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Contraceptive Methods Used by the Selective Rural Tea Garden Workers of Sylhet

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Abstract

Introduction: This study was focused on contraceptive methods used by the selective Tea garden workers of Sylhet. The aim was to explore the used of the contraceptive methods and factors influencing the use of the contraceptive methods along with socio-demographic profile of the tea garden workers. **Materials and Methods:** It was descriptive type of cross-sectional study carried out in some selective tea garden of Sylhet from July-December, 2020. 150 respondents were selected by purposive type of non-probability sampling method. Data were collected by a pretested mixed type questionnaire. **Results:** The study revealed that 90 (60%) of workers belonged to of 20-29 years age group. The mean age was 33.87 ± 8.97. Most of the respondents 104 (69.3%) were female, 117 (78%) were followers of Hinduism, 109 (72.7%) were illiterate, 136 (90.7%) were from the nuclear family and 129 (86%) were belonged to lower class. Majority of the workers 136 (90.7%) were using contraceptive methods, among them 78 (57%) were using injectable contraceptive but no one use permanent methods. Most of them used contraceptive methods for prevent unwanted pregnancy and reduced family expenditure that was 46 and 40 (34% and 29%). The survey assessed the positive association between use of contraceptive methods and sex, religion (p<0.05). **Conclusion:** Due to covid situation, the present study was conducted among only 150 respondents. Large scale survey is necessary to find out the exact pattern of contraceptive methods use throughout the tea garden workers.

Key words: Contraceptive methods, Tea garden workers, Rural area.

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Introduction:

The tea industry of Bangladesh is playing a major role in fulfilling the domestic consumption as well as an important source of export earnings for the last few decades contributing about 0.8% of total GDP of the country. So, tea garden workers are considered as an important part of our country's population[1]. Beside this, a common picture of our country is rapid population growth[2]. The population is expected to stabilized, if more use of contraception to reduce the birth rate. Bangladesh strides hard to solve the problem. Our country has experienced a sevenfold increase in its contraceptive prevalence rate (CPR) in less than 45years from 8% in 1975 to 63% in 2019[3-6]. Use of contraception 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[7,8]. According to Bangladesh Demographic and Health Survey 2017-18, our current fertility rate (TFR per thousand live births) is 2.3, which is still not good enough because only about 62% of total women of reproductive age group are taking any form of contraceptive methods[2]. 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[8]. Still there might exist differences in such use rate by sex, rural urban residence, regional difference, among different castes and religious groups[9]. So, the

program needs to be closely monitored, evaluated and re-planned to get further achievement.

Materials and Methods:

A descriptive type of cross-sectional study was carried out in some selected tea garden, located at kulaura, Sylhet, from July to December, 2020. The study sample was all the married workers of those tea gardens, but 150 participants were selected by non-probability, purposive type of sampling methods followed by inclusion criteria that was workers of tea garden who were available during data collection, willing to participate in the study and the exclusion criteria was unmarried, pregnant and divorce couples. The research instrument was pretested mixed type of questionnaire. Data were collected by face to face interview. Data processing and analysis was performed with the help of SPSS version 23.0. The results were expressed in descriptive statistics as frequency, percentage, mean and standard deviation in tables and figures.

Results:

The study revealed that 90 (60%) of workers belonged to of 20-29 years age group. The mean age was 33.87 ± 8.97 years. 104 (69.3%) respondents were female and 46 (30.7%) were male. 117 (78%) of workers were followers of Hinduism. Large part of the respondents 109 (72.7%) were illiterate. 136 (90.7%) of the respondents were from the nuclear family. Most of them 129 (86%) were belonged to lower class.

