

Study on Factors Affecting Family Planning Practices among Woman of Reproductive Age in Bangladesh

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Abstract

This study Factors affecting Family Planning Practice among Bangladeshi women of Reproductive Age group of Bangladesh. This was a descriptive type of cross sectional study to find out factors affecting family planning practice among Bangladeshi women of reproductive age in a selected rural area of Bangladesh. The objectives of the study were to access the knowledge about family planning methods, to find out the level of knowledge about predisposing factors associated with family planning practices, to access various enabling factors associate family planning, to access reinforcing factors associated with family planning practice, to find out social and demographic characteristic of the respondents. The study includes 104 women of reproductive age group of Bangladesh. In the study, majority of the respondents were in age group between 20-24 years. Most of the respondents and their spouses were primary level education. Majority of the respondents were housewives. Most of the respondent has children and they don't want to have son so they are using modern contraceptive methods. There was significant association with family planning and the communication with their husband as biggest strengths for continuation. Most of them started taking family planning methods when they are 20-24 years. The family planning methods are easily available near the health post at any time. After analyzing the finding pills are one of the most popular family planning method followed by Depo-Provera among women of reproductive age. It is strongly recommended that emphasis should be given in social mobilization approach in the community as well as in the district level focusing on family planning.

Key words: *Married women; reproductive health; pregnancy profile; rural community.*

INTRODUCTION

The population dynamics of Bangladesh is not fundamentally different from these of other countries of the Asia Pacific region at a similar stage of development. The population of Bangladesh is characterized by its youthful structure, high and stable fertility, declining mortality and early near universal marriage. Bangladesh is one of the most density populated countries in the world with a high population growth rate (1.292% annually). The fertility is declined from 6.3 in 1975 to 2.74 in 2009 Bangladesh population has a tremendous growth potential.

The population below 14 years is around 43% of the total population and the women of reproductive age (15-49) represent 46% of the total female population. The replacement of fertility level is 2.2 and the CPR is 58.1% In Bangladesh Family Planning services are available from public and private facilities including NGOs. National Family Planning offers wide variety of contraceptive choice to the eligible couples such as condom, oral pill, IUD inject able (Depo-Provera), Implant, Sterilization, etc through 3 levels primary, secondary and tertiary. Due to various concern and health region the women are not continue using family planning method for the long time. Nearly two third of the user discontinue within a year. Unmet need of family planning within married women of reproductive age is 11%. A Bengali woman has 1 in 21 chance of dying because of pregnancies or child birth in comparison to women in a developed country where chance is 1 in 4000. At present 570/100,000 die due to pregnancy and childbirth.

The WHO estimates that worldwide each year at least 350,000 to 500,000 women die as a result of pregnancy and child birth and almost 99% of these deaths occur in developing countries. It is estimated that approximately 30 million women became pregnant in each year in out of total pregnancy 40% said to be risk pregnancy due to various reasons. The leading immediate most of causes of maternal deaths are preventable and with the provision of adequate antenatal care, delivery practices, timely referrals and well referral and organized accessible Family Planning Services.

OBJECTIVES

The objectives of the study are as follows:

1. To find out factors that many affected woman's choice is utilizing family planning services.
2. To assess the knowledge about family planning methods in Bangladesh.
3. To access reinforcing factors associated with family planning practices among re-productive woman.

METHODOLOGY

Study Design: It was descriptive type of cross sectional study to find out the contraceptive practice among the reproductive women in a selected rural area.

Sampling method: Purposive sampling method was used for the study.

Sample Size: 400 respondents were selected for the study. The respondents were reproductive female who were age group 15-39 years.

Sources of data: Data were collected from primary and secondary sources.

Sources of Primary data: Primary data were collected from the respondents of the selected study area.

Sources of secondary data: Secondary data were collected from books, research reports, journals, internet etc.

Instrument of data collection: Questionnaire was uses for data collection.

Method of data collection: Data were collected by face to face interview with the respondents.

Data analysis: Collected data were tabulated and analyzed by using Computer Program Microsoft Excel.

