Original Article

Knowledge, Attitude, and Practices Towards Existing Family Planning Practices in A Selected Upazila of Bangladesh

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Abstract

Introduction: Various factors contribute to knowledge, attitudes, and practices toward family planning practices in rural Bangladesh. Unfortunately, studies on the knowledge, attitude, and practices of Bangladeshi nationals in a rural setting are not sufficient.

Objective: This study aimed to find out people's knowledge, attitudes, and practices for getting family planning services in rural areas of Bangladesh.

Materials and methods: A qualitative descriptive study was employed to follow a semi-structured questionnaire format. A total of 36 participants were interviewed from an upazila. Relevant works of literature were reviewed to enhance our understanding of the issue in question. The questionnaires were pretested before finalization.

Results: All of the 36 participants were concerned regarding family planning but 16 (44.44%) of them were currently practicing, and 8 (2.22%) of them never used any of them in their conjugal life. Of all users, the Pill was the most favorite method 24 (82.76%). Condom 2 (6.9%), Injectable 1 (3.45%), Vasectomy 1 (3.45%), and Withdrawal 1 (3.45%) methods were common in the community. Though interested in using the methods, 32 (88.89%) participants didn't know the benefits and side effects of using them. The majority of 30 (83.33%) of them got information regarding family planning from family members, and the rest of them were from media 6 (16.67%), health workers 5 (13.89%), and neighbors 8 (22.22%). Of those who used, 23 (85.18%) of them collected family planning materials from local pharmacies and the rest of them got them from hospitals 6 (22.22%) or, other field workers 3 (11.11%). Though their conjugal life varied but majority of them 23 (63.88%) had 1 or, 2 children. The majority of the participants 12 (33.33%) were between 14-28 years of age group, 34 (94.44%) of them were housewives and most of them had completed secondary level 25 (69.44%).

Conclusion: We can have regular meetings in the community with users and service providers to make our knowledge and practices better. People of all ages, genders, and different incomes need to be involved to support services that are based on solid evidence. We need to teach and talk a lot about ways to plan your family and the services available for it.

Keywords: Conjugal life, Pill, Condom, Vasectomy method, Injectable method, Withdrawal method

Introduction

Family planning intends to decide when to have kids and use methods like birth control to make that decision. It also includes teaching about sex, preventing and treating infections, counseling before getting pregnant, and managing infertility. According to WHO, family planning helps people to have the number of children they want and space their births how they want [14]. It happens by using birth control and treating infertility when one can not have a baby. Women's ability to control when they get pregnant and how many children, they have affected their health and how their pregnancies turn out. Planning when to have children is very important for keeping people healthy, especially for women and children [1]. Family planning is very important for people to have control over when they have children. It helps them to stay healthy and make choices about their lives. It also helps communities and the country to grow and do better economically[2]. In Bangladesh, where there are a lot of people and not enough resources, it is important to know what people think about family planning, even though the government tries to encourage family planning, people still do not know enough about it. This research will help the government make effective policies and provide better healthcare[3]. The chosen area in Bangladesh, an Upazila otherwise called Sub-district, is where the research was conducted. The research had three main goals. Firstly, to find out

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how much people know about different ways to plan when to have a family such as using birth control, getting sterilized, or using natural methods. To find out what people don't know so we can help them make better decisions. Secondly, the goal was to determine people's thoughts about family planning in the chosen area. Thirdly, by learning about the beliefs and customs that affect how people feel about family planning, it can be found out what might stop them from using these services. Then plans to help more people use family planning services and feel comfortable with them. The research will help others understand family planning in Bangladesh and will be useful for people who make decisions about health care and communities. It will help people learn about their reproductive health to make good choices and help the community grow. This study aims to fill in this gap by focusing on a specific area, giving a small-scale view of the overall national situation. The research will focus on different factors and their effect on how much people know and what they think about family planning. It will also evaluate how well the family planning programs in the chosen area are working. The results of this study will help people who make decisions about family planning. This includes policymakers, doctors, and groups that are not part of the government. This will help make interventions fit the needs of different communities in Bangladesh, and make family planning programs work better. It will show us how important family planning is for public health and how it can impact policies and actions. The aim of study was to explore the understanding and perceptions of individuals in a specific Upazila (administrative region) of Bangladesh regarding the current family planning practices.

Materials and methods

The study was conducted at Upazila Health Complex, Cumilla Sadar Dakshin, Cumilla. The total sample size was 36. The study was conducted from 1st October to 29th November, 2023. The respondents were selected through purposive sampling. Thirty-six (36) individuals aged 18-49 years were interviewed. After introductory conversation and obtaining consent from participants, the relevant primary data were collected through a semi-structured questionnaire. It was validated before the final data collection. The respondents were selected based on their availability during the visit. After completion of the face-to-face interview, validation and consistency were achieved and then the data were compiled, analyzed by SPSS version 25, and presented in tables.

Inclusion criteria

1. Residency: Participants must be residents of the selected Upazila in Bangladesh. This is to ensure that the study captures the unique socio-cultural context of this specific region.
2. Age: Participants should be within the reproductive age group, typically defined as ages 14-49 for women. This is because family planning practices are most relevant to this demographic.
3. Marital Status: Participants should be married, as family planning practices are generally applicable to couples.
4. Consent: Participants must provide informed written consent to participate in the study. This is an ethical requirement for all research involving human subjects.
5. Language: Participants should be able to communicate effectively in Bengali, the official language of Bangladesh, to ensure accurate understanding and responses to the research questions.

Exclusion criteria

1. Individuals under the age of 18, as they are not legally able to consent to participate in research
2. Individuals who are unable to communicate effectively in the local language, as this would make it difficult to obtain informed consent and collect data.
3. Individuals who are mentally or physically impaired in a way that would prevent them from participating in the research.
4. Individuals who have a personal or professional relationship with any of the researchers, as this could introduce bias into the data.
5. Individuals who have participated in a similar study in the past, could increase the risk of fatigue and decrease the reliability of the data.
6. Individuals who are residents of another upazila, as the study is focused on a specific geographic area.

Results

Table 1 shows the distribution of sociodemographic characteristics of the respondents. the socio- demographic characteristics revealed that the majority of the participants, 20 (55.56%) were aged 18-28 with only 13 (8.34%) aged 40-49. Where 34 (94.44%) of the respondents identified as housewives, 25 (69.44%) respondents had completed secondary education, with 6 (16.66%) having only primary education and only 5

respondents having a higher secondary degree or above. Regarding monthly income, 18 (50%) respondents had earnings of less than 25,000 Taka, 51 (41.66%) earned between 25,000 and 50,000 Taka, and only 3 (8.34%) of them reported earning more than 50,000 Taka. We can see from the table 1 that the household conditions were evenly distributed, for Kancha and Pakka with 16 households each, and the rest 4 participants addressed about semi pakka houses.

Table 1: Socio-demographic characteristics of the respondents

Sociodemographic characteristics	Number of respondents (f)	Percentage
Age group (Years)		
18- 28	20	55.56
29-39	13	36.10
40-49	3	8.34
Occupation		
Housewife	34	94.44
Govt. Service	1	2.78
Non govt job	1	2.78
Educational Status		
Primary	6	16.66
Secondary	25	69.44
Higher secondary and above	5	13.88
Monthly income (Taka)		
Less than 25, 000	18	50
25, 000- 50,000	15	41.66
More than 50,000	3	8.34
Household condition		
Pakka	16	44.44
Semi pakka	4	11.12
Kancha	16	44.44
Total	36	100

Table 2 shows, that 12 (33.33%) of total respondents live a conjugal life that of 10 - 20 years, where only 7 (19.44%) have a conjugal life that is more than 20 years. On the other hand, the number of respondents with a conjugal life of 1 to 4 and 5 to 9 is almost equal with 8 (22.22%) and 9 (25.01%) respondents respectively. Nearly two-thirds that is 23 of the respondents have one to two children whereas only five respondents reported having more than 4 children.

Table 2: Duration of conjugal life, and number of children of respondents

Conjugal life and number of children	Number of respondents (f)	Percentage
Duration of conjugal life (Year)		
1 to 4	8	22.22
5 to 9	9	25.01
10 - 20	12	33.33
More than 20 years	7	19.44
Number of children		
Less than 3	23	63.88
3 to 4	11	30.54
More than 4	5	13.88
Total	36	100

Table 3 shows, that most of the respondents (30) learned about family planning methods from family members, and only 6 (16.67%) got the information from television or online sources which also indicates the lack of access to the digital media in that area. From the responses, we can see that 23 (85.18%) of the respondents collect family planning materials from the local pharmacy and 6 (22.22%) people get this from the family planning office. The concerning fact here is 32 (88.89%) of the respondents don't know how the methods work, their benefits as well as their risks.

Table 3: Knowledge about family planning (multiple responses recorded) (N=36)

Knowledge about family planning	Number of respondents (f)	Percentage %
Source of information		
Family member	30	83.33
Neighbor	8	22.22
Doctor	6	16.67
FWV and FWA	5	13.89
Television, online	6	16.67
Source of collection of family planning tools, (N=27)		
Local pharmacy	23	85.18
Family planning office	6	22.22
FWV and FWA	3	11.11
Knows how methods work, the benefits and risks of each method		
Yes	4	11.11
No	32	88.89

Table 4 shows, all 36 participants were concerned regarding family planning and 25 of them reported that to prevent unwanted pregnancy and uninterrupted coitus, family planning is important.

Table 4: Attitude toward family planning activities (N = 36)

Attitude toward family planning activities	Number of respondents (f)	Percentage
Concerned about family planning		
Yes	36	100
Important benefits of family planning (multiple responses recorded)		
Birth spacing	36	100
Prevent unwanted pregnancy	25	69.44
Uninterrupted coitus	25	69.44

Table 5 displays. OCP method is the most popular among the respondents 24 (82.76%) were using this method whereas condoms, injection, and methods had very less users. A very large number of respondents are currently practicing family planning or used family planning methods before. But there are also 8 of them who never used any family planning methods.

Table 5: Name and Rate of family planning practices among respondents (multiple responses recorded, (N = 36)

Denominators and Rate of Family Planning Practices	Number of respondents (f)	Percentage %
Method		
OCP	24	82.76
Condom	2	6.90
Injectable (DMP)	1	3.45
Vasectomy	1	3.45
Withdrawal	1	3.45
Family planning practices		
Respondents currently practicing	16	44.44
Respondents who previously used	12	33.33
Only the male partner uses the family planning method	3	8.33
Both male and female partner uses	1	2.78
Never used	8	22.22

Discussion

The age groups of the respondents were analyzed. More than half of the respondents (55.56%) belong to the 18-28 years age group which is similar to some studies while in others the majority goes to another group of participants [3-9]. In our study, 36.1% belong to the 29-39 years age group, and the rest (8.34%) belong to the 40-49 years age group. Here, it is found that most of the women (94.44%) are housewives which is similar to other research studies conducted among indigenous women in Dinajpur, Rohingya women living in refugee camps in Bangladesh, and married women living in slum areas of Dhaka[3,4,6]. Only 2.78 % are government service holders and 2.78% are non-government workers. In this study, more than half (69.44%) of respondents completed their secondary education which is contrary to other research conducted in various areas previously[3-8]. It clearly shows that women are progressing in education in Bangladesh which will benefit both themselves and our nation in family planning and other activities. Then, 16.66% of the participants completed primary education and 13.88% of the participants completed higher secondary education.

It also shows 50% of respondents' family income is less than 25, 000 TK and 8.33% of respondents' income is more than 50,000 TK. Though most of their income is less than 25000 taka per month, the average family income of the people of Bangladesh has increased over the years [3,4,8]. In our study, we found that pakka and kancha households hold the same percentage, 44.44%, and semi-pakka households are 11.11 % of respondents which contradicts previous research[9]. Our research shows people are living more in pakka houses than before which complements our finding of improved economic conditions.

We also found that many of the respondents live a duration of conjugal life that is 10 - 20 years which represents 33.33% of total respondents, we found that 19.44% of respondents' conjugal life is more than 20 years. 25.01% of them live in 5 - 10 years of conjugal life and the rest live in 1 - 5 years of conjugal life. It also shows the number of children of the respondents. In our study, we found that more than half (63.88%) of respondents have one to two children, 30.54% have 3 – 4 children and 13.88% of the respondents have more than 4 children. In the past, more women in Bangladesh got married at a younger age. The 1979 agreement adopted by the UN to stop all kinds of discrimination based on

gender "Elimination of All forms of Discrimination Against Women" (CEDAW) and the 1990 Africa charter regarding the "Rights and Welfare of the Child" recommends a minimum standard for children's rights and well-being [10,11]. The law provided that the competent court may, for a justifiable reason and upon request made by the interested party, authorize a girl to marry before she completes 18 years of age. Marriage for girls is allowed at the age of 18 according to the law. However, in some cases, a court may permit a girl to marry before she turns 18 if there is a good reason for it. The definition of childhood is stated in the 'Convention on the Rights of the Children' [13].

So, at the youngest age you can get married girls in Bangladesh can only get married when they reach 18 years old. It is against the law for people under 18 to do that. Women who get married at a young age tend to have less education and start having babies earlier. Less control over decisions in the household. As a result, women who get married at a young age become mothers at a young age too are more likely to get sicker and die at a higher rate compared to people who get married after they are teenagers.

Our study shows, that most of the respondents (83.33%) learned about family planning methods from family members which is similar to other relevant research that proves family members are easy to reach for help to know such sensitive and important stuff but the opposite happens in Rohingya population[2,4]. While 85.18% of the respondents collect family planning materials from the local pharmacy, most of the respondents (88.89%) don't know how the family planning methods work, their benefits as well as their risks.

This proves that all the participants are eager to use family planning methods, believing in its benefits but not knowing how they alter users' bodies as well as their harmfulness. People love to use them as they believe that it will help them to reach their optimum goal. Again, we have found that all the participants were concerned regarding family planning (100%) which is a good sign for Bangladesh and the rural community. They use the methods to prevent unwanted pregnancy (69.44%), uninterrupted coitus (69.44%), and birth spacing (100%) which depicts their life objectives and family planning goals[5,6].

Most (82.76%) of the respondents use OCP and the rest use condoms, injectables, vasectomy, and withdrawal methods as a means of family planning method which is just like other findings in various research setups in Bangladesh [3,4,5]. It also shows the family planning behaviors of the respondents. In our study, we found that 44.44% of the respondents currently use family planning methods, and 33.33% of the respondents previously used contraceptives in their conjugal life. Only 8.33% of the respondents' male partners use family planning practices.

Limitations of the Study

1. The study was conducted in a confined geographic area.
2. The sample size was small. Only 36 individual Participants were taken. So, the result may not represent the entire population of the Cumilla district and the whole country.
3. The study was conducted within a short period to fulfill the academic requirement, so it could not cover the whole area of the village.

Ethical clearance

Ethical clearance was given by the board of BARD, Cumilla, Bangladesh. No human or, animal was harmed during the procedures. Confidentiality was strictly maintained. Participants had the full right to participate and withdraw from the research at any time. They had the right to obtain information regarding the findings of the research. It was conducted following the ethical standards laid down in the 1964 Declaration of Helsinki revised in the year 2000.

Conflict of interest

None of the authors of the submitted manuscript have any actual or potential conflict of interest including any financial, personal, or other relationships with other people or organizations within two years of beginning the submitted work that could inappropriately influence, or be perceived to influence their work.

Conclusion

From the above study, we concluded that all the respondents are aware of family planning activities, and most of them practice family planning methods in their conjugal life but still, a significant number of respondents do not use family planning methods. The respondents have no idea how these methods work, their benefits, and their risk factors. So, it is necessary to increase knowledge regarding appliances of family planning methods at all levels of Government, Non-governmental organizations (NGOs), and public -private Partnership (PPP).

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