

Prevalence of Contraceptive Used by Married Couples in Chattogram Hill Tracts

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DOI: <https://doi.org/10.3329/jafmc.v14i2.45889>

Abstract

Introduction: Bangladesh is a densely populated country with high fertility rate. Contraception is an essential method for reducing fertility rate. Use of contraceptive depends on couples' socio-cultural, education and economic condition. Chattogram hill tract is the least economically developed area where, education and health care facilities are hard to reach.

Objectives: To find out the prevalence of contraceptive used by married couples of selected rural community of Khagrachari District.

Materials and Methods: This descriptive cross sectional study was conducted from January to December 2017 on 300 married women age ranging from 15 to 45 years reported to outpatient department of Border Guard Hospital, Guimara, Khagrachari were selected purposively after informed written consent. All the necessary data were collected in a pretested structured questionnaire by face to face interview.

Results: Among the 300 respondents highest 42.7% was in age group of 15-25 years, 60% were married for more than 10 years, 38.3% were illiterate, 89.7% were housewives and 55.7% had monthly family income between five to ten thousands taka. Respondents' ethnicity was Bengali 51.7%, Marma 18.3%, Tripura 18.7% and Chakma 34(11.3%). About 53% respondents were using contraceptives among them 95.6% were using temporary methods; 60.4% oral contraceptive pill followed by injectable 15.8% and condom 9.4%. Barrier to contraceptives use was fear of side effects 21.9% followed by husbands' non co-operation 24.9% and religious bar 22.7%.

Conclusion: Prevalence of contraceptive use in Chattogram Hill Tract is lower than the overall rate of the country. Appropriate measure should be taken to increase the contraceptive use rate so that total fertility can be controlled.

Key-words: Contraceptive method, Married women, Chattogram hill tracts.

Introduction

Bangladesh is one of the most densely populated countries in the world with a high fertility rate¹. Contraception is an essential method for reducing fertility rate². Use of contraceptive depends on couples' socio-cultural, education and economic condition³. In Bangladesh, population planning was seen as an integral part of the total development process⁴. For this

reason, modern contraceptive methods are easily available at all health care facilities including community clinics and family planning outreach centers, almost free of charge⁵. Family planning visitors routinely visit the married couples in rural communities of Bangladesh. Various types of contraceptive methods are now available in the community to fulfill the aim of family planning⁶. These methods can again be classified into temporary including hormonal contraceptives, condoms, IUDs and implants and permanent methods including tubectomy for female and vasectomy for male⁷.

In spite of availability of a wide range of contraceptives and mass media campaigns and information, education and communication programs, the population control remains a distant dream to achieve the target. Though birth control is the responsibility of both the partner and contraceptive methods for both men and women are available but women's contraceptive prevalence rates are higher than the men's in a developing society like Bangladesh. Reasons are related to socio-cultural status, family authority, economic freedom and education status of couple⁸. Contraceptive method choice is a fundamental indicator of quality of care in a family planning program⁹. The permanent method users are found less in number in comparison to people using temporary and long acting methods. A lack of knowledge of contraceptive methods or a source of supply and poor accessibility are the barriers that exist in developing countries¹⁰. Bangladesh has improved a lot in the field of birth control and contraceptive use but this improvement is not equal throughout the country. Chattogram hill tract is the least developed area of Bangladesh, where education rate is low and health care facilities are hard to reach. To find out the prevalence of contraceptive used by the married couple of Chattogram hill tract this study was designed.

Materials and Methods

This descriptive cross sectional study was conducted from January to December 2017 at outpatient department (OPD) of Border Guard Hospital, Guimara, Khagrachari. A total of 300 married women age ranging 15-45 years reported to OPD were selected purposively as study subject. After assuring secrecy and not revealing individual identity informed written consent was taken before collection of data. All the necessary data were collected in a pretested structured questionnaire by face to face interview. Collected data were analyzed by SPSS for Windows 20.0 and presented as frequency and percentage.

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Results

Among the 300 respondents highest number 128(42.7%) was in age group of 15-25 years and majority 163(54.3%) were follower of Islam followed by Hinduism 64(21.3%) and Buddhism 49(20.3%). Respondents' ethnicity was Bengali 51.7%, Marma 18.3%, Tripura 18.7% and Chakma 34(11.3%). Majority 180(60%) respondents were married for more than 10 years and 115(38.3%) were illiterate. Majority of the respondents were housewives 269(89.7%) and 167(55.7%) had monthly family income between five to ten thousands taka (Table-I). Among the respondents 159(53%) were using various types of contraceptives in contrary 141(43%) were not using any contraceptives for various regions (Figure-1). Respondents using contraceptives were temporary methods 152(95.6%) and permanent methods only 7(4.4%). Among the contraceptives users oral contraceptive pill (OCP) was highest 96(60.4%) followed by injectable 25(15.8%) and condom 15(9.4%) (Table-II). Respondents got information about contraceptives mostly from family planning workers 139(46.4%) followed by relatives 76(25.3%) and quacks 34(11.3%) (Table-III). Barrier to not using contraceptives was fear of side effects 31(21.9%) followed by husbands' non co-operation 35(24.9%) and religious bar 32(22.7) (Table-IV).

Table-I: Socio-demographic characteristics of respondents (n=300)

Characteristics		Frequency	Percentage
Age in years	15-25	128	42.7
	26-35	83	27.7
	36-45	89	29.6
Religion	Islam	163	54.3
	Hinduism	64	21.3
	Buddhism	49	20.7
	Christianity	11	3.7
Ethnic group	Bengali	155	51.7
	Marma	55	18.3
	Tripura	56	18.7
	Chakma	34	11.3
Duration of marriage in years	1-5	53	17.7
	6-10	67	22.3
	11-20	112	37.3
	>20	68	22.7
Education status	Illiterate	115	38.3
	Primary	94	31.3
	Secondary	59	19.7
	Above secondary	32	10.7
Occupation	Housewife	269	89.7
	Working	31	10.3
	< 5000	91	30.3
Monthly family income in Taka	5000-10000	167	55.7
	> 10000	42	14.0

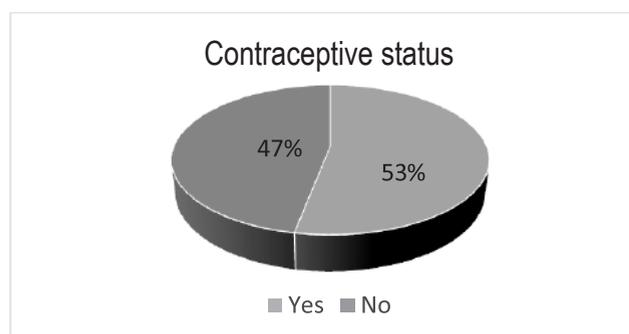


Figure-1: Contraceptive using status (n=300)

Table-II: Distribution of respondents by the type of contraceptive used (n=159)

Type of contraceptives used	Frequency	Percentage	
Temporary methods	OCP	96	60.4
	Condom	15	9.4
	Injectable	25	15.8
	Implant	7	4.4
	IUDs	9	5.6
	Total	152	95.6
Permanent methods	Tubectomy	5	3.1
	Vasectomy	2	1.3
	Total	7	4.4

Table-III: Distribution of respondents by source of information about contraceptive (n=300)

Source of information	Frequency	Percentage
Family planning worker	139	46.4
Relatives	76	25.3
Husband	23	7.7
Mass media	13	4.3
Quacks	34	11.3
Qualified doctors	7	2.3
Others	8	2.7
Total	300	100

Table-IV: Distribution of respondents by barriers to use contraceptives (n=141)

Barriers to use contraceptive	Frequency	Percentage
Fear of side effect	31	21.9
Eager to conceive	22	15.6
Non co-operation of husband	35	24.9
Religious bar	32	22.7
Ignorance about the method	11	7.8
Others	10	7.1
Total	141	100

Discussion

This descriptive cross sectional study was aimed at to find out the prevalence of contraceptive devices among 300 females in rural area of Chattogram Hill Tract of Bangladesh. In our study, about 42.7% respondents were in age group of 15-25 years which is consistent with studies done by Kamal Net al¹¹. Ethnicity, religion and education status is consistent with the demographic data of Khagrachari district¹². In the current study 60% respondents were married for more than 10 years and 89.7% were housewives, this finding differ with the study of Murarkar SK et al⁷ but consistent with other similar studies^{13,14}.

In this study 53% respondents were using different types of contraceptives and 47% were not using any contraceptives. Prevalence of contraceptive user found in this study was consistent with the family planning bulletin data 2018 but lower than the study done by Sultana et al¹⁵ where 86.42% were used contraceptive device and 13.58% were not used. Among the contraceptive users 60.4% were using OCP, 15.8% using

condom this finding was consistent with similar studies^{7,16} but was not consistent with other studies^{5,9}. In this study permanent method of contraceptive users were only 4.4% and 3.1% of them were female this finding were consistent with similar studies^{10,13}. Most of the respondent got information about contraceptives from family planning workers or their relatives, this finding consistent with similar studies in Bangladesh^{11,15}.

In this study, injectable, implant and IUD users were 15.8%, 5.6% and 4.4% respectively; these findings were consistent with similar studies^{6,16}. Almost half of the respondents got information about contraceptives from the family planning workers this finding conforms with other similar studies^{8,14} in Bangladesh. From this study, it revealed is that male partners are not only taking less responsibility for contraceptive use but also some cases they are barring to use contraceptives. This study also reveals that misconception about the side effects and religious factors also barring to use contraceptives; this finding consistent with other studies^{6,12}.

Conclusion

Prevalence of contraceptive use in Chattogram Hill Tract is lower than the overall rate of the country. Male partners are not only taking less responsibility for contraceptive use but also some cases they are barring to use contraceptives. Fear of side effects and religious factors are important factors to bar using contraceptives. Appropriate measure should be taken to increase the contraceptive use rate so that total fertility can be controlled.

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