**“Prevalence of Contraceptive use 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:

**Fateha Jannat**

Registration no: 190302030013

Fall -2019

Masters of Public Health

Department of Public Health

North East University Bangladesh



**NORTH EAST UNIVERCITY BANGLADESH**

Education with Innovation

January 2012

**DECLARATION**

I hereby declared that this dissertation entitled **“Prevalence of Contraceptive use among married women of reproductive age of urban slum in Sylhet City Corporation”.** The research work was carried out in the slum area of Sylhet city corporation under guidance of **Dr. Tanusree Sarkar, Associate** Professor, Department of Public Health, North East University Bangladesh.

**Fateha Jannat**

Registration no:190302030013

Fall -2019

Masters of Public Health

Department of Public Health

North East University Bangladesh

**CERTIFICATE**

This is to certify that Fateha Jannat has completed this thesis entitled **“Prevalence of Contraceptive use 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 Fall -2019under my guidance and supervision.

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**Dr. Tanusree Sarkar**

Associate Professor and Course coordinator

Department of Public Health

North East University Bangladesh.

**NORTH EAST UNIVERCITY BANGLADESH**

**(NEUB)**

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 use among married women of reproductive age of urban slum in Sylhet City Corporation”** Submitted by Fateha Jannat in partial fulfillment of the requirement for the degree of Masters in Public Health (MPH) during the session Fall-2019.

Board of Examiners

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

Full Name:

Designation:

Member Signature: --------------------------------

Full Name:

Designation:

Member Signature: --------------------------------

Full Name:

Designation:

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**Table of Contents**

**Abstract**

**Background:** Despite significant progress in family planning programs, Bangladesh's population is growing at an alarming rate. This study was conducted with an aim to find out the prevalence of contraceptive use among married women of reproductive age of urban slum in Sylhet City Corporation.

**Methods:** This was a descriptive cross-sectional type of study conducted from September 2020 to December 2020 in Sylhet City Corporation Slum area.

**Results:** Out of 380 respondents, majority were found between the age group of 20-24 years. Among all the respondents 83 % were Muslims. Maximum number of respondents (60%) were educated up to primary level but most of them (55%) were house keeper, 43% had monthly family income of 5,001-10,000/- Tk. This lower middle class comprised the highest group in our study. Among 380 respondents Majority (51%) had more than 3 children. Mostly used contraceptive method 42% respondents used oral contraceptive pills, 8% respondents used condom,13% respondents used injectables, 0.42% used intrauterine devices, and 5% respondents used implant,4% respondents used Male Sterilization, 5% respondents used Female Sterilization. Regarding their family member it was observed that 56.32% respondents’ think that contraceptive methods have side effect to weight gain. In this study the prevalence of contraceptive use found 77.42%.

**Conclusions:** Although success of the family planning program in Bangladesh has been widely acclaimed, many challenges still remain. Along with the different strategy applied by Government if Inter-spousal communication should be encouraged during family planning counseling of couple’s men and other family member can be influenced for desired family size and contraceptive method use.

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. Previous studies have identified several factors associated with modern contraceptive use which were either analogous or contrasting depending on the study site, ranging from sociodemographic, socioeconomic and sociocultural factors. Studies have shown that modern contraceptive methods were highly used by women with higher education, families with higher income, women who were exposed to mass media, women who desire for another child after 2 years, women empowerment, high parity and knowledge about family planning (Dalal, Andrews and Dawad, 2012; Irani, Speizer and Fotso, 2014; Mohammed *et al.*, 2014; Kidayi *et al.*, 2015). Other studies also found that women who were visited by health workers and were informed about family planning methods at health facilities were more likely to use contraceptive methods than their counterparts (Dalal, Andrews and Dawad, 2012; Irani, Speizer and Fotso, 2014; Mohammed *et al.*, 2014). The desire of a husband to have another child is reported to be negatively correlated with the use of contraceptive methods (Ba *et al.*, 2019).

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**

The Utilization of contraceptive use, its effectiveness and user adherence in Bangladesh is very poor. There are limited studies that investigated the prevalence of contraceptive use among married women of reproductive age of urban slum in Sylhet City Corporation. Therefore, this study seeks to assess prevalence, utilization and socio-demographic characteristics associated among the married women of reproductive age. Findings of this study will help policy makers to implement new programs.

**Major problems in implementing family planning projects:**

* In Bangladesh implementing family planning (FP) program still facing many obstacles. Some major hurdle’s in implementing the FP services are- Women’s are dominated by husband and mother in law for choosing contraceptive method, Lack of knowledge, religious sentiment, cultural barrier, social stigma, unmet need as well as lack of manpower (Huda *et al.*, 2017).
* Married women in the country are having 0.7 more children than they desire, meaning that the total fertility rate (TFR) would be 30% lower if unplanned pregnancies were avoided (Bairagi, Islam and Barua, 2000).
* According to survey data of MICS, 2019, Sylhet division is the second lowest (58.3%) for contraceptive utilization among other division due to various factors which need to be scientifically investigated (MICS, 2019).
  1. **Research Question**

What is the Prevalence of Contraceptive use 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 use 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
* Monthly Income

**Dependent 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 (Amin, Li, and Ahmed, 1996).

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 (Kamal, 2015).

