**Title:**

**“Knowledge and practice of Newly Married Couple regarding family planning method in Sylhet”.**

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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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Spring -2018

Masters of Public Health

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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 **“Knowledge and practice of Newly Married Couple regarding family planning method in Sylhet**” 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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**Dr. Tanusree Sarkar**

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**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 **“Knowledge and practice of Newly Married Couple regarding family planning method in Sylhet”** 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:

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

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Chapter –One

Introduction

* 1. **Introduction**

Family Planning is the planning of when to have children and the use of birth control and other techniques to implement these plans other techniques commonly used including sexual education, prevention & management of sexually transmitted infection, pre-conception counseling, management & infertility management (Lanre, 2011). According to the WHO, Family planning allows individuals and couples to anticipated and attain their desire number of children and the spacing and timing of their birth (Program, Butler and Clayton, 2009).

There still exists a knowledge, attitude and practice-gap regarding contraception. The reasons for not using any family planning methods are lack of knowledge and education, religious belief and fear of side effects. The widespread adoption of family planning represents one of the most dramatic changes of the 20th century. Despite the impressive gains, contraceptive use is still low and the need for contraception is high in some of the world’s poorest and most populous places in different countries (Smith *et al.*, 2009).

This study mainly focuses on Newly Married those who have aged within one year. It is essential to find out the knowledge and practice of a newly married couple, the study will be cross-sectional, random sampling will be performed.

A **newly married** is a person who's recently gotten married and a time limit of one year is considered life (Reis and Sprecher, 2012). Most of the couple known a little bit about the family planning method but most of them don`t know about all modern family planning methods (merits & demerits), that`s why due to the knowledge gap they were not able to practice in their conjugal (Lanre, 2011). Bangladesh is one of the most densely populated countries in the world. Every year this population is increasing. This population growth is now one of the major problems of our country. However, Bangladesh has experienced around an eightfold increase in its contraceptive prevalence rate (CPR). In 1975 it was 8% but currently, it is 62% in 2018 (BDHS, 2019). Despite this progress, almost one-third of pregnancies are still unintended which may be attributed to the unmet need for family planning and discontinuation and switching of methods. Most of the couple feel shame to discuss with others about family planning knowledge and practice and how he or she adopt, that`s why unwanted pregnancy, low birth weight baby, child mortality, malnutrition is going on. Moreover, access to information is the barrier & also the commodities' un-availability within the hand is the factor. The age at first marriage in Bangladesh is also still young, although it is rising legal age of marriage for women has been increased from 14 to 18 years; the minimum for men is 21 (Kamruzzman and Hakim, 2015). In this age, most of the man and women known a little about family planning methods. However, research on couples' use of contraception mostly focused on the knowledge, attitudes, discussion, and intentions regarding family planning rather than on the actual impact of programs on contraceptive use and use of family planning services (L *et al.*, 2011). In brief, to achieve higher levels of contraceptive prevalence, efforts need to be done to encourage spousal communication and agreement, and to stimulate men’s participation in family planning. To date, too little research has been conducted to identify the best ways to achieve this. For this reason, this study will try to show that how many percentages of newly married couples were not aware of the various methods of family planning or were only partially aware and what is the opportunity.

* 1. **Justification of the Study**

In a word we can say that safe water means the water which is potable and free from harmful agents such as micro-organisms. Water is a fundamental human need. Each person on Earth requires at least 20 to 50 liters of clean, safe water a day for drinking, cooking, and simply keeping themselves clean. Polluted water is not just dirty—it is deadly. The right to safe water is recognized as a foundation of all other human rights.

Access to improved drinking water and sanitation is one of the prime concerns round the globe. This study aimed at assessing water and sanitation hygiene-related knowledge of safe water and sanitation at rural area in Sylhet Sadar. This research will be helpful to know the actual current situation regarding knowledge of safe water and sanitation at rural people in Sylhet sadar.

* 1. **Research Question**

What is the level of knowledge regarding safe water and sanitation at rural area in Sylhet sadar?

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

To assess the knowledge about Safe water and sanitation at rural area in Sylhet Sadar

* + 1. **Specific Objectives**

1. To find out the socio demographic characteristics.
2. To find out the knowledge about the safe water source.
3. To find out the sanitation status at rural area.

**1.5 Key Variables:**

**Socio demographic variables-**

1. Age
2. Sex
3. Religion
4. Marital status
5. Occupation
6. Educational qualification
7. Monthly income
8. Family Size

**Knowledge regarding Safe water and Sanitation related variables-**

1. Source of drinking water
2. Source of water use for cooking.
3. Source of water use for bathing.
4. Distance of source of drinking water from the household.
5. Hand washing practices before taking meal and hand washing.
6. Hand washing practices after using toilet and materials use for it.
7. Materials use for washing hands.
8. Types of latrin.
9. Practice of using latrine by Children
10. Practice of cleaning latrine regularly
11. Household waste disposal
    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**

In Bangladesh, early marriage and childbearing has led to an adolescent fertility rate that is among the highest in the world. The average age of marriage for girls is 14-15 years in the country although the legal age of marriage is 18 years. There is still very strong social and family pressure on girls to marry at an early age and to prove their fertility soon after marriage. In addition to early marriage, lack of accessible family planning and reproductive health services also contributes to early childbearing (Akhter Huda *et al.*, 2017).

In 2000, about 50% of women in Bangladesh were married by the time they were 15 years old, down from 60% just three years before. Still, 80% of Bangladeshi women marry during adolescence. Among married women, 59% would prefer a two child family and 22% consider a three child family idea (BDHS, 2019).

The CPR plays a significant role in assessing the demographic impact of family planning (FP) programs (HPNSP, 2011). Findings showed that method discontinuation and switching, method failure, and method mix may offset achievements in the CPR. Most of the women know of at least one contraceptive method. Oral pill is the most widely used (27%) method, followed by injectable (12.4%), condoms (6.4%), female sterilization (4.6%), male sterilization (1.2%), implants (1.7%), and IUDs (0.6%). There has been a decline in the use of long-acting and permanent methods over the last two decades. Within 12 months of initiation, the rate of method discontinuation particularly the short-acting methods remains high at 36% (NIPORT, 2016).

According to BDHS-2018, In Sylhet, TFR is 2.6 whereas nationally 2.3.

So, The private sector is now the dominant source of contraceptive supply for 49% of modern method users. In the private sector, the pharmacy or drug store supplies 45% of users. The public sector provides contraceptives to 44% of users, and NGOs provide to 5% of users. The public sector supplies users with specific methods such as injectables, sterilization, intrauterine devices, and implants (BDHS, 2019).

Highly observed that Almost 4 in 10 contraceptive users discontinue a method within the first year of use (Huda *et al.*, 2017). So consequences for newly married couples are vulnerable.

Overall, more than two third 87.7% of our respondents had knowledge about family planning, but 45.7% of the women reported having ever used any type of contraception. Other studies have already described similar findings, i.e. high awareness but low utilization of contraceptives, making this situation a serious challenge in developing countries (Omo-Aghoja *et al.*, 2009).

Their participation in family with planning and use of contraceptive is essential preventing sexually transmitted diseases. Even though some very cost effective methods are available in our country, their acceptance and participation in family planning still low. Lack of awareness and adequate knowledge are the most important reason (Hossain and Manni, 2016).

**Chapter-Three**

**Methods and Materials**

* 1. **Study Design**

A cross-sectional descriptive study.

* 1. **Study Population and Sample Population**

Above 18+ people of Doloypara Village of Sylhet Sadar.

* 1. **Study Site and Area**

Sylhet Division. (2 Upazila)

Golapgonj & Fenchugonj Upazila

* 1. **Study Period**

March 2021 to June 2021

* 1. **Sample size**

360 number of Newly married (male & female both or single person) entitle in the intervention area.

* 1. **Inclusion Criteria**

Willingness to participate in the study and to provide the required information for the study.

* 1. **Exclusion Criteria**

Unwilling to participate in the study.

* 1. **Sampling Technique**

Non probability convenient sampling technique has followed in the study.