RESULTS AND DISCUSSION

Table 1: Age of the Respondents

Age Group	Frequency	Percent
15-19	54	13.5
20-24	107	26.8
25-29	104	26.0
30-34	108	27.0
35-39	27	6.8
Total	400	100.0

From the result it was found that 27% respondents were age group 30-34 year which was the maximum and 6.8% respondents were age group 35-39 year which was the minimum.

Table 2: Education of the Respondents

Education	Frequency	Percent
Class I-V	161	40.2
Class VI-X	159	39.8
Class XI-Graduation	80	20.0
Total	400	100.0

From the result it was found that 40.2% respondents had educational qualification class I-V which was the maximum and 20% respondents had educational qualification Class XI-Graduation which was the minimum.

Table 3: Religion of the Respondents

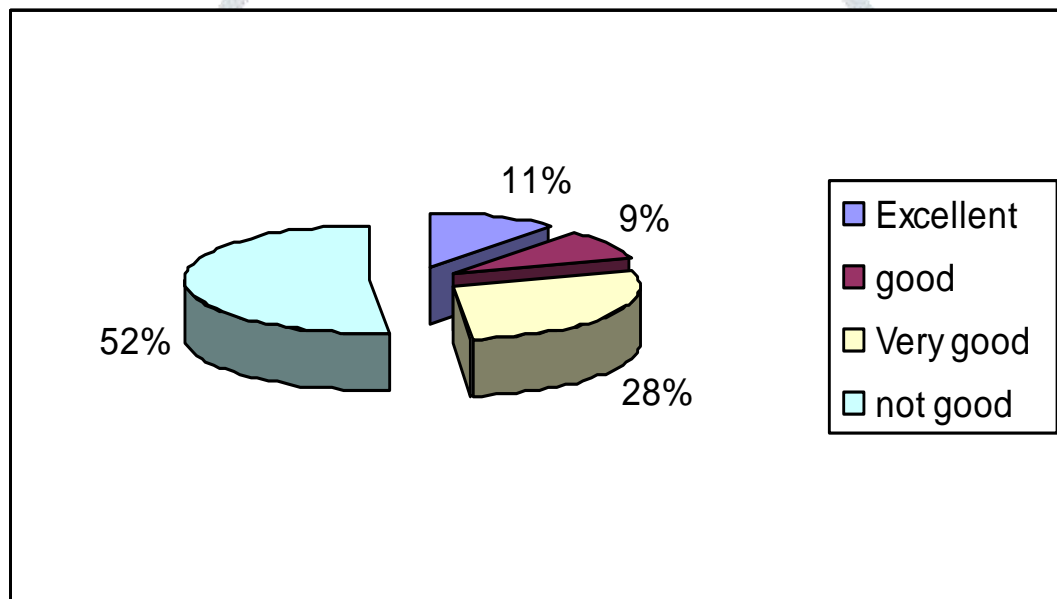
Religion	Frequency	Percent
Islam	348	87.0
Hindu	52	13.0
Total	400	100.0

From the result it was found that 87% respondents were Muslim & 13% respondents were Hindu.

Table 4: Husband's Occupation

Occupation	Frequency	Percent
Farmer	26	6.5
Business	105	26.2
Service	188	47.0
Labour	81	20.2
Total	400	100.0

From the result it was found that 47% husbands of the respondents were service holder which was the maximum and 6.5% husband of the respondents were farmer which was the minimum.

**Figure 1: Responses of the interviewees showing in graphically**

Respondents were asked do you have any idea about the role of factors affecting family planning practices among woman of re-productive age in Bangladesh. 52% of interviewees given their opinion that family planning practices among woman of re-productive age in Bangladesh are not good. 28% interviewees were said very good. 11% interviewees were said Excellent and 9% interviewees were said well.

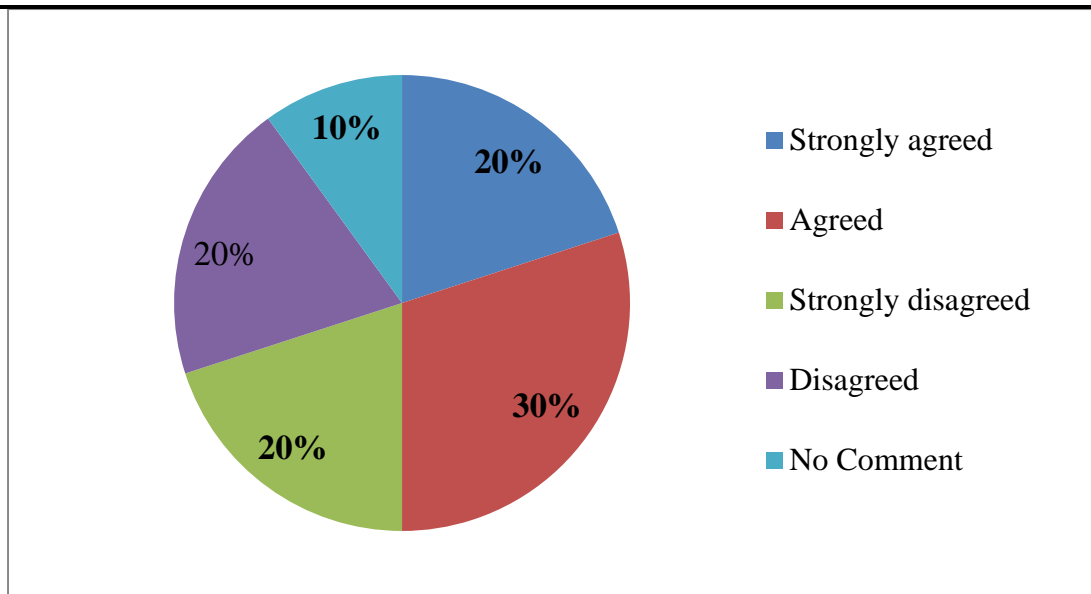


Figure 2: Responses of the interviewees showing in graphically

The result shows that 20% respondents said strongly agreed about family planning practices among woman of re-productive age in Bangladesh 30% respondents said Agreed, 20% respondents said strongly disagreed, 20% respondents said disagreed and 10% respondents said no comment about family planning practices among woman of re-productive age in Bangladesh.

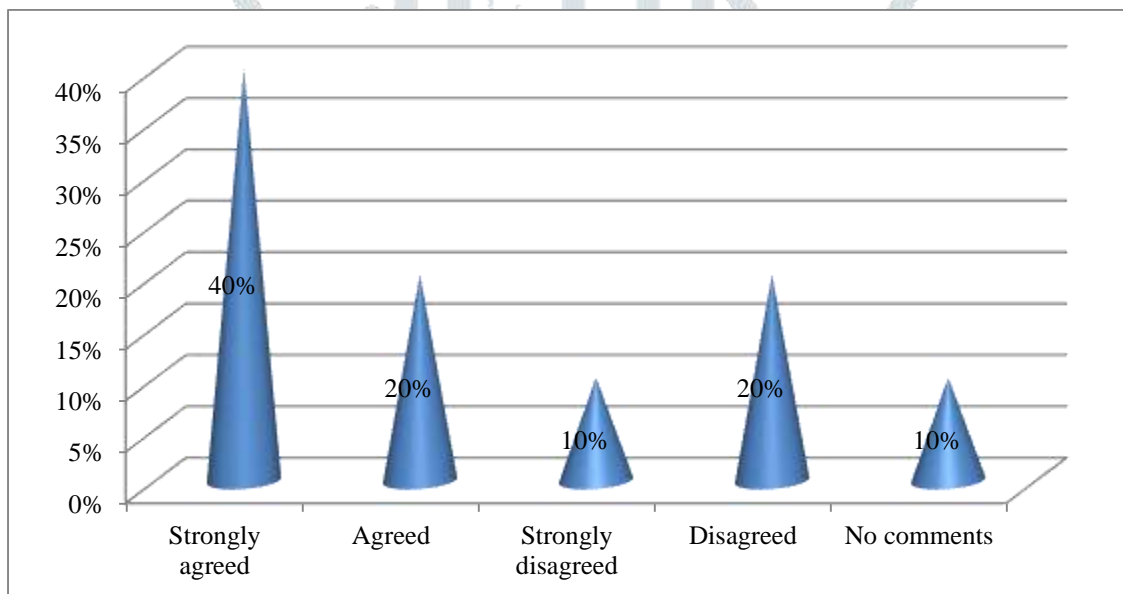


Figure 3: Responses of the interviewees showing in graphically

The result shows that 40% respondents strongly agreed about the above stated statement 20% respondents agreed, 10% respondents strongly disagreed, 20% disagreed and 10% respondent said nothing about above stated statement.

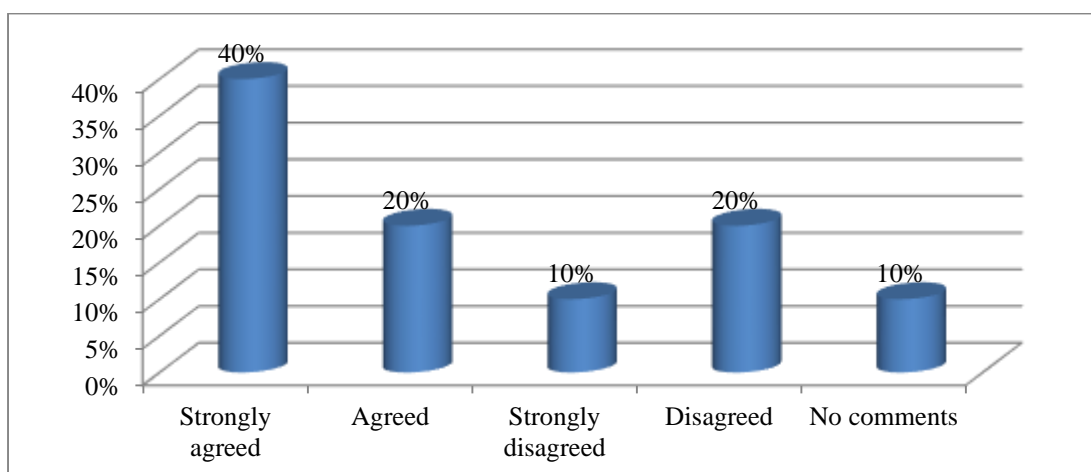


Figure 4: Responses of the interviewees showing in graphically

The result shows that 40% respondents strongly agreed about the above stated statement 10% respondents agreed, 20% respondents strongly disagreed, 25% disagreed and 5% respondent said nothing about above stated statement.

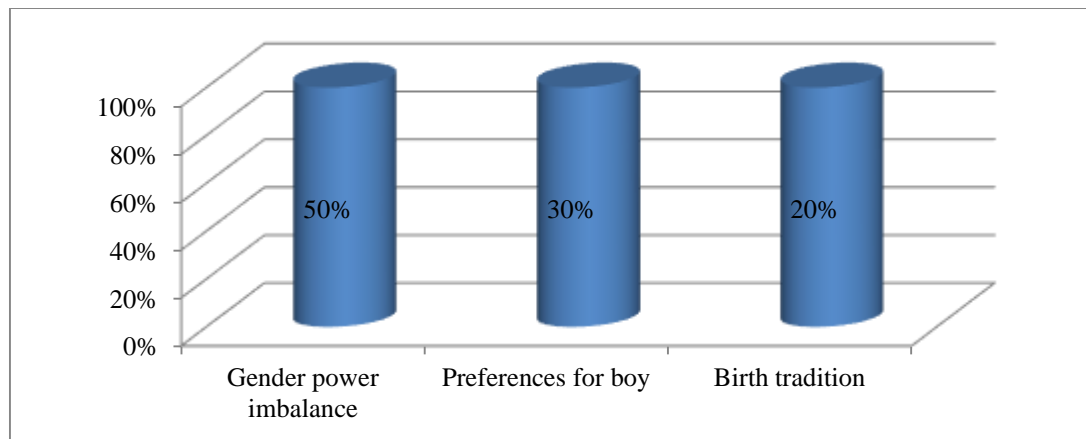


Figure 5: responses of the interviewees showing in graphically

The result shows that 50% respondents said Gender power imbalance about above stated statement, 30% respondents said Preferences for boy and 20% respondents said Birth tradition about above stated statement.

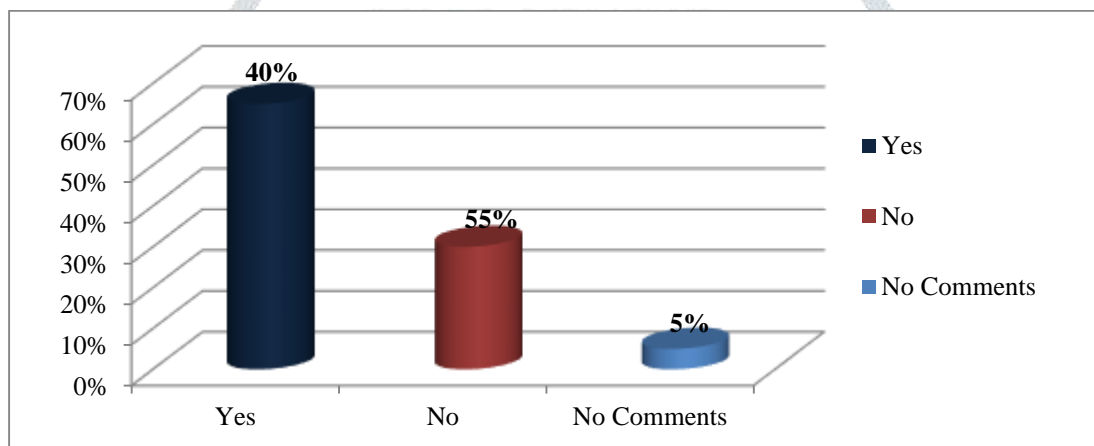


Figure 6: responses of the interviewees showing in graphically

The result shows that 40% respondents said yes about family planning practices among woman of re-productive age in Bangladesh is well known through all over the country, 55% respondents said no and 5% respondents said nothing about family planning practices among woman of re-productive age in Bangladesh.

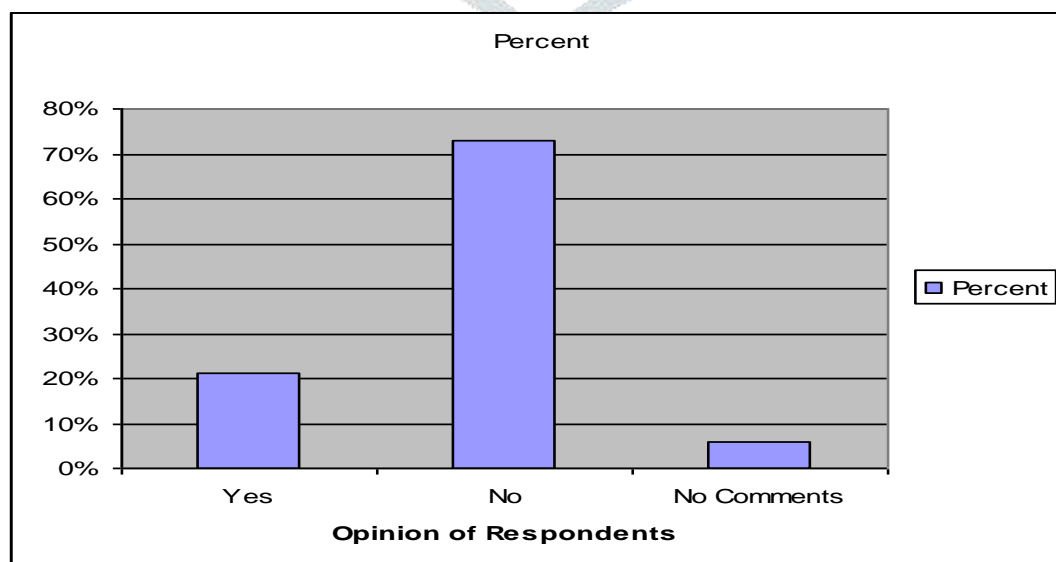


Figure 7: Responses of the interviewees showing in graphically

The result shows that 21% respondents said yes about family planning practices among woman of reproductive age in Bangladesh, in view of international perspective. in Bangladesh in current situation is ok, 73 % respondents said no and 6% respondents said nothing about family planning practices among woman of re-productive age in Bangladesh.

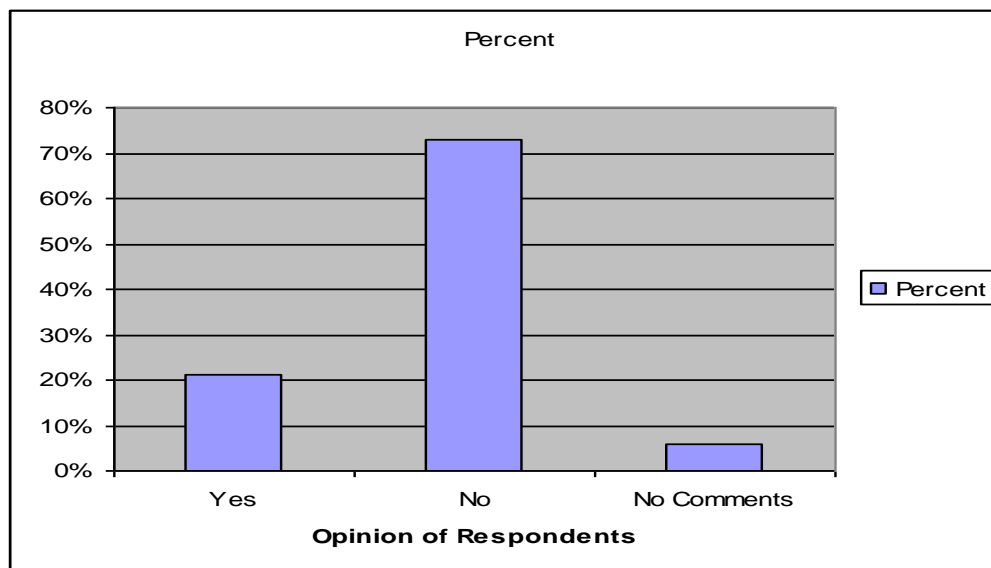


Figure 8: Responses of the interviewees showing in graphically

The result shows that 21% respondents said yes about family planning practices among woman of reproductive age in Bangladesh is very much important for our prospect and developments. 76% respondents said no and 3% respondents said nothing about family planning practices among woman of re-productive age in Bangladesh is very much important for our prospect and developments.

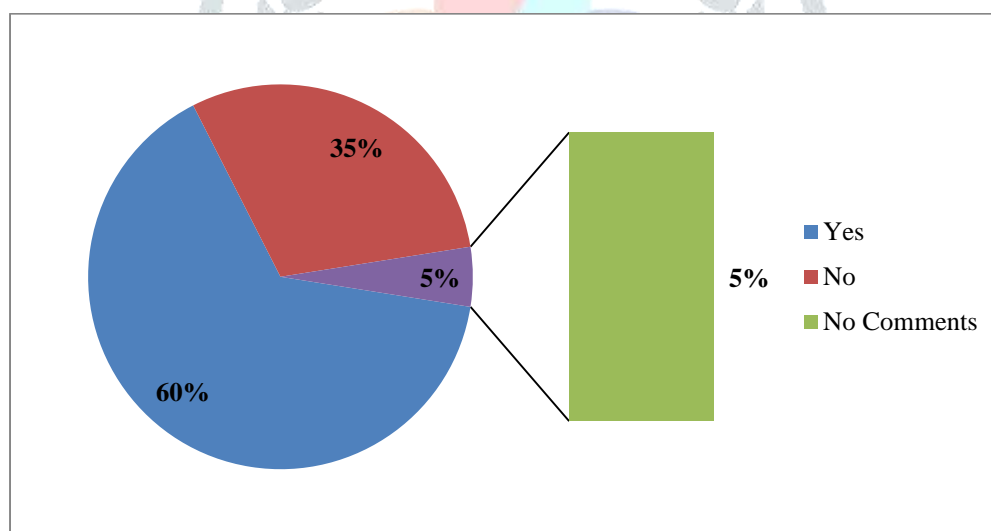


Figure 9: Responses of the interviewees showing in graphically

The result shows that 60% respondents said yes about family planning practices among woman of reproductive age in Bangladesh is very much potential in Bangladesh, 35% respondents said no and 5% respondents said nothing about family planning practices among woman of re-productive age in Bangladesh is very much potential in Bangladesh.

