

Original Article

Knowledge, Attitude and Practice of Family Planning among Women of Reproductive Age

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Abstract

Background: Family planning is regarded as an important preventive measure against maternal and child morbidity and mortality. This study was aimed at determining the knowledge, attitude and use of family planning methods among women of reproductive age (15– 49 yrs.) attending indoor and outdoor department of Dhaka National Medical College & Hospital.

Objective: The aim of this study was to explore the awareness and practice of family planning among women of reproductive age.

Material and methods: This descriptive cross sectional study was conducted among the women of reproductive age attending indoor and outdoor department of Dhaka National Medical College. Data was collected by face to face interview with pre-tested questionnaire.

Place and period of study: The study was conducted during September 2012 to October 2013 in Dhaka National Medical College.

Result: 200 female of reproductive age were studied. The mean age was 27.52±5.2. Of the total subjects 194 (97%) were aware of contraception. 182 (91%) used contraceptive methods and 18 (9%) did not. Religious prohibition, in-laws disapproval, husband disapproval, need more child and lack of awareness act as a barrier in using contraceptive methods. Of the contraceptive user 171 (93.9%) used temporary methods and 11 (6%) used permanent methods. Those who used temporary methods, majority 99 (58%) used hormonal preparation followed by 50 (29.2%) used barrier methods, 16 (9.3%) used natural method and 6 (3.5%) used IUDs. of the permanent method user 9 (81.8%) had tubectomy and 2 (18.2%) husband had vasectomy.

Conclusion: This study concludes that there is a gap among knowledge, attitude and practice in the use of family planning methods. Though most of them use contraceptive methods but some social factors affect the practice. So effective couple counseling should be done.

Key words: Contraceptive, Vasectomy, Tubectomy.

Introduction

Family planning services have the potential to improve the lives of people and also their economic welfare. Increasing population growth is a world-wide problem today and Bangladesh is no exception. According to the provisional results of 2011 population and housing census, the enumerated population on 15th march, 2011 was 142,319 thousands.

Bangladesh is well into the third phase of demographic transition, having shifted from a high mortality-high fertility regime to a low fertility one. Compared to enumerated population in 2001. About 18 million people were added, which represent a 14.4% increase and a

1.34% average annual growth rate, decreasing since last census.¹

Each year about 184 million pregnancies occur in the developing world and 40 % of these are unintended.² It is estimated that about half of the unintended pregnancies ended in abortion, which is responsible for at least one in seven maternal deaths worldwide.³ More than 95% of these deaths occur in developing countries. In addition, unintended pregnancy leads to increase risk of maternal depression and has negative effect on antenatal care, breastfeeding and infant mortality.⁴

According to 2007 Bangladesh demographic and health survey BDI-IS, in Bangladesh 29% of pregnancies were

unintended with 155 mistimed and 145 unwanted. The total intended fertility rate is 1.9 which is quite lower than the total fertility rate 2.7.⁵ This means that if all unintended pregnancies could be eliminated, the TFR (Total Fertility Rate) would drop below the replacement level of fertility immediately. Researchers estimated that the lives of 150,000 women could be saved each year worldwide with access to sufficient family planning. An estimated 150 million women worldwide want to delay or avoid pregnancy but are not using family planning methods.⁶

Family planning can reduce maternal mortality by reducing the number of pregnancies, abortions and the proportion of births at high risks. It can help to reduce infant mortality, slow the spread of HIV/AIDS, promote gender equality, reduce poverty, and accelerate socio-economic development, women empowerment and promote the environment.⁷ Most of the married women want to use the contraceptive methods but are unable to use because of lack of knowledge, economical problem, fear of side effect, religion cause, insufficiency of family planning worker, uncooperative husband and limited supply and high cost.⁸

A proverb runs thus-womanhood of a woman is expressed through her motherhood. Despite the proverb being true, many married women at some time in their reproductive life do not desire to be pregnant. Nevertheless, they do not use any contraceptive method to avoid becoming pregnant. These women are considered to have an unmet need for family planning.

In Bangladesh also the unmet need is as higher as 24%. Unmet need does not necessarily mean that family planning services are not available, it may also mean that women lack of information or that the quality of services on offer does not inspire the necessary confidence or that women themselves have little say in the matter.¹¹ If family planning programmes served most with unmet need, the demographic impact would be substantial contraceptive prevalence would rise, reducing fertility and slowing: population growth.⁹

In 2006, unmet need for family planning was added to the 5th millennium development goal (MGD) as an indicator for tracing process on improving maternal health.

At present various action programmes on family planning are running over the few decades but considerate number of people yet not motivated to adopt the family planning in their practical life. The study was

considered to explore the determinants and proportion of unmet need among married women of a selected rural area.

A variety of different methods of contraception are available, which are generally extremely safe compared with risks associated with pregnancy and child birth. Not all methods are suitable for everyone. Expanding the number of family planning options available to women is a critical part of increasing contraceptive coverage, decreasing unintended pregnancies and reducing maternal morbidity and mortality around the globe.¹⁰

This study was undertaken with the object to assess the level of awareness about different types of family planning (FP) methods and also to find out the current practice of family planning methods by the women of reproductive age group. In recent years, the need for such kind of studies is very important. More specific knowledge can be acquired from these studies about the factor that determines the fertility and family acceptance. This in turn can be used to develop suitable program for people.

Methods

It was a cross sectional descriptive study carried out among women of reproductive age group attending indoor and outdoor department of Dhaka national medical college. The study was conducted from. A total 200 women were enrolled in the study. A pre-tested questionnaire and check list were used to collect data. The data was collected by face to face interview of the respondents. Data was analysis by using SPSS 20 version.

Results:

Among the respondents 66 (36.2%) were (25-30) age group, 53 (29.1%) were (20-25) age, 29 (15.9%) were (30-35) age, 16 (8.7%) were (15-20) age, 12 (6.5%) were (35-40) age and 6 (3.2%) were (35-40) age group. Mean age was 27.52 ± 5.2 . (table-1). Of the total respondents 194 (97%) were aware and 6 (3%) were not aware of contraceptive methods. Among the aware women 182 (93.8%) used contraceptive and 12 (6.2%) did not. Religious prohibition, in-laws disapproval, husband disapproval, need more child and lack of information were mentioned as causes behind not using contraceptive methods (table-3). The proportion of use of contraceptive was found high amongst the one child parents 67(36.8%) and amongst the women who had primary education 72 (39.5%), however, the difference of use of contraceptives was not statistically significant

($p>0.05$). Of the total respondents 171 (93.9%) used temporary methods and 11 (6%) used permanent methods. Among the temporary method user 99 (58%) use hormonal pill, 50 (29.2%) used barrier methods, 16 (9.3%) used safe methods and 6 (3.55) used IUD. Of the permanent method user 9 (81.2%) had done tubectomy and 29 (18.25) had done vasectomy.

Table-1: distribution of respondents by age and contraceptive use

Age	Contraceptive Use		
	Yes	No	
15-20	16 (8.7%)	5 (27.8%)	Mean Age: 27.52±5.2
20-25	53 (29.1%)	4 (22.3%)	
25-30	66 (36.2%)	1 (5.6%)	
30-35	29 (15.9%)	5 (27.8%)	
35-40	12 (6.5%)	3 (16.7%)	
40-45	6 (3.2%)	0 (0%)	

Table-2: distribution by awareness and use of contraceptive

Awareness	Contraceptive Use		Total
	Yes	No	
Yes	182 (93.8%)	12 (6.2%)	194
No	0 (0%)	6 (100%)	6
	182	18	200

Table-3: distribution of respondents according to the reasons of not using contraceptives

Reasons	Frequency
Religious	2 (11.11%)
Fear of side effects	4 (22.22%)
Husband/in laws disapproval	5 (27.8%)
Need more child	5 (27.8%)
Lack of information	2 (11.11%)
Total	18 (100%)

Table-4: Distribution of respondent by number of children and use of contraceptive methods

No. of Children	Use of contraceptives		Total	Test of Significance
	Yes	No		
1	67 (36.8%)	5 (27.7%)	72 (36%)	$\chi^2 = 771$ $P = .856$
2	60 (32.9%)	6 (33.33%)	66 (33%)	
3	31 (17%)	4 (22.22%)	35 (17.5%)	
>3	24 (13.1%)	3 (16.6%)	27 (13.5%)	
	182	18	200	

Data were expressed as frequency. Statistical analysis was done by chi-square test to see any association between number of child and use of contraceptive. Statistically found no significant.

Table-5: Distribution of respondents by educational qualification and use of contraceptive

Educational status	Use of contraceptives		Total	Test of Significance
	Yes	No		
Illiterate	28 (15.3%)	2 (11.11%)	30 (15%)	$\chi^2 = 1.739$ $p = .784$
Primary	72 (39.5%)	9 (50%)	81 (40.5%)	
SSC	48 (26.3%)	4 (22.22%)	52 (26%)	
HSC	25 (13.7%)	3 (16.6%)	28 (14%)	
Graduate	09 (4.9%)	0 (0%)	09 (4.5%)	
Total	182	18	200	

Data were expressed as frequency. Statistical analysis was done by chi-square test to see any association between educations and use of contraceptive. Statistically found no significant.

Table-6: Distribution of respondents by monthly income and use of contraceptives

Monthly Income (in taka)	Use of contraceptives	
	Yes	No
5000-10000	75	7
10000-15000	37	8
15000-20000	32	2
20000-25000	21	1
25000-30000	14	0
>30.000	3	0
Total	182	18

Table-7: Distribution of respondents by the use of different types of method

Contraceptive methods	No. of respondents	
Hormonal preparation	99 (58%)	Temporary method 171 (93.9%)
Barrier method (Condom)	50 (29.2%)	
Safe period	16 (9.3%)	
IUD	6 (3.5%)	
Tubectomy	9 (81.8%)	Permanent method 11(6%)
Vasectomy	2 (18.2%)	

Percentage distribution of respondents by using of different type of contraceptives.

Discussion

A cross sectional study was done to determine the knowledge of, attitude to and practice of family planning among women of reproductive age attending indoor and outdoor department of Dhaka National Medical College. It was done on 200 female of reproductive age. And their mean age was 27.52±5.2. Majority had educational level more than primary and above. This study showed that educational level and monthly income of husband did not influence the use of contraceptives.

A similar study was done by Arbab AA, Bener A, Abdul Malik M on 1130 Qatari married women aged 18-49 years this study shows knowledge of contraception increased with increasing level of education ($P < 0.001$), but decreased the lower the household income ($P = 0.002$).¹¹ In this study among the total respondents 194 (97%) were aware about contraception and 6 (3%) were not aware about it. 182 (91%) respondents used contraceptives and 18 (9%) did not any contraceptives. Among the contraceptive user 171 (93.9%) used temporary method followed by 11 (6%) used permanent method. this study shows no association between contraceptive use and level of education ($p = 0.784$). 99 (58%) female use hormonal pills, 50 (29.2%) use barrier methods, 16 (9.3%) use safe period, 6 (3.5%) use IUCD. Religious cause 2 (11.11%), fear of side effects 4 (22.22%), husband/in-laws disapproval 5 (27.8%), need more child 5 (27.8%) and lack of information 2 (11.11%) were identified as cause of not using contraceptives

In a study done by Bulto GA, Zewdie TA, beyen TKI on 519 respondents 323 (62.2%) were using modern family planning methods and 101 (19.5%) were using long acting and permanent contraceptive methods. On another study done by Van Zijl S, morroni C, van der Spuy ZM, awareness of the IUD among clients was low. 41% ($n = 88$) had heard of this contraceptive method. Ever and current uses were very low. Only 4% ($n = 9$) had ever used an IUCD and three women still using this method. Lack of knowledge was cited by many women as an obstacle to use. Among the providers, factual knowledge about IUDs was limited and infection (47%, $n = 14$) and increased menstrual bleeding (40%, $n = 12$) were frequently mentioned as disadvantages of the method. According to R. Prachi, K. Ashwini, P. Sanjay; et al; among 156 students (85%) knew about condom and it is the best preferred methods used by the students (81%).^{12,13,14}

From study (carrol under hood) a clear majority respondents-86% of men and 98% of female religious leader believe that family planning is constant with Islamic prospect. These results indicate that religious leaders are at least as like as the general people to believe that family planning is accepted within the tenets of Islam. Only 8% women and no female religious leader reported that family planning is haram.¹⁵

References:

1. Bangladesh bureau of statistics division, Ministry of Planning, Government re-public of Bangladesh. SVRS. 2011 BBS.
2. Bongaarts J. and Sinding S., Population policy in Transition in the Developing World, Science, J. Dhaka National Med. Coll. Hos. 2017; 23 (01): 08-11 333:6042, pp. 574-575. 2011.
3. Singh S, Sedgh G, and Hussain R, Unintended pregnancy, Worldwide levels Trends and outcomes, Studies in Family Planning, 41:4, pp.241-250, 2010.
4. Ciment J, Most deaths related to abortion occur in the developing world, British Medical Journal, 318:7197, pp.1509, 1999.
5. Gipson J.D, Koenig M.A, and Hindin M. J. The effect of unintended pregnancy on infant, child and parental health: A review of the literature studies in family planning, 39:1, pp.18-38, 2008.
6. National Institute of population research and training (NIPORT) Mitra and Associate and Macro International, Bangladesh Demographic and Health Survey-2007, NIPORT, Mitra and Associate, Dhaka and Micro International, Calverton, May land, 2009, 173-82.
7. Fundamental elements of quality of care L a simple frame work. Stud Fam plan. 1990: 21(2): 61-91.
8. Reynolds H W, Janowitz B, Homan R, Johnson L. The value of Contraception to prevent perinatal HIV transmission. sexually transmitted diseases, 2002: 3-4.
9. Hammerslough CR. Characteristics of women who stop using contraceptive. Fam Plann. Perspect. 1984: 16 (1) 14-25 [Pub Med].
10. Ferdousi SK, Jabbar MA, Haque SR, Karim SR. Unmet need of Family Planning among Rural women in Bangladesh. J Dhaka Med. coll. vol.19-1 April 2010
11. Arbab AA, Bener A, Abdulmalik M. Prevalence, awareness, and determinants of contraceptive use in Qatari women. East Mediterr Health J. 2011, Jan; 17(1): 18-8.
12. Bulto GA, Zewdie TA, Beyen TK, Demand for long acting and permanent contraceptive methods and associated factors among married women of reproductive age group in Debre Markos Town, North West Ethiopia. BMC Women's health 2014: 14:46.
13. Van Zijl S, Morroni C, Vander Spuy ZM. A survey to assess knowledge and acceptability of the intra-uterine device in the Family Planning services in Caoe Town, South Africa. J Fam Plann Reprod Health Can. 2010. April; 36(2): 73-8.
14. R. Prachi, K. Ashwini, P. Sanjay; et al; A study on knowledge, attitude and practice of contraception among college students in Sikkim, India.
15. Jennifer L, Marcia L Shew, Wanzhutu. Pattern of Oral contraceptive pill taking and condom use among Adolescent Contraceptive pill user. J Adolesc Health. 2006, Sep; 39 (3) L 381-387.