

Original Article

Contraceptive Practice Among the Married Women of Reproductive Age in the Garments Factory

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Abstract

Background: Bangladesh is a country having high density of population in the world. Its fertility rate ranges from 4.1 to 5.49 and life expectancy is 66 years while the total fertility rate of Asia is 2.2 and life expectancy 70 years. This study was conducted to investigate the pattern of contraceptive practices among the married women of reproductive age in the garments factory.

Material and Methods: This descriptive cross sectional survey was carried out among 240 married women of reproductive age from January to June, 2012 in the garments factory of Dhaka city. Data were collected on a pre-tested questionnaire by face to face interview. SPSS version 16 was used to analyze the data. A p-value of 0.05 was considered significant for inference.

Results: The mean age of the study population was 29±6.5 years with the mean age at marriage of 17.18±2.7 years. 73 (31%) were practicing some methods of contraception, while 167 (69%) were not using it. OCP (Oral Contraceptive Pill) was the commonest method of contraception followed by Condoms 12 (5%), Injectable 12 (5%), Implant 12 (5%) & Tubectomy 6 (3%). None was found using IUCD and Traditional method (withdrawal, rhythm method) and emergency contraceptive method. The use of contraceptives were more common in grand multipara ($p < 0.01$), >35 years old ladies ($p < 0.05$). No statistical association was found between the use of contraceptive method and educational status of the respondents and their husband. Non users of contraceptives in this study were 167 (69%) and the major reasons for the non use were intention to have more children 53 (31.46%) followed by pressure from the husband 21 (12.35%), prohibition by the religion 18 (10.9%) and desire for son 17 (10.11%). Among the 73 contraceptive users 38 (52%) experienced side effects with the use of contraceptives. The commonest side effects were menstrual irregularities 17 (23.8%) followed by change in body weight 8 (11.19%).

Conclusion: Frequency of contraceptive use was found comparatively low among garments workers despite high level of awareness. Desire for larger family, religious concerns and fear of side effects were the main factors responsible for non users. Religious scholars must play their role in clarifying many aspects regarding contraceptives.

Key words : Contraception, Reproductive age, Total fertility rate.

Introduction

A contraceptive method is one which helps the women to avoid unwanted pregnancy resulting from coitus. There are many methods of contraception. Each has got

its own merits and demerits.

An ideal contraceptive method is one which is safe, effective, acceptable, inexpensive, reliable, reversible,

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simple, long lasting, independent of coitus and requires less medical supervision. A method suitable for one group may not be suitable for another group because of different cultural background, religious beliefs and socio-economic status. Thus there can never be an ideal contraceptive method¹.

Of the world population, 75% live in developing countries characterized by high fertility rates, high maternal and infant mortality and low life expectancy². In the developing world, 1/3rd of all healthy adult women are lost due to reproductive health problem³. Female population is about 60.26 million in Bangladesh and married women of reproductive age group constitute 51.7% of all total female population⁴. More than 5,00,000 women die every year due to pregnancy related complications in the developing world⁵. Although the average age at marriage is 18 years for females and 27 years for males, rural females tends to marry even earlier. Approximately 75% of the girls are married before the age of 16 and only 5% are married after 18 years which is the legal age of marriage for females in Bangladesh⁶. Like early marriage, early pregnancy is common in Bangladesh. The adolescent fertility rate in the country is one of the highest in the world with 147 birth per 1000 women age <20 years⁷.

For a large and rapidly growing population an effective family planning program is needed. A large number of family planning centers are working in the country; millions of money have been spent on family planning services but with no major achievement. Contraceptive prevalence rate (CPR- which is the proportion of women of reproductive age (15-49 years) who are using or whose partner are using a contraceptive method at a given point in time) is 30% which was 29% in 2009 and 2008 while the most developed country like USA has 71% CPR for all the methods.^{2,8-10}.

Worldwide the fertility rate (the total number of children the average women in a population is likely to have based on current birth rates throughout her life)⁸ have fallen largely due to the world-wide spread and increasing use of modern methods of contraception. However, in some developing countries like Bangladesh the uptake of contraception remains low due to cultural, economical and political barriers. After nearly five decades of Government initiated family planning programs near about 50 years back.¹¹

Still total fertility rate in Bangladesh ranges from 4.1 to

5.49 and life expectancy is 66 years, while the total fertility rate of Asia is 2.2 and life expectancy 70 years.¹ Though the total fertility has decreased in Bangladesh but still it has the highest rate in south Asia. To understand this problem research is needed to investigate the social, religious and cultural aspect of females. The major myth regarding contraception is that it causes harm to womb and causes sterility.^{12,13} Also people are aware regarding the emergency contraceptive, therefore the well documented link between female education and use of contraception plays an important role in the development of family planning policies in lower income countries. Female education and autonomy as well as husband education put a direct impact on the contraceptive prevalence rate.^{14,15}

The aim of this study was to find out contraceptive practices of women in the reproductive age group. The secondary outcome measures were to compare it according to the age, parity, occupation and educational status of the women as well as education status of their spouse.

Methodology

This cross sectional study was conducted during the period of January 2012 to June'2012 to assess the contraceptive practice among the married women of reproductive age in the garments factory. The respondents were married women of reproductive age (15-49) and were selected purposively on the basis of selection criteria from garments factories in the Dhaka city. Total 240 married women of reproductive age were included in this study. Data were collected by face to face interview by pretested structured questionnaire.

Data were analyzed by SPSS version 16. Descriptive statistics were run based on respondent's socio-demographic characteristics, reproductive health problems and contraceptive practices. Odds ratios were calculated to find out the strength of relationship between contraceptive practice and age, parity, occupation and education of the respondent's as well as their husband's education, while chi-square test was used to find out the significance of proportion of contraceptive practiced. A p-value of 0.05 was considered significant for inference.

Results

Among 240 women of reproductive age group (15-49 years), about half (47.4%) of the respondents were in

the age group 20-30 years. The socio-demographic characteristics of the respondents were described in Table-I. The mean age of the study population was

29±6.5 years with the mean age at marriage of 17.18±2.7 years.

Table I
Socio-demographic characteristics
n = 240

Attribute	Findings
Age (in years)	<20:10%, 20 -25: 21.6%, 26-30:25.8%, 31 -35: 18.3, >35:24.16%; Mean age (±SD)= 29±6.5 years
Education (respondents)	Uneducated:62%, Below SSC:20.4%, SSC:83%, HSC: 4%, Bachelor:3.3%, Master degree:2%
Education (Husband)	Uneducated:30%, Below SSC:24%, SSC:25%, HSC: 10%, Bachelor:6%, Master degree:5%
Monthly income(TK)	TK<3000:6.6%, TK 3001-5000:22.5%, TK 5001-7000:38.75%, TK 7001-9000 :26.75%, TK >9000:5.4% Average (±SD): 4550±1450
Age at marriage (in years)	14-17:63.5%, 18-21: 31.5%, 22-25: 5%, Mean age at marriage(±SD): 17.18±2.7 years
Age at first child (in years)	15-20 : 69.83%, 21-25: 29.05%, 26 -30: 1.12, Mean age at first child(±SD) : 19 ± 2.6 years
Number of children	<2: 29.5%, 2-5: 49.5%, >5: 21%, Mean number of children ±SD: 3 ± 1

Of the respondents, 73(31%) were practicing some methods of contraception, while 167 (69%) were not using it. OCP(Oral Contraceptive Pill) was the commonest method of contraception, followed by

Condoms 12(5%), Injectable 12(5%), Implant 12(5%) & Tubectomy 6(3%). No one was found using IUCD and Traditional method (withdrawal, rhythm method) and emergency contraceptive method Figure-I.

Bar diagram showing use of different contraceptives

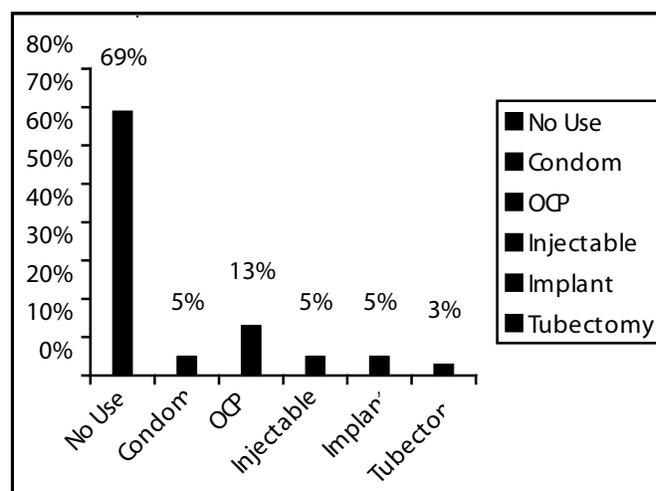


Figure 01 shows that 13% respondents use OCP and 69% respondents do not use any contraceptives.

The use of contraceptive was more common in grand multipara ($p < 0.01$), >35 years old ladies ($p < 0.05$). No statistical association was found between the use of contraceptive method and educational status of the respondents and their husband. Table- II & III

Table II
Cross tabulation of contraceptive practices to age, parity and educational status of women and their husbands.
n =240

Variable	Range / Level	Contraceptive practicing	Contraceptive not practicing	Total
Age in years	<20	2	16	18
	20-25	10	39	49
	26-30	19	46	65
	31-35	17	30	47
	>35	25	36	61
	Total		73	167
Parity	<2	6	57	63
	2-5	43	80	123
	>5	24	30	54
	Total	73	167	240
Educational status of women	Uneducated	39	98	137
	Below SSC	18	36	54
	SSC	10	18	28
	HSC	2	9	11
	Bachelor degree	2	4	6
	Master degree	2	2	4
	Total	73	167	240
Husband educational status	Uneducated	20	52	72
	Below SSC	18	41	59
	SSC	19	41	60
	HSC	6	19	25
	Bachelor degree	4	8	12
	Master degree	6	6	12
	Total	73	167	240

Table III
Association of age, parity and education of women/husband to contraceptive practice

Variable	Level/Range	CP+	CP-	Chi-Square	OR+95%CI	P-value
Age	>35 years	25	36	5.24	2.16	p<0.05
	<35 years	48	131			
Parity	>5	24	30	6.85	2.51	P<0.01
	<5	49	137			
Educational status	SSC and above	16	33	1.97	1.72	p>0.05
	Below SSC & uneducated	57	134			
Husband's educational status	SSC and above	35	74	0.92	1.34	p>0.05
	Below SSC & uneducated	38	93			

Non user of contraceptive in this study were 167 (69%) and the major reasons for the non use were Intention to have more children 53(31.46%), followed by Pressure from the husband 21(12.35%), Prohibition by the religion 15 (10.9%) and Desire for son 14 (10.11%). Non-availability of contraceptive was the least common 4(2.4%) cause for not practicing contraception. (Table-IV).

Table IV
Reasons of non uses of contraceptives
n = 167

Reasons	Frequency	Percentage (%)
Desire for children	53	31.46
Pressure from husband	21	12.35
Prohibition by religion	18	10.9
Desire for son	17	10.11
Lack of awareness	12	7
Did not think about it	12	6.9
Pressure from mother in law	6	3.85
Herself did not want	6	3.85
Fear of side effects	6	3.85
Husband is aboard	6	3.85
Lactational ammenorrhoea	6	3.37
Non availability	4	2.4

Among the 73 contraceptive users 38 (52%) experienced side effects with the use of contraceptives. The commonest side effects were menstrual irregularities 17(23.8%) followed by change in body weight 8(11.19%). Table-V

Table V
Side effects of contraceptive use
n = 73

Side effects	Frequency	Percentage (%)
No side effects	35	48.73
Menstrual disturbances	17	23.80
Change in weight	8	11.19
Other effects (Infections, backache, feeling of guilt etc)	7	9.38
Behavioral disturbances	6	6.8
Total	73	100

Discussion

Child birth is the leading cause of death among women of reproductive age as one in five women of reproductive age die due to child birth related complications.³ Realizing this as well as considering other benefits; family planning program in public sector of Bangladesh was incorporated in 1965 but still the CPR of 30% is highly discouraging. In comparison, the CPR of neighboring countries are quite high as 56% in India and 68% in Srilanka.² In spite of the fact that more than 3000 family planning centers are working in the country, population growth rate is still 1.56%. According to Bangladesh Demographic and Health Survey, maternal mortality can be reduced by 36% if CPR goes up to 55%.⁴ Despite almost 3 folds increase in contraceptive use since last 20 years, 25% of the currently married women have an unmet need of family planning services.⁹

Literacy rate in this study was very low. About 62% respondents were totally uneducated and another 29% had only primary and middle education. This figure is contradictory to study by Inamullah et al⁷ and this level of literacy may not reflects the true situation, because our study was among the poor people who are mostly uneducated.

Mean age at marriage in our study about 18 years. Same has been reported by PDHS³. Contraceptive use is less in our study supporting the work of others¹⁸. In Bangladesh, marriage is a social and religious obligation. Once marriages are consummated, they remain stable. Divorce and separation are socially discouraged in our country. The length of time women are exposed to the risk of childbearing affects the number of children women potentially can bear. So, an increase in the age of marriage or use of contraceptives in the teen age can play a vital role in reducing fertility level, because it reduces the period of exposure of child bearing.

Commonly used contraceptives were OCP, Injectable and tubectomy, which is different from the work of seema etal⁷ while supported the work of Solomon Avidime etal⁹. No use of emergency contraceptive method reflects the literacy level and knowledge regarding this method. In contrast, 32% practices of this method have been reported from Ethiopia²⁰.

The 3rd major side effects after menstrual irregularities

of contraceptives which reflects their religious opinion regarding contraception. Learned and authentic scholars should play their role to clarify the minds.

Multipara, older, working and educated woman of this study practiced contraceptives mostly, which is in the line of other study²².

Current contraceptive use 31% which is comparable to other studies¹⁰⁻¹², but lesser than rate reported by Shirmeen et al from Karachi²³. Though it is more than double the rate observed by Adeniran et al²⁴. Relationship of low CPR with poverty and literacy is well documented fact. Our results confirmed this fact which further supported the work of Shabana and Martin Boabak¹⁶ and consistent with most of the literature from South Asia and elsewhere²⁵⁻²⁹. Desire for more children, pressure from husband and religion were the main reasons for the non users reflecting the culture, historical background and typical male dominant society of Bangladesh.

The higher level of husband education did not affect the usage of contraceptive significantly ($p=0.92$) in our study which contradicts the work of Tasnim and Rana Ejaz¹².

Having more sons was another important cause for the non-users as also reported by others¹². Religion has been identified to play a significant role in decision to use contraception. Muslims tends to have higher disapproval rate for contraception³⁰. Therefore religious scholars should be involved to make it clear that family planning is not sinful and rather beneficial to them.

Positive correlation was observed between age, parity and contraceptive practices which are similar to other study³¹. Husband education is the most dominant determinant for the use of contraceptive in the work of others¹⁸ though no statistically significant difference was noted in our study.

Community practices and cultural beliefs play significant role in decision making vital to women's reproductive health. For example, certain aspects of our culture strongly discourage the use of modern contraceptives. They believe that those who use modern family planning methods are interfering with nature and they may be punished with infertility on re-incarnation. Same has been reported by Lawrence in 2009 from Nigeria²¹.

Conclusion

Frequency of contraceptive use was comparatively low among the garments factory workers despite high level of awareness. Desire for larger family, pressure from the husband, religious concerns and fear of side effects were the main reasons that contribute to contraceptive non-use.

Recommendations

Considering the findings of the present study, there are following recommendations:

- Educational status of the women and their husband should be improved for better understanding.
- Respondents should be encouraged to use modern contraceptives.
- Religious scholars must play their role in clarifying the aspects related to non-use of contraceptives.
- Intensive motivation and awareness is needed to increase the uses of Condom and Oral pills in particular.

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