Unmet Needs Of Family Planning And Practice Of Family Planning In A Selected Urban to Rural Migrated Population Of Dhaka City

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Abstract

Objective: To ascertain the unmet needs of family planning & identify the practice of family planning among the urban to rural migrated slum dwellers.

Materials and methods: A cross-sectional descriptive study was done randomly among selected 600 slum dwellers residing in two selected slums of Dhaka city. Data collected by face to face interview using pretested semi structured questionnaire.

Results: Among the respondents 87.7% of were females, illiterate was 60% and most (79.9%) of the houses were katcha and (37.3%) of the families had 5-7 persons in each family. Most families (70%) had monthly income of less than 5000 (app.US$70) taka per month. Majority (89.3%) of the families lived in the villages before coming to Dhaka. About 31.34% were living in present slum for 5-10 years and 80% came for search for better work. It was also found that 33.7% of the couples were not using any contraceptive method. About 29% of these couples did not mention any specific cause for not using family planning method. Only 3.5% of the respondents said of any sort of difficulty in collecting contraceptives and the main difficulty was shyness. As regards knowledge of above consequence of not using contraceptive method 97.7% opined that it would cause unplanned pregnancy, which indicated their awareness towards family planning.

Conclusion: The study found that the respondents were aware about the needs of family planning but a great number of them were not using any contraceptive method without any specific reason. Some behavior change communication activities can be run within these areas to bring them under the family planning methods which eventually enhance the population control activity of the country.

Keywords: Family planning, Unplanned pregnancy, Contraceptives method

Introduction

Bangladesh is a small poverty ridden and one of the

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most densely populated countries in the world with a growth rate of 1.48% per year (1). Whereas, according to Bangladesh Bureau of Statistics, Sample and Vital Registration System, 2002, the average population growth rate in 2001 is 1.54(%) (2). The present government is striving hard to control the boom. Bangladesh government has formulated the fifth five-year plan (FFYP) with an objective to

ensure universal access to the essential health services of acceptable quality with further slowdown of population growth. FFYP of Bangladesh aimed at reducing the total fertility rate (TFR) from 3.3 child/woman to 2.2 child/woman by the year 2005 (3). However, Data from the 2004 BDHS indicate that after almost a decade-long stagnation, the Bangladesh fertility rate has declined slightly to 3.0 children per woman. To reach the demographic goal, contraceptive prevalence rate is needed to be raised up to 72.5% by the year 2010 through extensive family planning activities (4). According to the 2004 BDHS; the use of any method is 58 percent and use of modern method accounts 47 percent (5).

Bangladesh is with almost 142 million people living in 147,570 km. By the year 2050, the population of the least developed country is projected to increase to 242.9 million as a result of continuing high fertility rates (6).

In Bangladesh, approximately 1.2 million pregnancies are unplanned each year. It is happening despite intense efforts of Bangladesh Family Planning Programs during the past 30 years to help the eligible couples to achieve their reproductive goals. Still nearly 50 percent of eligible couples do not use any contraceptive method while 10.8 percent couples use traditional methods and 11.3 percent have unmet needs for family planning, despite a steady rise in the level of contraceptive use over the past thirty years. The 2004 BDHS data indicate that unplanned pregnancies are common in Bangladesh. Overall 3 out of 10 births in Bangladesh are either unwanted (14 percent) or mistimed wanted later. However, the proportion of unplanned births declined from 33 percent in 1999-2000 to 30 percent' in 2004. The proportion of unwanted births did not change (5).

Childbearing begins early and the majority (57%) of Bangladeshi women has a child by age 19. Among ever-married women, 59% would prefer a two-child family and 22% consider a three-child family ideal. Overall, the mean ideal number of children is 2.5 among women, and 2.4 among men, indicating that men are not more pro-natal's than women. Still family planning is practiced later in marriage, and newly wed couples continue to have children roughly at the same rate as did their predecessors. Additionally, nearly half of users in Bangladesh discontinue their contraceptive method within 12 months of starting, with side effects or health concerns cited as the primary reasons. Nevertheless, birth intervals are generally long in Bangladesh; the median birth interval is 39 months (7).

In 2003, Bangladesh was the seventh most populous country in the world. The country's population density, roughly 900 people per square kilometer, is also one of the highest in the world. About 40% of the total population is under the age of 15, and about 50% of the population is within reproductive age (8).