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 (Mahmud, Shah and Becker, 2012).

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%) (Huda *et al.*, 2017).

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 (Akter, 2020).

**Chapter-Three**

**Methods and Materials**

**1.1 Study Design**

Descriptive type of Cross-sectional study.

**1.2 Study Site and Area**

Sylhet City Corporation Slum area.

**1.3 Study Period**

September 2020 to December 2020

* 1. **Sample size**

The Sample size was calculated using Cochran’s formula considering 5% level of significance, 5% precision level (permissible error) and prevalence of contraception use by currently married 15–49 years women was 55.5% (Hossain 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 (15-49 Years Women).
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**

Purposive 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 have 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**

This descriptive cross-sectional study was carried out among the slum area of Sylhet City Corporation to determine the Prevalence of Contraceptive use among married women of reproductive age.

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

|  |  |  |
| --- | --- | --- |
| **Age Group** | **Frequency** | **Percentage** |
| 15-19 | 80 | 21.05 |
| 20-24 | 176 | 46.32 |
| 24-35 | 104 | 27.37 |
| 35+ | 20 | 5.26 |
| **Total** | **380** | **100** |

Regarding age it was found that 80 (21.05%) respondents were between 15-19 years of age and a majority portion 176 (46.32%) respondents were between 20-24 years of age.104 (27.37%) respondents were between 24-35 years of age & 20 (5.26%) respondents were between 35+ years of age.

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

|  |  |  |
| --- | --- | --- |
| Occupation | Frequency | Percentage |
| Primary |  | 60.53% |
| Secondary |  | 8.21% |
| None |  | 31.26% |
| Total | 380 | 100 |

The Table represents that maximum 60.00% of the respondent were having primary level of education, 8.00% of the respondent had secondary education and only 32.00% of the respondent had no educational qualifications.

**Table 2: Distribution of respondent occupation**

|  |  |  |
| --- | --- | --- |
| Occupation | Frequency | Percentage |
| Housewife | 38 | 10.00 |
| House keeper | 210 | 55.26 |
| Service holder | 96 | 25.26 |
| Others | 36 | 9.47 |
| Total | 380 | 100 |

Regarding occupation of the respondents, it was observed that more than half 210 (55.26%) respondents were house keeper, 96 (25.26%) respondents were service holder, 38 (10.00%) were housewife and 36 (9.47%) respondents were in others occupation.

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

|  |  |  |
| --- | --- | --- |
| Occupation | Frequency | Percentage |
| More than 3 Childs |  | 51.05 |
| 2 Childs |  | 32.89 |
| 1 Childs |  | 8.68 |
| No Childs |  | 7.37 |
| Total | 380 | 100 |
|  | | | |
|  | | | |

Fig. 2 shows the number of children of the corresponding respondents. Here half of the respondent, 194 (51.05%) had more than three child, 125 (32.89%) of the respondent had only two child’s, 33 (8.68%) of the respondent had only 1 child’s and 28 (7.73%) 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 |
| 5,000-10,000 | 165 | 43.42 |
| 10,001-15,000 | 151 | 39.74 |
| 15,001-20,000 | 55 | 14.47 |
| 20,001-25,000 | 9 | 2.37 |
| Total | 380 | 100.0 |

Regarding monthly family income of the respondents, it was observed that majority 165 (43.42%) respondents’ monthly family income was between 5000-10000 taka. About 151 (39.74%) respondents’ monthly family income was between 10001-15000 taka. 55 (14.47%) respondents’ monthly family income, were between 15001-20000 taka and rest of 9 (2.37%) respondents’ monthly family income was between 20001-25000 taka.

|  |
| --- |
|  |

**Table 4: Do the respondent know about FP method**

|  |  |  |
| --- | --- | --- |
| Monthly Income | Frequency | Percentage |
| Yes |  | 87% |
| No |  | 13% |
| Total | 380 | 100.0 |

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.

**Table 4: Get family planning service at home from health worker**

|  |  |  |
| --- | --- | --- |
| Monthly Income | Frequency | Percentage |
| Yes |  | 90.79% |
| No |  | 9.21% |
| Total | 380 | 100.0 |

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/get it and 128 (35.55%) respondents choosing contraceptive methods because of its safety.

