Prevalence of Oral Contraceptive Pill use among Married Women in Rural Bangladesh

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Abstract

Background: To control over population and improving maternal health, to reduce maternal and child mortality and morbidity, to improve living standards and the quality of life of the people WHO recommended practicing contraceptive methods. Population of Bangladesh is increasing with an alarming rate even there is significant progress in family planning program.

Objective: The aim of this study was to determine the prevalence of Oral Contraceptive pill (OCP) use among married women in rural Bangladesh.

Methodology: This study was done among married women residing Islampur village in Dhamrai Upazila during October 2021 to March 2022. The cross-sectional type of descriptive study design was followed, and sample size was 200, selected by nonprobability purposive sampling. Data was collected by face-to-face interview using structured questionnaire. The questionnaire was prepared by a researcher and pretested before data collection. Informed consent and ethical clearance obtained from proper authority prior to data collection. All statistical analyses were performed using the SPSS software version 21.

Result: In this study 200 married women were selected 47.50% and 30.50% were from 18-28 years and 26-33 years age group respectively. Regarding education 23% completed primary level and 28% completed junior level. Housewife was 78.50% and 55.5% earned taka 15000 – taka 20000 per month. Ninety-nine percent (99%) respondents had the idea about contraceptive method. Regarding contraceptive use in 48.50% cases, the decision was taken by both (husband and wife) and in 32% cases decision was taken by husband alone. Health workers and family members were the main sources of information which was 41% and 40.50% respectively. Most of the respondents (89.76%) had no constraint in using contraceptives. Among the respondents, 83% used contraceptive methods. Among the contraceptive users 68.70% used OCP. The reason for taking OCP 86.85% responses was to keep their family size small. About 50.90% of respondents use oral contraceptive pills (OCP) free of cost and 49.14% respondents collected OCP from pharmacy with 50 taka or more per month. Among the respondents 38.60% experienced no side effects but 61.40% respondents experienced side effects in using oral contraceptive pills. Nausea and severe headache complained by 30.80% and 23.30% respectively.

Conclusion: In this study we found that the prevalence of OCP use was satisfactory among the study population. Women were educated up to secondary level but aware about the value of small family that directed them to use OCP. No constraint was found in using OCP. Health workers were the main source of information about cotraceptive. The free supply of OCP got only 50.90% and others collected it from pharmacy with own cost (taka 50 or more).

Key words: prevalence, OCP, married women

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Introduction

Bangladesh is a developing country, with a population of 160 million and among the female population 30 % is of reproductive age, fertility of the eligible couples is being protected by the contraceptive methods.[1]

Among the contraceptive user of Bangladeshi couples, about two-fifth couple uses oral contraceptive pills (OCP), more than one-fifth uses permanent methods, and about one-fifth uses traditional methods.[2] A contraceptive method is one which helps the women to avoid unwanted pregnancy. An ideal contraceptive method is one which is safe, effective, acceptable, inexpensive, reliable, reversible, simple, long lasting and requires less medical supervision. Among the contraceptive methods, one method may be suitable for one group may not be suitable for another group because of

different cultural background, religious beliefs and socio-economic status.[3] In Bangladesh almost 99 % women have claimed to know about modern contraception and in promotion and acceptability of OCP innumerous media advertisements have been aired since the late 70's.[4]

A lack of knowledge of contraceptive methods or a source of supply, cost and poor accessibility are the barriers that exist in developing countries. Side effects perceived or real are major factors for the abandoning of modern methods. In Bangladesh, during the mid-1970s and early 1980s there has been a rapid rise in the use rates of oral contraceptive pills (OCP). Now, OCP are a widely used contraceptive method, almost two-thirds of ever-married women have used a modern method of family planning at some point in their lifetime. However, the rate at which users discontinue oral contraceptives and the reasons for such discontinuation estimated that overall cumulative (all reasons) one-year discontinuation rate for OCP is 46.7%, means that nearly half of the users discontinue pills within 12 months of starting.[5]

Discontinuation refers to cessation of OCP use in 6 months of continuous use. The women who experience side effects discontinue OCP, which considered the main reason for discontinuation. Lack of husband's support, failure to purchase OCP, number of living children and lack of field workers visit are the strongest predictor of OCP discontinuation. Risk of discontinuation of OCP rises four-fold among the women who are not visited by field workers. Educational status of husband also associated with substitution of OCP.[6]

In Niger and Gambia, nearly 30% of new contraceptive users discontinued use within the first 8 months of acceptance primarily because of side-effects. Others argued that behavioral and cultural factors also influence the contraceptive use dynamics and method choice. [7] In Indonesia, women who were given the OCP as they desired, had a discontinuation rate of 9%, compared with 72% for women who were not given their chosen method.[7]