Internal migration is often the main cause of changes in the size and composition of community and regional population; it is a key process in explaining urbanization and other population changes as well as in identifying their consequences. Internal migration data thus provide essential background to planning for the redistribution of population, and to developing policies to restrain or divert movement where urban growth is excessive or depopulation is a concern (9).

Population pressure is creating additional demands on already scarce resources, making it difficult to support an increasing number of people (6).

Though still comparatively rural, Bangladesh has an urban population of about 35 million, or just over 25 percent of its total" population. Moreover, the urban population has been growing very rapidly since liberation in 1971 and continues to do so at over 3.5 percent annually. The country 'will likely have an urban population approaching 50 Million by 2015.This rapid growth has been due primarily to migration by the rural poor, particularly to large metropolitan areas. On arrival, these poor migrants routinely turn to slums and squatter settlements for shelter.

All major urban centers in Bangladesh have slums and squatter settlements, the largest concentrations being in Dhaka. In Dhaka, slums occupied 5.1 % of the city's total land area but accommodated 37.4% of the population (10).

The informal sector in the urban areas is by definition an "suburbanized" sector (or at least this sector has yet to become fully urbanized). Slum dwellers comprise largely distressed migrants from rural areas; more importantly, most of them live below the poverty line (11). Therefore, they still cherish the outlook and values of the rural poor (9).

NGOs are the primary service providers for the urban slum population. However, as noted by one study: "NGO services are often selective, less than optimum, and coverage is incomplete"(11).

In some countries, however, unmet need remains persistently high (more than one-fifth of married women) or is increasing, indicating that greater

efforts are needed to understand and address the causes of unmet need (12). Though it is the contemporary issue of the reproductive health only few countable researches has been conducted in Bangladesh. It is necessary to study the level of unmet need in different region of Bangladesh due to cultural and geographical heterogeneity. Thus, the present study is planned to explore level of unmet need for family planning in selected Urban to Rural Migrated Population Of Dhaka City.

Materials and methods

This was a descriptive cross sectional study. The study was conducted in two selected slums of Dhaka city from January 2007 to October 2007. A total of 600 randomly selected families were selected as the sample population. A questionnaire cum checklist was used as data collecting instrument. Pre testing of the questionnaire was done before the finalization of data collecting instrument. Direct interview and observation by the data collector trained earlier on the process of data collection was the procedure of data collection. Females were the main respondents. However, when females were not available male head of the households were interviewed. At the end of each day of data collection the editing of the filled up instrument and necessary correction was done for any omission or incorrectness. Data were analyzed by using SPSS data analysis Package.

Results

Table 1 shows Sociodemographic characteristics of the respondents of total of 600 persons were interviewed out of whom 87.7% were female and 12.3% were male. Islam was the religion followed by majority (98.3%) of the respondents. About education it was seen that 360(60.0%) of the respondents were illiterate, 148(24.7%) had primary level of education and 78(13.0%) had education above primary level but not passing secondary school certificate examination. Only 2(0.3%) had higher level of education. Most of them were housewives (44.7%), 72(12.0%) were doing service and 60(10.0%) were doing business. Only 4(0.7%) respondents were residing in total brick built houses, 122(20.3%) were in semipucca houses with tin roof and the rest 474(79.0%) had katcha houses. Out of 600 respondents 234(39.0%) were in the age range 25-34 years, 188(31.3%) had age 15-24 years and 132(22.0%) were in the age group 35-44 years. Two respondents had age 55 years. Mean age found was 29.28 years with Standard

Table 1: Socio-demographic characteristics of the respondents

Socio-demographic characteristics		Number	Percentage
Sex of respondent	Male	74	12.3
	Female	526	87.7
Religion	Islam	590	98.3
	Hinduism	8	1.3
	Christians	2	.3
Education of respondents	Illiterate	360	60.0
	Non-formal education	4	0.7
	Primary	148	24.7
	Junior High	78	13.0
	S.S.C.	8	1.3
	H.S.C.	2	0.3
Housing condition	Pucca	4	0.7
	Semi pucca	122	20.3
	Katcha	474	79.0
Occupation	Service	72	12.0
	Business	60	10.0
	Housewife	268	44.7
	Rickshaw puller	32	5.3
	Laborer	54	9.0
	Garment worker	40	6.7
	Unemployed	6	1.0
	Others	68	11.3
Age Group	15-24 years	188	31.3
	25-34 years	234	39.0
	35-44 years	132	22.0
	45-54 years	44	7.3
	55 years & above	2	0.3
Monthly income	up to 5000	420	70.0
	5001-8000	150	25.0
	8001-11000	22	3.7
	11001-14000	4	0.7
	> 14000	4	0.7
No of family members	2-4 persons	331	55.2
	5-7 persons	224	37.3
	8-10 persons	41	6.8
	11 persons & above	4	0.7
Total		600	100.0

deviation ± 8.791 years. Minimum age was 15.00 years and the Maximum was 55.00 years .Monthly income of the families. Maximum (70.0%) had monthly income taka 5000/- or less (app.US$70). It was followed by taka 5001-8000 (app.US$71-$114) per month with 150 (25.0%) families. However, four families had monthly income taka 11001-14000 (app.US$157-$200) and 4(0.7%) had monthly income more than 14000 taka (>US$200). Mean monthly income was 5010.00 taka (US$71.57) with Standard

deviation ± 1850.876 taka (US$26.44). Mean number of family members of the respondents' families was 4.57 persons with Standard deviation ± 1.785 persons. Minimum number of family member was 2 and the Maximum was 12.

Table 2 describes the period of staying by the families in Dhaka and in the present slum. Total 156(26.0%) families are living in Dhaka for 5-10 years and 134(22.3%) for 1-5 years. Mean period of living in Dhaka was 10.9 years with standard deviation ± 8.7 years. Minimum period of living in Dhaka was 1 month and the maximum was 40 years. Total 188(31.3%) are living in the present slum for 1-5 years and 152(25.3%) for 5-10 years. Mean period of living in the slum was 7.4 years with standard deviation ± 6.5 years. Minimum period of living in the present slum was 1 month and the maximum period was 40 years. Search for better work was the main cause behind their migration to Dhaka as told by 480(80.0%) of the respondents. Six said unemployment and 60(10.0%) said River erosion as the cause of migration. However, 54(9.0%) told of other causes among which lack of security was an important one.

Table 2: Distribution of the respondents by period of residing and cause of coming to slum in Dhaka

Period of residing in Dhaka	Frequency	Percent
Less than 1 year	66	11.0
1-5 years	134	22.3
5-10 years	156	26.0
10-15 years	88	14.7
15-20 years	94	15.7
> 20 years	62	10.3
Total	110	18.3
Period of residing in the present slum		
1-5 years	188	31.3
5-10 years	152	25.3
10-15 years	70	11.7
15-20 years	72	12.0
> 20 years	8	1.3
Total	600	100.0
Main causes behind coming to Dhaka		
Unemployment	6	1.0
Search for better work	480	80.0
River erosion	60	10.0
Others	54	9.0
Total	600	100.0

Table 3 describes the information about marital

life and FP methods of the respondents. Out of the total 600 maximum 270(45.0%) couple were married for 1-10 years, 196(32.7%) for 11-20 years and 88(14.7%) had marital life 21-30 years. Four were married for more than 30 years and 42(7.0%) were married for One year or less than one year. Majority were oral pill users (45.7%) followed by Injection (12.7%), Condom (3.0%), Natural method (2.0%) and Permanent method (2.0%). Only 4(0.7%) had Norplant and 2(0.3%) had IUD. It is to be noted that 202(33.7%) of the couple were not using any contraceptive method. The main causes behind not using any method were Lactation amenorrhea and desire to get a child. A great number (58, 28.7%) were not using any contraceptive method without any specific reason. About 97% of the respondents opined that a couple should have maximum 2 children. Maximum one children was supported by 18(3.0%) of the respondents and 5(0.8%) said of 3 children. Out of the 600 respondents 381(63.5%) do not want any more child; the rest 219(36.5%) want their next child and more than 25% of them want their next child after more than 3 years.

Table 4 It also describes that out of the total 600 respondents 398 (66.3%) were using any of the contraceptive methods. Among them 384(96.5%) were satisfied with the method and the rest 14(3.5%) were not satisfied.