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

|  |
| --- |
| Side effect of Pills Frequency Percentage |
| Affecting fertility 16 4.21  Affecting the regularity 58 15.26  of the menstrual cycle  Risk of weight gain 214 56.32  Nausea/vomiting 67 17.63  No side effects 25 6.58 |

Regarding their family member it was observed that 56.32% respondents’ think that contraceptive methods have side effect to weight gain and 17.63% feel nausea/vomiting after taking contraceptive methods.

|  |
| --- |
|  |
| **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 and others (22.63%) 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 |
| *Permanent methods* | | |
| Female sterilization | 148 | 41.11 |
| Male sterilization | 47 | 13.06 |
| *Traditional methods* | | |
| 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%) 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. For permanent methods, 148 (11%) 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, 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.

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

Regarding contraceptive method use it was observed that 42% respondents used oral contraceptive pills, 8% respondents used condom,13% respondents used injectables, 0.42% used intrauterine devices, and 5% respondents used implant,4% respondents used Male Sterilization, 5% respondents used Female Sterilization.

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

|  |  |  |
| --- | --- | --- |
| Reasons | Frequency | Percentage |
| Govt. source | 240 | 63.00 |
| Private source | 79 | 21.00 |
| Pharmacy | 61 | 16.00 |

Regarding reason for using specific contraceptive method it was observed that most 240 (63.00%) of the respondents use contraceptive method Govt. sources.

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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 240 (63%) respondents’ collected family planning product from Govt. source,79 (21%) of the respondents were collected from privet source and 61 (16%) 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 77.42% married women of reproductive age group (15-49 years) of the Slum area in 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 child, 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 groups ranked the first position i.e. 90 (34.0%), 10 (3.8%) were unemployed. only 43 (16.2%) were agricultural worker.

**Conclusion:**

This study concludes that contraceptive use was lower among uneducated women. Contraceptive prevalence among ever married women of reproductive age is increasing rapidly. Though this study results out the prevalence of contraceptive use is 77.42 %, the method mix was highly skewed towards female methods. Husbands should be inspired to involve in family planning. Proper counselling should be ensured by health care provider made to be more educated to the community people in the slum area.

**Recommendations:**

Family planning and birth spacing interventions need to focus on men and women through effective counseling and providing adequate information to both men and women about method-related information. In addition, involving community leaders, religious leader, and health workers, NGO & private sector partnership, GO-NGO coordination, engage & coordinate each other for awareness raising campaigns can help address sociocultural and religious concerns. 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.

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Attachment:

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

DATA COLLECTION SHEET

**Questionnaire**

SL No Date:…/……/......

General Information

Name :

Gender:

Father’s/Husband Name:

Present Address:

1. **Socio-demographic Characteristics:**
2. How old are you?---------------------------------------------------------------Years
3. What is your religion?

i) Islam ii) Hindu iii) Christian iv) Buddhist Others

3. What is your Marital Status?

i) Married ii) Unmarried iii) Divorced iv) Widower

1. What is your occupation? –

i)Housewife ii)Service-Housekeeper iii)Service- Others iv)Day laborer

1. What is your Educational Qualification?

i)None ii) Primary iii) Secondary iv) H. Secondary or above

1. What is your Monthly family income? -------------------- BDT
2. Number of your child?

i)None ii) One child iii) Two child iv) More than three child

1. **Family Planning (FP) Information’s**
2. Do you believe that contraceptive is necessary for family planning?
3. Yes ii) No
4. Did you get any family planning service from health worker at home?
5. Yes ii) No
6. Did you used any family planning method?
7. Yes ii) No
8. Which method are you using for family planning?

i)Pill ii) Condom iii) Injectable iv) Implant vi) IUCD

v) Male Sterilization vii) Traditional methods

1. What is the reason for choosing contraceptive methods?
2. Effectiveness ii) Feelings easy to use iii) Convenience to get iv) Safety
3. Do you know about emergency contraceptive methods?
4. Yes ii) No.
5. What is the reason for using specific contraceptive method previously?
6. Available ii) Comfortable and easy for use iii) Inexpensive iv) Husband choice v) Service provider advice.
7. What is the source of family planning product?
8. From Govt. source ii) Privet source iii) Pharmacy iv) Other
9. Do you know about the side effects of contraceptives?
10. Affecting Fertility ii) Affecting menstrual cycle iii) Risk of weight gain iv) Nausea/ vomiting v) No side effects.
11. Will you please tell about the short-term methods?
12. Pill ii) Condom iii) Injectable
13. Will you please tell about the Long-term methods?
14. IUCD ii) Implants / Norplant
15. Will you please tell about the permanent methods?
16. Female Sterilization ii) Male Sterilization
17. Will you please tell about the traditional methods?
18. Standard days method ii) Withdrawal
19. Standard days method ii) Withdrawal

I am-----------------------------------------------------------------hereby giving informed consent willingly to participate in the study to be conducted by Fateha Jannat 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: