

## Contraceptive Prevalence among the Patients Attending Out Patient Department of Sylhet MAG Osmani Medical College Hospital

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To find out information about the contraceptive used by female patients attending the outpatient department an observational cross-sectional study was undertaken in Model Clinic, Sylhet MAG Osmani Medical College Hospital from January 2005 to June 2005. Data had been collected in preset questionnaire randomly from female patients of reproductive age (15-49 years) and were analyzed manually. Among 300 respondents, 87% were Muslims and 13% were Hindus. Mean age of them was  $27.72 \pm 4.88$  years. 89% were house wives, 7.7% service holders and 3% were day laborer and 1% were of other professions. Regarding educational status 28.7% were illiterate, 38.3% education below class V, 23% S.S.C and below. 8.7% HSC and 1.3 percent graduate or above. 1.3% women were nulliparous, 19.7% had 1 child, 37% had two children, 22.7% had 3 children and 19.3% had 4 or more children. 62.3% women used oral pills, 27% injectable, 6.3% condom and 4.3% IUD. Regarding obstacles, 51.9 percent from family members, and 33.3% from husband. 82.3% of woman obtained contraceptive from government services and 17.3% from pharmacies. Oral pill is the most commonly method used and women using this are mostly illiterate and under class-V. Religion is not a barrier in accessing contraceptive method.

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### Introduction

Contraception is the prevention of conception by methods other than abstinence from coitus. It is used to limit the size and structure of a family. It decreases maternal death by preventing high-risk and unwanted pregnancies.<sup>1</sup> Population control is now a pressing problem throughout the world in developing countries like Bangladesh. It is a major problem. Population of Bangladesh was 70 million in 1971; 129.3 million in 2001. If present growth rate persists it will be 200 million by year 2020.<sup>2</sup> The

factors involved in population dynamics are Deaths, Births and Migration<sup>3</sup>. Since the second half of the twentieth century, there has been a substantial fall in crude death rate throughout the developing world. On the contrary, there is a marginal fall in the birth rate which results in the rapid rise of population. By AD 1999, the world population had already crossed 6000 million. It is now increasing at a much faster rate of 100 million per year. If the rate of increase continues at the same pace, the projected population will be 8000 million in 2025.<sup>2</sup>

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The rapid increase of population has got an adverse effect on the national economy and as the problem is limited to the developing countries, the problems will become an acute one.

With the effort of various government to support birth control programmes and advocacy of feminist leaders and increased financial support for biological research, the development of oral contraceptives began in 1950. However it was not until the early 1960's that contraception became reliable and acceptability effective.<sup>4</sup> Prevalence of contraceptive is the percent of women of reproductive age using any method of contraception.<sup>4</sup> Current contraceptive practice depends not only on people's fertility desires, but also on availability and quality of family planning services, and social tradition. The report of the international conference on population control and development issued the following factors.<sup>5</sup>

Appropriate methods for couples and individuals vary according to their age, parity, family size, preference and other factors women and men must have information and access to the widest possible range of safe and effective family planning methods. In reality the situation is far different. Most countries offer only a limited choice of contraceptives methods and couples can not easily choose the method that best suits their reproductive needs.<sup>6</sup> In fact, international programme efforts scores 1994 showed that large proportions of people in most developing countries did not have ready access to a variety of contraceptive methods.<sup>7</sup> Couples had no access to IUD in 30 countries, female sterilization in 37 countries and vasectomy in 61. Many African Countries had low access scores on almost every method in 1999 among 88 countries, only 65% offered the pill to at least half their Population, 54% IUD,

42% female sterilization, 26% male sterilization and 73% condom.<sup>8</sup>

Substantial evidence indicates that a restricted choice of contraceptive methods has constrained the opportunity of individual couples to obtain a method that suits their needs, resulting in lower levels of contraceptive prevalence.<sup>9</sup> Another study found that broadening the choice of contraceptive methods increased overall contraceptive prevalence in Matlab, Bangladesh. The introduction of tubectomy services in 1978 helped increase prevalence by a additional 10 percentage, and household insertion of IUDs in 1981 elevated prevalence yet further.<sup>10</sup> It has estimated that the widespread addition of one method to the options available in a country would be associated with an increase of 12% in contraception prevalence.<sup>11</sup> There are many studies on contraceptive prevalence but Hospital based from poor socioeconomic condition. We get enough information regarding contraceptive method from them it will be cost effective and time saving. The study was carried out to find out the contraceptive practices among the female patients attending the outpatient department of Sylhet MAG Osmani Medical College.