Table 5 describes the Medicine stores and NGO clinics were the main source of contraceptive material collection as said by 47.7% and 25.7% of the respondents. Ninety (22.6%) of them get contraceptive material supply from the health workers. Respondents were asked about any physical problem in using contraceptive methods. Out of the total 398 contraceptive users 358(89.9%) said of no problem. The rest 40(10.1%) faced problem in contraceptive use and all of them complained of vomiting tendency and vertigo. Only 14(3.5%) of the 398 respondents said of any sort of difficulty in collecting contraceptive materials. Out of the total 600 respondents interviewed 578(96.3%) said that there was FP providing facility nearby and the rest 22(3.7%) had no knowledge about nearby FP providing facility. Of the 578 respondents 564(97.5%) told of easy availability of contraceptive materials from there The respondents were asked about getting unplanned pregnancy in case of not using contraceptive materials. About 97.7% said that they know it. The rest 14(2.3%) did not have knowledge about it.

Table 3: Information about marital life and FP methods of the respondents

Information		Frequency	Percent
Period of marital life (n=600)	up to 1 year	42	7.0
	1-10 years	270	45.0
	11-20 years	196	32.7
	21-30 years	88	14.7
	> 30 years	4	.7
FP method currently using (n=600)	Permanent method	12	2.0
	Oral pill	274	45.7
	Condom	18	3.0
	Injection	76	12.6
	Norplant	4	.7
	Natural method	12	2.0
	IUD	2	.3
	Not using any method	202	33.7
Causes behind not using any method (n=202)	Lactation amenorrhea	68	33.7
	Trying to get a child	73	36.1
	Husband is abroad	2	1.0
	Tumor in uterus	1	0.5
	No specific cause	58	28.7
Children number (n=600)	No child	76	12.7
	1-2 children	278	46.3
	3-4 children	176	29.3
	5-6 children	52	8.7
	7 children or more	18	3.0
Age of Last child (n=524)	Less than 6 month	38	6.3
	6 months - 1 year	48	8.0
	1-2 years	112	18.7
	2-5 years	152	25.3
	> 5 years	174	29.0
Maximum number of children couple should have (n= 600)	1	18	3.0
	2	577	96.2
	3	5	.8
Desire to have any more children (n=600)	Yes	219	36.5
	No	381	63.5
Interval of expecting next child(n=219)	Within 1 year	40	6.7
	Within 1-2 years	16	2.7
	Within 2-3 years	11	1.8
	After more than 3 years	152	25.3
Total		219	100.0

* Multiple responses

Table 6 shows the average time interval between visits by the health workers. Maximum 384(64.0%) got visit of the health workers with an interval of less than one month. Forty two respondents said that they

Table 4: Satisfaction of the respondents about FP method currently using

Satisfied with FP method currently using (n=398)	Frequency	Percent
Yes	384	96.5
No	14	3.5
Total	600	100.0

Table 5: Distribution of the respondents regarding FP material

Source of FP material (n=398)		Frequency	Percent
	Health worker	90	22.6
	Hospital/Health center	16	4.0
	Medicine store	190	47.7
	NGO clinic	102	25.7
Any problem in using FP method (n=398)	Yes	40	10.1
	No	358	89.9
Face any problem in collecting FP materials(n=398)	Yes	14	3.5
	No	384	96.5
Respondents' knowledge on nearby FP facility (n=578)	Yes	578	96.3
	No	22	3.7
Easy availability of FP material (n=578)	Yes	564	97.5
	No	14	2.4
Knowledge about unplanned pregnancy (n=600)	Have knowledge	586	97.7
	Do not have	14	2.3

Table 6: Distribution of the respondents by interval of visit by health workers

Interval of visit by health workers	Frequency	Percent
Less than 1 month	384	64.0
1-2 months	140	23.3
2-3 months	34	5.7
Never comes	42	7.0
Total	600	100.0

never saw a health worker. Total 384(96.5%) respondents said that they do not face any problem in collecting the contraceptive materials.

Fig.1 shows that majority (536, 89.3%) of the families were living in the villages before coming to Dhaka. Thirty four families were living in the district towns and the rest 30(5.0%) were in the upazilla towns.

Fig. 2 shows that health workers were the main

source of information about family planning as opined by the respondents. Of the total 600 respondents 538(89.7%) got FP information from them. The other important sources were radio (23.3%) and TV (19.3%). A few of them got information about FP from newspapers.

Fig. 3 shows more than 90% of the respondents opined that they get advices from the health workers.

Forty eight percent said of contraceptive materials supply, 29% said of maternity services and 3% said of getting some other services from the health workers.

Fig. 4 shows out of the total 600 respondents 164 suffered some sort ofproblems of not using any contraceptive method. Of them 112(68.3%) faced MR or abortion, 4(2.4%) suffered from mistimed pregnancy and 48(29.3%) suffered from unwanted pregnancy.
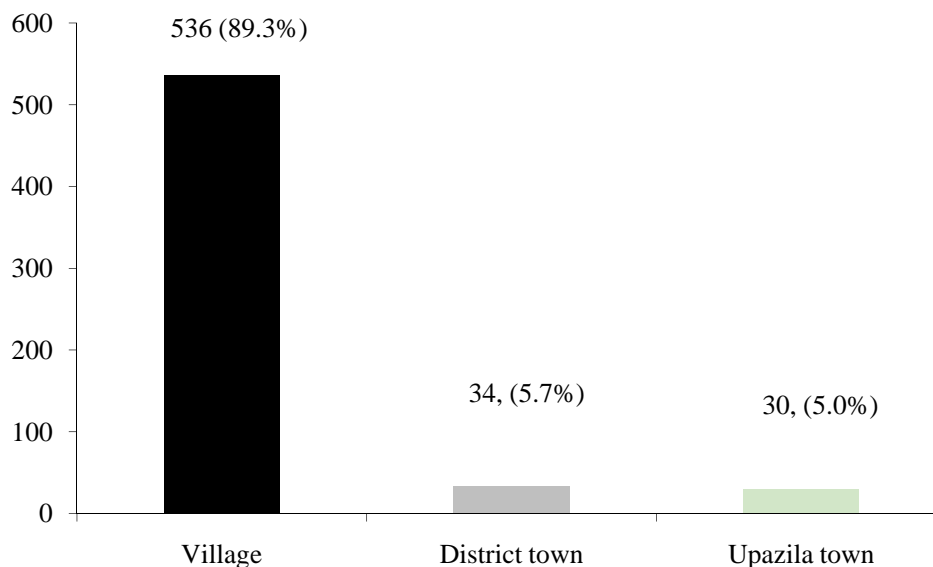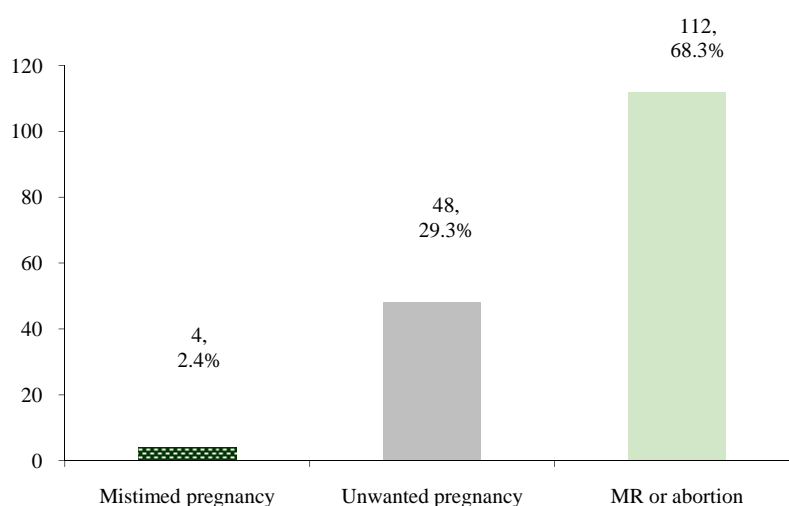
Figure 1: Distribution of the respondents by place of residence before coming to Dhaka in the present slum
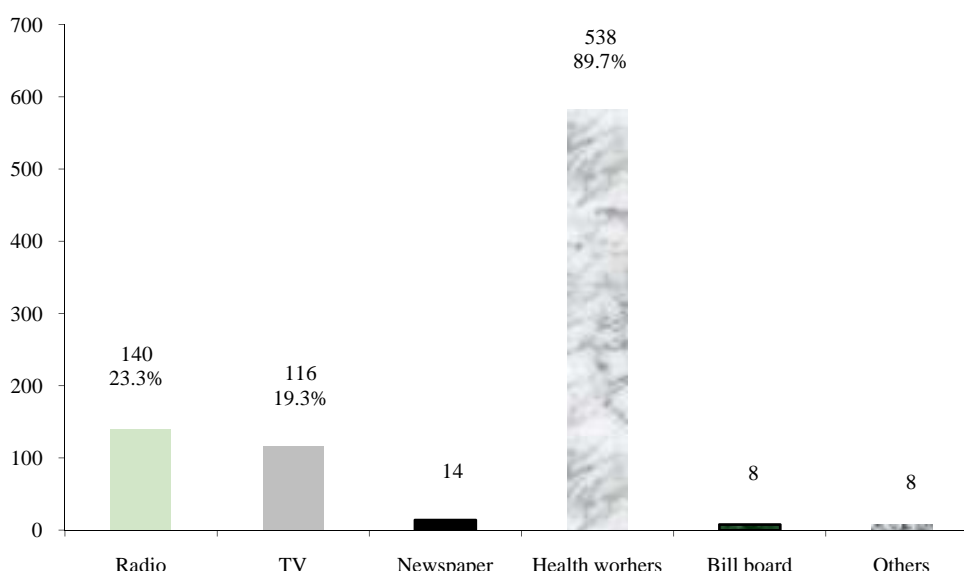
Figure 2: Distribution of the respondents by source of FP information
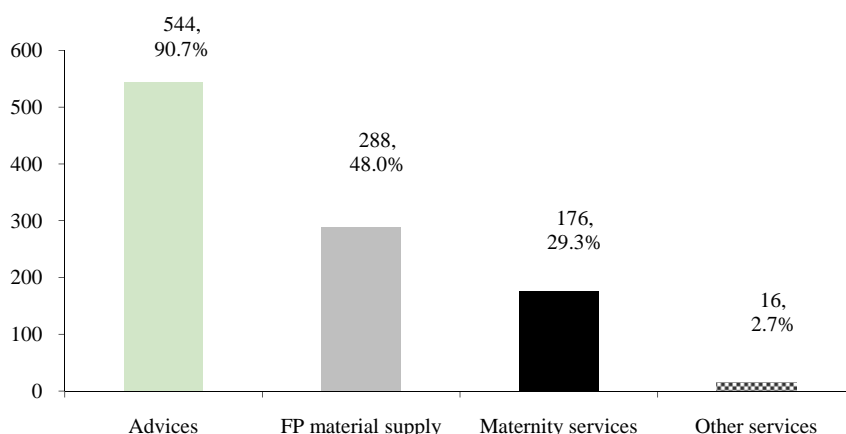
Figure 3: Respondents' opinion about services from Health Workers