**Table-I: Socio-demographic features related (n=150).**

1. Age groups	Frequency	Percentage (%)
• 20-29 years	90	60
• 30-39 years	40	26.7
• 40-49 years	20	13.3
2. Sex		
• Female	104	69.3
• Male	46	30.7
3. Religion		
• Hindu	117	78
• Muslim	33	22
4. Educational level		
• Illiterate	109	72.7
• Class 1- 5	35	23.3
• Class 6- 10	6	4
5. Type of family		
• Nuclear	136	90.7
• Joint	12	8
• Extended	2	1.3
6. Socioeconomic status		
• Lower	129	86
• Lower middle	21	14

Majority of the workers 136 (90.7%) were using contraceptive methods.

**Table-II: Use of the respondents about contraceptive methods (n=150).**

Use contraceptive methods	Frequency	Percentage (%)
• Yes	136	90.7
• No	14	9.3
Total	**150**	**100**

Among 136 contraceptive users, maximum of them 78 (57%) were using injectable contraceptive, 22 (16%) and 19 (14%) were using oral contraceptive pills and IUCD. Some of the respondents used condom 12 (9%) and safe period
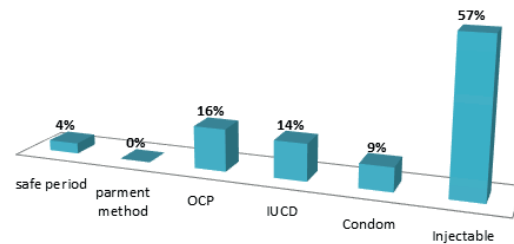
Figure-1: Types of contraceptive use.

In my study, among 136 contraceptive users, maximum of the workers used contraceptive methods for prevent unwanted pregnancy, reduced family expenditure and birth spacing that were 46, 40, and 35 (34%, 29% and 26%).
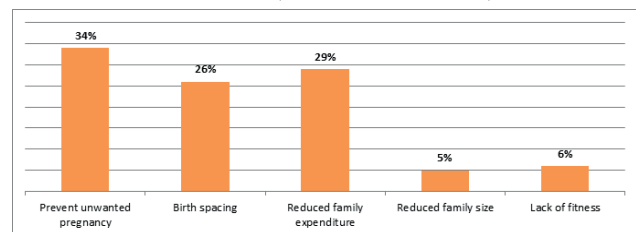
Figure-2: Causes of contraceptive use.

There is a strong association between use of contraceptive methods and sex.

Table-III: Association between use of contraceptive methods and sex (n=150).

Sex	Contraceptive methods				P value
	n (Yes)	%	n (No)	%	
Female	101	74.3	3	21.4	0.002*
Male	35	25.7	11	78.6	N/A
Total	136	100	14	100	

There is a positive association between use of contraceptive methods and religion.

Table-IV: Association between use of contraceptive methods and religion (n=150).

Religionl	Contraceptive methods				P value
	n (Yes)	%	n (No)	%	
Islam	43	31.6	10	71.4	N/A
Hindu	93	68.4	4	28.6	0.003*
Total	136	100	14	100	

There is a no association between use of contraceptive methods and educational status.

Table-V: Association between use of contraceptive methods and educational status (n=150).

Educational status	Contraceptive methods				P value
	n (Yes)	%	n (No)	%	
• Illiterate	97	71.4	12	85.8	N/A
• Class 1-5	33	24.2	2	14.2	N/A
• Class 6-10	6	4.4	0	0	N/A
Total	136	100	14	100	

Discussion:

Population explosion is a great problem in Bangladesh. Although the government of Bangladesh has implemented a structural health and family planning service delivery system for the rural people. This descriptive cross sectional study was aimed at finding out the contraceptive use and factors influence the use of contraception among 150 tea garden workers of kulaura upazilla of Moulvibazar district in Bangladesh along with socio-demographic features.

An overview of the tea garden workers in this study reflected the common socio-demographic characteristics. Among the respondents 90 (60%) were the age group within 20-29 years, 40 (26.7%) were the age group within 30-39 years and 20 (13.33%) were the age group within 40-49 years. The mean age was 33.87 ± 08.97 years. This data is almost similar in other tea garden workers and different rural area of Bangladesh, who are use different type of contraception[10-13]. Among the 150 respondents, majority of the workers were female 104 (69.3%) and whereas 46 (30.7%) were male. 117 (78%) of workers were followers of Hinduism and 33(22%) were Islam. 136 (90.7%) of the respondents were from the nuclear family, 12 (8%) from joint family and 2 (1.3%) from extended family (Table-I). This study is nearly similar as other tea garden related study in Bangladesh and Assam[10-12].

