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Contraceptive Practice of Married Women Attending in A Tertiary Level Hospital

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Abstract

Background: Bangladesh is a small country in Asia with a large population of about 160 million and is ranked the seventh most populous country in the world. Its Total Fertility rate (TFR) per woman is 2.3 while in Asia it is 2.2 **Objective:** This descriptive type of cross sectional survey was carried out to evaluate the contraceptive practice in married women of rural areas of Bogra. **Methods:** The study was done in 300 married women of reproductive age from 15 to 49 years of rural area who attended the Family planning unit of Rafatullah Community Hospital (RCH) attached to TMSS Medical College from July 2014 to June 2015. **Result:** Out of 300 married women of reproductive age, 200 were practicing some methods of contraception while 100 were not using it. Oral contraceptive pill (OCP) was the commonest method of contraception used by 100 women (50%), followed by condoms 40 (20%), Injectable 20 (10%), Implant 10 (5%), Tubectomy 10 (5%), Traditional methods 10 (5%) (withdrawal, rhythm method) and periodic abstinence 10 (5%) but none was found to use IUCD. The reasons for non user of contraceptives were intention to have more children, pressure from husband, religious believe and worry about the complications of contraceptive use. Among the 200 contraceptive users 160 (80%) experienced different types of side effects such as menstrual irregularities 100 (50%), change or gain in body weight 40 (20%) and other effects 20 (10%). **Conclusion:** Mass awareness about the benefit of small family, acceptance of "Two child family norm" and use of contraceptive of choice should be encouraged.

Keywords: Contraceptive usage, Family planning perspective.

Introduction

Family planning methods are considered to be an important way to control the rapid population growth of Bangladesh with the main focus being women. Of the world population 75% live in the developing countries characterized by high fertility rate, high maternal and infant mortality and low life expectancy[1]. Female population is about 60.26 million in Bangladesh and married women of reproductive age group constitute 51.7% of total female population and more than 5,00000 Women die every year due to pregnancy related complications in the developing countries[2,3]. Although the average age of marriage is 18 years for female and 27 years for males, the rural females tend to marry even before the age of 16 years resulting in early pregnancy. The fertility rate in the country has declined from 192 births per 1000 women in the 2004 BDHS to 143 births per 1,000 women in the 2014 BDHS and the Contraceptive Prevalance Rate (CPR) (which is the proportion of women of reproductive age and who are using or whose partner are using a contraceptive method at a given point of time) is 62% but in most developed country like USA has 71% for all the methods.[4,5] Under the health population and Nutrition Sector Development Program (HPNSDP), Bangladesh aims to increase overall use of contraception to 72% by 2016 (MOHFW, 2011) and if the target is fulfilled, Total Fertility Rate (TFR) will be 2.0 (HPNSDP, target 2016) and Maternal Mortality Rate (MMR)

will also reduce. The unmet need for family planning in Bangladesh has decreased from 14% in 2011 to 12% in 2014. The HPNSDP results framework has also set a target to reduce unmet need for family planning services to 9% by 2016 (MOHFW, 2011). In our country, adoption of family planning and uptake of contractive methods remain still low due to social, cultural, religious believe, desire for more children and fear of side effects for contraceptive use. As Bangladesh is a male dominated country, the application of contraceptive methods regarding reproductive decision are being taken by the male and the husband's approval of contraceptive use increase the contraceptive prevalance rate, while disapproval leads to decrease the rate. So, contraceptive practices and awareness largely depend on co-operation of husband, female education and autonomy and also educational status of spouse.

Materials and methods

This cross sectional comparative study was carried out in the Family planning unit of Refatullah Community Hospital (RCH) attached to TMSS Medical College, Bogra from July 2014 to June 2015 among 300 married women between 15-49 years of age to assess the contraceptive practice by illegible couples of reproductive age. Of them, 200 respondents were practicing some methods of contraception. Descriptive statistics of respondents were taken on the basis of reproductive health problems due to use of contraceptive, age, parity, occupation and educational status of spouse. Considering the objectives, questionnaires were formed consisting both open and close ended questions and collected datas were analyzed and the results were shown in the table.

Results

Table I: shows the distribution of respondents according to their age at marriage and number of children n = 200

Age at marriage	Frequency	Percentage (%)	Number of children
15-19	60	30	2
20-25	100	50	4
26-35	20	20	2
36-49	20	10	2

The above table shows the age at marriage and number of children of respondents. In majority of them, the age of marriage was between 20-25 years (50%) with four children.

Table II: contraceptive methods used by the respondents n =200

Methods	Frequency	Percentage (%)
OCP (Oral contraceptive Pill)	100	50
Condom	40	20
Injectable contraceptive	20	10
Implant	10	5
Tubectomy	10	5
Traditional methods (withdrawal, rhythm method)	10	5
Periodic abstinence	10	5
IUCD	None	-

Table-II shows contraceptive methods used by the respondents and majority of them used OCP (Oral contraceptive Pill) 100 (50%) followed by condom 40 (20%).

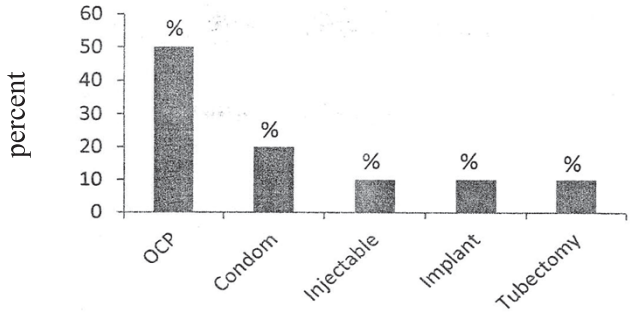

Table III: Shows the socio-economic characteristics of respondents n = 200

Socio-economic characteristics	Frequency	Percentage (%)
Female's education	-	-
Illiterate	10	5
Primary education	120	60
Secondary education	60	30
Higher secondary education	10	5
Bachelor	-	-
Male's education	-	-
Illiterate	10	5
Primary education	100	50
Secondary education	60	30
Higher secondary education	20	10
Bachelor	10	5

Female's Occupation	-	-
House wife	160	80
Primary school teacher	40	20
Male's Occupation	-	-
Farmer	40	20
Businessmen	80	40
Primary school Teacher	60	30
Madrasha teacher	20	10

The above table shows primary education of female was in 120 (60%) and majority of them were house wife 160 (80%), while primary education of male was in 100 (50%) and majority of them were businessmen 80 (40%).

Table IV: Shows the reasons of non use of contraceptives n = 100

Variables	Frequency	Percentage (%)
No side effects	20	10
Menstrual disturbances	100	50
Change or gain in body weight	40	20
Other effects (Backache, feeling of guilt, behavioral disturbances)	20	10

The table shows the major complications of contraceptive use were menstrual disturbances 100 (50%) followed by change or gain in body weight 40 (20%).

Discussion

Child birth related complications are the leading cause of death among the women of reproductive age. The age at marriage in our study was between 20 to 25 years 100 (50%) and the commonly used contraceptives were OCP (oral contraceptive pill) 100 (50%) followed by condom 40 (20%), Injectable contraceptive 20 (10%), Implant 10 (5%), Tubectomy 10 (5%). Traditional methods 10 (5%) (withdrawal, rhythm method), Periodic abstinence 10 (5%). None of them was found to use IUCD (Intra Uterine Device). In Socio- economic status, it was seen that the females 120 (60%) and males 100 (50%) were primarily educated and majority of women were house wives and males were businessmen respectively. It was also found that desire for more children, religious believe, pressure from husband and worry about the complications of contraceptive use were the reasons for non use of contraceptive. Community practices and cultural believe play significant role in decision making vital to women's reproductive health. The total fertility rate per woman is still high and it is 2.3 while in Asia it is 2.2[4,5]. So family planning can reduce maternal mortality by reducing the number of pregnancies, number of abortions and the proportion of births at high risk. It can also help to reduce infant mortality, promote gender equality, reduce poverty and accelerate socio-economic development. Certain aspects of our culture strongly discourage the use of contraceptives and they believe that those who use family planning methods are interfering with nature and they will be punished with infertility on reincarnation. Same has been reported by Lawrence in 2009 from Nigeria[6]. The side effects described by the respondents were menstrual disturbances, change or gain in body weight and backache. The major myth regarding contraception is that it causes harm to womb and causes sterility [7,8]. But such types of complains were not reported by the respondents. Muslims tend to have higher disapproval rate for contraception[9]. So religious Scholars Should be involved to make it clear that family planning is not Sinful but rather beneficial to them.

Conclusion

This study revealed that socio-economic factors, knowledge, attitude, approval of family planning, religious believe, desire for more children and worry about the side effects of contraceptive use were the main reasons for non use of contraceptive methods. Considering the findings of this study, the recommendations are-

* Mass awareness about the benefit of small family with the acceptance of 'Two family norm' and use of contraceptive of choice should be encouraged.
* Religious Scholars must Play role in clarifying the aspects that family planning is not sinful but rather beneficial to them.
* Mass motivation should be done for the use of contraceptives preferably Oral Contraceptive Pill (OPC) and condom.

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