

Family Planning Practices of Female Garment Workers

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Abstract

A cross sectional descriptive study was carried out among the garments workers with the objective to assess the family planning practices of female garment workers with structured questionnaire by face to face interview. The proportion of women seeking abortion was 75%. The proportion of female workers were using family planning method was 85% and rest of workers were not using any type of method is 15%. Among those 15% who were using family planning method and apart from them 76.5% were taking OCP and 70% providing by Govt. source. There were also some garment workers who were concern about family planning method but due to long term use of oral contraceptive pills as contraceptive method leading to many chronic diseases. This study reflected family planning practices of female garment workers, for better standard. Further large scale studies needed to explore.

Keywords: Family planning practice, female garment workers.

Introduction

The female garment workers are not aware about taking any family planning method leading to unwanted and recurrent pregnancy which increases the risk of spontaneous abortion, low birth weight, prematurity and so on. Despite the significant expansion of health services in the last two decades in the countryside, the health status has remained poor in Bangladesh. One major reason of high maternal morbidity in Bangladesh is the lack of maternal knowledge about the need of antenatal care and preventive measures. As they are not conscious about receiving antenatal and postnatal care as well as vaccination so they are facing various gynaecological and obstetrical problems. The main objectives of this research were to identify knowledge and behavior of adolescents about menstruation, marriage, pregnancy, family planning etc and to specify different important matters like their functional behavior, if their health problem arises where they usually go, discussion about sexual matters with anyone, their willingness to know about reproductive health.

Among the contraceptive methods, sterilization, IUD, oral pills are the most widely used methods. The proportion of couples using these three methods in developing countries is much greater than corresponding proportion in developed countries which is about 81% and 43% respectively. In developed countries condoms are used widely because they are much aware of sexually transmitted diseases and it is a fact that condom prevents both pregnancy and sexually transmitted diseases. Sterilization is the most used method accounting for over one third of the world contraceptive use. China and India have almost half of the users of his method. In general, female sterilization is more common than male sterilization and this gap is widening. Oral pill is an important method in many countries but in contrast to China and India it is relatively insignificant [1]. In Bangladesh, during 1996-97 periods, among the different methods used 50% was oral pill, 18.3% was female sterilization 14.9% was injectables, 9.4% was condoms, 4.3% was IUD, 2.7% was male sterilization, and 0.2% was implants. But in India 75.1% taken female sterilization as a method of choice oral pill. In Indonesia oral pill and injectables were methods of choice accounts respectively 28.2% and 38.6% [2]. Only 7% women had unmet need for family planning. 18% discontinued use within 12 months mainly among the pills, condoms and traditional users.

Study shows the socioeconomic and geographical differentials in use of contraception in general terms, contraception for spacing varies more widely than for limitation of the family size. Urban, well-educated and wealthier respondents were much more like to use reversible methods to postpone the next birth than their rural, less educated and poorer counterparts [3]. The timing of female first

marriages in relation to menarche shows an appreciable minority (28%) of women age 45-49 reported that their first marriage occurred before menarche [4]. Traditionally, Bangladesh has been characterized by exceptionally early marriage for female and large age differences between husbands and wives. This situation is changing steadily. Female age at marriage has risen from about 16 years in the mid-1970s to about 18 years in 1989. About 60% of the Bangladeshi women were married by the time they were age 15 years. The median age of first marriage among the women 20-49 is 14 years. There has been slow but steady increase of first marital age among the women over past 25 years. The median age at first marriage increased from 13.3 among the women currently age 45-49 to 15.3 for those aged 20-24 years. Only one-half of the adolescents were aware of various family planning methods, and young people's knowledge about spacing methods, such as through the use of intrauterine devices (IUDs) or oral contraceptive pills, was very low. In India, high fertility rates, high rates of teenage pregnancy, high risk of STI/HIV, and poor nutritional status are the main health problems among the adolescent population. High fertility is related to early marriage [5].

Methods

Study design and sample

This study was conducted to assess the family planning practices of female garment workers at Meherun Apparels Ltd Malibag, Dhaka according to the following methodologies:

A semi structured questionnaire was used as research instrument. The questionnaire development: based on the specific objectives of the study, at first variables were identified. Data were collected by face to face interview, by asking them questions as per the written questionnaire at the factory. The study populations were interviewed one after another without disturbing their routine works. The interview was taken by the researcher herself at the site of the study.

Analysis

Collected data were analyzed after thorough checking, cleaning, editing and compiling by using the SPSS (Statistical package for social science, version 24 for windows) software the test statistics was used to analyze the data are descriptive statistics and inferential statistic according to the demand of the study with 95% confidence interval. Level of significance was set at 0.05. Qualitative data were analyzed on the basis of themes.

Result

This was a cross sectional study, conducted among the female garment worker.

Distribution of the respondents by history of unplanned or unwanted pregnancy n= 152

Out of the total 152 respondents who had children, majority (70%) of them had no history of unplanned or unwanted pregnancy and less than one third (30%) had history of unplanned or unwanted pregnancy.

Table 1. Distribution of the respondents by history of unplanned or unwanted pregnancy

History of unplanned or unwanted pregnancy	History of unplanned or unwanted pregnancy	Frequency	Percentage
No	152	106	70
Yes		46	30
Total		152	100.0

Distribution of the respondents by family planning practice n= 200

Out of the total 200 respondents most of them 170 (85%) found to take contraceptive method and only 30 (15%) did not practice contraceptive method. Out of the total 170 respondents who had history of taking contraceptive method more than half 90 (53%) had started taking contraceptive

method just after marriage, more than one third 60 (35%) had started after first child birth and only more than one tenth 20 (12%) had started after last child birth. Out of the total 200 respondents most of them 130 (76.5%) took oral pills. Out of the total 130 respondents who use oral pill most of them 91 (70%) got contraceptive pill from government source and 39 (30%) got from non govt. source. Out of the total 99 respondents most of the respondents 90 (99%) got government contraceptive pill by free of cost and only 1 (1%) was not free.

Table 2. Distribution of the respondents by family planning practice

Practice of contraceptive method	Frequency	Percentage
Yes	170	85
No	30	15
Time of starting contraceptive method n= 170		
After marriage	90	53
After first child birth	60	35
After last child birth	20	12
Type of contraceptive use n= 170		
Oral pills	130	76.5
Condom	15	8.8
Depo provera	5	3
Copper T	18	10.6
Norplant	2	1.2
Source of getting contraceptive pill n= 130		
Govt.	91	70
Non-govt.	39	30
Expense of Government oral pill		
Not free	1	1
free	90	99

Distribution of the respondents by problem in using oral pill and type of problem

Out of the total 130 respondents who used oral pill half of the respondents 67 (51.6%) had problem in using oral pill and 63 (48.4%) had no problem in using oral pills. Out of the total 130 respondents who used oral pill majority 88 (68%) had developed vertigo in using this method.

Table 3. Distribution of the respondents by problem in using oral pill and type of problem

Problem in using this method n= 130	Frequency	Percentage
No	63	48.4
Yes	67	51.6
Types of problem n= 91		
Vertigo	88	68
Headache	8	6.15
Nausea or vomiting	3	2.3
Weight gain	1	.76
Weakness	17	13.07

Distribution of the respondents by consultation about gap between children with husband n= 152

Out of the total 152 respondents who had one child, two child or more, most of them 114 (75%) talked about gap between two children and one forth 38 (25%) did not consult with their husbands.

Table 4. Distribution of the respondents by consultation about gap between children with husband

Consultation about gap between children with husband	Frequency	Percentage
No	38	25
Yes	114	75
Total	152	100.0

Distribution of the respondents by knowledge about emergency contraceptive n= 200

Out of the total 200 respondents, majority 136 (68.0%) had no knowledge about emergency contraceptive and 64 (32.0%) had knowledge about emergency contraceptive.

Table 5. Distribution of the respondents by knowledge about emergency contraceptive

Knowledge about emergency contraceptive	Frequency	Percentage
No	136	68.0
Yes	64	32.0
Total	200	100.0

Discussion

The study was carried out to describe the family planning practices of female garment workers in selected garment factory. The study was done to assess the family planning practices of female garment workers.

Out of the total 152 respondents who had children, majority (70%) of them had no history of unplanned or unwanted pregnancy and less than one third (30%) had history of unplanned or unwanted pregnancy. Most of them 170 (85%) found to take contraceptive method and only 30 (15%) did not practice contraceptive method. Out of the total 170 respondents who had history of taking contraceptive method more than half 90 (53%) had started taking contraceptive method just after marriage, more than one third 60 (35%) had started after first child birth and only more than one tenth 20 (12%) had started after last child birth. most of them 130 (76.5%) took oral pills.

Out of the total 130 respondents who use oral pill maximum of them 91 (70%) got contraceptive pill from government source and 39 (30%) got from non govt. source. Out of the total 99 respondents most of the respondents 90 (99%) got government contraceptive pill by free of cost and only 1 (1%) was not free. Out of the total 130 respondents who used oral pill half of the respondents 67 (51.6%) had problem in using oral pill and 63 (48.4%) had no problem in using oral pills. Out of the total 130 respondents who used oral pill majority 88 (68%) had developed vertigo in using this method. Out of the total 152 respondents who had one child, two child or more, most of them 114 (75%) talked about gap between two children and one forth 38 (25%) did not consult with their husbands. Majority 136 (68.0%) had no knowledge about emergency contraceptive and 64 (32.0%) had knowledge about emergency contraceptive. Out of the total 27 respondents, majority 12 (40.74%) had taken ANC in upazila health complex, 6 (22.22%) in private doctor and 9 (33.33%) in other places.

Conclusion

The awareness of family planning as a way to reduce unwanted birth was found universal amongst eligible women in Bangladesh. However, not all women were equally aware about the family planning methods. Oral pills and condoms were widely known but the other methods such as injections, ligations, vasectomy and other methods were not well known.

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