Bangladesh is at 8th position among top 10 highly populated countries. The population problem is one of its major problems. To control population burden Govt. of Bangladesh launched family planning in 1960 and strengthen in 1970. Now it is intensified, and service has reached up to the grass root level. FWA (Family Welfare Assistance) and HA (Health Assistance) are primary level health worker through their domiciliary service reach door of every house and counsel, educate the rural women about contraception. They also supply the oral pills and condom.[8]

Population explosion and overpopulation is the major cause of slow development and– causing a huge economic burden of developing countries. WHO focused to control over population and improving maternal health, reducing maternal and child mortality and morbidity and to improve living standards and the quality of life of the people.[9] Despite significant progress in family planning programme, the population of Bangladesh is increasing with an alarming rate and Bangladesh also facing the problems of population burden every day.

Therefore, in this study we try to determine the prevalence of Oral Contraceptive pill (OCP) use among married women in rural Bangladesh.

Methodology

This was a cross-sectional type of descriptive study done among married women residing Islampur village in Dhamrai Upazila,Bangladesh during October 2021 to March 2022. The sample size was 200 which was selected by nonprobability purposive sampling.

Inclusion criteria

- respondents residing in village
- married women of reproductive age
- co-operative and mentally and physically healthy

Exclusion criteria

- unmarried women
- married women with menstrual irregularities

Researcher prepared and pretested questionnaire before data collection. Data was collected by the face-to-face interview of the respondents at their residents. Variable were studied on socio demographic characteristics, socio cultural factors and attitude towards utilization of oral contraceptive pill. Informed consent of the sample and ethical clearance obtained from proper authority prior to data collection. All statistical analyses were performed using the SPSS software version 21.

Results

A. Socio demographic information

In our study the age distribution of respondents revealed that highest number 47.50% and 30.50% were from the age group 18-28 years and 26-33 years respectively. Regarding their education 23% completed primary level and 28% completed junior level. Housewife was 78.50% and 55.5% earned taka 15000 –20000 per month. (Table I)

B. Information about socio-cultural condition

Most of the respondents 91% had idea about contraceptive method. (Fig. 1). Regarding contraceptive use in 48.50% cases, the decision was taken by both (husband and wife) and in 32% cases it was taken by husband (Fig 2). In this study we found that the main sources of information about contraceptive methods were the health workers and the family members which were 41% and 40.50% respectively. Only 10% got information from the media.

(Table- II)

Table I : Socio demographic condition of respondents

Age (Years)	Frequency	Percentage (%)
Below 18	2	01.00
18-25	95	47.50
26-33	61	30.50
34-41	39	19.50
Above 42	3	01.50
Total	**200**	**100.00**
Education		
Illiterate	2	1.00
Able to sign	23	11.50
Primary level	46	23.00
Junior level	56	28.00
SSC or equivalent	34	17.00
HSC or equivalent	20	10.00
Graduation or above	19	9.50
Total	**200**	100.00
Occupation		
Housewife	157	78.50
Day laborer	1	0.50
Service holder	35	17.50
Business	0	0.00
Others	7	3.50
Total	**200**	**100.00**
Monthly income(Taka)		
Below 5000	11	5.50
5001-10000	61	30.50
10001-15000	55	27.50
15001-20000	31	55.50
Above 20000	42	21.00
Total	**200**	**100.00**

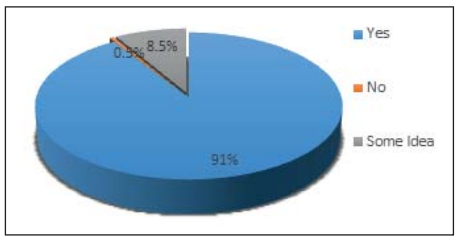

Fig. 1: Idea about contraceptive method

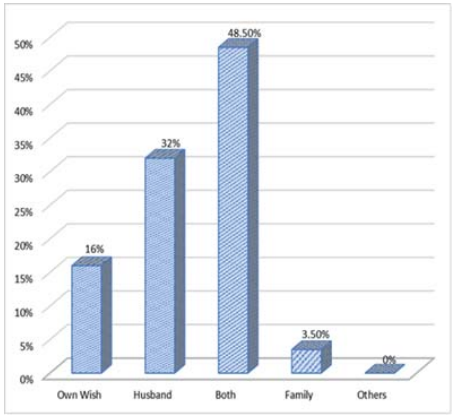

Fig. 2: Decision making regarding contraceptive uses

Table II: Source of information of contraceptive methods

Source of information	Frequency	Percentage (%)
Family members	81	40.50
Neighbours	13	6.50
Media	20	10.00
Health workers	82	41.00
Others	4	02.00
Total	**200**	**100**

Among the respondents,166 (83%) used contraceptive methods (Fig 3). Regarding types of contraceptive use, the highest number 68.70% of contraceptive users used OCP. Injection and Intra uterine contraceptive device (IUCD) practiced by only 8.40% and 7.83% respectively. Permanent method i.e. ligation done only in 3% cases (Table III).

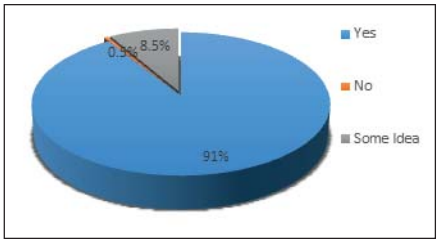

Fig. 3: Current use of contraceptive methods

Table III : Types of using contraceptive methods

Contraceptive Methods	Frequency	Percentage (%)
OCP	114	68.70
Injection	14	8.40
IUCD	13	7.83
Implant	3	1.81
Ligation	5	3.01
Abortion & MR	0	0.00
Others	17	10.30
Total	**166**	**100**

Regarding constraints in OCP use we found 89.76% of respondents had no constraints. Those who had constrains, among them 6.63% were afraid of side effects, 2.41% and 1.20% had religious barrier and male child expectancy respectively (Table IV).

Table IV : Constraints in using contraceptive methods

Constrains	Frequency	Percentage (%)
No Constrains	149	89.76%
If constrains,		
Religious Barrier	4	2.41%
Male child expectancy	2	1.20%
Fear of side effects	11	6.63%
Total	**166**	**100%**

C. Information related to use of oral contraceptive pills

It was evident from the result of our study that respondents explained the reason for taking OCP was in 86.85% cases that they wanted to keep their family size small, 7.01% used to reduce frequency of pregnancy and 2.63% used to keep mother healthy and only 0.88% used to keep the child healthy (Fig 4)

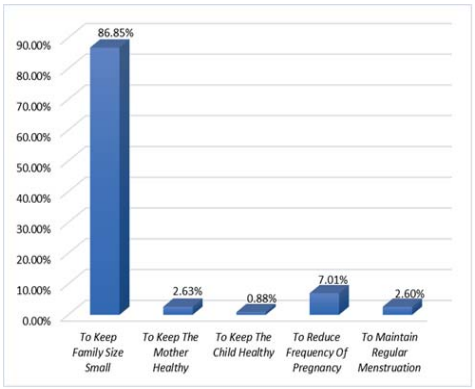

Fig. 4 Reason for taking oral contraceptive pills

Regarding the cost of OCP we found that 50.90% respondents used oral contraceptive pills (OCP) free of cost, 31.68% buy it with less than 50 taka, 17.56% buy it with more than 50 taka.(Fig 5). Respondents collected OCP mainly from pharmacy 49.14% and from health worker 30.70%. Only 4.38% were collected from the family welfare center (Table V).

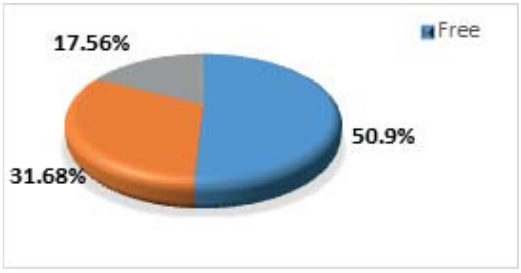

Fig. 5. Cost of oral contraceptive pills (OCP)

Table V: Site of collection of OCP

Site of collection	Frequency	Percentage (%)
Health worker	35	30.70
Community clinic	8	7.01
Upazila health complex	10	8.77
Family welfare center	5	4.38
Pharmacy	56	49.14
Total	**114**	**100**

Considering the side effects of OPC in the users we found that 38.60% of respondents experienced no side effects. On the other hand, 61.40% of respondents experienced side effects while using oral contraceptive pills (Fig 6).Regarding side effects, OPC users complained of nausea (30.80%), severe headache (23.30%),weight gain (15.10%), abdominal pain (10.50%), chest pain (6.80%),-oligomenorrhoea (6.00%), mastalgia (5.30%) and spotted bleeding (2.20%) **(**Table VI).

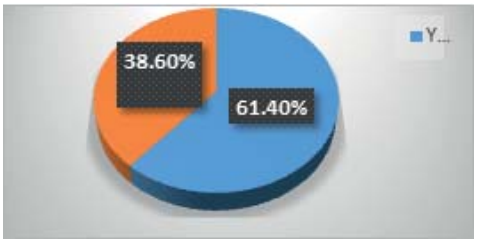

Fig. 6 Occurrence of side effects during OCP use

Table VI : Types of side effects of oral contraceptive pills

Side effects	Frequency	Percentage (%)
Nausea	41	30.80
Weight gain	20	15.10
Spotted bleeding	3	2.20
Breast tenderness	7	5.30
Abdominal pain	14	10.50
Chest pain	9	6.80
Severe headache	31	23.30
Oligomenorrhoea	8	6.00

*Multiple response

Discussion

In this study most of the respondents (47.50%**)** were young women, aged between 18-25 years and 30.50% were between 26 -33 years of age. In Bangladesh the Govt, rule for age of marriage of female is 18 years even though early marriage (before 18 years) is also prevalent in the rural areas. This was also reflected in our study that most of the respondent mothers were of-young age. Similar result was found in a study in Uganda that the majority (42.75%) of the women using contraceptive were between 20 – 29 years old.[10]

Educational qualification of the respondents showed that most of them had education up to Secondary level. Higher number of

educated women use oral contraceptive pills. This inference reflected in a report paper of research using the National Statistic Opinions Survey produced on behalf of the NHS Information Centre for health and social care in UK done by Deborah Loader.[11]

Occupational status of our study sample showed that most of the respondents (78.50%) were housewife. Nearly similar result was found in a study in Cairo, Egypt that (68.4%) women were housewife.[12] In our study monthly family income found in majority cases (55.50%) was 15001-20000 taka and in 30.50% cases it was between 5001-10000 taka. In India a study also revealed similar result. In this study most of the respondents (91%) had an idea about contraceptive methods. The findings were similar to NFHS-III (National Family Health Survey (NFHS-3).[13]

Both (husband and wife) took decision regarding contraceptive use in 48.50% cases and in 32% cases oral contraceptive was used according to husband's decision. A study done in Egypt revealed that in the majority (80.4%) of respondents, both husband and wife jointly took decision and in only 2.6% cases husbands were mainly responsible for giving permission to take OPC.[12] The current study revealed that the main source of information about contraceptive were primary health worker (41%). Community health workers of SEAR countries and Sub-Saharan countries during their door-to-door domiciliary visits inform women about contraceptive.[14]

In response to the use of contraceptive methods- 83% gave a positive answer. Contraceptive prevalence in the study area lower than the findings of A. Rahman et al (100%).[15] Regarding practice of individual contraceptive methods oral pill was used by highest number of respondents (68.70%), SK Ferdousi et al also found the most used (61.7%) contraceptive methods, was oral pill in their study.[14] Regarding constraint in OCP use, in this study we found that 89.76% respondents had no constraint. Those who had constraint among them fear of side effects was 6.63%, religious barrier in 2.41% and male child expectancy in 1.20%.

Respondents explained the reason for taking OCP was to keep their family size small (86.85%), to reduce frequency of pregnancy (7.01%), ~~to~~ keep mother healthy (2.63%) and ~~to~~ keep the child healthy (0.88%). SK Ferdousi found similar result in their study done in rural Bangladesh.[14] Nearly half of the respondents 49.14% collected oral contraceptive pill (OCP)s from pharmacy, 30.70% from health workers, 8.77% from Upazila health complex, 7.01% from community clinic, 4.38% from family welfare center. This results also consistent with the report of BDHS 2018.[2]

There is free supply of OCP at Govt. health centers in Bangladesh.- Therefore, health workers during their domiciliary visit could inform, counsel, motivate rural women for taking oral contraceptive pills. They could explain details about the method of taking, side effects and what to do in case of missing pill. Their activities reflected in the respondent's behavior. In our study 61.40% respondents experienced side effects.

The type of side effects were nausea (30.80%), severe headache (23.30%),weight gain (15.10%), abdominal pain (10.50%), chest pain (6.80%), oligomenorrhoea (6.00%), mastalgia (5.30%) and spotted bleeding (2.20%). This result was consistent with the study in Nepal.[16]

Conclusion

Considering the result of this study, prevalence of OCP in the study area was found satisfactory. Most of the women were housewife and educated up to secondary level but aware about small family that directed them to use OCP and no constraint was found in using OCP. Among OPC users' nausea and headache were the main side effects. Health workers were the main source of information about OCP. Free supply of OCP got 50% of respondents and others bought it from pharmacy.

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