### Methods

*Study design:* It is an observational cross-sectional study conducted among all female patient of reproductive age (15-49 years) attending the outpatient department of Sylhet M.A. G Osmani Medical College Hospital during study period during January 2005 to June 2005.

*Sample size:* 300 women using various contraceptive methods were included in this study. Data have been collected in preset questionnaire form every sun day and Wednesday from 11.00 AM to 1.00 PM

during this study period. It was a purposive sampling.

Inclusion criteria were married women ,age 15-49 year ,currently using contraceptive or stopped contraceptive within 6 months.

Exclusion criteria were age <15 and > 50 years, patient not taking contraceptive currently or discontinued contraceptive for more than 6 months. Data were analysed manually.

### Results

Among 5365 women attended the clinic during this sturdy period. Among thon 2165 women were using various contraceptive methods. Contraceptive prevalence rate was 40.35%

Table I shows that almost equal number of women belonged to age group 21-25 years (116,38.7%) and 26-30 years (115,38.3%) Followed by 31-36 years (8,2.7%) and >40 years (4, 1.3%) Followed by 31-36 years (8,2.7% ) and >40 years (4,1.3 %) the mean (+SD) age of the patients was 27.72+4.88 years (range 20-24 years)

Table I: Agedistribution of the study women (=300)

Age (year)	Number of patients	Percentage
<20	18	6.0
21-25	116	38.7
26-0	115	38.3
31-35	39	13.0
36-40	8	2.7
>40	4	1.3

Table II: Religion of the patients (n=300)

Religion	Number of patients	Percentage	p
Muslim	261	87.0	<0.001***
Hindu	39	13.0	

Z test

\*\*\* significant

Out of 300 women, 261 (87%) were Muslim and the rest 39 (13%) were Hindu. Significantly higher number of women were Muslim (p<0.001).

Table III: Occupation of the patients (n=300)

Occupation	Number of patients	Percentage
Housewife	267	89.0
Service	23	7.7
Day Laborer	9	3.0
Others	1	0.3

Table IV: Educational Status of the Women (n=300)

Education	Number of patients	Percentage
Below Class V	115	38.3
Below SSC	69	23.0
HSC	26	8.7
Graduation and above	4	1.3
Illiterate	86	28.7

Educational Status shows that 86 (28.7%) Women were illiterate, 115 (38.3%) had education below class V, 69 (23%) below SSC, 26 (8.7%) up to HSC and the rest 4 (1.3%) were graduates or above degree holders.

Table V: Parity distribution of the women (n=300)

Parity	Number of patients	Percentage
Nulliparous	4	1.3
1	59	19.7
2	111	19.7
3	68	22.7
≥4	58	19.3

Four (1.3%) women were nulliparous, 59 (19.7%) had 1 child. 111 (37%) had two children, 68 (22.7%) had 3 children and the rest 58 (19.3%) had 4 or more children.

Table-VI: Practice of contraceptive use (n=300)

Method	Number of patients	Percentage
Oral pills	187	62.3
Injectable	81	27.0
Condom	19	6.3
IDU	13	4.3

Table VI shows that maximum number of women (187, 62.3%) used oral pills, 81 (27%) Injectables, 19 (6.3%) condom and the rest 13(4.3%) intrauterine device (IDU).

Table VII: Duration of contraceptive practice (n=300)

Duration	Number of patients	percentage	P Value <sup>a</sup>
1 year	80	27.7	
More than 1 year	220	73.3	<0.001***

Z-test  
\*\*\*significant

Table VII shows that 220 (73.3%) women were contraceptive users for more than 1 years and the rest 80 (27.7%) for 1 year. Significantly higher (p<0.001) number of

women were using some form contraceptive method for more than 1 years.