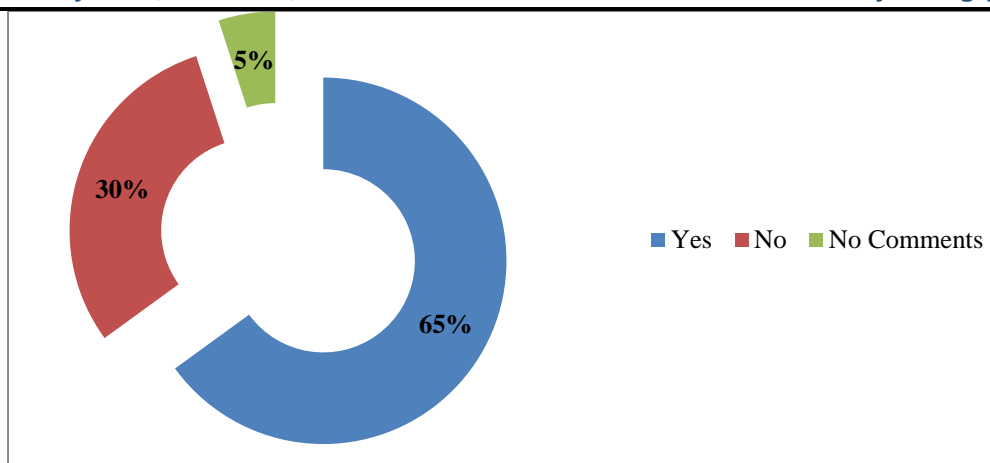


Figure 10: Responses of the interviewees showing in graphically

The result shows that 65% respondents said yes about family planning practices among woman of reproductive age in Bangladesh Should be change its main theme with the modern digital time, and 30% respondents said no about family planning practices among woman of re-productive age in Bangladesh Should be change its main theme with the modern digital time, 5% respondents said nothing about family planning practices among woman of re-productive age in Bangladesh Should be change its main theme with the modern digital time in Bangladesh.

CONCLUSIONS

Bangladesh has achieved important health gains over the last decade. However, equivalent progress has not been realized in the area of maternal health. The maternal mortality ratio as an indicator of maternal health in Bangladesh remains unacceptably high. In many ways the existence of a high MMR represents the failure of the health system to effectively respond to the needs of women in the country, yet it must also be seen as the end point in a life time experience of gender discrimination, neglect and deprivation for Bangladeshi women. From a health systems perspective, maternal mortality is an indicator not only of women's health but also of access, quality and effectiveness of the country's health sector.

Despite the presence of an impressive establishment of health in restructured in the country to date, the maternal health situation remains poor, even though most maternal deaths are avoidable if adequate preventive measures are taken. However, the government of Bangladesh has recognized these factors and documents such as the National Strategy for Maternal Health present a good understanding of the key elements needed to reduce maternal mortality, including skilled attendance at birth, effective referral systems and access to quality emergency services to manage complications.

RECOMMENDATIONS

1. Advocate for family planning at all levels of government and with donor agencies to ensure that family planning is included in budgeting and planning.
2. Provide evidence to persuade decision makers to include family planning in poverty-reduction strategies, sector-wide approaches, country strategic plans, and national health budgets.
3. Work to ensure that family planning is included as an essential health service in national and district level plans for primary health care.
4. Identify and support champions for family planning among leaders who are willing to influence their peers.
5. These champions include parliamentarians, and leaders in ministries of health, nongovernmental organizations, donor agencies, health facilities, and communities.
6. Emphasize that family planning saves lives, helps in the fight against HIV/ AIDS, and helps achieve many other development goals Four in 10 of the 186 million pregnancies that occur in developing countries each year are unplanned and many of them occur within a short interval of a previous birth.
7. Reform service delivery to ensure that the health systems supporting family planning function well and provide quality care.

8. Ensure that sufficient contraceptive supplies are procured and delivered to service sites where and when they are needed.
9. Integrate services in cost-effective ways to provide women and families with the care they need. Integrating family planning with postpartum care, post-abortion care, immunization services, and HIV/AIDS services is particularly critical.
10. Improve contraceptive counseling to ensure that women, men, and young people are able to make informed, voluntary choices.

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