**Title:**

**“Prevalence of Contraceptive among married women of reproductive age of urban slum in Sylhet City Corporation”.**

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This Thesis is submitted to the North-East University Bangladesh for the partial fulfillment of the requirements for the Degree of Master of Public Health in the Department of Public Health, North East University Bangladesh.

Submitted by:

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**NORTH EAST UNIVERCITY BANGLADESH**

Education with Innovation

January 2012

**DECLARATION**

I hereby declared that this dissertation entitled “Knowledge and practice of Newly Married Couple regarding family planning method in Sylhet”.

The research work was carried out in the Golapgonj and Fenchugonj, Sylhet under guidance of **Dr. Tanusree Sarkar ,**Associate Professor, Department of Public Health, North East University Bangladesh.

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**CERTIFICATE**

This is to certify that Shafiqul Islam has completed this thesis entitled **“Prevalence of Contraceptive among married women of reproductive age of urban slum in Sylhet City Corporation**” is partial fulfillment of the requirement for the degree of Masters in Public Health (MPH) in Department of Public Health at North East University Bangladesh, Sylhet at session Spring -2018 under my guidance and supervision.

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**NORTH EAST UNIVERCITY BANGLADESH**

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The undersigned certified that they have carefully read and recommended to the Faculty of Department of Public Health, NORTH EAST UNIVERCITY BANGLADESH (NEUB) for the acceptance of this thesis entitled **“Prevalence of Contraceptive among married women of reproductive age of urban slum in Sylhet City Corporation”** Submitted by MOHAMMAD SAYDUL HOQUE in partial fulfillment of the requirement for the degree of Masters in Public Helath (MPH) in knowledge regarding safe water at rural area in Sylhet, Bangladesh during the session Spring-2018.

Board of Examiners

Chairman Signature:--------------------------------

Full Name:

Designation:

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Chapter –One

Introduction

* 1. **Introduction**

Bangladesh is a developing country. As Bangladesh is a densely populated country, population growth is identified as a primary threat to Bangladesh's continued economic growth, social insecurity and development. Bangladesh is no exception to its understanding of population. Despite significant progress in family planning programs, Bangladesh's population is growing at an alarming rate. Strategies adopted to further prevent infertility in Bangladesh include educating family planning campaigners who travel to rural and urban areas about the use of modern contraceptives and making them available door-to-door (Hossain *et al.*, 2018). This family planning program has been running for more than 30 years of independence. Family Planning Program (FPP) is considered a success story in a setting without much socio-economic development.

High contraceptive prevalence rate is always expected for controlling births for those countries that are experiencing high population growth rate (Greenspan, 1992). According to Bangladesh Demographic and Health Survey, 2017 CPR (Contraceptive Prevalence Rate) in Bangladesh is 62 percent, Dropout Rate is 37 percent and Unmet Need for Contraception is 12 percent (Huda *et al.*, 2017).

Considerations of preferred family size and child-spacing affect contraceptive prevalence among married women at individual levels, while at the macro level, laws and regulations and cultural norms are important factors determining access to contraception.

Although consecutive demographic health surveys conducted in Bangladesh consistently showed that the rate of contraception (CPR) was higher in urban areas than in rural areas, little is known about the use of contraceptives among slum dwellers (Kamal, 2015). The rapid growth of population in the informal settlements suggests the urgent need to drive up understanding the contraceptive use and method choice among women living in the urban slums.

Our study focuses on the prevalence of contraceptive use which is a part of the evaluation of the family planning program.

* 1. **Justification of the Study**

There are absence the knowledge and practices on contraceptive of Slum areas couple. Most of them are illiterate. Collection process is new to them. They may not give the actual data. It may be for ignorance or lack of understanding the importance. So that experience may cause less cooperation of some of the respondents.

**Major problems in implementing family planning projects:** Religious taboo, social sigma, side effect of contraceptives, lack of man power in family planning program.