On the quest of the educational status, it was calculated that 109 (72.7%) of the respondents were illiterate that means they cannot read, write, not even his / her name. 35 (23.3%) were class 1-5, 6 (4%) were class 6-10 (Table-I). Thus, it can be said that educational level of tea garden workers is not satisfactory. Lack of education adversely affects the use of contraception. Educational status of other tea garden workers is contradicts to our study[11,12].

Out of 150 respondents 129 (86%) of the workers were belonged to lower class and only 21 (14%) lower middle class (Table-I). It is nearly similar as other tea garden in Bangladesh and Assam[10-12].

Among the respondents, maximum 136 (90.7%) were using contraception methods which is higher then reported (62%) in 2017-18 by Bangladesh demography and health survey (Table-II). Another study found that, contraceptive use rates are greater in all divisions except Chittagong and Sylhet divisions, which is contradicts to my study[14,15]. According to Bangladesh demographic & health survey data 2017-2018, oral contraceptive pills are the most preferable method in Bangladesh people which is 25.4%, but in my study we revealed that 57% preferred injectable method which is not similar to BDHS reports and other study done on rural area of Bangladesh and slum area of Dhaka[2,13,16,18]. The second preferred methods in my survey were oral contraceptive pills 22 (16%) and IUCD 19 (14%). Few respondents were using condom 12(9%) and safe period method 5 (4%) but no one used permanent methods (Figure-1). Another study done on Bangladesh and Assam, here they found that oral contraceptive pills was the most preferred method followed by other methods including permanent methods, which

contradicts our study[11,12]. Maximum study shows that, temporary methods of contraception is more preferable methods than permanent methods but the frequency of use of permanent methods are increasing day by day[16].

In my study, among 136 contraceptive users, maximum of the workers use contraceptive methods for prevent unwanted pregnancy 46 (34%), reduced family expenditure 40 (29%) and birth spacing that was 35 (26%). Some of them 6 (4.4%) and 5 (3.6%) used contraceptive methods for reduced family size and lack of fitness (Figure-2). These finding were nearly similar with other study[10-12].

In this study, we found significant association between sex and use of contraceptive methods (p<0.05%). Among 136 respondents of the contraceptive user most of them was female 101 (74.3%) (Table-III). It is similar to BDHS data[2]. The present study also shows that there was a positive association between use of contraceptive methods and religion (p<0.05). Most of the Hindu workers used contraceptive methods. This was similar to other study done on Assam tea garden[8] but contradicts to some study done on Bangladesh tea garden and slum area of Dhaka (Table-IV)[11,17].

In this survey no significant relationship between use of contraceptive methods and educational status (p>0.05%). Among 109 (72.7%) illiterate workers maximum were use contraceptive methods 97 (71.4%) because garden authority provides health education among the tea garden workers (Table-V). It is not similar to BDHS data and other study done on Bangladesh and Assam tea garden[2,11,12].

Conclusion:

Rapid population growth rate is one of the major social problems in developing world with deteriorate level of poverty and life expectancy[19,20]. Vast use of contraception can controlling the fertility rate and also very helpful to solve may social problems. The study conducted under such circumstances when world is pandemic with Covid-19. For this reason, the survey conducted among only 150 respondents of some selected rural tea garden workers of Sylhet. Contraceptive use among these tea garden workers is more than national level. The rate has reached up to the mark 90.7%. But in our country the prevalence of contraceptive use is 62%[2]. Within this study we get knowledge about their socio-demographic characteristics and associated factors related with contraception. But, large scale survey is necessary to find out the exact pattern of contraceptive methods use throughout the tea garden workers.

Conflict of Interest: None.

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