Table VIII: obstacles faced for contraceptive practice (n=300)

Obstacles	Number of patients	percentage	P Value <sup>a</sup>
Yes	246	82.0	
No	54	18.0	<0.00*

Source of obstacle (n=54)

Source of obstacle	Number	percentage
Family members	28	51.9
Husband	18	33.3
Religious leaders	1	1.9
Others	7	13.0

Z test  
\*\*\*significant

Out of 300 women 54(18%) faced obstacles for contraceptive use while significantly higher number of women (p<0.001), i.e. 246 (42%) did not. Source of obstacles were family members in 28(51.9%), husband in 18 (33.3%), Religious leaders in 1 (1.9%) and others in 7 (13%).

Table IX: influence of education on choice of contraceptive method (n=300)

Education	Oral pill (n=187) No.(%)	Injectable (n=81) No.(%)	Condom (n=19) No. (%)	IDU (n=13) No. (3%)
Below Class V	84 (44.9)	22 (27.2)	1 (5.3)	8 (61.5)
Below SSC	39 (20.9)	19 (23.5)	6 (31.6)	5 (38.5)
HSC	16 (8.6)	4 (4.9)	6 (31.6)	0
Graduate of above	3 (1.6)	0	1(5.3)	0
Illiterate	45 (24.1)	36 (44.4)	5 (26.3)	0

Chi-Square test: p<0.001\*\*\* (significant)

Table XV shows influence of education on choice of contraceptive method adopted. Highest number of pill users were seen among women with education below class V (44.9%), Injectables among Illiterates (94.4%), condom among below SSC and HSC (31.6%) IDU among below Class V (61.5%) choice of contraceptive material in relation to education was significantly distributed ( $p < 0.001$ ).

### Discussion

The study was carried out to know the contraceptive practices among the female patients attending the outpatient department of Sylhet MAG Osmani Medical College. The institution is a tertiary Hospital located in the heart of Sylhet City Corporation. We carried out the study to know about contraceptive practice among the patient attending a tertiary level hospital. We conducted the study with an understanding that that religion might be a barrier to contraceptive use due to sociocultural and religious background of the region. Current contraceptive practice depends on people's fertility desires, availability and quality of family planning services. Social factors affect acceptability of contraceptive use. Other factors such as marriage patterns and traditional birth-spacing practices independently influence it. The level of contraceptive use has a strong, direct effect on the total fertility rate (TFR) and through the TFR, on the rate of population growth. Contraception is used to prevent pregnancies that are too early, too closely spaced, too late or too many. It has benefits on maternal and child-health.

Use of contraceptive is influenced by age of women. Young women prefer reversible methods and incidence of sterilization increases with age. In this study, only 6 percent of women are below age 20 using contraceptive method. 79 percent of women

were in age group 21-30 years, 15.7 percent in age group 31-40 years and 1.3 percent more than 40 years. The mean ( $SD \pm 4$ ) age of the patients was  $27.7 \pm 4.88$ , Range 20-45 years). In another study, married women at 15-20 years. Were not using any method at all. None of the women in this group had used any contraceptive method prior to her first pregnancy. Forty percent of women in the age group 21-30 years and 41.1 percent in the age group 31-40 years who had 2 or more children but did not use contraception.<sup>18</sup> In another study it was found that most of the respondent (57.8%) were belongs to the age group 20-34 years. In a previous study religion of the respondent has emerged as a significant factor in the current use of modern methods versus traditional methods. non-Muslim women were found less likely to use modern methods as compared to Muslim women. Local social and and cultural factors play an important part in the users preference for certain type of contraceptive method. Side effect such as amenorrhea was tolerated in Bangladesh because of menstruation disturbs their five prayers a day.<sup>15</sup> In another study it was found that 85 percent were Muslim, most had formal schooling, rest 15 percent Hindu and Other religion.<sup>17</sup> In my Study 87 percent of women were Muslim and 13 percent were Hindu. Women of both religions did not mention about use of natural methods.

Education is a great determinant usually expected to change the women's attitude. As a consequence it reduces expected family size and increases use of family planning methods. It also has effect on choice of contraceptive methods. In a study, It was found that 20 percent of all graduate couple used condoms or rhythm methods immediately after marriage. After the birth of the first child 80 percent of the educated couples were using spacing methods whereas even after the birth of the third child more than 55 percent of the uneducated couples did not.<sup>18</sup> The conclusion

of that study was that education was the main variable in the decisions regarding family size and contraceptive awareness. In a previous study educational status of respondent was 27.2 percent no school, 32.4 percent lower primary, 39.0 percent upper primary and 39.8 percent high.<sup>19</sup> In my study 28.7 percent illiterate, 38.3 percent below class V, 23 percent below HSC, 8.7 percent HSC and only 1.3 percent graduate and above. There were influences of education on choice of contraceptive methods adopted. Highest numbers of pill users were seen among women with education below V. (44.9%), injectables among illiterate (44.4%), condom among SSC (31.6%) and HSC (31.6%), IUD among below class V (61.5%).

