

PREVALENCE OF CONTRACEPTIVE USE AMONG MARRIED WOMEN OF REPRODUCTIVE AGE GROUPS IN A RURAL AREA OF BANGLADESH

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Abstract:

This was a descriptive cross-sectional type of study conducted with an aim to find out the prevalence of contraceptive use among married women of reproductive age group (15-49 years) in a rural area of Sreepur upazilla under Gazipur district. The study was conducted from February 2012 to June 2012. Out of 265 respondents, majority (27.17%) were found between the age group of 20-24 years where mean age was 28.12 years with SD of ± 7.881 years. Among all the respondents 97.7% were Muslims. Maximum number of respondents (28.7%) were educated up to secondary school level but most of them (84.5%) were housewives. Majority (34%) of their husbands were service holders and businessmen each, 29.4% had monthly family income of 5,001-10,000/- Tk. This lower middle class comprised the highest group in our study. Among 265 respondents, 62.3% were using contraceptive methods at the time of study and rest 37.7% were not using due to some different reasons, such as pregnancy, breast feeding, eagerness to take child etc. Maximum couple (81.9%) took decision combindly to adopt contraceptive methods and most of them (69.8%) lived in a nuclear family. Majority (62.63%) had 1 to 2 children. Mostly used contraceptive method among ever users (81.69%) and current users (60%) was oral contraceptive pill. Majority (45.28%) mentioned no side effect from any of the methods. Relatives and neighbors were the highest informer (33.96%) than the family planning workers (20.75%) and even mass media (7.54%). In this study the prevalence of contraceptive use was found 62.3%.

Key word: Prevalence of contraceptive use, married women of reproductive age group (15-49 years)

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Introduction:

The world is in the midst of a dramatic expansion in population and it may be overburdened by its success: the decline in death rates and the continued high birth rates in developing countries result in rapid population growth.¹ The population is expected to stabilize at about a quarter of a billion by 2050, if family planning programs continue to reduce the birth rate.² However there is still great variation in the extent and pace of that decline for individual countries.¹ Bangladesh strides hard to solve ubiquitous problems related to some population issues such as, food shortage, accommodation problem, environmental pollution, inadequate health care supply, fertility reduction, reproductive health and reproductive rights of women etc. Family planning program is the mainstay of solving this problem.³ Family planning refers

to practices that help individuals or couples to attain certain objectives like; to avoid unwanted birth, to bring about wanted birth, to regulate the intervals between pregnancies, to control the time at which births occur in relation to the ages of the parents, to determine the number of children in the family.⁴ India was the first country to formulate the National Family Planning Program in the world in the year 1952 with the objective of reducing birth rate.⁵ Earlier studies have reported low contraceptive use in Asian women, indicating unmet need, poor health education and problems with access to appropriate family planning services.⁶ Organizationally the family planning program in Bangladesh passed through a number of transformations. Five distinct and broad phases may be identified as: (a) private and voluntary clinic based program with little government support (1953-1960). (b)

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family planning services through government health care facilities(1960-1965).(c) large scale field based government family planning program administered by an autonomous board(1965-1975). (d) maternal and child health based multi-sectorial program(1975-1980). (e) functionally integrated health and family planning program emphasizing maternal and child health(MCH), primary health care(PHC) and family planning(FP) as a package.⁸ These programs have dramatically reduced the total fertility rate within the last few decades. According to Bangladesh Demographic and Health Survey 2007, our current fertility rate (TFR per thousand live births) is 2.7, which is still not good enough because only about 55% of total women of reproductive age group are taking any form of contraceptive method.³ Contraceptives are devices, techniques and methods used to prevent fertilization. Devices in common use include condoms, IUCD, female condoms, cervical caps, and diaphragms. Hormonal contraceptives inhibit female ovulation or fertilization. These include injectable and oral contraceptives. The most common hormonal contraceptives are the combined oral contraceptive pill, commonly referred as “The Pill”, which includes a combination of an estrogen and a progestin (progestogen), the minipill that contains only synthetic progestogens and do not contain estrogen. Depot preparations currently used are norplant, implant. Sterilization is a permanent form, providing contraception using surgical techniques, such as tubal ligation for females, and vasectomy for males, to alter the reproductive function of the sex organs. Emergency contraceptives, or “morning-after pills”, are drugs that disrupt ovulation or fertilization in order to prevent pregnancy taken after sexual intercourse.⁹

According to MCHTI and HNPS, Oral Contraceptive Pills are the most popular methods of contraception and almost 50% of women who use any type of contraceptive method take oral contraceptive pill. The level of contraceptive use in most developing countries is higher among women in their thirties and typically lowest among teenage women and women in their forties.¹⁰

Acceptance of contraceptive methods varies with societies and also among different castes and religious group. The factors responsible for such varied picture operate at the individual, family and community level.¹¹Men were reported to exert influence on family planning use. The health services are currently not set up to be male friendly. Restructuring services to include men could greatly expand utilization by both men and women. Educating men about family planning can enhance their capacity to make informed choice that can have beneficial outcomes for their female partner as well.⁷ Considerations as desired family size and child-spacing influence contraceptive prevalence among married women at the individual level, while at the macro level, the laws and regulations and cultural norms are important factors that determine access to contraception.³ According to Bangladesh Demographic and Health Survey, 2007 CPR (Contraceptive Prevalence Rate) in Bangladesh is 55.8 percent, Dropout Rate is 44.2 percent and Unmet Need for Contraception is 17.6 percent. Though the accepted contraceptive use rate has got its momentum, still there might exist differences in such use rate by rural-urban residence, regional difference, among different castes and religious groups.³ So the program needs to be closely monitored, evaluated and re-planned to get further achievement. Our research focuses on the prevalence of contraceptive use which is a part of the evaluation of the family planning program.

Materials and Methods:

A descriptive cross sectional type of study was conducted at Mulaid village of Sreepur Upazilla in Gazipur district during the period from February 2012 to June 2012. The sample size of the study was determined conveniently. The target population was the married women of reproductive age group (15-49 years) of Khozekhani village. Among them final sample size was 265 from whom data were collected. Purposive sampling technique was followed for collecting data through face to face interview based on structured questionnaire, which includes all the relevant information. After collection of data, they were edited and

processed manually. Then they were checked and verified for any omission, error or irrelevance. All data were entered and analyzed by computer with the help of SPSS version 14.0 on the basis of objectives of the study and using relevant statistical tools and techniques. Results obtained were presented in tables, graphs and charts Simple statistical analysis was also done and presented with the result whenever necessary and possible.

Result:

A total number of 265 women of reproductive age participated in the study. Majority of the respondents 72 (27.17%) were within 20-24 years and least number 13 (4.91%) were found between the age group of 45-49 years. The mean age was 28.12 years with a SD of ± 7.881 years. Among all the respondents 97.7% were Muslims and only 6(2.3%) were Hindu. Majority (28.7%) received education upto secondary school level, 25.7% received primary level education, 10.6% respondents passed S.S.C & 6.8% passed H.S.C or equivalent, 2.6 % was graduate or equivalent, 20.4% only able to put signature, 1.1% had informal education & rest 4.2% were illiterate. Regarding educational level of the husbands of the respondents, the highest number 62(23.4%) of the husbands were educated upto secondary school level. and lowest 3 (1.1%) had a Master's degree and above or equivalent. Out of 265 respondents majority 224 (84.5%) were housewives, 27 respondents (10.2%) were service holders. Businesswomen, agricultural workers, day labourers, self employed and students comprised 5 (1.9%), 4 (1.5%), 2 (0.8%), 2 (0.8%) and 1 (0.4%) respectively. Out of 265 husbands of respondents, majority 90 (34%) were service holders and businessman each, 43 (16.2%) were agricultural workers, 18 (6.8%) were day labourer and 14 (5.3%) were self-employed. Only 10 (3.8%) were unemployed. The mean monthly family income was 11507.55 taka with a standard deviation of ± 1.246 . Majority 78 (29.4%) of the respondents were in the lower middle class (monthly family income taka 5,001-10,000. Regarding type of family majority 185 (69.8%) lived in a nuclear family, 69 (26%) respondents lived in a joint family. Only 11 (4.2%) respondents lived in an extended family.

Among the respondents, majority 156 (55.87%) were found between the age group of 16-20 years when they were married, 89 (33.58%) were found below 15 years followed by 18 (16.79%) respondents who were between 21-25 years and only 2 (0.8%) respondents were between 26-30 years when they were married. Out of 265 respondents 226 (85.3%) families had children while 39 (14.7%) had no children. Among 226 respondents who had children, majority 142 (62.63%) had one or two children. 69 (30.53%) had three or four children. 13 (5.75%) respondents had five or six children. Only 1 (0.55%) respondent had seven or eight or nine children 213 (80.4%) had history of no abortion, 43 (16.2%) had 1 abortion, 8 (3%) had 2 abortions and only 1 (0.4%) had 3 abortions. Majority 220 (83%) had no dead child, 34 (12.8%) had 1 dead child, 10 (3.8%) had 2 dead children, only 1 (.4%) had 3 dead children. 232 (87.5%) had knowledge about contraceptive methods, while rest 33 (12.5%) had no knowledge about this. Among them 165 (62.3%) were using any form of contraceptive methods at the time of the study while rest 100 (37.7%) were not using any form of contraceptive methods, Among none users, majority 65 (65%) were eager to take child, 12 (12%) did not use in fear of side effects, 6 (6%) of them told that their husbands forbade them to do so, 5 (5%) complained of dissatisfaction, 2 (2%) preferred male baby and 1 (1%) mentioned about religious bindings. Rest 9 (9%) of them mentioned other reasons, such as pregnancy, breast feeding, secondary infertility, hypertension, diabetes,

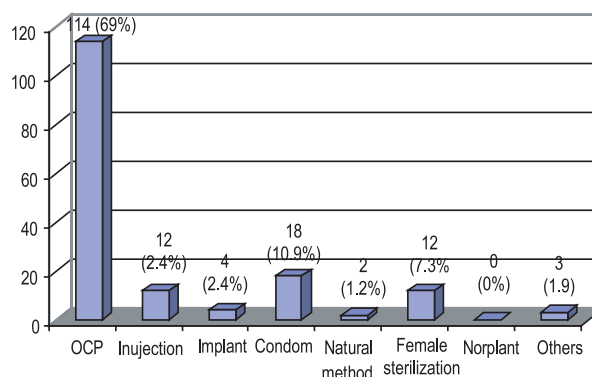


Fig.-1: Simple bar chart showing different types of contraceptive methods adopted by the current users only (n=165)

hysterectomy, early menopause etc. Among 265 respondents, majority 90 (33.96%) had heard about contraceptive methods from either relative or from neighbors, 60 (22.64%) respondents had heard from their husbands, 55 (20.75%) were informed from family welfare visitors and 50 (18.86) from doctors and nurses of Health Complex, 20 (7.54%) were informed from mass media (radio, TV, bill board, hand bill, poster etc.) Majority 174 (81.69%) had adopted oral contraceptive pill (OCP) 17 (7.97%) had adopted injection and 8 (1.88%) adopted condom, natural method was adopted by 5 (2.36%) respondents, female sterilization (tubectomy) had adopted by 4 (1.8%) norplant (5 year) and others which include male sterilization (vasectomy) and cuT both had 2 (0.94%) each, implant (3 years) was adopted only by 1 (0.47%) respondent. Majority 217 (81.9%) couples planned together to adopt contraceptive methods, wife took decision alone in 25(9.4%) cases and 23 (8.7%) husbands of the respondents planned alone to adopt contraceptive methods. Regarding period of contraceptive use, majority 120 (56.34%) respondents were using contraceptive methods for less than 3 years, 46 (21.60%) using between the time period of 4-6 years, 24 (11.27%) using 7-9 years, 15 (7.04%) for 10-12 years, 7 (3.29%) for a time period of 13-15 years, Only 1 (0.46%) respondent was using contraceptive methods for more than 16 years. Among 213 respondents, 175 (82.15%) used contraceptive methods correctly, while 38 (17.75%) did not use contraceptive methods correctly. Among 38 respondents who did not use contraceptive methods correctly, majority 17 (44.74%) forgot to take OCP daily, 12 (28.95%) in fear of side effects, 7 (18.42%) mentioned "no cause" and 3 (7.89%) did not use contraceptive methods correctly because their husbands didn't reside with them. Among 265 respondents majority 120 (45.28%) experienced no side effects. 40 (15.09%) complained of weight gain with the pill and injection, while 20 (7.54%) complained of weight loss. 31 (11.69%) experienced headache with pill. 30 (11.32%) told about irregular menstruation and 23 (8.65%) complained of lower abdominal pain. 7 (2.64%) mentioned nausea. Only 2 (0.75%) complained

cessation of menstruation, excessive menstruation with injections and IUD each.

Discussion:

This descriptive cross sectional study was aimed at finding out the prevalence of contraceptive use among 265 married women of reproductive age group (15-49 years) of the village Mulaid under Telihati union in Sreepur upazilla of Gazipur district in Bangladesh.

The prevalence of contraceptive use among the married women of reproductive age group in Bangladesh was 55.8% according to BDHS 2007 (Bangladesh Demographic and Health Survey, 2007). A study done by Hossain, T et. al. (2008)³ found 92.6% prevalence rate in rural Bangladesh. Our study showed the prevalence rate 62.3% which was less than the previous study and higher than the rate given by BDHS 2007. It may be due to higher educational level of the respondents, which was maximum 28.7% up to secondary school level and altogether from primary to graduate level was 74.4%. This finding was supported by Hossain, T et. al. (2008)³, Saxena, S et. al. (2002)⁵, Murarkar, SK et. al. (2011)¹¹ and also Kansal et. al. (2006)¹⁵ in their studies where they found 77.9%, 48.8%, 82.76%, 56.93% women were educated up to secondary level respectively. It may be also due to higher percentage (69.8%) of respondents living in nuclear family, where they could take decision easily, which was found in the study done by Murarkar, SK et. al. (2011)¹¹ and another study done by Kamal, N (2007)¹² where she described, the women from nuclear family had more freedom and more modern outlook on mobility which enhance the contraceptive use.

In our study, among 265 respondents the highest, 72 (27.17%) respondents were found between the age group of 20-24 years and the least 13 (4.91%) were found between the age group of 45-49 years. More or less similar pictures were found in studies done by Hossain, T et. al. (2008)³, Mahmood, SE et. al. (2011)¹³, Saxena, S et. al. (2002)⁵, Bagheri, M et.al. (2010)¹⁴. The women aged more than 30 years had completed their families and did not want more children. In our study among 265 respondents, 226 (85.3%) families had children

while 39 (14.7%) had no children. Out of 226 respondents majority 142 (62.63%) had one or two children, 69 (30.53%) of them had three or four children. Only 1 (0.55%) respondent had more than nine children. The trend of small family size was preferred by a large group of people. Hossain, T et.al (2008)³ and Kansal, A et. al (2006)¹⁵ depicted more or less similar picture in their studies. Among 265 respondents majority 220 (83%) had no dead child, 34 (12.8%) had 1 dead child, 10 (3.8%) had 2 dead children. Only 1 (0.4%) had 3 or more dead children. Study done by Kansal, A et. al. (2006)¹⁵ also found that, contraceptive prevalence rate was 50.77% in couples with no child loss, whereas 36.84% in couples who lost 2 or more children. In our study out of 265 respondents, majority 156 (55.87%) were found between the age group of 16-20 years when they were married. Same age group was found by Hossain, T et. al. (2008)³ in their stud. Out of 265 married women, majority 165 (62.3%) were using any form of contraceptive methods, while only 100 (37.7%) were not using any form of contraceptive methods for various reasons. The commonest reason for not acceptance was desire for children by 65 (65%) women, fear of side effects by 12 (12%) women, followed by other causes 9 (9%) such as pregnancy, breast feeding, secondary infertility, hypertension, diabetes, hysterectomy, early menopause etc. These finding were similar to those studies done by Hossain, T et. al. (2008)³ and by Murarkar, S et. al. (2011)¹⁶ in their study in rural India. Among the current users majority 114 (69%) were taking oral contraceptive pill, which was followed by 18 (10.9%) condom users. Here no respondent was using norplant. Injection and female sterilization had the same percentage each of which was 12 (7.3%). Among the ever users, oral contraceptive pill accounted for the highest use about 81.69% which was followed by injection (7.97%). This reflects that the oral contraceptive pill and condoms were easy to administer and they were easily available. These findings were almost same with studies done by Hossain, T et. al. (2008)³, Saxena, S et. al. (2002)⁵, Bagheri, M et.al. (2010)¹⁴. In some other studies done by Kansal et. al. (2006)¹⁵, and Murarkar, S et. al. (2011)¹⁶

the most commonly accepted method for contraception was the permanent method. There was predominance of female sterilization in rural areas, as men don't come forward for vasectomy. The rate of tubectomy was 28.88%, condom was 11.68%, oral contraceptive pill user rate was 4.78% according to Kansal et. al. (2006)¹⁵. Murarkar, S et. al. (2011)¹⁶ found that tubectomy rate was 64.26% and vasectomy rate was 0.40%, whereas oral contraceptive pill user rate was 5.22%. In our study, majority 120 (43.64%) experienced no side effect from any kind of contraceptive methods. Few 40 (14.55%) respondents complained of weight gain with the pill and injection. Headache 31 (11.27%), irregular menstruation 30 (10.90%), lower abdominal pain 23 (8.36%), weight loss 20 (7.27%) etc were other side effects. Study done by Ollugbenga-Bello AI et. al. (2011)¹⁷ also showed that, majority of the women about 89.5% did not have side effects from any of the contraceptive methods. The current use rate was much higher among Muslim women than non-Muslim women in the study area. 259 (97.7%) were Muslim and only 6 (2.3%) were Hindus. This finding was similar to Saxena, S et. al. (2002)⁵ where Muslims were practicing contraceptive methods more (48.8%) than Hindus (41.9%) and other religions. A different picture was found in Naogaon district of Bangladesh which was done by Hossain, T et. al. (2008)³ where non-Muslim women were higher contraceptive users about 76.5%. The mean family income was 11,507.55 taka with a standard deviation of ± 1.246 . In present study contraceptive acceptance was highest from lower middle class women whose monthly family income was 5001-10,000/- and the percentage was 78 (29.4%) followed by middle class women whose monthly family income was 10,001-15,000/- and the percentage was 74 (27.9%). The rich income group was in least position which was 36(13.6%). Murarkar, SK et. al. (2011)¹¹ and Bagheri, M et. al. (2010)¹⁴ found that, contraceptive use was more in upper middle socio-economic class which was 79.62% and 62.6% respectively. In our study, majority 224 (84.5%) were housewives, followed by service holders 27 (10.2%). Students comprised

the least number 5 (1.9%), Bagheri, M. et al (2010)¹⁴ showed that in Iran, 33.2% of women were unemployed and 66.8% were employed. Regarding occupation of respondents' husband, service holder and businessman both group ranked the first position i.e. 90 (34.0%), 10 (3.8%) were unemployed. only 43 (16.2%) were agricultural worker. This was supported by Hossain, T et. al. (2008)³ and Murarkar, SK et. al. (2011)¹¹ and Kansal et. al. (2006)¹⁵ where contraceptive prevalence rate was higher in case of service holder rather than agricultural worker. The knowledge about contraceptive methods played a major role in the acceptance of contraceptive use, though many other factors also involved in it. We found that 232(87.5%) had knowledge about contraceptive methods while rest 33 (12.5%) had no knowledge about this matter. About 90 (33.96%) respondents had heard about contraceptive methods from either relatives or neighbors, 60 (22.64%) from husband family planning field workers gave information to 55 (20.75%) respondents while doctors, nurses and other health personnel gave information to 50 (18.86%). Radio, TV, newspaper, posters, bill boards etc all these mass media had a little effect on them, only 20 (7.54%). Hossain, T et. al. (2008)³ observed that the current use rate of contraceptive was 64.5% among those who had at least one visit by FWAs. In our male dominant society, husbands' opinion had a great influence on use of contraceptives. In our study majority 217 (81.9%) couples planned together to adopt contraceptive methods, while 25 (9.4%) respondents i.e. wives took decision alone and 23 (8.7%) husbands only took decision alone. Similar findings were seen by Hossain, T et. al. (2008)³ in Naogaon district of Bangladesh where they found that majority women 69.2% were discussed with their husbands about contraceptives. We also found that among 213 respondents 175 (82.15%) respondents used contraceptive methods correctly while 38 (17.75%) did not use it correctly. They cited some reasons for not using the methods correctly, majority 17 (44.74%) cited that they forgot to take OCP daily some pointed about fear for side effects and some notified other reasons.

The current study done in rural area in Bangladesh gave us a positive finding where contraceptive prevalence rate is little higher (62.3%) than our national CPR 55.8%.

Conclusion:

The study has conducted under such circumstances when world is overburdened with rapid population growth, specially in developing countries like Bangladesh. Through contraceptive prevalence among ever married women of reproductive age is increasing rapidly, the rate has not yet reached up to the mark. In our study the prevalence of contraceptive use is 62.3%. Within this study we also get knowledge about their socio-demographic characteristics. Most of the female (32.45%) using contraceptives are in age group 21-25 years. It assumes that women use contraceptive in their peak fertile period. Maximum females are educated up to secondary level which is 23.4% . Due to education women exposed to the outside world, it prompts them to look for contraception. About 70% live in nuclear family, so decision taking process becomes easier for female respondent. In our study we see that the use of contraceptive increases due to increased awareness and status of female. Still, there is a need to intensify information, education and communication activities and motivate the population to practice contraception.

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