

Assessment of Knowledge and Practice Regarding the Contraceptive Methods among Newly Married Couple Attending at Mother And Child Welfare Center, Bogura, Bangladesh.

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Abstract

Background: The contraceptive method is essential in promoting maternal and child health. It improves health through adequate birth spacing, avoiding pregnancy at high-risk maternal ages, and high parity. It is often used as a synonym for birth control, however.

Objective: The aim was to assess the level of Knowledge and Practice Regarding Contraceptive Methods among newly married couples attending at Mother and Child welfare center in Bogura.

Methodology: This is a descriptive type of cross-sectional study design that was used, and a 120 sample size that was a purposive sampling technique followed by those who meet the inclusion criteria to assess the Knowledge and Practice Regarding Contraceptive Methods among newly married couples. The instruments for data collection were a semi-structured questionnaire and a self-report method composed of three parts: Demographic variables, knowledge, and practice-based information on Contraceptive Methods.

Results: The present study's findings revealed that the majority of the 59% were within <25 years, 90% were Muslim, and 85% were housewives. Regard the knowledge revealed that the average low level regarding the use of contraceptive methods among newly married couples. It is expected that the study will provide a better understanding of the uses of contraceptive methods.

Conclusion: This can be achieved by providing educational and motivational activities and improvement in family planning services needed to promote contraceptive methods. The present study concluded that a significant proportion of respondents have a low level of knowledge and practice regarding contraceptive methods.

Keywords: Contraceptive methods, Knowledge, Practice

Date of Submission: 06-12-2022

Date of Acceptance: 19-12-2022

I. Introduction

The contraceptive method is an essential strategy in promoting maternal and child health. It improves health through adequate birth spacing, avoiding pregnancy at high-risk maternal age, and high parity. However, it is often used as a synonym for birth control [1]. It has a more comprehensive view, dealing with birth control, reproductive health, and premarital and pre-conception counselling. Millions of women want to use safe and effective family planning methods. However, they cannot do so due to a lack of access to information, services, and support from their husbands and communities [2]. Contraception is using hormones, devices, or surgery to prevent a woman from becoming pregnant. It allows women to choose when and if they want to have a baby. Demand, defined as the motivation to limit, postpone, and space births, is determined by an array of economic, social, and cultural factors. In contrast, supply refers to the accessibility and quality of family planning services.

Public speaking and practice imply that supply-side factors should also involve promoting family planning and service delivery [3, 4, 5]. Contraception birth control is a regimen of one or more actions, devices, or medications followed to deliberately prevent or reduce the likelihood of a woman becoming pregnant; mechanisms intended to reduce the probability of the fertilization of an ovum by a spermatozoon. Methods and intentions typically contraception may be considered a pivotal ingredient to family planning [6]. An expert committee 1971 of the World health organization defined "Family planning as a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decision by individuals and couples, to promote the health and welfare of the family group and thus contribute effectively to the social development of the country." The main aims of contraceptive methods are to avoid unwanted births and bring about wanted birth [8]. Emergency contraception is indicated after unprotected sexual intercourse, following sexual abuse, misuse, or nonuse of contraception. Emergency contraception plays a vital role in preventing unintended pregnancy; if applied correctly, it helps reduce unintended childbearing and unsafe abortion, which are the major maternal health problems. Over the past few decades, a remarkable increase in the use of contraceptives in developing countries has been associated with a reduced number of unintended pregnancies and, thus, a reduction in maternal mortality by approximately 40%. Multiple studies have been conducted to determine women's knowledge of contraception [9, 10]. A cross sectional study that was conducted in 2012 in St. Louis (USA) included 4144 women. The responses to the questionnaire showed that 45% of women overestimated the effect of specific contraceptive methods, such as depot medroxyprogesterone acetate, patches, the pill, and condoms. The area's population, which now constitutes Bangladesh, has grown from about 42 million in 1941 to about 150 million in 2012, making it the ninth most populous country in the world. The government has been trying to design and develop programs to meet the challenges of regulating the population size. As modernization changes the socioeconomic infrastructure, fertility rates have also been changing in recent years in Bangladeshi society [11, 12]. Fertility started declining, and Bangladesh has undergone a remarkable demographic transition over the last two decades. The population growth rate of Bangladesh is now examined at 1.8 percent compared with 3 percent in the 1970s. Only 7.7 percent of eligible couples were practicing some form of contraception in 1975, but this increased to 49.2 percent in 1996-97, with a corresponding decline of the total fertility rate (TFR) from 6.3 in the early 1970s to 3.3 in the period 1994-96 [13]. A lot of effort and resources have gone into the national family welfare program, but the returns are not commensurate with the inputs to control the population. Further, unintended pregnancy poses a significant challenge to the reproductive health of young adults in developing countries like Bangladesh. Unintended pregnancy poses a significant challenge to young women's reproductive health in developing countries. Some young women with unintended pregnancies undergo abortions, many performed in unsafe conditions. In contrast, others carry their pregnancies to term, incurring risks of morbidity and mortality higher than those for adult women. These facts warrant an investigation into the knowledge and attitude of this age group regarding fertility control and contraception [14]. The study aimed to assess the Knowledge and Practice Regarding Contraceptive Methods among newly married couples attending at Mother and Child welfare center in Bogura, Bangladesh.

