**Department of Community Medicine**

**Practical note Book**

* **RFST Report**

**Survey on** Age at marriage & fertility pattern of women in two selected village of Golapgonj upozila-

|  |
| --- |
| Batch- SWMC- V  Reg. No: ----------------------------  Session: -----------------------------  Code No: --------------------------- |

**Sylhet Women’s Medical College**

**Mirboxtula, Sylhet**

**Introduction**

Doctors are to give services irrespective of educational status, poor or rich, urban or rural. In short, it could be said that nothing can stop a diseased person from coming to a doctor. To serve them in a best way, a doctor needs to know the people, their sufferings including their strength and shortcomings. In the form of Residential Field Site Training (RFST) Program students of MBBS course get good chance to know the people and the institute with which they will have to work initially after passing and employment. Not only that after observation they get the chance to make comments on on-going services, facilities and the fields to improve upon; come to close contact with the people and can observe their practice in relation to health and can make recommendations. So, it is obvious that this program would help the future doctors to be accustomed with the situation they are to face.

**Objectives of RFST Program**

**Objectives of Residential field site training are to:**

* create an awareness of the students regarding health program in rural area of Bangladesh.
* familiarize the students with service provided in the Upazila Health Complex, Union Sub centers and periphery, and with the aims of priority of the preventive and promotive national health programs.
* recognize the roles of doctors and other health workers at all levels including the doctors management responsibilities and leadership.
* expose the students in community participations and exception of health service.

**Organogram of Golapgonj Upazila Health Complex**

**UH & FPO**

Health Services

Family Planning

Family Planning

MCH

MO (MCH & FP)

FWV TFPO

ATFPO

Domiciliary

Hospital (Indoor, Outdoor, Emergency)

RMO-1 Sanitary Inspector - 1

Consultant Medicine - 1 Health Inspector - 3

Consultant Surgery - 1 AHI - 1 for each union

Consultant Gynae & Obs - 1

Consultant Anaesthesia - 1

Medical Officer -6

Dental Surgeon -1

Medical Asst. -2

Pharmacist -2

**Union Subcenter of Bangladesh**

* Union Sub centre are of primary level of health care service of Bangladesh.
* It provides limited preventive, promotive, curative and rehabilitative service.
* But there are no diagnostics facilities here.

**Manpower in Union Sub- centre**

* Medical officer – 1
* Medical assistant – 1
* Pharmacist – 1
* MLSS – 1

**Service provided by union sub centre**

* Essential health care services are provided to all those who have access to a Union Subcentre (USC) irrespective of male or female, young or old.
* The attending patients and their relatives can easily communicate with the concerned doctors for necessary advice and suggestions as regards health care services.
* Oral Rehydration Salt (ORS) is available for patients suffering form Diarrheal Diseases.
* Necessary advice along with antenatal Check up is provided to the attending pregnant women and iron tablets are supplied to them.
* Patient is referred to a upazilla health complex if needed.
* Medicines are provided free of cost to the patients subjects to availability of the medicines, In some cases, for the sake of proper treatment, some medicines are to be bought from outside by the service seekers.
* Under Expanded Program for Immunization (EPI) program, vaccinations are provided to women of child bearing age (15-49) and children (0-15).
* Reproductive couples can get family planning services from the centre.
* Lists are displayed on the boards showing stock of medicines available, types of services provided and the names of the service provides.

**A Survey On**

Age at marriage & fertility pattern of women in two selected village of Golapgonj upozila

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**ACKNOWLEDGEMENT**

Name of the Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Abstract**

A descriptive type of cross sectional study was carried out in the villages of Sharwasati and Daripaton of Golapgonj Upozilla among the rural mother who are in 15-45 years of age group. The study is intended to know the age at marriage and fertility pattern amongst the married women residing in the study areas. The data were collected from 150 women of these two villages by 4th year MBBS students (SWMC-5) of Sylhet Women’s Medical College under the guidance of teachers of community medicine department. The sampling technique was purposive type of non probability sampling. The data were collected by face to face interview using semi-structured questionnaire. Most of the respondents (90.67%) are housewives. Regarding educational status 16.67% are illiterate, 50.00% passed primary school level & 26.67% passed secondary school level and above. More than half of the mothers (54%) having 1-2 children & a big number of mothers have more than 3-4 children. Majority (63.3%) of the respondents got married at the age of 16-19 years & 22.60% got married ≤15 years which is also a mark able. Among them 52.67% had their first child at the age of 16-19 years. A large number of respondents(69.33%) use contraceptives among them large number (60.58%) use oral contraceptive pill .A few of respondents have no plan for adopting permanent contraceptive method,24.66% have plan & 11.34% have already taken the permanent contraceptive method. To increase awareness for taking contraceptive method to improve fertility pattern & improvement of educational status of rural women in Bangladesh is necessary to prevent early marriage and its consequences.

