

Family Planning Awareness among Women of Reproductive Age Group in Rural Bangladesh

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Abstract

Family planning programmes in Bangladesh have been successfully operating for decades; we achieved a phenomenal reduction in our fertility rates. This cross-sectional, descriptive study was conducted at Chandagram Village under Bajitpur Upazila of Kishoreganj District in Bangladesh, between January and December of 2023, to assess the awareness regarding family planning services among rural women. A total of 125 rural married women included in this study. Our sampling technique was convenience of non-probability type. The study revealed that the majority 52(54.4%) belonged to the 28–37 years age group. Most of them 51(40.8%) were married for >5 years. The majority 96(71%) had planned to use contraceptive in near future. Most of them 105(84%) were aware of social, economic and health problems of having more than two children. Regarding knowledge about family planning, 110(88%) had proper knowledge, while 89(74%) used different contraceptive methods. The majority 92(73.6%) were aware of failure of different contraceptive methods. 83(66.4%) had proper knowledge of importance regarding breast feeding in family planning. Most of them 94(75.2%) were satisfied with the family planning services. The majority 102(81.6%) told that government agencies have the responsibilities to make them more aware about family planning. This study presented a comprehensive overview of the awareness of family planning among the women of reproductive age group in rural Bangladesh.

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Introduction

There is ample evidence of declining total fertility rate (TFR) worldwide including developing countries. For instance, TFR had declined globally from 4.98 to 2.4 from 1960 to 2017, almost half by 60 years.¹ In line with the other developing countries, Bangladesh has also experienced a decreasing trend of TFR over decades with a current TFR of 2.3 in 2014.² This noticeable decline in TFR is often attributed to a successful family planning program including the use of contraceptive initiatives targeting the women.³ Despite the extensive coverage of family planning interventions including the use of contraceptives, fertility desires among women and TFR vary widely across different geographic and socioeconomic strata in Bangladesh.^{2,4} Fertility desires and childbearing intentions are the most significant approaches that determine fertility behavior which is an important predictor of future population growth of a country.⁵ On the other hand, the unmet need for fertility or unmet fertility desire refers to the situation when the actual number of bearing children is greater or less than

the number of children she desired to have. In those cases when the actual number of children is more than the desired, it has an impact on the TFR.

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Therefore, TFR is induced by the unmet fertility desire while it is believed that elimination of unmet fertility desire would substantially decline TFR. Although a body of literature focused on the unmet need for fertility and its associated factors, such studies are limited in Bangladeshi context.⁶⁻⁹ Family planning programmes in Bangladesh have been successfully operating for decades; we achieved a phenomenal reduction in our fertility rates.¹⁰ In addition, family planning 2030 agenda of sustainable development goals (SDGs) has also focused on the challenges of unmet fertility desires despite substantial achievement that has already been made in expanding access to contraception. To ensure universal access to reproductive health services, particularly for developing countries like Bangladesh, together with family planning (goal 3), gender equality and women empowerment (goal 5) were also included in order to achieve the agenda by 2030.¹¹ Many studies have identified the association of women's socio-economic and decision-making autonomy with the use of contraceptives, intimate partner violence, and health-care services on fertility decline. However, none of them focused on fertility desires and determinants of unmet fertility needs in the Bangladeshi context. For instance, Duvendack & Palmer-Jones showed the association of women empowerment and the trend of fertility among women by years' span.⁵ Rabbi sorted out the fertility preference and concluded that the expected time interval for the next children plays a crucial role in the TFR scenario in Bangladesh.¹² Some other studies generally focused on the relationships of women's decision making autonomy with either the use of contraception or maternal health care services.^{6,7,10,13}

¹⁵ Based on the available literature, it is evident that assessing the determinants of fertility intension and exploring the extent to which they are associated with

having more than desired children are crucial for the performance of family planning programs initiatives and for the population policy of a country.¹² Many studies around the world have conceptualized different pathways that affect fertility preference and identified socio-economic and demographic factors of fertility preferences and actual demand for children. For instance, Upadhyay & Karasek identified how women's fertility is affected by their sociodemographic and empowerment-related indicators in the Sub-Saharan Africa context.¹⁶ In addition, many research findings have shown that women's involvement in household decisions making has an impact on family planning services and childbearing decisions.^{6-8,13-18} Although women's autonomy is a multidimensional concept, in short, it conveys a set of discrete components or phenomena essential for ensuring that women can exercise their rights with full potential.⁶ Despite the growing importance of fertility desires and unmet need, little is known about their actual desires, unmet fertility need with associated predictors including women's autonomy related indicators are rarely found in the context of Bangladesh using nationwide survey data. To mitigate these gaps, this study intended to get further insights into the current fertility desires with unmet fertility needs in terms of women's awareness of the ideal number of children by disaggregating sociodemographic, and women's autonomy related indicators.

Methods

This cross-sectional, descriptive study was conducted among 125 rural married women of Chandragram Village under Bajitpur Upazila of Kishoreganj District of Bangladesh. The study was conducted between January and December of 2023. Interviews were conducted among those rural women using a self-

administered, semi-structured questionnaire for the collection of data. We collected data on demographic characteristics of the participants as well as their knowledge, practice, expectations and opinion on current programs on family planning in the country. After compilation of data, the obtained data were checked and verified. Then data was analyzed by MS-Excel program from the Master Sheet. Data was presented as frequency and percentage.

Results

Out of 125 respondents, the majority 52(54.4%) belonged to the 28–37 years age group. Most of them 51(40.8%) were married for >5 years. The majority 96(71%) had planned to use contraceptive in near future. Most of them 105(84%) were aware of social, economic and health problems of having more than two children. Regarding knowledge about family planning, 110(88%) had proper knowledge and rest 15(12%) had no knowledge regarding contraception (Table-I). Regarding awareness of the family planning services, most 94(75.2%) were satisfied, 25(20%) argued on further improvement and rest 6(4.8%) were not satisfied (Table-II). 102(81.6%) told that government agencies have the responsibilities to create more awareness about family planning and rest 23(18.4%) said 'no' on that issue (Table-III). The majority told that the reason was maintaining a small family size 55(44%), followed by economic benefits 47(38%), reduction of maternal mortality and morbidity 10(8%), reduction of infant mortality 8(6%) and 5(4%) to avoid unwanted pregnancy and abortion (Fig. 1). Regarding contraception, the majority 80(64%) used oral contraceptive pills (OCP), followed by condom 60(48%), Norplant 9(7.2%), others (e.g., injectable contraceptives like DMPA, NET EN) 8(6.4%) and 2(1.6%) used IUCD (e.g., copper-T) (Fig. 2).

Table-I: Knowledge about family planning (n=125)

Knowledge about family planning	Frequency	Percentage
Yes	110	88
No	15	12

Table-II: Awareness regarding family planning services (n=125)

Awareness about family planning services	Frequency	Percentage
Satisfying	94	75.2
Needs improvement	25	20
Not satisfying	6	4.8

Table-III: Perception on government activities to create awareness about family planning (n=125)

Governmental activities to create awareness about contraception	Frequency	Percentage
Yes	102	81.6
No	23	18.4

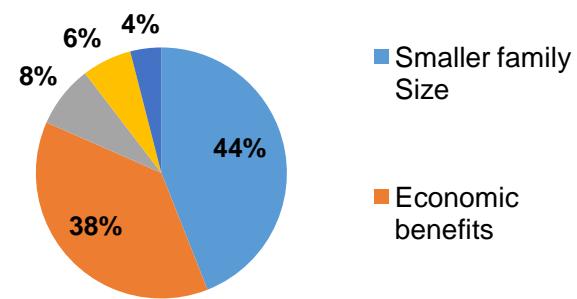


Fig. 1: Women's awareness of the benefits of family planning methods (n=125)

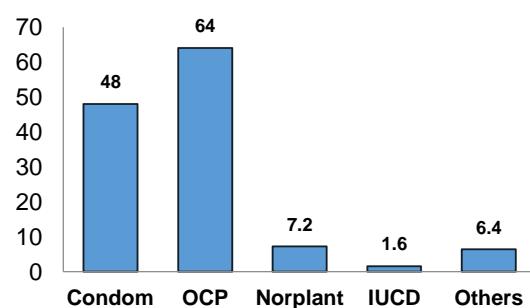


Fig. 2: Women's choice of contraceptive method (n=125)

Discussion

In the present study, out of 125 respondents, the majority 52(54.4%) was in the 28–37 years age group. Most of them were housewives (91.2%). The majority 72(57.6%) had 1-2 child in number. Most of them were married for >5 years (40.8%). In another study, the findings of study revealed that most mothers (71.2%) expected to have two children for their family, which is in line with the population policy of Bangladesh.¹⁷ The majority 96(71%) had planned to use contraceptive in near future. Most of the women 105(84%) were aware of social, economic and health problems of having more than two children. Regarding knowledge about family planning, most of them 110(88%) had proper knowledge; more than half 67(54%) had no knowledge about non contraceptive benefits of family planning methods. Most of them 73(58.4%) were aware about smaller family size. Regarding contraception, the majority 80(64%) used oral pills (OCP) as contraceptive method. 83(64.4%) had knowledge on side effects of contraceptive methods, while 92(73.6%) were aware of failure of different contraceptive methods. 83(66.4%) had the knowledge of importance regarding breast feeding in family planning. Out of 125 respondents, Most of the women 94(75.2%) were satisfied with family planning services, while 102(81.6%) opined that government agencies have the responsibilities to create more awareness on family planning issues. A similar study also observed that approximately 33% of pregnancies are unplanned in Bangladesh, which is a crucial factor in the rapid growth of the Bangladeshi population.¹⁹ Earlier studies also reported that geographical variations are important contributors to the unmet need for contraception, and thus fertility.^{8,9,19-22} Besides, there are various supply chain factors, like

distance to health facilities, fragile service delivery, poor communication systems as well as cultural beliefs.^{8,9,19-22}

Conclusion

This study concludes that among 125 rural mothers living in Chandagram, Bajitpur, Kishoreganj, Bangladesh, most women had proper knowledge about family planning and contraception. Most of them were planning to use contraceptives in near future. Tracking the unmet need for fertility desire is useful for assessing progress towards the target of achieving universal access to reproductive health in Bangladesh. Therefore, government agencies should take more effective measures and responsibilities to create more awareness on family planning especially for rural women.

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