II. Methods & Materials

This descriptive type of cross-sectional study design was used, and a 120 sample size that was purposive sampling followed those who met the inclusion criteria to assess the Knowledge and Practice Regarding Contraceptive Methods among newly married couples. The instruments for data collection were a semi-structured questionnaire and a self-report method composed of three parts: Demographic variables, knowledge, and practice-based information on Contraceptive Methods.

• Inclusion criteria:

The sample was included purposively by using the following inclusion criteria:-

- Respondents who are physically and mentally fit to provide information.
- Respondents those who are attend to receive family planning services, and counselling at Mother and Child welfare center.
- Respondents who have at least listening, understanding, and speaking abilities.
- Respondents who are willing to participate.
- Respondents who are available during the data collection period.

• Exclusion criteria:

The sample was included purposively by using the following inclusion criteria:-

- Respondents who are not physically and mentally fit to provide information.
- Respondents who have not attended to receive family planning services, and counselling at Mother and Child welfare center.

- Respondents who do not have listening, understanding, and speaking abilities.
- Respondents who are not willing to participate.
- Respondents who are not available during the data collection period.

Collected data were analyzed upon completion of the study using the computer SPSS (Statistical Package for Social Science) and Microsoft Excel Software (version 21.0 windows). Statistical student's t-test did the statistical analysis. Approval for this study was obtained from the Ethical Committee from Bogura Nursing College, Bogura, to protect participants in the study. Before conducting the data, a written permission letter was issued by the Principal of Bogura Nursing College, Bogura, to facilitate approval from the chief of the organization/study place. The objectives of the study were explained to the respondents by the investigators for their clear understanding. Then written consent was obtained before starting data collection.

III. Result

This is a descriptive type of cross-sectional study design used. A 120 sample size that was a purposive sampling followed those who met the inclusion criteria to assess the Knowledge and Practice Regarding Contraceptive Methods among newly married couples. The table-2 shows that 37% rated the option of yes, 38% the option no, and 25% the option of do not know about the Contraceptive pills do not guarantee 100% protection. In the statement about Condoms preventing STIs, 32% mentioned the option of yes, 37% no, and 31% did not know. They also reacted that 42% had the option of yes, 23% had the option of no, and 35% did not know. In addition, 29% answered the option of yes, 28% chose the option of no, and 43% did not know. On behalf of the statement, using the pill increases a woman's risk of ovarian, endometrial, or cervical cancer; the respondent 17% replied with the option of yes, 29% the option of no, and 54% the option of do not know. They also stated that 29% had responded with the option of yes, 29% the option of no, and 42% the option of do not know. Regarding the Women using the birth control shot (Depo Provera) who must get an injection every three months, 33% had the option of yes, 42% no, and 25% did not know. Additionally, the use of both a condom and the pill is considered a very effective contraceptive answered 38% the option yes, 31% the option no, and 31% the option does not know. Furthermore, they evaluated that health education is essential for women who want to use contraception majority, 63%, answered the option of yes, 19% the option of no, and 18% the option do not know among the respondents. The table-4 shows that the respondents practiced by self the highest 38% answered that they always instated of think about contraceptives provide a sense of safety, 33% use contraceptives to prevent unplanned pregnancy, 33% ever had any unplanned pregnancy due to lack of contraceptives use, 18% use different types of contraceptives respectively. In contrast, the lowest 13% answered that the current method of contraceptive changes from time to time. Regarding the sometimes the respondents practiced by themselves, the highest, 65%, answered many times a year, they visit a health center for family planning services, 53% use contraceptives whenever they do not intend to get pregnant, 52% the method of contraception they using is adequate, 46% think about contraceptives provide a sense of safety, 44% use different types of contraceptives correspondingly. In contrast, the lowest 39% answered to practice any traditional contraceptive methods, including withdrawal, infertility period, herbal, and breastfeeding if you were not using any contraceptives. In addition, among the respondents were practiced by themselves, the highest never answered the option of 44% current method of contraceptive changes from time to time, 38% use different types of contraceptives, 29% practice any traditional contraceptive methods, including withdrawal, infertility period, herbal and breastfeeding if you were not using any contraceptives. In contrast, the lowest 16% think contraceptives provide a sense of safety among the respondents. Table 5 shows the distribution of contraceptive practice among participants; more than 70% of patients had a contraceptive practice, and almost 30% of patients had ever practised. Following the current use of contraception, 77(64.17%) patients were using contraception, and 43(35.83%) were not. According to the method used, the oral pill is on the top with 55.00% of patients, secondly condoms and thirdly Norplant (Table 5).

Table 1: Demographic characteristics of the study population (n=120).

Age group (years)	Frequency	Percentage
≤ 25	71	59
26-30	35	29
31-35	12	10
>35	2	2
Total	120	100
Distribution of respondents by marital status		
Married	120	100
Distribution of respondents by religion		
Muslim	108	90
Hindu	12	10
Distribution of respondents by Occupation		

Housewife	102	85
Govt. service	14	12
private service	4	3
Distribution of respondents by Educational status		
Primary level education	61	51
Secondary level education	33	28
Higher level education	18	15
Illiterate	8	6
Distribution of respondents by Residential status		
Urban area	55	46
Rural area	50	42
Slum area	15	12
Distribution of respondents by monthly income		
<10,000/-	82	68
10,000-20,000/-	22	19
20,000-30,000/-	16	13

Table 2: Distribution of different knowledge about contraceptive methods among participants (n=120).

Characteristics	Frequency	Percentage
Have you ever heard about contraceptive methods?		
Yes	100	83
No	20	17
What are the sources of information that you heard on contraceptive methods?		
Health care professional	48	40
TV/Radio/Newspaper etc	39	33
Brother/Sister/Friend	21	17
Never heard	12	10
Which is the following classification in the family planning method?		
4 types	47	39
6 types	19	16
2 types	45	38
8 types	9	7
Which is the following temporary method?		
Tubectomy	8	7
Vasectomy	5	4
Tubal ligation	12	10
Condom	95	79
Which is the following barrier contraceptive method?		
Condom	65	54
Foams	3	2
IUCD	15	13
Oral pill	37	31
Which is the following hormonal method?		
Oral pill	57	48
IUCD (Copper T)	23	19
Condom	36	30
Safe period	4	3
Which is the following Natural method?		
Tubectomy	1	1
Condom	19	16
Safe period	62	52
Oral pill	38	31
Which is the following of the best easy-to-use family planning method		
Condom	55	46
Oral pill	56	47
IUD	4	3
Vasectomy	5	4
Why do you want to use the contraceptive method?		
Unwanted pregnancy	86	72
Prevent STDs	26	22
Expected pregnancy	4	3
None of them	4	3
Which is the following contraceptive method for males?		
Condom	86	72
Oral pill	26	22
Tubectomy	4	3
IUD	4	3
What type of contraceptive method you currently used?		
Oral pill	70	58
Norplant	10	8

Condom	38	32
IUCD (Copper T)	2	2

Table 3: Distribution of knowledge by Yes, No and don't know (n=120).

Characteristics	Yes		No		Don't know	
	n	%	n	%	n	%
Contraceptive pills do not guarantee 100% protection	45	37	45	38	30	25
Condoms prevent STIs	38	32	45	37	37	31
Common side effects of contraceptive pills include mood swings and weight gain.	50	42	28	23	42	35
There is an increased risk of breast cancer in women taking estrogen-containing contraceptives.	35	29	34	28	51	43
Using the pill increases a woman's risk of ovarian, endometrial or cervical cancer	20	17	35	29	65	54
If a woman is having side effects from one kind of contraceptive pill, switching to another type might help	35	29	35	29	50	42
Women using the birth control shot (Depo Provera) must get an injection every three months	40	33	50	42	30	25
Using both a condom and a pill is considered to be a very effective contraceptive.	45	38	37	31	38	31
Health education is important for women who want to use contraception.	75	63	23	19	22	18

Table 4: Distribution of practice by Always, Sometimes and never (n=120).

Characteristics	Always		Sometimes		Never	
	n	%	n	%	n	%
How many times a year, do you visit a health centre for family planning services?	22	18	78	65	20	17
Do you use contraceptives to prevent unplanned pregnancy?	39	33	50	42	31	25
Have you ever had any unplanned pregnancies due to a lack of contraceptive use?	40	33	55	46	25	21
Do you use contraceptives whenever you do not intend to get pregnant?	25	21	64	53	31	26
I use different types of contraceptives.	21	18	53	44	46	38
My current method of contraceptive changes from time to time.	16	13	51	43	53	44
Do you practice any traditional contraceptive methods including withdrawal, infertility period, herbal and breastfeeding if you were not using any contraceptives?	38	32	47	39	35	29
Do you think contraceptives provide a sense of safety?	46	38	55	46	19	16
The method of contraception I am using is adequate.	34	28	62	52	24	20
My husband does not approve of my use of contraceptives.	38	32	55	46	27	22

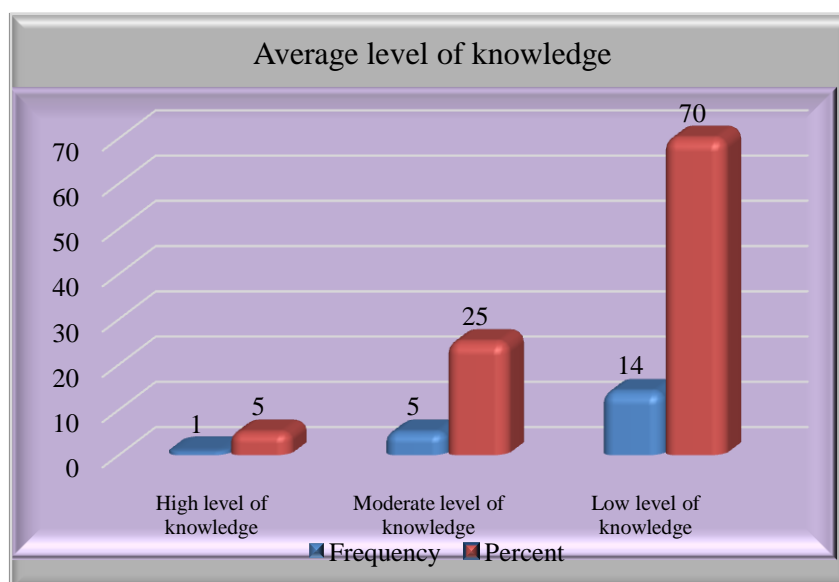


Figure 1: Average level of knowledge.

Table 5: Distribution of contraceptive practice among participants (n=120)

Variables	Frequency	Percentage
	Ever practiced	
Yes	85	70.83
No	35	29.17
Currently using contraception		
Yes	77	64.17

No	43	35.83
Methods used		
Condom	38	31.67
Oral Pills	66	55.00
Tubectomy	3	2.50
IUCD	3	2.50
Norplant	10	8.33

IV. Discussion

This descriptive cross-sectional study aimed to assess the level of knowledge and practice regarding contraceptive methods among the newly married couple at the Mother and child welfare center in Bogura. This chapter presents a summary of the study, findings about those previously reported in the literature, and a discussion. In addition, the suggestions for practice and recommendations for future research will also be addressed. The present study findings revealed that the socio-demographic information 59% were within ≤ 25 years of age, 29% were within 26-30 years, 10% were 31-35 years, and 2% were >35 years of age; surprisingly 100% were married among the respondents; 90% were Muslim, and 10% were Hindu; 85% were housewife, 12% were Govt. service and 3% were private; 51% were Primary level education, 28% were secondary level education, 15% were higher level education, and 6% were illiterate; 46% were urban area, 42% rural area and 12% were slum area; 68% were within $<10,000/-$, 19% were between 10,000-20,000/-, and 13% were between 20,000-30,000/- among the respondents. In addition, the practice-related information for the present study findings showed that the respondents practised by themselves the highest 38% answered always instated of think about contraceptives provide a sense of safety, 33% used contraceptives to prevent unplanned pregnancy, 33% ever had any unplanned pregnancy due to lack of contraceptive use, 18% use different types of contraceptives respectively. In contrast, the lowest 13% answered that the current method of contraceptive changes from time to time. In addition, among the respondents were practised by themselves, the highest never answered the option of 44% current method of contraceptive changes from time to time, 38% use different types of contraceptives, 29% practice any traditional contraceptive methods, including withdrawal, infertility period, herbal and breastfeeding if you were not using any contraceptives whereas the lowest 16% were thinking about contraceptives provide a sense of safety among the respondents. Results indicated socioeconomic and demographic factors like region, educational level, knowledge, and type of marriage had a significant effect on contraceptive practice that was consistent with previous studies. Rural residents generally live in farming communities with higher rates of leaving school early, especially among females. The present study findings indicated that 51% were Primary level education, 28% were secondary level education, and 15% were higher level education. Another study's results were found in a study conducted in Mali where 80% of female participants had no formal education, 43% were in polygamous marriages, and the majority were rural residents. In contrast, a study conducted in Rwanda found that the proportion of married couples who wanted to limit their family size is higher in urban than rural areas. Beekle and McCabe (2006) [15], investigating education and contraceptive use in Ethiopia, found that employment opportunities enabled individuals to attain economic independence, empowering them in decision-making about their reproductive decisions [16]. Civil servants displayed better attitudes toward family planning than homemakers and farmers; moreover, in a study by Shafei, knowledge of contraceptive methods concerned that good knowledge among respondents regarding contraceptive methods was only 27.9% and 31.4%, respectively [17]. However, the findings were lower as compared to a study by Alina stated that 53.5% and 57.7% had good knowledge of contraceptive methods. About 24% ever suffered from the various adverse effects of the family planning method, while the other 76% never suffered from any adverse effects. These figures were calculated among the 78 members who practised any family planning method [18]. The most common adverse effects by which members suffered are irregular per vaginal bleeding 32%, amenorrhea 21%, weight loss 58%, abdominal pain 32%, allergy/allergic rashes 63%, Headache/ Nausea/ Vomiting/ Breast tenderness 68%, Fever 21% and loss of appetite 16%. This could be due to low educational background among the respondents, as most had only undergone up to secondary school. Therefore, we should provide a piece of better knowledge and information related to contraceptive methods so that their practice can be improved and sustained.

Limitations of the study:

The study was conducted among the newly married couple who attended at Mother and Child welfare center, Bogura, which may not represent the universe. Socially desirability of responses could play a limiting factor in generalizing the results. There is no support for financial computing, but minimum transported facilities to the researchers for conducting research.

V. Conclusion And Recommendations

The study provided baseline information about married couples' contraceptive methods regarding the knowledge and practices in Bangladesh's rural and urban areas. Contraceptive methods are considered a meaningful way to control the rapid population growth of Bangladesh, with the main focus being on women. The present study findings were a low level of knowledge regarding contraceptive methods among participants. A low level of education and early marriage for females appear to hinder the use of contraceptive methods in Bangladesh. It may be a low level of knowledge regarding contraceptive methods by couples should be further explored in the context of the reduction of poverty, mortality, and morbidity in Bangladesh. There is a need to empower female learners to discuss sex and contraception issues to increase awareness, knowledge, and use of contraceptive methods among younger people. Increasing the learner's access to various sources of contracepting, particularly contraceptive methods, is needed.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethical Committee.

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Md. Badsha Miah, et. al. "Assessment of Knowledge and Practice Regarding the Contraceptive Methods among Newly Married Couple Attending at Mother And Child Welfare Center, Bogura, Bangladesh." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 11(6), 2022, pp. 01-07.