* 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**

At the end of every working day, data checked to exclude any error or inconsistency. Incomplete data completed by further interview. Data entry was done immediately after completion of data collection.

* 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**

1. The data will be collected from selected data, and will verify from respective supervisor, if any inconsistency & inaccuracy data found that will be corrected as per instruction by the respective teacher.

**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 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 I: Age distribution of the respondents**

|  |  |  |
| --- | --- | --- |
| **Age in years** | **Frequency** | **Percentage** |
| 15-19 | 84 | 23.33 |
| 20-24 | 276 | 76.67 |
| **Total** | **360** | **100** |

Regarding age it was found that 84 (23.33%) respondents were between 15-19 years of age and a majority portion 276 (76.67%) respondents were between 20-24 years of age.

**Fig. 1: Pie diagram showing gender of the respondents.**

Regarding gender of the respondents, it was observed that 315 (87.50%) respondents were Female, 45 (12.5%) were Male respondents.

**Table II: Distribution of respondents by occupation**

|  |
| --- |
| Marital status Frequency Percentage |
| Service holder 55 15.28  Housewife 248 68.89  Farmer 47 13.05  Others 10 2.78  Total 360 100 |

Regarding occupation of the respondents, it was observed that more half 248 (68.89%) respondents were housewife, 55 (15.28%) respondents were service holder, 47 (13.05%) were farmer and 10 (2.78%) respondents were in others occupation.

**Table III: Distribution of respondents by religion**

|  |
| --- |
| Occupation Frequency Percentage |
| Muslim 319 88.61  Hindu 41 11.39  Total 100 100 |

Regarding on religion it was observed that 319 (88.61%) respondent’s’ are Muslim, 41 (11.39%) respondents are Hindu.

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

|  |
| --- |
| Monthly income (Taka) Frequency Percentage |
| 10000-15000 165 45.83 |
| 15001-20000 101 28.06 |
| 20001-25000 50 13.89 |
| 25001-30000 44 12.22 |
| Total 100 100 |

Regarding monthly income of the respondents, it was observed that majority 165 (45.83%) respondents’ monthly income were between 10000-15000 taka. About 101 (28.06%) respondents’ monthly family income were between 15001-20000 taka. 50 (13.89%) respondents’ monthly family income was between 20001-25000 taka and rest of 44 (12.22%) respondents’ monthly family income were between 25001-30000 taka.

**Fig. 2: Response in necessary to know the contraceptive knowledge**

Regarding response of the respondents, it was observed that 332 (92.22%) respondents were think that it is necessary to know the contraceptive knowledge.

**Fig. 2: Simple Bar diagram showing the number of priority of choosing contraceptive methods**

The above bar chart showing of respondents 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 V: Respondents regarding side effects of Oral contraceptive pills**

|  |
| --- |
| Number of  Family member 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.

**Fig. 03: Simple bar diagram showing the knowledge of emergency contraception methods.**

Knowledge regarding emergency contraceptive methods 289 respondents think ECP tablets, followed by intrauterine device, vaginal douching and 35 don’t know about emergency contraception methods.

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

|  |
| --- |
| Frequency Percentage |
| **Short-term hormonal methods**  Pill 328 91.11%  Injectables 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% |

Regarding short-term, long-term, permanent and traditional methods, In short-term methods 94.17% respondents’ recall injectable.

**Fig 4: Pie diagram showing respondents’ use of family planning methods**

Regarding use of family planning methods previously, it was observed that 312 respondents’ previously used family planning methods and only 48 were not use it before.

**Fig 5: Simple bar diagram showing contraceptive used previously**

Regarding contraceptive method use it was observed that 65 respondents’ used condom, 268 respondents’ used oral contraceptive pills, 34 used intrauterine devices, 142 injectable and 79 respondents’ used traditional methods.

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

|  |
| --- |
| Frequency Percentage |
| Available 333 92.50  Comfortable and easy for 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

**Fig 6: Simple bar diagram showing the source of FP product**

Regarding the source of family planning product it was observed that 255 respondents’ collected family planning product from Govt. source and 160 collected from husband.