Our study focuses on the prevalence of contraceptive use which is a part of the evaluation of the family planning program. Family planning program where contraceptive was considered as one of the control concepts for reducing maternal and child mortality. By this study we can assess the contraceptive Acceptance Rate in the slum area.

* 1. **Research Question**

What is the Prevalence of Contraceptive among married women of reproductive age of urban slum in Sylhet City Corporation?

* 1. **Objective of the Study**
     1. **General Objective**

To identify the Prevalence of Contraceptive among married women of reproductive age of urban slum in Sylhet City Corporation

* + 1. **Specific Objectives**
* To evaluate the socio-demographic characteristic.
* To assess the Contraceptive Prevalence Rate (CPR) in urban slum.

**Key Variables:**

**Socio demographic variables-**

* Age
* Sex
* Religion
* Education
* Material status
* Occupation

**Dependant variables:** Contraceptive prevalence, who are currently using at least one method of contraception.

* 1. **Operational Definitions:**

**Assessment:** By the structured questionnaire, systematically make scoring from obtain knowledge through analysis of collected data.

**Knowledge:**

**Illiterate:** A person without any formal education or schooling and unable to read and write one’s name.

**Only can sign:** A person without any formal education or schooling and only able to write one’s name.

**Primary level of education:** Those who attend class 1 to V.

**Secondary level of education:** Those who attend class VI to X.

**Widow**: A woman who has lost her husband and does not marry again.

**Widower**: A man who has lost her wife and does not marry again.

**Divorced:** Husband or wife legally separated is considered as divorced.

**Chapter –Two**

**Literature Review**

Amin, Li, and Ahmed (1996) stated that credit enhances the economic status of women participating in the program and empowers women through group solidarity, increased mobility, and access to information on modern contraceptive methods and services, and support for program staff. Because of empowerment they can decide on the use of contraceptives.

Kamal (2015) explored contraceptive use patterns among slum dwellers in Bangladesh. Little attention has been paid to contraceptive behavior among slum dwellers, where 35% of the urban people of Bangladesh reside. The principal contribution of this study is to increase the understanding of contraceptive use and method choice among urban poor living in the slums using a nationally representative survey data conducted in 2006.

(Mahmud, Shah and Becker, 2012) this study conducted on the role of women in decision making on family planning among the slum women in a selected area of Dhaka city. The study revealed that on the aspect of contraceptive method choice women were the program maker. More than one-third of the total women had the self-confidence to take such decisions despite their husband’s disapproval. One of the important findings is that a large proportion of slum women (45%) would like to decide jointly about the number of children they should have. But they could not place birth. Nearly half (48.4%) of their first Childs was born accidentally. The study found a significant relationship between respondents’ age and in deciding family size.

(Huda *et al.*, 2017) identified fear of side effects as a major reason for not using contraceptives (46%) followed by religious reasons (12%) and husbands or family disapproval (11%).

Akter (2020) the study conducted through quantitative sample survey, this research conducted on Kamlapur, Karwan Bazar and kamrangirchor area in Dhaka city. The study has found that the slum women are using different types of contraceptives like as pill, IUD, injection, condom etc. The studies have found that older women in Bangladesh usually opt for traditional methods, and young women prefer modern contraceptive methods.

**Chapter-Three**

**Methods and Materials**

* 1. **Study Design**

Descriptive type of Cross sectional study.

**Study Population and Sample Population**

**Study Site and Area**

Sylhet City Corporation Slum area.

* 1. **Study Period**

January 2021 to April 2021

* 1. **Sample size**

The Sample size was calculated using Cochran’s formula considering 5% level of significance, 5% precision level (permissible error) and 55.5% mothers have proper knowledge about IYCF practice (Arzu *et al.*, 2018).

The formula is: n =

Where, n = estimated sample size

Z = 1.96 (in 95% Confidence Interval)

p = prevalence, 55.5% (0.555),

q = 1- 0.555 = 0.445,

d = permissible error, 5% (0.05)

So, sample size (n) =

{(1.96)2\*0.555\*0.445}/(0.05)2 = 379.51 ≈ 380

Calculated sample size was 379.51 but we collected data as a round figure 380 respondents.

**Inclusive criteria:-**

1. Reproductive age group (eligible couple).
2. Those who are willing to participate in the study.

**Exclusive criteria:**

1. Those who are not willing to participate in the study.
2. Data will not be collected from the widows and divorced women
3. Severely ill person.
4. Mentally disoriented.
   1. **Sampling Technique**

Multi stage sampling

* 1. **Data Collection tools**

In order to collect the data, a semi-structured English questionnaire has prepared at the beginning of the study by considering the objectives and variables of the study and pretested before finalization.

* 1. **Data collection methods**

Respondents were filling up questionnaire format to give answers. It was taken by using the semi-structured English questionnaire. The interviews conducted in a suitable time for the respondents in which they felt free to disclose their information. After collection, data were cheeked thoroughly for consistency and completeness. The collected data were checked, rechecked and verified by myself at the end of every working day. To ensure reliability and validity of data , 5% data recollected and compared with the previous data.

* 1. **Data Processing**

Data will be collected through face to face interview. At the beginning of data collection, permission from respective couple. The purpose of the study will be explained in details to the respondents. Interview of the respondents will be taken in the slum. Respondents will be given full assurance on some ethical point of view that under no circumstances any part of the interview will not be disclosed to any unauthorized person.

* 1. **Data Analysis**

Data analyzed by windows based computer software devise. Descriptive statistics has been used to describe the data i.e. mean and standard deviation for quantitative variables, frequency and percentage for qualitative variables. Quantitative variables has been compared by t-test and qualitative variables by chi-square test. P value of <0.05 considered as significant. The result has presented in tables and figures.

* 1. **Quality control and quality assurance**

Before data collection from responder’s there created the friendly environment and clear on objective on the data to the responders. During data collection their tries to use local Bangla language with respondent.

**Ethical Consideration**

Written permission will be taken from the concern authority also from the respondent before data collection. The investigator will explain to the respondents regarding the purpose of the study before data collection.

**Chapter-Four**

**Results**

Results

**Chapter-Four**

**Results**

This descriptive cross-sectional study was carried out among Golapgonj and Fenchugonj in Sylhet in 2021 to determine the Knowledge and practice of Newly Married Couple regarding family planning method. Findings of the study are given below.

**Table 1: Age distribution of the respondents**

|  |  |  |
| --- | --- | --- |
| **Age Group** | **Frequency** | **Percentage** |
| 15-19 | 104 | 28.89 |
| 20-24 | 176 | 48.89 |
| 24-35 | 80 | 22.22 |
| 35+ | 20 | 5.56 |
| **Total** | **380** | **100** |

Regarding age it was found that 104 (27.37%) respondents were between 15-19 years of age and a majority portion 276 (72.63%) respondents were between 20-24 years of age.

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| **Fig.1: Educational status of the respondent** |

The graph represents that maximum 141 (37.11%) of the respondent were having secondary level of education, 109 (28.68%) of the respondent were had Higher Secondary education, 75 (19.74%) of the respondent had primary education and only 55 (14.47%) of the respondent had no educational qualifications.

**Table 2: Distribution of respondent occupation**

|  |  |  |
| --- | --- | --- |
| Occupation | Frequency | Percentage |
| Housewife | 254 | 66.84 |
| Service holder | 45 | 11.84 |
| Farmer | 35 | 9.21 |
| Others | 46 | 12.11 |
| Total | 380 | 100 |

Regarding occupation of the respondents, it was observed that more than half 254 (66.84%) respondents were housewife, 45 (11.84%) respondents were service holder, 35 (9.21%) were farmer and 46 (12.11%) respondents were in others occupation.

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| **Fig. 2: Number of children of the respondent** |

Fig. 3 shows the number of children of the corresponding respondents. Here half of the respondent, 195 (51.3%) had a single child, 126 (33.2%) of the respondent had only two child’s, 34 (8.9%) of the respondent had more than 3 child’s and 25 (6.6%) newly married respondents had have no child yet.

**Table 3: Distribution of respondent religion**

|  |  |  |
| --- | --- | --- |
| Religion | Frequency | Percentage |
| Islam | 319 | 83.95 |
| Hindu | 61 | 16.05 |
| Total | 380 | 100.00 |

Based on the religion status, it was observed that 319 (83.95%) respondents were Muslim (Islam), and 61 (16.05%) respondents were Hindu.

**Table 4: Distribution of respondents by monthly family income**

|  |  |  |
| --- | --- | --- |
| Monthly Income | Frequency | Percentage |
| 10,000-15,000 | 165 | 43.42 |
| 15,001-20,000 | 111 | 29.21 |
| 20,001-25,000 | 55 | 14.47 |
| 25,001-30,000 | 49 | 12.89 |
| Total | 380 | 1000.0 |

Regarding monthly family income of the respondents, it was observed that majority 165 (43.42%) respondents’ monthly family income were between 10000-15000 taka. About 111 (29.21%) respondents’ monthly family income were between 15001-20000 taka. 55 (14.47%) respondents’ monthly family income, were between 20001-25000 taka and rest of 49 (12.89%) respondents’ monthly family income were between 25001-30000 taka.

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| **Fig. 3: Do the respondent know about FP method** |

Regarding response of the respondents, it was observed that 332 (87.37%) respondents were known about the family planning contraceptive methods. And 48 (12.63%) of the respondents were not known about the family planning contraceptive methods.

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| **Fig. 4: Get family planning service at home from health worker** |

The above fig. 5 represents the status of getting home based family planning service from local health workers. This figure shows that 345 (90.79%) of the respondents get service from home and 35 (9.21%) of the respondent didn’t get family planning service at home from the local health workers.

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| **Fig. 5: Reasons of choosing contraceptive methods** |

The above bar chart showing of respondent priority consideration of choosing contraceptive methods, it was observed that about 312 (86.67%) had prefer contraceptive methods because of its effectiveness, 248 (68.89%) respondents had prefer contraceptive methods because of its feeling ease to use, 219 (60.83%) respondents had prefer contraceptive methods because of the convenience of buying it and 128 (35.55%) respondents choosing contraceptive methods because of its safety.

**Table 5: Respondents regarding side effects of Oral contraceptive pills**

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| Side effect of Pills Frequency Percentage |
| Affecting fertility 56 15.56  Affecting the regularity 48 13.33  of the menstrual cycle  Risk of weight gain 244 67.78  Nausea/vomiting 80 22.22  No side effects 25 6.94 |

Regarding their family member it was observed that 67.78% respondents’ think that Oral contraceptive pills have side effect to weight gain and 67.78% feel nausea/vomiting after taking oral contraceptive pills.

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| **Fig. 6: Know about emergency contraception methods** |

The graph shows that 294 (77.37%) of the respondents were know about ECP tablets as the emergency contraceptive method, 30 (7.89%) of the respondent were known as the Intrauterine device as the emergency contraceptive method, 11 (2.89%) of the respondent as vaginal Douching and 45 (11.84%) of the respondent were not known about any kind of emergency contraceptive methods.

**Table 6: Respondents knowledge about short-term, long-term, barrier, permanent and traditional methods**

|  |  |  |
| --- | --- | --- |
| **Methods** | **Frequency** | **Percentage** |
| *Short-term hormonal methods* | | |
| Pill | 328 | 91.11 |
| Injectable | 339 | 94.17 |
| *Long-term hormonal methods* | | |
| IUCD | 148 | 41.11 |
| Implants/Norplant | 285 | 79.17 |
| *Barrier methods* | | |
| Condom | 220 | 61.11 |
| Diaphragm/foam/jelly | 44 | 12.22 |
| *Permanent methods* | | |
| Female sterilization | 148 | 41.11 |
| Male sterilization | 47 | 13.06 |
| *Traditional methods* | | |
| Standard days method | 116 | 32.22 |
| Withdrawal | 76 | 21.11 |

Table 6, represents the methods of different contraceptive methods known by the respondents. For short-term hormonal methods, 328 (91.11%) of the respondents were known as Pill and 339 (94.17%0 of the respondent were known as Injectable. For Long-term hormonal methods, 148 (41.11%) of the respondent were known as the IUCD and 285 (79.17%) of the respondent were known as the Implants / Norplant. For barrier methods, 220 (61.11%) of the respondent were known as condom and 44 (12.22%) of the respondent were known as the diaphragm/foam/jelly. For permanent methods, 148 941.11%0 of the respondent were known as the Female sterilization and 47 (13.06%) of the respondent were known as the male sterilization. For traditional methods, 116 (32.22%) of the respondent were known as standard days method and 76 (21.11%) of the respondent were known as the withdrawal.

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| **Fig 7: Using Family planning methods status** |

Regarding use of family planning methods previously, it was observed that 318 (84%) respondents previously used Family Planning methods and only 62 (16%) were not use it before.

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| **Fig 8: Used contraceptive methods status** |

Regarding contraceptive method use it was observed that 65 (17.11%) respondents’ used condom, 268 (70.53%) respondents used oral contraceptive pills, 34 (8.95) used intrauterine devices, 142 (37.37%) injectable and 79 (20.79%) respondents used traditional methods, 12 (3.16) emergency contraceptives, 34 (8.95%) female sterilization and 41 (10.79%) of the respondents used male sterilization.

**Table 7: Reasons for using specific contraceptive method previously**

|  |  |  |
| --- | --- | --- |
| Reasons | Frequency | Percentage |
| Availability | 333 | 92.50 |
| Comfortable /easy to use | 212 | 58.89 |
| Inexpensive | 197 | 54.72 |
| Husband choice | 30 | 8.33 |
| Doctor’s advice | 201 | 55.83 |

Regarding reason for using specific contraceptive method it was observed that most 333 (92.50%) of the respondents use contraceptive method for is availability and lowest 30 (8.33%) use as for husband choice. 212 (58.89%) for comfortable or easy to use, 197 (54.72%) for inexpensive and 201 (55.83%) for doctor’s advice.

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| **Fig 9: Simple bar diagram showing the source of FP product** |

Regarding the source of family planning product it was observed that 255 67.11%) respondents’ collected family planning product from Govt. source and 160 (42.11%) collected by husband. 121 (31.84%) of the respondents were collected from privet source and 55 (14.47%) collected from pharmacy.

**Chapter V**

**Discussion**

**Conclusion**

**Recommendation**

**Discussion**

This descriptive cross sectional study was aimed at finding out the prevalence of contraceptive use among 87% married women of reproductive age group (15-49 years) of the Sylhet city corporation in Bangladesh.

The prevalence of contraceptive use among the married women of reproductive age group in Bangladesh was 55.8% according to BDHS 2007 (DHS Bangladesh, 2019). A study done by found 92.6% prevalence rate in rural Bangladesh (Khan and Jerifa, 2015). It may be due to higher educational level of the respondents, which was maximum 28.68% up to secondary school level and altogether from primary to graduate level was 85.53%. This finding was supported by (Murarkar and Soundale, 2011; F., S. and A., 2014; Tamiru and Mohammed, 2014; Khan and Jerifa, 2015) in their studies where they found 77.9%, 48.8%, 82.76%, 56.93% women were educated up to secondary level respectively. It may be also due to higher percentage (69.8%) of respondents living in nuclear family, where they could take decision easily, which was found in the study done by (Murarkar and Soundale, 2011) and another study done by (Cole CF, Richman BA, 2001) where she described, the women from nuclear family had more freedom and more modern outlook on mobility which enhance the contraceptive use. In our study, among 380 respondents the highest, 176 (48.89%) respondents were found between the age group of 20-24 years. More or less similar pictures were found in studies done by (Murarkar and Soundale, 2011; F., S. and A., 2014; Tamiru and Mohammed, 2014; Khan and Jerifa, 2015). The women aged more than 30 years had completed their families and did not want more children. In our study among 380 respondents, 93.4% families had at least one children, while 6.6% had no children. The trend of small family size was preferred by a large group of people. (F., S. and A., 2014)depicted more or less similar picture in their studies. Study done by (Khan and Jerifa, 2015) also found that, contraceptive prevalence rate was 50.77% in couples with no child loss, whereas 36.84% in couples who lost 2 or more children. In our study out of 265 respondents, majority 156 (55.87%) were found between the age group of 16-20 years when they were married. Same age group was found by (F., S. and A., 2014) in their study. The commonest reason for not acceptance was desire for children by 65 (65%) women, fear of side effects by 12 (12%) women, followed by other causes 9 (9%) such as pregnancy, breast feeding, secondary infertility, hypertension, diabetes, hysterectomy, early menopause etc. These finding were similar to those studies done by (Prateek and Saurabh, 2012) in their study in rural India. Among the current users majority 114 (69%) were taking oral contraceptive pill, which was followed by 18 (10.9%) condom users. Here no respondent was using norplant. Injection and female sterilization had the same percentage each of which was 12 (7.3%). Among the ever users, oral contraceptive pill accounted for the highest use about 81.69% which was followed by injection (7.97%). This reflects that the oral contraceptive pill and condoms were easy to administer and they were easily available. These findings were almost same with studies done (Bagheri and Nikbakhesh, 2010). In some other studies done by (Murarkar and Soundale, 2011) the most commonly accepted method for contraception was the permanent method. There was predominance of female sterilization in rural areas, as men don’t come forward for vasectomy. The rate of tubectomy was 28.88%, condom was 11.68%, oral contraceptive pill user rate was 4.78% according to (Anjum, Durgawale and Shinde, 2014). (Murarkar and Soundale, 2011) found that tubectomy rate was 64.26% and vasectomy rate was 0.40%, whereas oral contraceptive pill user rate was 5.22%. In our study, 6.94% experienced no side effect from any kind of contraceptive methods. 244 (67.78%) respondents complained of weight gain with the pill and injection. Study done by (Ai *et al.*, no date) also showed that, majority of the women about 89.5% did not have side effects from any of the contraceptive methods. The current use rate was much higher among Muslim women than non-Muslim women in the study area. 319 (83.95%) were Muslim and only 61 (16.05%) were Hindus. This finding was similar to (Saxena, Oakeshott and Hilton, 2002) where Muslims were practicing contraceptive methods more (48.8%) than Hindus (41.9%) and other religions. A different picture was found in Naogaon district of Bangladesh which was done by (Prateek and Saurabh, 2012) where non-Muslim women were higher contraceptive users about. 76.5%. In present study contraceptive acceptance was highest from lower middle class women whose monthly family income was 10,000-15,000/- and the percentage was 165 (43.42%). (Murarkar and Soundale, 2011)found that, contraceptive use was more in upper middle socio-economic class which was 79.62% and 62.6% respectively. In our study, majority 254 (66.84%) were housewives. Use Among Married Women of Reproductive age Groups (Khan and Jerifa, 2015) the least number 5 (1.9%), showed that in Iran, 33.2% of women were unemployed and 66.8% were employed. Regarding occupation of respondents’ husband, service holder and businessman both group ranked the first position i.e. 90 (34.0%), 10 (3.8%) were unemployed. only 43 (16.2%) were agricultural worker.

**Conclusion and Recommendations:**

This study concludes that contraceptive use was lower among unemployed women than their employed counterparts. Contraceptive use among unemployed women was significantly influenced by age, education, educational level of husband, residence, religion, number of living children, TV exposure and fertility preference. Women in Sylhet division were at risk of being pregnant because 48% employed women and 53% unemployed women who are in regular sexual union did not use any contraceptive method. One-fourth of the employed women and one-third of the unemployed women were in vulnerable condition because they did not want any children but do not use any contraceptive method. Since there is a gap among employed and unemployed women regarding using contraceptives, government and non-government organizations may create employment opportunities for women to enhance contraceptive use. Additionally, as the women of Sylhet division are at risk of becoming pregnant, FP professionals and policy makers should bring them under the umbrella of using contraceptives through proper upholding and motivating programs. Moreover, there is an urgent need for FP interventions to increase use of contraception that should target unemployed rural women and women who were undecided about having more children as well as those who did not want any children but do not use any contraceptive.

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Attachment:

Appendix-I: Data collection instrument with informed written consent in English.

Appendix-I

DATA COLLECTION SHEET

Questionnaire

I am a student of MPH , Department of public Health , North East University , Sylhet. I am conducting a thesis work titled Knowledge regarding safe water and sanitation at rural area in Sylhet sadar, Bangladesh. Hope you will co-operate by providing correct answer to the questions. Your supplied data will be kept confidential and will be used for thesis work only.

SL No Date:

General Information

Name :-

Father’s/Husband Name:

Present Address:

1. Socio demographic Characteristics:
2. How old are you?---------------------------------------------------------------Years
3. What is your religion? Islam Hindu Christian Buddhist Others
4. What is your Marital Status? Married Unmarried Divorced Window/Widower
5. What is your occupation?------------------------------
6. What is your Educational Qualification? Illiterate Can only sign Primary (1-5th class) Secondary (6-10th class) Higher secondary level and above
7. What is your Monthly family income?--------------------BDT
8. Number of family members?-----------------
9. **Health and Hygiene related data (water source and using , latrine use )**
10. What do you mean by safe water?

Free from organism Transparent Free from odor

1. According to your opinion which source of water is safe water?

Tube well water Well water Pond water Bottle water

Rain water

1. What is the source of your drinking water

Tube well Well Pond Others ----------

1. What is the source of water used by your family for cooking?

Tube well Well Pond Others ---------------

1. What is the source of water used by your family for bathing?

Tube well Well Pond Others ---------------

1. What is the distance of water source from your household?--------------
2. Do you wash your hand before taking food?

Yes No If Yes then -------------------

1. What do you use to wash your hand before taking food?

Soap Ash Soil Water Others--------

1. Do you use latrine for defecation?

Yes No

1. Do you wash hand after defecation?

Yes No If Yes--------------

1. What do you use to wash your hand after using latrine?

Soap Ash Soil Water Others--------

1. What kind of latrine do you use?

Kacha Semi Pacca Pacca Others-------

1. Do you regularly clean your latrine?

Yes No

1. Is your latrine is near to your drinking water source?

Yes No

1. Does your children and other family member use latrine?

Yes No

I am-----------------------------------------------------------------hereby giving informed consent willingly to participate in the study to be conducted by Shafiqul Islam without any prejudice. I am fully convinced that during study I ( or my respondent) will not suffer from any serious physical or psychological problems. I am also informed that this study was carried out previously in the developed countries safely and my participation will bring fruitful result that will beneficial for most of the rural people in our country. I have right to withdraw myself ( or my respondent ) from this study at any time. I ( or the respondent) will not receive any financial benefit. I have understood that the personal information will be kept strictly confidential and will be used for research purpose only.

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Signature / Left thumb impression of the participant

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Signature / Left thumb impression of a witness

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Signature of data collector and date: