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Fertility Control Behavior among the Clay Modeler Women in Rural Area

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ABSTRACT

Background: Fertility control behavior of women in different cultural practices greatly influences the demographic pattern of a country. The high fertility rate is associated with maternal and infant mortality rate. The aim of this study was to find out the fertility control behavior of the clay modeler women in rural area.

Material and Methods: This descriptive type cross sectional study was carried out among 1360 respondents by purposive sampling technique from19th to 21st January, 2019 in different villages of Dhamrai Upazila, Dhaka. Data were collected by duly pretested a semi-structured questionnaire through face to face interview. Data were analyzed manually and by using computer.

Results: Then study revealed that majority of the respondents 79% were Muslims by religion and about 76% respondents were found within the age 25-44 years with mean age 34.8±8.6 years. About 32% & 35% respondents were found primary & secondary level of education respectively. Moreover, 16% respondents monthly income were less than TK 2000 and 37% respondents had 2-3 number of children. About 79% respondents were using the fertility control measures only. Among the users 67% respondents were using Oral pills, 10% & 8% were using IUCD and Injections respectively. Adherence factors for contraceptive use were husband's support 85%; support of family members 90% and availability of contraceptive materials were found 97%. On the other hand, non-adherence factors for contraceptive use were religious barrier 91%; fear of complications 97% and insultations 85%. In this study, Overall perceptions on fertility control measures and time interval for birth spacing found positive.

Conclusion: Intensified efforts should be made towards creating public awareness and strengthening perception regarding fertility control behavior to overcome those non-adherence factors for contraceptive uses.

Key words: Fertility Control Behavior, Clay Modeler women

Introduction

Fertility control behavior is the planned outcome of fertility decision that helps clients to choose an appropriate contraceptive method in a rational way according to their expressed needs and situation to carry out their reproductive intentions successfully. Use of modern contraceptives (MCs) has been established as the best way to control fertility for long decades. Every woman has the right to decide the number, birth spacing and timing of her children, and the means through which she will achieve the desired family size. Bangladeshi women are far behind in their reproductive decision-making.[1-4] An estimated 150 million married women in the developing world want to delay or stop child bearing and are not using contraception[1].

Everyday more than 400,000 conceptions takes place around the world; almost half are deliberate,

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happy decisions but half are unintended and many of these are bitterly regretted[5]. Eighty percent of sample population resides in rural areas[6]. National family planning program have proved effective in reducing fertility and making progress population stabilization. No contraindication need to exist between respect for reproductive right and strong advocacy need for small families and for mass adoption of contraceptive methods[7].

Fertility control is an urgent issue not only to improve maternal and child health (MCH) but also to ensure country development.[8-11] According to global context, total fertility rate (TFR) in 2015 was 2.5 live births per woman with a huge regional difference. The highest fertility rate was found 4.7 live births per woman in Africa, while the lowest found was 1.6 live births per woman in Europe[12]. Even some Asian countries like Singapore and Japan showed TFR less than 1.5 in 2016. Contraceptive use has been increasing steadily since 1970 and is currently widespread throughout the world. Globally, modern contraception prevalence rate (CPR) has risen slightly, from 54% in 1990 to 57.4% in 2015. Although contraceptive use has increased in many parts of the world, especially in Asia and Latin America, among least-developed countries like the sub-Saharan region it is still at a low CPR. TFR and CPR not only differ among Asian countries but also show regional disparity in different socio-economic groups within countries like Bangladesh, India and Pakistan.[13] One of the most serious problems facing many developing countries is the rapid and uncontrollable increase in their population. This is attributed to bearing of many children by women especially in the rural areas because of lack of education and awareness, poverty, marriage at early ages. Consequently, their family sizes increase and population grows rapidly.

Fertility control behavior described through modified Theory of Planned Behavior (TPB) can be highly effective to encourage rural women of Bangladesh to take contraceptive decisions in a rational way. Regional variations of fertility control behavior and its predictors described in the study based on TPB were almost untouched in reproductive health research in rural Bangladesh.

Bangladeshi rural women are hardly familiar with reproductive autonomy and they are deprived in FP decision-making. Urban-rural residence and education are basic socio-economic variables with well documented effects on fertility and contraceptive use.

Clay modeling or the traditional pot industry of Bengal, which was grown from the ancient times, is now on the way on extinction. Those who are related with this clay modeling are called Kumar or Pal. Their education and living standard are backward. In the strong heart of modernity, the ancient people of Bengal are losing their life with this industry for many years. Most of the clay modeler, particularly the women are almost illiterate and unaware of the modern concept of family planning. So uncontrolled fertility behavior are bringing them to more vulnerability of poverty. In this regards information on the existing perception of fertility control behavior among the clay modeler women of the rural community is essential to provide need based health care delivery to them. This information is rarely available. Community based study can reflect the true picture about the fertility control behavior of the clay modeler women of given community and their preferences in seeking services to this issues, This study was aimed at identifying regional variations of fertility control behavior among reproductive women in rural Bangladesh with its associated factors applying TPB. Though several studies were done previously to identify fertility control behavior and its related factors, the situation in rural Bangladesh was still unclear and needed to be explored more.[7,8] This study findings may contribute to the improvement of perception and practicing pattern of fertility control measures of clay modeler women of rural community. The purpose of this study was to find out fertility control behavior of clay modeler women in rural community.

Methodology

This was a descriptive cross sectional study carried out among clay modeler married women residing in different villages (kumrail, Taltola, Islampur ,Ambagan, Hajipur, Chobipara and ponchas) of Dhamrai Upazila during the period of 19th to 21st January, 2019. There were 1360 respondents selected purposively. A pretested semi-structured questionnaire was the instrument for data collection. The 3rd year MBBS students (AKMMC-09) were engaged in implementation of questionnaire. Prior interview verbal and duly signed consent form were

considered as an ethical practice. It was processed and analyzed manually and by using computer.

Results

Table I: Distribution of the respondents by socio-demographic characteristics n=1360

Variables	Variables Categories	Number of respondents	Percentage (%)
Age	15-24	130	10
	25-34	582	43
	35-44	444	33
	>45	204	14
Educational level	Illiterate	222	16
	Primary	435	32
	Secondary	472	35
	HSC and above	231	17
Monthly income (BDT)	<2000	215	16
	2001- 5000	398	29
	5001-10000	612	45
	>10000	94	7
	Nothing	41	3
Number of children	2	146	10
	3	368	27
	4	680	50
	5	103	8
	>5	63	5

About 76% respondents were found within age of 25-44 years with mean age of 34.8 years and SD±8.60. Majority (79%) were Muslim. About 32% and 35% respondents were found Primary and Secondary level of education. However, 16% were found monthly income below 2,000 BDT.

Figure 01: Pie Diagram showing distribution of respondents by fertility control measures n=1360

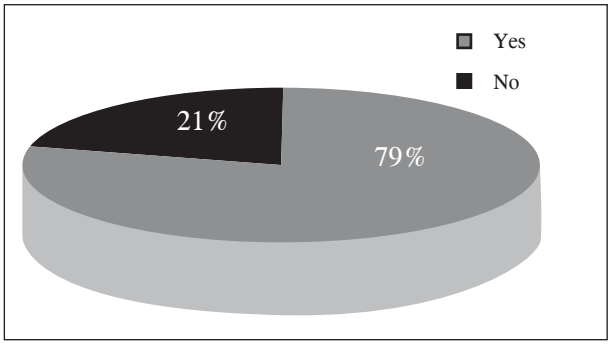

Figure 01 shows that about 79%respondents were taking fertility control measures and rest 21% didn't.

Table II: Distribution of respondents by level of perception on fertility control measures. n = 1069

Statement	SA	A	UD	D	SD
Planned family is not having more than two child	737 (68)	239 (22)	0 (0)	107 (10)	0 (0)
More than two child is not good for health	596 (55)	260 (24)	109 (10)	65 (6)	53 (5)
Birth spacing is at least one year	30 (3)	50 (5)	15 (1)	5 (1)	0 (0)
Use of contraceptive brings curse to the family	0 (0)	0 (0)	130 (12)	217 (20)	736 (68)
Time interval in pregnancy is important	704 (65)	195 (18)	130 (12)	54 (5)	0 (0)
Female should use permanent method only	0 (0)	0 (0)	107 (10)	250 (23)	726 (67)
Ligation is only permanent method for female	434 (40)	325 (30)	163 (15)	109 (10)	52 (05)
Fertility Control is the husbands responsibility too	488 (45)	271 (25)	174 (16)	98 (9)	52 (5)
It is disgraceful for husband to use contraceptives	42 (4)	65 (6)	152 (14)	336 (31)	488 (45)
Husband should practice discussion at community clinic	510 (47)	315 (29)	216 (20)	42 (4)	0 (0)
Husband should help wife to get family planning service	564 (52)	325 (30)	163 (15)	31 (3)	0 (0)
Regular discussion between husband & wife is helpful for fertility control	650 (60)	347 (32)	65 (6)	21 (2)	0 (0)
Male sterilization has also need to be practiced equally in addition to female sterilization	629 (58)	217 (20)	163 (15)	74 (7)	0 (0)

(NB: Figures within the parenthesis indicate percentage)

Majority women (68%) were aware that planned family is not having more than two children. Only 12% were found undecided in terms of perception to time interval for birth spacing. However, 40% of the respondents strongly agreed upon ligation as a permanent method. Only 6% were undecided regarding discussion on fertility control between husband and wife.

Table III: Distribution of respondents by factors responsible for Contraceptive adherence. n = 1069

Adherence factors	Yes	No	Total
Husband support	85 (921)	15 (162)	1069 (100)
Support of family members	90 (975)	10 (108)	1069 (100)
Availability	95 (1029)	5 (54)	1069 (100)
Affordable cost	86 (932)	14 (151)	1069 (100)
Suitable to use	92 (997)	8 (86)	1069 (100)
F. P. Service facility	90 (975)	10 (108)	1069 (100)
Religious barrier	15 (163)	85 (920)	1069 (100)
Fear of insulations	5 (55)	95 (1028)	1069 (100)
Fear of complications	3 (33)	97 (1050)	1069 (100)

(NB: Figures within the parenthesis indicate percentage)

About 85%, 90% & 95% respondents mentioned Husband support, Support of family members &availability of contraceptive materials as their adherence factors of contraceptive uses.

Table IV: Distribution of respondents by factors responsible for Contraceptive Non-adherence.

n = 1069

Adherence factors	Yes	No	Total
Husband support	13 (141)	87 (942)	1069 (100)
Support of family members	8 (87)	92 (996)	1069 (100)
Availability	13 (141)	87 (942)	1069 (100)
Affordable cost	8 (87)	92 (996)	1069 (100)
Suitable to use	11 (120)	89 (963)	1069 (100)
F. P. Service facility	12 (129)	88 (954)	1069 (100)
Religious barrier	91 (985)	9 (98)	1069 (100)
Fear of insultations	85 (920)	15 (163)	1069 (100)
Fear of complications	97 (1051)	3 (32)	1069 (100)

(NB: Figures within the parenthesis indicate percentage)

About 91%, 97% & 85% respondents mentioned Religious barrier, Fear of complications & insulations as their non-adherence factors of contraceptive uses.

Figure 02: Line Diagram showing distribution of respondents by number of children. n=1360

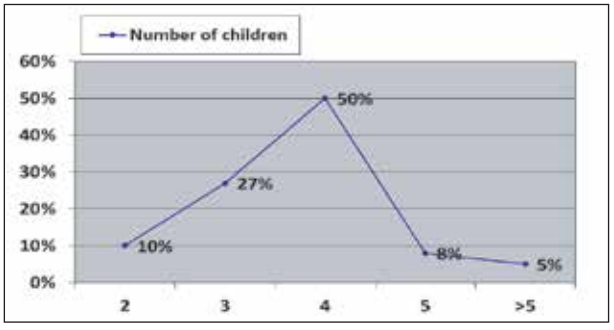

Figure 02 showing about 10% and 27% respondents were found having 2 and 3 children respectively.

Figure 03: Bar Diagram showing distribution of respondents by options of contraceptive use in practice

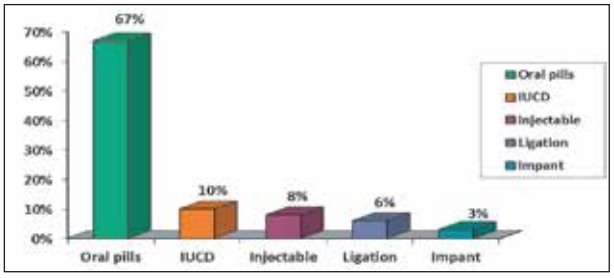

Figure 03 showing majority (67%) of the respondents were using oral pills whereas only 3% respondents were found using implant.

Discussion

The study reveals that majority of the respondents, about 80% were Muslims by religion which is less than national statistics of the UNESCO survey 2017 where Muslims, 90% & Hindus, 8%. Regarding age of the respondents, about 76% were found within 25-44 years with mean age 34.8 years and SD ± 8.6. The literacy rate of the respondents were about 84% of whom 35% had secondary level of education and it is quite high in relation to national statistics as per UNESCO report 2017 where literacy rate was 72%. However, about 45% respondents had monthly income in between 5000/= to 10000/= and 27% respondents were found to have 3 children.

Regarding fertility control measures, about 79% respondents were practicing fertility control measures which are higher than the national contraceptive practice rate, 62.4% as per UNESCO report 2014, but it correlates with the other study conducted by Kabiretal. Most widely used contraceptive methods were Oral pills (67%) IUCD (10%), and Injectable (8%) which are different from other work of Seema *et al* [7] while supported by the work of Soloman Avidime *et al.*[19] No use of emergency contraceptive methods reflects the illiteracy level and knowledge regarding this method. Regarding adherence factors for contraceptive use were Husband support (85%), Support of family members (90%) and availability of contraceptive materials (95%) and for the non-adherence factors for contraceptive uses were Religious barrier (91%), Fear of complications (97%) and Insultations (85%). The important points to observe in this study is that most of the women were aware about the contraceptives and used fertility control measures and were observed a positive perception regarding birth spacing and fertility control.

Conclusion

In this study, it was found that higher proportions of women was aware about contraceptives and were using fertility control measures. However, Respondents perception on fertility control measures were positive in regards to more than two children is not good for health. Perception to time interval for birth spacing was also positive towards fertility control as well. Most of the women were responded in favor of using oral pills. Adherence factors for

contraceptive use were husband support, support of family members and availability of contraceptive materials. On the other hand, non-adherence factors for contraceptive uses were religious barrier, fear of complications and insultations.

Recommendations

Considering the findings of the present study, the recommendations are as follows:

- Fertility control behavior demands efforts on knowledge and awareness in regards to use of contraceptives and choice of permanent method. An awareness program will correct that misperception.
- Availability of appropriate contraceptive materials needs to be ensured.
- Fertility control perception demands effective health education in regards to male sterilization as well.
- Effective contraceptive adherence deserves husband support as well.
- Further large scale in depth study is needed to formulate policy in regards to encourage family planning activities among rural women.

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Conflict of Interest

This paper has no conflict of interest among the authors.

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