

# Prevalence of Contraceptive Method Use among Rural Reproductive Age Married Women in Selected Rural Area of Bangladesh

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## **ABSTRACT:**

**Introduction:** The population of a country or a defined area is largely determined by three variables-deaths (mortality), births (fertility) and migration. The balance between these variables determine whether a population decreases or increases in number. The rapid population growth could be controlled by reducing the birth through increasing the use of contraceptives along with other measures. **Objectives:** The objective of the study was to find out the prevalence of contraceptive use among married women of reproductive age group (15-49 years). **Materials and Methods:** This was a descriptive type of cross-sectional study which was carried out among 200 Rural Reproductive age group (15-49 years) married women. The study was conducted in a selected Rural Area in Gazipur district. Pretested semi-structured questionnaire was used for data collection after taking informed written consent from the Respondents which included information regards to socio-demographic status, types and related other information's of contraceptive methods used by the respondents. **Results:** The study revealed that maximum age of the respondent were between 21-30 years (45%), 31-40 years age group was 35% and in both 15-20 years and 41-49 years age groups were 10%. Majority of [144(72%)] respondents were from nuclear family, and 130(65%) respondents had 3-5 family members. Most of the respondents 180(90%) were homemaker. Husbands of most 105(52.5%) of the respondents were businessman. Family income of maximum 116 (58%) respondents was within the range of 10,000/-20,000/ Tk. Among all the respondents, 151(75.5%) were using contraceptive methods. Among the users of contraceptive methods majority 74(37%) had been using oral contraceptive pills, followed by injectable contraceptive user [37(18.5%)], barrier method [32(16%)] then permanent method and IUCD user. None were implant-users. About 27% (54) respondents were using contraceptive method for more than 5 years, 21% (42) were using contraceptive method for 3-5 years duration, 20%(40) were using for the duration of 1-2 years. Rest 15(7.5%) were using contraceptive method for less than one year. **Conclusion:** In this study we found that contraceptive prevalence rate (75.5%) is little higher than our national contraceptive prevalence rate (62.5%) but about 25% were not using any contraceptive methods due to different reasons. In order to improve

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*contraceptive use we need to extend provision of health education to educate couples, their parents, family members and society.*

**Key words:** *Prevalence, Contraceptive Method, Married Reproductive Age Women, and Rural Area*

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## INTRODUCTION:

The population of a country or a defined area is largely determined by three variables-1) Deaths (mortality) 2) Birth (fertility) and 3) Migration. The balance between these variables determines whether a population decrease or increase in number. There is widespread concern that rapid population growth may be constraining development in many countries of the world<sup>1</sup>. 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<sup>2</sup>. However there is still great variation in the extent and pace of that decline for individual countries. 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 is the mainstay of solving this problem.<sup>3</sup> 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 ages of the parents; to determine the number of children in the family <sup>4</sup>.

India was the first country in the world to formulate the National Family Planning Program in the year 1952 with the objective of reducing birth rate<sup>5</sup>. Earlier studies have reported low contraceptive use in women of Asia, indicating unmet need, poor health education and problems with access to appropriate family planning services<sup>6,7</sup>. Organizationally Family Planning program in Bangladesh passed through a number of transformations. Five distinct and broad phases have been identified as;(a)private and voluntary clinic based program with little government support(1953-1960) (b) 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 on 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 as package<sup>8</sup>. These programs have dramatically reduced the total fertility rate within the last few decades. According to Bangladesh Demographic and Health Survey-2007, current fertility rate (TFR per thousand live births) in Bangladesh is 2.7; which is still not good enough because only

55% of total women of reproductive age group are using any form of contraceptive methods<sup>9</sup>.

Contraceptives are devices, techniques and methods used to prevent fertilization. Devices which are commonly used include condoms, IUCDs, female condoms, cervical caps and diaphragms, hormonal contraceptives (injectable and oral)<sup>2</sup>. 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 progestogen 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 organ. Emergency contraceptives, or "morning-after pills"-are drugs that disrupt ovulation or fertilization in order to prevent pregnancy taken after sexual intercourse<sup>10</sup>. According to MCHTI and HNPSP, 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<sup>11</sup>.

## **METHODS & MATERIALS:**

This descriptive type of cross-sectional study was conducted among Rural Reproductive Age Married Women in Uttargao village of Kaligonj upazila under Gazipur District of Bangladesh for a period of three months from October to December. The study population was all married women of reproductive age (15-49 years). A total number of 200 women were selected by convenient type of non-probability sampling. House to house visit was done for data collection. A semi structured pretested questionnaires was used which include socio-demographic profile of the respondents and contraceptive methods used or using by the respondents. Written informed consent was taken from each respondent. Face to face interview was taken to collect data. The data were checked and edited to reduce error. Master sheet was developed firstly. Then distribution tables were made according to the study objective. Descriptive and statistical methods were used in analyzing data. Data processing and analysis were done manually and by computer. Only fully completed questionnaire was entered into computer for final analysis. Data entry and analysis was done by using SPSS-version 17.

## **RESULTS:**

Out of 200 respondents, maximum age of the respondents was between 21-30 years (45%), followed by 31-40 years (35%), and then 10% in both 41-49 years and 15-20 years age groups (Table I).

**Table I. Age of the respondents**

Age (Years)	Frequency (%)
15-20	20 (10)
21-30	90 (45)
31-40	70 (35)
41-49	20 (10)
Total	200 (100)

**Table II. Distribution of family-type of the respondents**

Types of family	Frequency (%)
Nuclear family	144 (72)
Joint family	56 (28)
Total	200 (100)

Table II showed that among 200 respondents, 144(72%) respondent's family are Nuclear family, 56(28%) respondent's family are Joint family.

**Table III. Distribution of number of family members**

No of family member	Frequency (%)
2	2 (1)
3-5	130 (65)
>5	68 (34)
Total	200 (100)

Table III showed out of 200 respondents 130(65%) respondents had 3-5 family members, 68(34%) respondents had more than 5 family members and only 2(1%) had 2 family members.

**Table IV. Distribution of level of education of the respondents**

Level	Frequency (%)
No or poor education	139 (69.5)
Some education	43 (21.5)
Good education	18 (9)
Total	200 (100)

Table IV showed that among 200 respondents, maximum 139(69.5%) were poorly educated or illiterate, 43 (21.5%) respondents were in the level of some education and only 18(9%) were well educated.

**Table V. Distribution by occupation of the respondents**

Occupation	Frequency (%)
Service	3 (1.5)
Business	6 (3)
Home maker	180 (90)
Others	11 (5.5)
Total	200 (100)

Table V showed that out of 200 respondents maximum 180(90%) were Home maker, 6(3%) were involved in Business and 3(1.5%) were doing job, 11(5.5%) were engaged with other category of occupation.

**Table VI. Distribution by occupation of Husbands of the Respondents**

Occupation of Husbands	Frequency (%)
Service	48 (24)
Business	105 (52.5)
Farmer	13 (6.5)
Others	34 (17)
Total	200 (100)

Table VI showed that among 200 respondents most of the respondent's husband 105(52.5%) were involved in Business, 48(24%) were service holders, 13(6.5%) were farmer and 34(17%) were engaged in other category of occupations.

Table VII showed that among 200 respondents, 151(75.5%) were using different contraceptive methods and 49(24.5%) were not using any type of contraceptive methods.

**Table VII. Distribution of Number of respondent using contraceptive**

Contraceptive user	Frequency (%)
Yes	151 (75.5)
No	49 (24.5)
Total	200 (100)

Table VII showed that among 200 respondents, 151(75.5%) were using different contraceptive methods and 49(24.5%) were not using any type of contraceptive methods.

**Table VIII. Types of contraceptive method used by the respondents**

Contraceptive method used	Frequency (%)
Barrier Method	32 (16)
Oral contraceptive Pill	74 (37)
Implant	0 (00)
Intra uterine device	3 (1.5)
Inject able	37 (18.5)
Permanent (tubectomy)	5 (2.5)
Total	200 (100)

**Table IX. Distribution of period of contraceptive used by the respondents**

Period of contraceptive used	Frequency (%)
< 1 year	15 (7.5)
1-2 years	40 (20)
3-5 years	42 (21)
>5 years	54 (27)
Total	200 (100)

Table VIII showed that 74 (37%) respondents using oral contraceptive pill, 37(18.5%) respondents using inject able methods, 32(16%) were using Barrier methods, 5(2.5%) respondents were under permanent method, 3(1.5%) respondents were using Intra uterine device. None was found to use implant.

Table IX showed that among 200 respondents, 54(27%) respondents were using contraceptive methods for more than 5 years, 42(21%) respondents were using contraceptive for 3-5 years, 40(20%) respondents were using contraceptives for 1-2 years, and 15(7.5%) respondents were using contraceptive method for <1 year.

## DISCUSSION:

According to BDHS 2014 (Bangladesh prevalence of contraceptive use among the married women of reproductive age group in Bangladesh was 62.2%<sup>3</sup>. In our study we found prevalence rate 75.5%, which is higher than the rate published in BDHS 2014. This finding supports the studies by Saxena S et al (2002)<sup>5</sup> and also Kansal et al (2006)<sup>7</sup> where they found 77.9% and

82.76% respectively. But higher than Murarker et al (2006)<sup>7</sup> and Aryeetey et al (2010)<sup>8</sup> where their prevalence of contraceptive use were 48.8 and 56.93% respectively.

A study done by Hossain T et al (2008)<sup>4</sup> found 92.6% prevalence rate in Rural Bangladesh which may be due to higher education of his respondents. But the percentage of nuclear family (69.8%) was somewhat similar to our study (72%). In nuclear family, the women had freedom and more modern outlook on family planning which enhance the contraceptive use.

In this study, majority of the respondents were of age group between 21-30 years (45%), followed by age group between 31-40 years(35%) and then 10% in both 15-20 years and 41-49 years age groups. More or less similar pictures were found in studies done by Hossain T et al (2008)<sup>4</sup>, Saxena S et al (2002)<sup>5</sup>. The women aged more than 40 years had completed their families and did not want more children.

Most of the respondents have been using oral contraceptive pill 74(37%). About 16% (32) are using barrier method. Inject able contraceptive users were about 18.5% (37). About 2.5% (5) were under permanent method. No body was found to use implant. This reflects that oral contraceptive pill and condoms were easy to administer and they were easily available. This finding were almost same with studies done by Hossain T et al (2008)<sup>3</sup>, Saxena S et al (2002)<sup>5</sup>. In some other studies done by Murarkar S et al (2011)<sup>6</sup> and Kansal et al (2006)<sup>7</sup>, the most

commonly accepted method for contraception was the permanent method (tubectomy). There was predominance of female sterilization in rural areas, as men don't come forward for vasectomy. Murarkar S et al (2011) found that tubectomy was 64.24% and vasectomy rate was 0.40% whereas oral contraceptive pill user rate was 5.22%<sup>6</sup>. Kansal et al revealed that the rate of tubectomy was 28.88%, condom was 11.68%,and oral contraceptive pill user rate was 4.78% .<sup>7</sup>

## CONCLUSION:

The use of contraceptive is increasing due to increased awareness and status of the female. Still there is a need to intensify information, education and communication activities and motivate the people to practice contraception. More health education on reproductive health can increase the prevalence rate of contraceptive use by which the birth rate will be reduced. Health education can be provided through school health clinic, family planning services and mass media which can arrest the population explosion.

Women must be made aware about their right, which include protecting their own health. good counseling practices. For these women should be educated and economically independent. Preference for son should be discouraged. If we can extend the use of contraceptive method, it will help to reduce population explosion as well as to reduce mortality and morbidity.

Contraceptive methods should be available to rural people more easily.

Health education program on contraception should be extended up to rural areas.

Field practice on IEC should be expanded in large scale, so that reproductive aged women in rural area can get more elaborate information about contraceptive use.

Government/Non-government health service providers should take special measures, so that reproductive aged women of both rural and urban get correct information about the ill effects of multiple pregnancies, adopt contraceptive methods to reduce birth rate as well as maternal morbidity and mortality.

## REFERENCES:

1. United Nations Development Program (2001). Human Development Report, pp 154-157
2. BBC News, Thursday, 1 July. 1999, Available from:
3. Bangladesh Demographic Health Survey 2014 Bangladesh Health and Population. World Bank; Available from <http://worldbank.org/bd>
4. Hossain T, Abedin S, Islam MR; Prevalence of contraceptive use in Naogaon District of Bangladesh; Middle East Journal of Family Medicine, August 2008; 6(6): 7-10
5. Saxena S, Oakeshott P, Hilton S. Contraceptive use among South Asian Women attending general practices in southwest London. The British Journal of General Practice, 2002; 5(478): 392
6. Murarkar SK, Soundale SG, Lakade RN. Study of Contraceptive Practices and reasons for not accepting contraceptives in rural India; Chennai village as a case study; Indian Journal of Science and Technology, 2011; 4(8): 915-916.
7. Kansal A, Chandra R, Kandpal SD, Negi KS. Epidemiological Correlates of Contraceptive Prevalence in Rural Population of Dehradun District; Indian Journal of community Medicine, 2005; 30(2): 1-7.
8. Aryeetey R, Kotoh AM, Hindi MJ. Knowledge, Perceptions and Ever Use of Modern Contraception among women in Ga East District, Ghana; African Journal of reproductive health; December 2010; 14(4): 27-32
9. Bangladesh Demographic Health Survey 2007: pp. 46-47. Available at: [www.dghs.gov.bd/licts\\_file/images/BDHS/BDHS\\_2007.pdf](http://www.dghs.gov.bd/licts_file/images/BDHS/BDHS_2007.pdf)
10. Rashid KM, Rahman M, Hyder S. Rashid, Khabir, Hyder's Text book of Community Medicine and Public Health, 2008, 4th Edition. pp-184
11. Wikipedia, the free encyclopedia; Available from: <http://en.wikipedia.org/wiki/contraceptive>