Figure 4: Problems suffered by the wives

Discussion

This study was done to find out the unmet needs of family planning, which is an important issue in regards to population of Bangladesh, and to find out the practice of family planning among the slum dwellers. The study was done in two selected slums of Dhaka city. The prime objective was to know from the population especially the women population of the slums who are thought to be the population group with maximum unmet needs of family planning and who face various problems in practicing family planning. As the females were the main targets of the study, obviously 87.7% of the respondents were females in contrast to 12.3% males. Males were interviewed when females were not available in the household. Among the respondents 98.3% were Muslims, which is obvious because of the fact that

Bangladesh is a Muslim majority country. However the proportion of Muslims in this study is relatively higher in comparison to national data where Muslims are approximately 90%. Proportion of illiterate was 60%, which is due to the fact that slum dwellers are relatively poor and cannot afford for education more over they come from rural areas where education level is lower than the national average, which is approximately 50%. In a study on Indian metropolitan slum dwellers it was found that overall literacy rate was 64%, with males being 70% and females being 60% literate (13).

Most (79.9%) of the houses were Kaccha (Made of bamboo, tin, plastic etc.) as the study places were slums. However some of the houses (20.3%) were semi pucca (Made of bricks, cement etc.) tin because of the fact that both the slums are very old ones

existing for more than 20 years. For this reason there are some (0.7%) complete brick built pucca houses. In a study in Mumbai, India an overall proportion of 11% rose to 35% if women lived in non-durable housing without formal water supply, located by a garbage dump, polluted water body, railway, or airport (14).

The poor quality of housing in slums may lead to frequent fatal accidents like outbreak of fire , destruction during storm or earthquake. In Bam, Iran, poor structural quality of housing played a major factor in the earthquake-related deaths of 32,000 people in 2003 (15).

Regarding family income (Table 3) it was found that maximum families (70%) had monthly income of less than 5000 taka (US$62) per month indicating the population as poor. In a study in India almost a similarity was observed as it was found that about 18.8% had a monthly income of Rs. 2000(US$40, 36.2% earned Rs. 2000-3000/(US$60)month, and 45% had an income of Rs. 3000-8000/month (16). However 4 families (0.7%) with income of taka 11001 to 14000 and 4 families with income of more than 14000 taka which can be regarded as exceptional cases for the fact that sometimes a number of relatively rich people live in slums for hiding their property and avoid income tax etc and sometimes they earn more money by doing illegal business like drugs (heroine, phensedyl etc).

Regarding family size (Table 1) it was found that a good proportion (37.3%) of the families have 5-7 persons in each family, which may indicate that family planning practice, is inadequate in remarkable proportion of study population .A study in India it was found that the average family size in Delhi slums was 5.1 persons (17).

Majority of the families (89.3%) were living in the villages before coming to Dhaka indicating influx of rural to urban migration which adds to the existing problems of the big cities like Dhaka (Fig 1).

As regards to use of contraceptives (Table 3) it was found that 33.7% of the couples were not using any contraceptive method. Out of the rest 66.3%, 2% were found using natural method. So contraceptive prevalence rate is about 64%, which seems to be satisfactory in ,comparison to national figure. A study by mostafa Kamal found that Overall, the contraceptive prevalence rate was 58.1%, of which 53.2% were modern methods (18).

Permanent method is 2%, which seems very low and should have been enhanced. In India in Bombay8 and

Delhi12 *slum* dwellers, the commonest *method* was *permanent method* (39-43% in different slums (19).

Oral pill users were 45.7%, which seems to be quite good. It was found that 202 couples did not use any family planning method, which is about one third of the study population. About 28.7% of these 202 couples (Table 3) did not mention any specific cause for not using family planning method which is an important concern as because these families might have unmet needs to be investigated in further studies. According to the *Countdown 2008* analysis, the median rate of unmet need for FP is 23%, ranging from 41% in Uganda to 9% in Indonesia and Peru (20).

About 96.2% of the respondents opined that a couple should have maximum 2 children (Table 3), 63.5% of the respondents were not willing to have any more child, 25.3% opined to have child after more than 3 years (Table 3), which indicate that the women i.e. the study population are well motivated towards family planning.

Out of 600 respondents 538 (89.7%) got information about family planning service by the field level health and family planning workers (Fig 2). Out of 398 couples using family planning method 96.5% opined that they are satisfied with their current FP method indicating also a good family planning service in the areas (Table 4). However health workers supply only to 22.6% of the respondents with FP materials which needs to be enhanced as 47.7% couples get the contraceptive materials from medicine store at a definitely higher cost. NGO clinics supply contraceptive materials to 25.7% of the respondents indicating a good NGO activity (Table 5). A proportion of 96.5% of the respondents said that they do not face any problem in collecting the contraceptive materials indicating a satisfactory progress in respect of the unmet needs of family planning. Only 3.5% of the respondents said of any sort of difficulty in collecting contraceptives, which is very negligible proportion (Table 5). However, the main difficulty was shyness as stated by them. About 96.3% of the respondents know about the location of the nearby facility for family planning services and majority (97.5% of 578) told about easy availability of contraceptive materials from there which also indicate that the population do not suffer from any big unmet needs of family planning (Table 5).

As regards knowledge of above consequence of not using contraceptive method 97.7% opined that it would cause unplanned pregnancy, which indicates their awareness towards family planning (Table 5).

Conclusion

An unmet need of family planning is a growing problem of the developing world leading to uncontrolled growth of the population. This study was planned to find out the magnitude of the unmet needs of family planning by the slum dwellers and pattern of their family planning practices. Almost all of the respondents under this study were aware about the needs of family planning but a great number of them were not using any contraceptive method without any specific reason. Some behavior change communication activities can be done within these areas to bring them under the family planning methods which eventually enhance the population control activity of the country.

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