**Chapter V**

**Discussion**

**Conclusion**

**Recommendation**

**Discussion**

This descriptive type of cross sectional study was carried out to assess the Knowledge and practice of Newly Married Couple regarding family planning method among Golapgonj and Fenchugonj in Sylhet.

Findings show that the knowledge about family planning methods is very high among the respondents since 92.22% of the total respondents agreed to have heard about contraceptive method, this result is similar to other study relating to the reproductive health issues of Atyaps people in Kaduna State(Renne, 1996). The same goes for another study done in Cambodia showed that 99.3% of respondents had heard about contraceptives (Sreytouch, Student and Asia Pacifi, no date). Also as compared with the study of Sara Barer et al who carried out study on Barriers to family planning service utilization among Sudanese women in Khartoum locality, the knowledge of contraceptive use is (87%) which is same and comparable with our study(Ahmed, 2013). High level of knowledge 99% has also been reported at Lahore study Pakistan (Humayun, 2002). In our study injectable was the most well-known method followed by pills and implants method. Similar results are seen in other developing countries and demographic survey(Khan *et al.*, 2007). In contrast, a study conducted in Kashi Vidyapeeth Block showed that, the common sources of information were Mass media (35.0%) followed by health personnel 31.3%, magazines 20.0% and personal relations i.e. spouse friends and relatives 13.8%(NP, R and N, 2004).

The study revealed that out of 312 study participants were previously used contraceptive methods. A study conducted in Kashi Vidyapeeth Block showed that, of the 71.5% were current users, similarly, a study conducted in Cambodia showed 56% of respondents were using contraception at the time of the study (Sulistyawati *et al.*, 2021). In our study the most common among them was Oral Contraceptive Pills and injectable. The main reason of not utilizing contraceptives was risk of weight gain of 67.78% participants, followed by 22.22% husband nausea and vomiting and 15.56% fear of fear of affecting fertility. This is in line with findings from Major study (Gelaye, Taye and Mekonen, 2014). A study conducted in Iraq also revealed that, the main reasons for not using contraceptives side effects (44.4%), followed by the desire to have children as stated by 23.2% of the respondents and other reasons were husband objection, cost of contraceptives and religious beliefs respectively (M. Ebrahim and K. Muhammed, 2011). In addition, family planning experts should prioritize further research and development into minimizing the side effects of contraception. There are some limitations of this study which are. This study did not include FP methods utilization among married men and that information about men was collected from their wives indirectly. As it is a cross-sectional study it could be difficult to establish cause and effect relationship between the variables and study was conducted in certain cantonment of displaced population so finding cannot be generalized to overall population.

**Conclusion and Recommendations:**

The study provides insights into the local contexts related to family planning knowledge, and practices and also highlights the need for contraceptives, especially for long acting and reversible contraceptives. Addressing obstacles such as access, affordability, and availability will help meet these needs and ensure that women and couples can meet their childbearing and reproductive health goals. In addition, a very low perceived need for contraception was found amongst the respondent’s wanting more children expressed almost equally by male and female respondents. In addition, the study findings reveal that mostly men and women do not use contraception either because they are newly married or because they have few children. Despite this, many young women and men expressed their intention to use contraception, though late in married life, depending on the quality and availability of the services. Well targeted behavior change and communication campaigns can change the attitudes regarding birth spacing practices. These behavior change campaigns should encourage both men and women to adopt healthy birth spacing practices from the start or during the early period of marriage instead of letting them wait for completing their desired family size and then starting with contraception as is the current practice. Young, especially first time, fathers need support and empowerment. Encouraging communication between wife and husband about family planning and birth spacing should also be part of such campaigns to promote mutual decision-making between wife and husband and make husbands responsible partners in family planning/birth spacing decisions and ease the burden of decision-making on women. Furthermore, family planning and birth spacing interventions need to focus on alleviating fears about side-effects among men and women through effective counseling and providing adequate information to both men and women about method-related side-effects and how to manage them. In addition, involving community leaders, religious clerics, and health workers in awareness raising campaigns can help address sociocultural and religious concerns.

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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: