

Family Planning Practice Among Married Women Attending Primary Health Care Centers in Bangladesh

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Abstract

The current study was carried on taking 350 women attending the primary health care centers at different districts in Bangladesh using simple random sampling method. About 32.57% women off 31-35 ages were aware of family planning, 87.71% heard about contraceptives, 82.57% condom, 76.29% IUCD and 41.13% implant and 20% used pills, 4.29% condom and 10% injection in defense of 15.71% getting nod from their husbands. Organizing campaign about family planning in different places in different occasions is essential to make family planning awareness among the married couples in the country.

Keywords

Family Planning Practice, Primary Health Care Centers, Married Women, Bangladesh

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1. Background

Family planning is the planning of when to have children and the use of birth control and other techniques to implement these plans [1] and other techniques commonly used including sexual education, prevention and management of sexually transmitted infections, pre-conception counseling and management and infertility management [2]. According to the WHO, Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. Women's ability to space and limit their pregnancies has direct impact on their health and well-being as well as on the outcome of each pregnancy [3]. Despite the fact that contraceptive usage has increased over a period of time,

there exists a knowledge, attitude and practice-gap regarding contraception [4, 5]. The reasons for not using any family planning methods are lack of knowledge and education, religious belief and fear of side effects. Family planning has two main objectives as (i) to have only the desired number of children and (ii) to maintain proper spacing of pregnancies [6]. The widespread adoption of family planning represents one of the most dramatic changes of the 20th century. The growing use of contraception around the world has given couples the ability to choose the number and spacing of their children and has tremendous life saving benefits. Despite the impressive gains, contraceptive use is still low and the need for contraception is high in some of the world's poorest and most populous places in different countries [7]. The history of successful family planning in Bangladesh started in the early 1960s, when Bangladesh was an eastern province of

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Pakistan [8]. The result of the 1947 partition of India, the Pakistani government instituted a heavy-handed family planning program that went against local needs and preferences. The coercive approaches used eventually led to a popular backlash contributing to the 1968 collapse of the government [9]. The main challenges to face the program started in 1975, were low levels of knowledge about family planning, a prevailing belief that large families were best (typical of agrarian societies), low levels of women's status, and lack of access to family planning services among the predominantly rural population particularly among women who had limited mobility [10]. The age at first marriage in Bangladesh is still young, although it is rising legal age of marriage for women has been increased from 14 to 18 years; the minimum for men is 21. In 2000, about 50% of women in Bangladesh were married by the time they were 15 years old, down from 60% just three years before. Still, 80% of Bangladeshi women marry during adolescence. Among married women, 59% would prefer a two child family and 22% consider a three child family idea [11, 12]. A high level of public awareness and knowledge of family planning does not translate into an equivalent level of contraceptive use. The public sector remains the primary source of family planning methods. About 64% of current users of modern methods obtain their methods from a public sector source; 36% do so from a public facility and 28% from a government field worker [13]. Around 148 million people live in Bangladesh with majority below the level of poverty [14]. Increasing landlessness, underemployment in the rural areas is the main factors to cause constant migration of the rural poor to the urban sector and the percentage of urban population has increased from 8.8 percent in 1974 to 18 percent in 1991 [15,16]. The slum dwellers do not have sufficient access to education, employment and health facilities of the formal sector. The health and nutritional status and contraceptive use of the urban poor are even worse than that of the rural poor [17]. Therefore, the current study was conducted to assess the family planning practice among child bearing women in different districts in Bangladesh.

2. Methodology

2.1. Study Type

The study was a cross sectional study.

2.2. Population Selection

There were taken total 350 married women of child bearing age attending primary health care centers at different districts in Bangladesh.

2.3. Study Interval

The study was organized from January 2014 to December 2014.

2.4. Sampling Method

The systematic random sampling method was used to take the target population from the study places.

2.5. Data Collecting Assay

A planned questionnaire was developed containing both the closed and open ended query to collect data through face-to-face interview with the respondents. The questionnaire was pretested in areas far away from the sample areas and revised according to the feedback gained in the field level. The questionnaire was formed to obtain the relevant information considering methods of contraception known, source of knowledge and their practices were recorded and also the source of knowledge, the women's attitude towards the contraception in the form of motivation, involvement of spouse and acceptability of contraception were recorded.

2.6. Data Verification

The questionnaire was checked per day taking the interview and gained information were carefully rechecked after collecting all the data and coded prior the entrancing into computer. The data was edited in case of sighting any discrepancy (doubt entry, wrong entry etc.).

2.7. Statistical Analysis

The data were processed to undergo statistical analysis using SPSS 17 windows program. Microsoft Word, Microsoft Excel were used to represent the tabular and chart icon.

3. Results

The study presented that 74.28% women were more than two children bearers. Majority of respondents (42.28%) completed their SSC level education, 62.28% were from urban area and 42.28% of the respondents were in average social status (Table 1).

According to table 2 statement, the majority of participants (87.7%) heard and had knowledge about the family planning. The majority of participants' (22.85%) source of information about family planning was media, 34.85% were from health personnel, relatives and friends while (83.43%) respondents heard about oral pills, 76.29% were aware about IUCD, 82.57% knew about condom and 59.14% heard about injection.

Table 1. Family planning knowledge.

Knowledge about family planning		Yes	No
Awareness about family planning			
Age (years)	<20	26 (7.43%)	5 (1.43%)
	20-25	38 (10.85%)	9 (2.57%)
	26-30	73 (20.85%)	10 (2.85%)
	31-35	114 (32.57%)	12 (3.42%)
	36-40	34 (9.71%)	4 (1.14%)
	41-45	22 (6.28%)	3 (0.86%)
Residence	Urban	205 (58.57%)	13 (3.71%)
	Rural	102 (29.14%)	30 (8.57%)
Socioeconomic status	Below average	108 (30.85%)	10 (2.88%)
	Average	128 (36.57%)	20 (5.71%)
	Above average	71 (20.28%)	13 (3.71%)
Education level	No education	49 (14.00%)	29 (8.28%)
	PSC	52 (14.85%)	11 (3.14%)
	SSC	145 (41.42%)	3 (0.85%)
	HSC	57 (16.28%)	0 (0.0%)
	Graduate	4 (1.14%)	0 (0.0%)
	1-2	83 (23.71%)	7 (2.00%)
Number of Children	3-4	121 (34.57%)	9 (2.57%)
	5-6	73 (20.85%)	12 (3.42%)
	7-8	25 (7.14%)	7 (2.00%)
Accessibility of family planning	≥9	5 (1.42%)	8 (2.28%)
	Yes	94 (26.85%)	4 (1.14%)
	No	213 (60.85%)	39 (11.14%)

Table 2. Knowledge, methods known and source of knowledge of contraception.

Parameters	Frequency	Percentage
Heard about contraceptives		
Yes	307	87.71%
No	43	12.29%
Oral pill		
Yes	292	83.43%
No	58	16.57%
IUCD		
Yes	267	76.29%
No	83	23.71%
Condom		
Yes	289	82.57%
No	61	17.43%
Injection		
Yes	207	59.14%
No	143	40.85%
Breastfeeding		
Yes	167	47.71%
No	183	52.29%
Implants		
Yes	145	41.13%
No	205	58.57%
Tubal ligation		
Yes	155	44.28%
No	195	55.71%
Withdrawal		
Yes	113	32.28%
No	237	67.71%
Vasectomy		
Yes	85	24.29%
No	265	75.71%
Source of information		
Health personnel	122	34.85%
Radio/TV	55	15.71%
Family planning centers	41	11.71%
Husband	29	8.28%
Relatives and friends	35	10.00%
Local news, newspaper and magazines	25	7.14%
Not heard	43	12.29%

The study showed that, 45.71% women practiced family planning while 15.71% due to husband pressure, 11.71% due to financial problem, 6.28% participants due to health condition and 54.29% were not used Family Planning while 18.0% due to fear of side effect, 12.0% due to want more children and only 1.43% were for religious beliefs (Table 3).

Table 3. Causes of using and rejection of family planning among respondents.

Causes of using and rejection of family planning	Frequency	Percentage
Causes of using family planning		
Husband approval	55	15.71%
Financial problems	41	11.71%
Health conditions	22	6.28%
Child spacing	20	5.71%
Delay due to education	18	5.14%
others	4	1.14%
Not used	190	54.29%
Causes of rejection of family planning		
Fearing side effects	63	18.0%
Want more children	42	12.0%
Health conditions	23	6.57%
Financial problems	31	8.86%
Husband disapproval	26	7.43%
Religious beliefs	5	1.43%
Not rejection	160	45.71%

Regarding current practice of family planning, 20% of the respondents used pills, 10% injections, 3.14% implants and 3.43% IUCD users (Table 4).

Table 4. Distribution of the respondents according to their methods of current practice of family planning.

Current practice of family planning	Frequency	Percentage
Pills	70	20.0%
Injection	35	10.0%
Implant	11	3.14%
IUD	12	3.43%
Male condom	15	4.29%
Female condom	0	0.0%
Safety period	7	2.0%
Breast feeding	10	2.85%

4. Discussion

Family planning services in Bangladesh are still developing and there are some advances in the health indicators but the need for family planning which cannot be met still stands out as an important health problem [18]. The present study showed that, the awareness of contraceptive using was 87.7% as compared with the another study [19] carried out on barriers to family planning service utilization among Sudanese women in Khartoum locality, the awareness of contraceptive using was 87% which is same and comparable with this study. High level of awareness (99%) has also been reported at Lahore study (Pakistan) [20] and Indian study revealed knowledge rate of 82.2% [21]. The most methods of contraception that mother knew were contraceptive pills,

IUCD and breast feeding. These are the methods most used by females and most available in Bangladesh [22]. Attitudes are not gained by birth, they are learned and adopted by experiences and culturally gained during socialization. Attitudes of women towards family planning are influenced by education and experiences such as pregnancy. It was observed that there was significance association between practice of contraceptives and level of education in our study. This result is consistent with Bangladesh Demographic and Health Survey (BDHS) 2010 [23] where only 25% of women with no education were using modern methods of contraception as compared to 54% of women with at least some secondary education. This is also supported by other studies which concluded that knowledge and practice of family planning is strongly related to higher level of education [24]. The current study showed that majority of participants (22.85%) got information about family planning from media, 34.85% from health personnel, relatives and from friends (10.0%) and from husband (8.28%). Another study from rural Nepal also reported an exposure to electronic media messages as the main factor for use of family planning methods among women [25]. It was found that 45.71% of women practice family planning. Although this figure has increased from other studies done in the past which quoted utilization rate as 24% ever use [26]. Regarding current practice of family planning 20.0% of the respondents were used pills, 10.0% were used injections, 3.14% were used implants and 3.43% were insert intra-uterine contraceptive device (IUCD) in Bangladesh while in Qatar contraceptive prevalence rate was 47.8% [27] and 45% in India [28] comparable to the prevalence rate obtained information in this study. Overall, more than two third 87.7% of our respondents had knowledge about family planning, but 45.7% of the women reported having ever used any type of contraception. Other studies have already described similar findings, i.e. high awareness but low utilization of contraceptives, making this situation a serious challenge in developing countries [29, 30]. In the present study, 18.0% women were not used Family planning due to fear of side effect, 12.0% wanted more children and 7.43% because of their husbands influence in choosing contraceptive method. Our finding had been supported by another study conducted in Ethiopia [31]. Considering the overall study, it felt that the development of knowledge, awareness and availability of contraceptive is needed to ensure family planning practice among women in the country.

5. Conclusion

There were found a significant proportion of respondents to have good knowledge and positive gesture towards family planning but the contraception users were in low rates.

Fearing side effects are the significant causes of lower practice of family planning at different districts in the country. Socio-demographic contours e.g., education level, families' support to adopt family planning influences the contraceptive using among the respondents.

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