**Introduction**

Bangladesh, a third world developing country.The population of Bangladesh has been steadily increasing at a moderate rate of 1.48% which presents a formidable challenge to the policy makers when they try to improve the quality of life through socio-economic development.

The age at which a female marriage & enters the reproductive period of life has a great impact on her fertility. The Registrar General of India collected data on fertility on a national scale & found that females who marry before the age of 18 gave birth to a larger number of children & don’t will to adopt any family planning method than those who marries after 20.Some demographers have estimated that if marriages were postponed from the age of 16-20; the number of birth would decrease by 20-30%.There is however a gradual rise in the age at marriage in our country in proportionate to a gradual rise of literacy. So, there is a proportional relationship between educational status & age at marriage. Studies indicate that 10-15% of all births occur within 1-5 years of married life; 5o-55% of all births within 5-15 years of married life. Births after 25 years of married life are very few. This suggests that family planning affords should be concentrated in the first few years of married life in order to achieve tangible results. The expectations are the areas, where a substantial proportion of marriages continue to take place when the girl is in less than 20 years of age.Age at marriage effects on fertility., At present total fertility rate is 2.9 ([BBS, 2001](javascript:;)). In this context, age at first marriage to be a major proximate determinant of fertility. These facts have been the major motive of conducting the current research on age at marriage & fertility pattern of women in Bangladesh.

**Fertility pattern of women in Bangladesh**

The term fertility means the actual bearing of children.Fertility depends on the reproductive period of women & it is between (15-49)years.Our descripton of fertility is based on group-specific duration based total fertility rates which is the number of the children born by a women who remains in the group throughout her reproductive life.A women married at 15 & living till 45 with her husband is exposed to the risk of pregnancy for 30 years & may give birth upto 15 children.

In Bangladesh,specially in rural areas,the higher fertily depends on universality of marriage,lower age at marriage,low level of literacy,poor level of living,limited use of contraceptives,traditional ways of life & lack of education.

Fertility pattern depends on a female marries & enter the reproductive period of life has a great impact on her fertility.The females who marry before the age of 18 gives birth of a large number of children.

The duration of married life also affects the fertility pattern.A statistic show that 10-25% of all birth occurs within 1-5 years of married life.Births after 25 years of married life are very few.

Studies also show that when all births are postponed by 1 year,there was a decline in total fertility,that’s why the spacing of children has a great impact on fertility pattern.

There is an inverse relationship between fertility and educational status.The educated people try to make their family small due to their consciousness besides the uneducated people have no such concern.Provision of family planning methods & proper counseling has great impact on fertility pattern.It is key factor on declining fertility.

In Bangladesh specially in rural area there is a tradition of early marriage of female which has become a firm social norm because almost 95% are married off before they complete their teenage.although in Bangladesh the minimum legal age of marriage is fixed at 18 & 21 for female & male respectively.such requirements hardly follow in rural community.

**Justification of the Study**

The age at which a female marries and enters into the reproductive period of life has a great impact on her fertility. Female who marry before the age of 18 gave birth to a larger number of children. If marries were postponed from the age of 16 to 20 -21, the number of births would decrease by 20-30%.

This practice from family members results in the physical & mental well being of the child which could be addressed as foundation of physical & mental as well as social well being in their future life. Women of child bearing age are also vulnerable to malnutrition and morbidity & mortality related to child birth specially if proper steps are not taken before, during pregnancy and after delivery. This may be avoided through education and proper knowledge of the mother about family planning.

A developing country like ours could do little in all aspects for the people and not to mention about child & women. It is seen and proves that good physical, mental health requires knowledge, practice, awareness and literacy. Ignorance and traditional practice play most influential part in high mortality and morbidity of mothers & children’s in developing countries.

So, studying the age at marriage & fertility pattern of women would help us in planning and implementation of the ideal ones and thus will facilitate to get healthy mothers & babies and ultimately a healthy, prosperous nation.

**Objectives Of The Study:**

**GENERAL OBJECTIVE:-**

To know the age at which the women are getting married including their fertility pattern.

**SPECIFIC OBJECTIVES:-**

* To see the age of women at marriage in the study area.
* To know the age at which women conceive.
* To observe the number of children in the family.
* To know the number of women are practicing temporary methods.
* To know the intension regarding permanent family planning method.
* To see the number of women already adopted permanent family planning method.

**Methodolgy:**

**1. Type of study:** Cross sectional type of descriptive study.

**2. Study place:** Daripaton & Swarashati villages of Golapgonj Upazila of Sylhet District.

**3. Study period**: March 2013

**4. Study of population**: All the married rural women of 15-40 years of age of Daripaton of Swarashati villages of Golapgonj upazila.

**5. Sample size**: 150

**6. Sampling Technique**: Non-probability purposive sampling was done.

**7. Data collection instrument**: Semi- structured questionnaire.

**8. Data collection technique**: The information were collected from the respondent by the researchers (students) themeselves by face to face interview using the questionnaire.

**9. Data Analysis**: On completion of data collection,data were tabulated after checking and verification.Data were analyzed by simple statistical method using a computer.

**Results**

In order to have an idea about the age at marriage & fertility pattern of women a study was conducted and the related information was collected using questionnaire. Now, the study results are being stated hereafter in the following pages:

**Table-1: Distribution of respondents according to the age:**

|  |  |  |
| --- | --- | --- |
| **Age** | **Total** | **%** |
| ≤15 | 0 | 0 |
| 16-19 | 20 | 13.33 |
| 20-23 | 56 | 37.33 |
| 24-27 | 50 | 33.33 |
| 28-31 | 17 | 11.33 |
| >31 | 7 | 4.67 |
| **Grand total** | **150** | **100** |

This table shows that 37.33% women are in 20-23 years,33.33% are in 24-27 years & 4.67% are of >31 years of age group.



**Table-2: Occupation of the respondents:**

|  |  |  |
| --- | --- | --- |
| **Occupation** | **Total** | **%** |
| House wife | 136 | 90.67 |
| Service holder | 0 | 0 |
| Day worker | 11 | 7.33 |
| Businessmen | 0 | 0 |
| others | 3 | 2 |
| **Grand total** | **150** | **100** |

This table shows that 90.67% women are house wife & 7.33% are day worker.

**Fig-1: Educational status of respondents:**

This pie diagram shows that 50% have primary education & 16.67% are illiterate.

**Table-3: Occupation of respondents husband:**

|  |  |  |
| --- | --- | --- |
| **Occupation** | **Total** | **%** |
| Service holder | 20 | 13.33 |
| Day worker | 20 | 13.33 |
| Businessmen | 68 | 45.33 |
| Expatriate | 30 | 20 |
| Others | 12 | 8 |
| **Grand total** | **150** | **100** |

This table shows that 45.33% respondents' husbands are businessmen,20% are expatriate & 13.33 are day worker.

**Fig-2: Educational status of respondents husband :**

This bar diagram shows that 46% respondents husbands have primary education.

**Table-4:Respondents families monthly income:**

|  |  |  |
| --- | --- | --- |
| **Amount in Taka** | **Total** | **Percentage** |
| ≤3000 | 28 | 18.6 |
| 3001-6000 | 29 | 19.3 |
| 6001-9000 | 16 | 10.6 |
| 9001-12000 | 22 | 14.6 |
| >12000 | 55 | 36.6 |
| **Grand Total** | **150** | **100** |

This table shows that 36.6% families have a monthly income of >12000.

**Fig-3:Respondents age at marriage:**

This bar diagram shows that majority 63.3% of respondents has got married at the age between 16-19.

**Table-5: Distribution of mothers by the age of menarche:**

|  |  |  |
| --- | --- | --- |
| **Age** | **Total** | **Percentage** |
| ≤10 | 5 | 3.33 |
| 11-13 | 115 | 76.67 |
| >13 | 30 | 20 |
| **Grand Total** | **150** | **100** |

This table shows that maximum (76.67%) respondents had their menarche at the age of 11-13.

**Table-6: Respondent’s age at first child birth**

|  |  |  |
| --- | --- | --- |
| **Age** | **Total** | **Percentage** |
| ≤15 | 19 | 12.67 |
| 16-19 | 79 | 52.67 |
| 20-23 | 44 | 29.33 |
| >23 | 8 | 5.33 |
| **Grand total** | **150** | **100** |

This table shows that 52.67% of the respondents have their first child at the age of 16-20.

**Table-7: Distribution of the respondents according to the number of child**

|  |  |  |
| --- | --- | --- |
| **Number Of Children** | **Total Number** | **Percentage (%)** |
| 0 | 1 | 0.67 |
| 1-2 | 81 | 54 |
| 3-4 | 50 | 33.33 |
| ˃4 | 18 | 12 |
| Total | 150 | 100 |

This table shows that 54% have child of 1-2 in number, 33.33% have child of 3-4 in number & 12% having the child of ˃4 number.

**Table-8: Distribution of the respondents according to the age of last child:**

|  |  |  |
| --- | --- | --- |
| **Age Of Last Child(In Year)** | **Total Number** | **Percentage (%)** |
| ≥1 | 33 | 22 |
| 2-3 | 58 | 38.67 |
| 4-5 | 59 | 39.33 |
| **Total** | **150** | **100** |

This table shows that 22% respondents have last child of ≥1 years, 38.67% have of 2-3 years & 39.33%within the 4-5 years of old

**Table-9: Distribution of the respondents according to the number of pregnancy:**

|  |  |  |
| --- | --- | --- |
| **Pregnancy** | **Total Number** | **Percentage (%)** |
| 1-2 | 68 | 45.33 |  |
| 3-4 | 52 | 34.67 |
| 5-6 | 22 | 14.67 |
| ˃6 | 8 | 5.33 |
| **Total** | **150** | **100** |

This table shows that 45.33% respondents were pregnant for 1-2 times,34.67% pregnant for 3-4 times and 14.67% within for 5-6 times & 5.33% for ˃6 times

**Fig –4: Respondents whether abortion occurred or not:**

This pie diagram shows that 74.67% respondents haven’t experienced any abortion.

**Table10. Distribution of respondents according to number of abortion (n=38):**

|  |  |  |
| --- | --- | --- |
| **Abortion** | **Number** | **Percentage** |
| 1 | 24 | 63.16 |
| 2 | 11 | 28.95 |
| >3 | 3 | 7.89 |
| **Grand Total** | **38** | **100** |

This table shows that maximum (63.16%) respondents experienced 1 abortion.

**Fig-5:Respondents according to the use of contraceptive:**

This pie diagram shows that 69.33% of respondents use contraceptives.

**Table11: Distribution of respondents according to choice of contraceptive methods (n=104):**

|  |  |  |
| --- | --- | --- |
| **Methods** | **Number** | **Percentage** |
| Pill | 63 | 60.58 |
| Injection | 13 | 12.50 |
| Norplant | 2 | 1.92 |
| Others | 26 | 25 |
| **Grand Total** | **104** | **100** |

This table shows that 60.58% respondents use oral contraceptive pill.

**Fig-6:Respondents according to plan of adopting permanent contraceptive method:**

This pie diagram shows that 24.66% have plan, 11.34% have already taken & 64% have no plan of adopting permanent contraceptive method.

**Table 12.Distribution of respondent according to cause of not being interested to take permanent contraceptive method (n=96):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Cause** |  | **Number** |  | **Percentage** | |  |  |  |  |  | | Want more child |  | 34 |  | 35.42% | |  |  |  |  |  | | Fear of operation |  | 32 |  | 33.34% | |  |  |  |  |  | | Religious |  | 25 |  | 26.04% | |  |  |  |  |  | | Others |  | 5 |  | 5.2% | |  |  |  |  |  | | **Total** |  | **96** |  | **100%** | |

This table shows that 35.42% want more children, 33.34% are in fear of operation & 26.04% have religious cause.

**Fig-7:Respondents according to having plan to take another child (n=133):**

This pie diagram shows that 45.87% have no plan & 54.13% have plan take another child.

**Discussion**

Bangladesh is a small country with 160 million population. As a result we have no way that to control population. For the purpose health & population sector focused its emphasis in building planed family of 1-2 children norms. For the purpose it is of great importance to recommend age of marriage & thus reshape fertility pattern. Age at marriage & fertility pattern of women is important issue national & essential for mothers & offsprings good health. This cross sectional descriptive study was carried out to find out the existing status regarding the age of marriage including there fertility pattern.

In this study, regarding the age of respondents, the highest (37.33%) of respondents belongs to the age group of 21-25 years old, 33.33% to the range of 26-30 years & a significant (13.33%) to the range of 16-20 years & 4.67 % are of > 35 years of age group (table 1) Regarding the occupation status, (90.67%) spondents are housewives( 9.33%) are day worker, none of them are neither service holder nor engaged in any sort of business(table 2). Regarding the educational status,16.67% are illiterate respondent,46% studied up to only primary level,26.67% studied up to secondary level,6.67% studied up to higher secondary level or above. So illiterate and up to primary level accounts 66.67% which reflex the poor level of female education (table 3).Regarding the occupation of the respondents 45.33% husbands are businessman,13.33% are service holder,13.33% are day worker,20% are living abroad (table-4). About economic status highest 36.6% families have a monthly income of tk>12000, 19.3% have income of tk 3001-6000,18.6% have income of≤3000.Average income status is good in relation to other area of Bangladesh.(source:National GDP 700$) (table 6)Regarding the age of the marriage majority (63.3%) women get married at age between 16-20 years which is not satisfactory regarding the legislation of marriage,22.6% got married at early age ≤15, 7.3% got married at the age of > 24.Ignorence regarding danger & ill effect of early marriage & its consequence.(table 7) Regarding the menarche, 76.67% have their menstruation at the age of 11-13.(table 8). Regarding age at first child birth of the respondent more then half(52.67%) have their first child within the age of 16-20 years. 2.33% have at the age 20-24 years and 12.67% have at the age of ≤15years.Regarding the age at first child, findings reveals very poor. As we see 12.67% had their first child at or before completing 15years of age. Not only that highest 52.67% had their child at their adolescence .Another study showed that south Asian countries have high proportion of teenage pregnancies, since early marriage is common and there is social expectation to have a child soon after marriage.(table-9). 54% of the women in sample have 1-2 children. But 33.33% and 12% have 3-4 and >4 children accordingly, totally 45.33%. So almost half of the respondents already have more children then recommended family size norms. In future this pattern might be worsen.(table-10).Regarding the age of the last child in respondents the highest percentage is 39.33%. in which the age of the last child is from 4-5years. The lowest percentage is 22% in which the age of the last child is ≥1year.(table-11) 45.33% of women in the sample became pregnant for 1-2 times. But 34.67% and 14.67% became pregnant for 3-4 and 5-6 times accordingly. While the 5.33% women became pregnant for 6 times or more. Totally 54.67%, so half of the respondents already become pregnant for more then recommended family size norms. It is an alarming sign for national population size. (table-12) According to the number of abortion maximum (63.16%) had experienced abortion, 7.89% had experienced >3 time abortion. (table-13,14).

It is observed that 69.3% respondents use contraceptive method while the rest 30.6% yet didn't adopt any sort of family planning method. Among the user of family planning method 60.58% respondents take oral pill, 12.5% take injection and 1.92% use norplant for family planning.(table-15,16), According to the data 24.66% respondents have plan of adopting family planning method. While 64% yet to adopt any permanent method for family planning. Rest 11.34% have already taken permanent methods, regarding them 54.13% are not interested for another child and rest (45.87%) are interested for child. (table 17,19)

Majority 35.42% respondents already take permanent method & 33.34% is in fair of taking,26% due to religious perpous,others 5.2%.(table-18).Among the respondents 45.8% have no plan and 54.13% have another plan to take child. (table-19)

**Conclusion**

Proper age at marriage & fertility pattern of women is of immense importance for healthy, wealthy nation. Developing countries like ours should inform the people specially women regarding risk of early marriage, family planning methods & educate them regarding health.This study was a pilot attempt to see the status of age at marriage including fertility pattern& to find out the aspects need to be improved upon. It can be inferred from this study that adolescent marriage is problem there. Besides, most of them are unwilling to adopt family planning methods. Knowledge regarding maintain good health also found inadequate. Most of the families have 3-4 or more children but among them negligible numbers have taken permanent methods & all are female. All kinds of superstition & ignorance should be removed & mothers should be made aware & given clear conception regarding family planning methods. This situation could be far better if girls had been informed and motivated for proper conjugal life.

**Recommendation**

**Following recommendation are made based on study findings:**

1. Marriage below the age of 18 years should be discouraged.

2. Danger of early marriage & consequences should be clarified to the parents,girls as well as local leaders through health education.

3. Early conception & child birth should be delayed by using proper contraceptive methods.

4. Family planning worker should strengthen their efforts To improve awareness regarding safety & benefits of Permanent methods for both sexes

ANNEXURE