Parity is a very important determinant in use of contraception. As analysed from the classic Princeton fertility survey (USA) that birth rates were lower among those who had achieved their desired number of children and now wanted to stop child bearing than those who wanted more children. In my study it was found that contraception was practiced by 1-3 percent of women having no children, 19.7 percent of women with one children, 37.0 percent of women having two children, 22.7 percent of women with 3 children and 19.3 percent of women with 4 or more children. In another study, It was shown that contraception was practiced by 2 percent of women having no children, 13 percent of women with one children, 40 percent of women having two children, by 55 percent of women with 3 children and 49 percent women with 4 or more children. And it was lowest for women who had no sons.<sup>13</sup>

Oral Contraceptives contribute a substantial share of overall contraceptive prevalence in Bangladesh, representing about half of all methods use in 1997.<sup>13</sup> Oral pill was found the most commonly used method in my study. 62.3 percent of women were using oral pill,

27.0 percent injectable, 6.3 percent condom and 4.3 percent IuD. In previous study it showed that oral contraceptive was the most widely used method of contraception as compared to other methods. Forty percent of all contraceptive users use the pills. The reasons for the acceptance of oral contraceptive pills were stated by 40 percent of users that they found the pill easy to use. One quarter of the users said that the side effects of the other methods led to their use of the oral pills. Ten percent said that it was their husbands preference.<sup>16</sup> Seventy five percent of the oral pill users were found to be using the pills provided free of charge by the government. The pill was also found to be the most popular method selected for future use.<sup>16</sup>

Side effects are the most common reason cited by Bangladesh women who stop using contraceptives.<sup>17</sup> In this study, 18 percent of women discontinued their contraception. Reason for discontinuation were 40.7 percent non-availability of contraceptive materials, 35.2% side effects, 14.8 percent desire for child and 9.3 percent husband abroad. In this Study, it was found that 39.3% had experienced discomfort. Among discomfort 58.5 percent headache/nausea/vomiting, 29.7 percent p/v bleeding, 4.2 percent pain and 7.6 percent others. In a previous study, fifty three percent of women who discontinued oral pills use attributed their side effects while 21 percent cited the desire for children. In that study, respondents were asked to describe their side effects they had felt. Fifty seven percent of the sample mentioned dizziness while 29 percent weakness, 23% nausea, 10% burning sensation and small percentage side effect such as excessive or irregular bleeding or abdominal pain.<sup>17</sup> Obstacles to adopt contraceptive are also important determinant. In my study 18 percent of women stated that they faced obstacles to adopt contraceptive method, 51.9 percent came from other family member, 33.3 percent from husband, 1.9

percent from religious leaders and 13.0 percent from others particularly neighbors and friends. In another study, the opposition of the husband or mother in law was found.<sup>10</sup> Obstacles from religious leader were not examined in that study. In my study, this is only 1.3 percents. Religion has no negative effect or use of contraceptive methods.

Family planning workers are playing the main roles in motivating the women and in supplying contraceptive methods. In my study, 47.7 percent women were motivated by family planning workers, 26.3 percent self-motivated, 20.3 percent by husbands and 5.7 percent by doctors. It was also found that 82.3 percent of users get contraception from family planning workers and 17.3 percent cases obtain from pharmacy. In another study in India found that 79 percent of contraception were supplied by government and 21 percent of users got them from other source.<sup>14</sup> In another study it was found that 80.9% got from family planning services and 18% from NGOs.<sup>20</sup> From these studies it was found that many users depend on the government supply.

### Conclusion

Oral pills are the most widely used method of contraception as compared to other methods. Positive change has occurred among Bangladeshi women regarding use of the contraceptive methods. Step should be taken to increase the education level of the women. Supply of all contraceptive methods used in our country should be ensured. Finally service providers need in-service training to enable them to adequately inform clients about various methods.

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