planning increased significantly in all study groups (p<.001). The largest increase was in the CBD group: from 1% in the pretest to 31% in the posttest. The control group experienced the second-largest increase, from 2% to 14% (Table 2).
All three groups also showed significant increases in their use of the pill (p<.001). Again, the largest increase occurred in the CBD group (from less than 1% to 16%). This group was the only one to significantly increase its use of spermicides. There were no significant changes in any group’s use of other methods (condoms, injectables or IUDs).
While men’s reports of condom use were similar at pretest across the three groups, they differed significantly at posttest, with the CBD group showing the largest gain. In contrast, relatively few women reported using condoms as their contraceptive method. While it is possible that men are using condoms with non-marital partners, this finding may also reflect a misunderstanding of the question, since women may think that it is men, not women, who use condoms.

Communication
Most women and men in all groups (87–96%) believe that a woman should not decide to use a birthspacing method on her own. Therefore, the promotion of spousal communication regarding family planning matters is a necessary component to increasing contraceptive use. There was little difference between the women’s groups at pretest regarding communication with their husbands about birthspacing. At posttest, increases in communication were significant for all groups of women, with the largest increase in the CBD group.
The results for men are similar. At pretest, there was little difference between the CBD and control groups, while men’s communication with their marital partners in the education-only group was significantly lower. By the posttest, changes in communication were significant for all groups, with the largest increase found in the CBD group.
Changes in spousal communication in the CBD and the education-only groups were significantly affected by education, however. While the change between pretest and posttest survey was still significant for these two groups, CBD and the education program had a greater impact on spousal communication among respondents who lacked primary schooling than among those with more schooling.

Project Monitoring Data
Program statistics. Figure 1 shows the relationship in each quarter between the number of men who purchased condoms and the number of family planning education activities carried out by village promoters. (The number of women purchasing spermicides was similar to the number of men obtaining condoms in every quarter.) The purchasers include both new acceptors and continuing users, since initially this information was not recorded separately.
During the initial nine months of the intervention, the number of users decreased progressively. By April–June 1993, however, this number had increased substantially. While purchases decreased slightly over the following nine months, the number of users and acceptors always remained greater than the number during the initial nine months of the program.
With the exception of the period during January–March 1993, the pattern of education activities mirrors the numbers of acceptors and users. Again, education activities rose sharply in the second nine months of the program. The increase both in the number of education activities and in the number of acceptors during April–June 1993 may be attributed to the village pro-

Note: Condum purchases include both new acceptors and continuing users.

*We measured this intention only among women who spontaneously mentioned a modern or traditional method or who indicated at least some knowledge of family planning through their familiarity with the term “birthspacing.”