Journal of Rangpur Medical College, September 2019; Vol. 4, No.2: 1-2

# Contraceptive Practice among the Rural Women at Reproductive Age in Bangladesh

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**Abstract:**

**Background**: This study was conducted with a view to finding out the prevalence and types of contraceptives used by rural women and its side effects in women's health. **Methods**: This cross-sectional study of seven days duration was conducted among 225 women of reproductive age in the rural area of Bangladesh. Every woman was interviewed face to face with a pre-formed questionnaire after taking informed consent**. Results:** About 49.8% women were in age group 26-35 years, majority (67.6%) had SSC-HSC level of education, 96.4% housewives, 40% had income tk 5001-10000 and 67.1% belonged to nuclear family. Contraceptive prevalence rate was 88.4% and most commonly used contraceptive was oral pills (64.9%) followed by injectable method 10.7%, condom 9.3%. The common side effects are headache (16.8%), nausea (14.1%), irregular menstruation (14.6%) and weakness (15.4%). There was no significant association of side effects with the use of hormonal contraceptive method. **Conclusion:** Though majority of women used contraceptive method emphasis is to be given on proper use of contraceptive methods for minimum adverse effects. Therefore there is a strong need for education and counseling of women about proper use of contraceptive for the sake of their good reproductive health.

**Indexing words:** Contraceptive practice, Rural area, Sirajganj, Bangladesh.

## Introduction:

WHO has defined family planning as a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitudes and responsible decisions by individuals and couples in order to promote the health and welfare of the family and thus contribute effectively to the social development of a country.[1] Family Planning efforts in Bangladesh began in early fifties under voluntary patronage of a group of social and medical workers post liberation period.[2] The government of Bangladesh wants to keep the population static and again have gone to two child norm. Demographers are of the view that the demographic goal of NRR can be achieved only if the CPR exceeds 60%.[3] The Bangladesh Family Planning Program is recognized as a success story in the contemporary Third World.[4] Unintended pregnancies increase the risk for poor maternal and infant outcomes.[5] Family planning has been widely acknowledged to intensify maternal death reduction, which is recommended by the World Health Organization as one of the six essential health interventions needed to achieve safe motherhood.[6] Family planning can reduce maternal mortality by reducing the number of pregnancies, the number of abortions, and the proportion of births at high risk.[7,8] Indian as well as Bangladeshi women have more children than desired and often too close together. Family Planning can have a positive impact on population growth, maternal mortality, and infant and new-born outcomes.[9] Therefore the result of this study would help the concerned authority to take necessary steps to improve contraceptive practice in rural area of Bangladesh.

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## Method:

This cross-sectional study was conducted during the period of 5th to 11th January 2019 among purposively selected 225 married women of reproductive age at the village Gobinathpur, Shahzadpur, Sirajganj with the view to finding out prevalence of contraceptive practice and its associated factors. The data were collected through pretested semi-structured questionnaire by face to face interview. The data thus collected

were checked & verified for any omission & inconsistency. Finally data were analyzed by SPSS program version 21 & chi-squire test were done. Then data were presented by necessary tables & charts.

**Results & Discussion**:

The table shows that almost half (49.8%) of women were within 26-35 years age group, 67.6% belongs to SSC-HSC educational level and housewife 96.4%. About 40% of the respondents had monthly income taka 5001-10000 and majority (67.1%) belongs to nuclear family. Similar study was conducted in India where 26-35 years wives were 46.0% which is comparable to the present study.[10] Another study conducted in rural area of Bangladesh by Khan and Jerifa showed that 69.8% lived in a nuclear family which is consistent to this study.[11]

**Table 1:** Socio-demographic characteristics of women (n= 225)

| Characteristics | n | % |
|---|---|---|
| **Age** | | |
| 15-25 years | 68 | 30.2 |
| 26-35 years | 112 | 49.8 |
| 36 years & above | 45 | 20.0 |
| **Educational status** | | |
| Illiterate | 28 | 12.4 |
| Primary-Secondary | 152 | 67.6 |
| SSC-HSC | 38 | 16.9 |
| Graduate-Masters | 7 | 3.1 |
| **Occupation** | | |
| Housewife | 217 | 96.4 |
| Service holder | 08 | 3.6 |
| **Monthly family Income taka** | | |
| 2001-5000 | 49 | 21.8 |
| 5001-10000 | 90 | 40.0 |
| 10001-20000 | 86 | 38.2 |
| **Types of Family** | | |
| Nuclear | 151 | 67.1 |
| Joint | 74 | 32.9 |

Figure 1 shows that, out of 225 respondents, 88.40% practiced some sort of contraceptive method. A study held in rural area of Bangladesh conducted by Das et al showed that 86.42% used contraceptve device which is consistent with this study.[12] Another study held in Myanmar conducted by Jirapongsuwan et al revealed that 73.3% of women of reproductive age used family planning method which is almost similar to this study.[13]

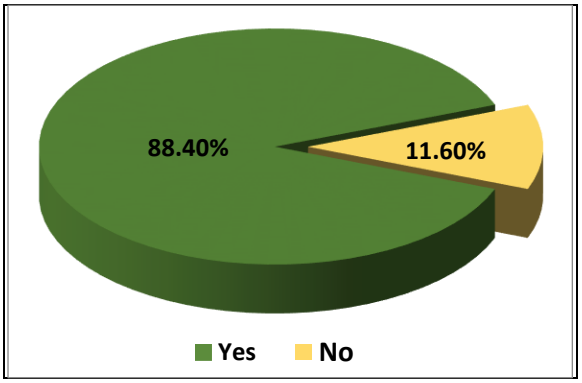



**Figure 1:** Distribution of respondents according to their use of contraceptive family method (n=225)

Table 2 shows that, two-thirds of the respondents (64.9%) used Oral pill followed by 9.3% used Condom, 10.7% injectable method and ECP 0.9%. A study held in Bangladesh conducted by Huda et al showed that 27% of the respondents used oral pill followed by 6.45 used condom 12.4% injectable method, 4.6% tubectomy, 1.2% vasectomy, 1.7% implants and 0.6% IUDs which is consistent to this study except oral pill.[14] Another study held in India conducted by Kashyap et al showed that 3% used emergency contraceptive pill which is almost similar to this study.[15]

**Table 2:** Distribution of respondents on the basis types of contraceptive use (n=199)

| Types | n | % |
|---|---|---|
| Oral Pill | 146 | 64.9 |
| Condom | 21 | 9.3 |
| Injectable method | 24 | 10.7 |
| Implant | 2 | 0.9 |
| IUDs | 2 | 0.9 |
| Vesectomy | 1 | 0.4 |
| Tubectomy | 1 | 0.4 |
| Emergency contraceptive pill | 2 | 0.9 |

Regarding side-effects of contracetives, Table 3 shows that, 18.8 % had headache followed by irregular menstruation in 14.6% and weight gain in 1.6%. A study held in rural area of Bangladesh conducted by Das et el showed that irregular menstruation in 43.3% and weight gain in 20.84% which is inconsistent with this study.[12]

**Table** 3: Side effects due to currently using family planning method

| Types | n | % |
|---|---|---|
| Headache | 36 | 18.8% |
| Nausea | 27 | 14.1% |
| Irregular menstruation | 28 | 14.6% |
| leucorrhoea | 17 | 8.9% |
| Weakness | 30 | 15.6% |
| Weight gain | 3 | 1.6% |
| Others | 51 | 26.6% |

Table 4 shows that there was no significant association between use of hormonal method and its various side effects.

**Table 4:** Association of side effects with hormonal contraceptives

| Side effects | Yes | No | Total | Significance |
|---|---|---|---|---|
| Headache | 31(39.2%) | 48(60.8%) | 79(100.0%) | $(\chi^2)$= 2.015 p= 0.733 |
| Nausea | 23(29.1%) | 56(70.9%) | 79(100.0%) | $(\chi^2)$= 3.810 p= 0.577 |
| Irregular menstruation | 23(29.1%) | 56(70.9%) | 79(100.0%) | $(\chi^2)$= 1.778 p= 0.879 |
| Weakness | 24(30.4%) | 55(69.6%) | 79(100.0%) | $(\chi^2)$= 2.598 p= 0.762 |
| Others | 40(50.6%) | 39(49.4%) | 79(100.0%) | $(\chi^2)$= 7.306 p= 0.199 |

Chi-square test was done to compare groups.

**Conclusion & recommendations:**

The study reveals that majority of the women at reproductive age practiced contraceptive method. This indicates a tremendous success of the family planning program in Bangladesh. But there are so many side effects among the women using family planning method. Even accurate use of contraceptive method is still in matter of question as most of the respondents are illiterate. So, the results of this study would help the concerned authority to take necessary steps to improve contraceptive practices in Bangladesh.

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