Sexual & Reproductive Healthcare 13 (2017) 1–7

Contents lists available at ScienceDirect

Sexual & Reproductive Healthcare

journal homepage: www.srhcjournal.org

Association between contraceptive use and socio-demographic factors of young fecund women in Bangladesh

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ARTICLE INFO

Article history:
Received 19 October 2016
Revised 31 March 2017
Accepted 8 May 2017

Keywords:
Contraception
Demand for contraception
Logistic regression
Family planning
Unintended pregnancy
BDHS

ABSTRACT

Objective: This study aimed to explore the association between socio-demographic factors and contraceptive use among fecund women under 25 years old.
Methods: This study utilized a cross-sectional data (n = 3744) extracted from the Bangladesh Demographic and Health Survey 2011. Differences in the use of contraceptives by socio-demographic characteristics were assessed by χ^2 analyses. Binary logistic regression was used to identify the determinants of contraceptive use among young women.
Results: This study observed that 71% fecund women aged below 25 years used contraceptives. Getting family planning (FP) methods from FP workers increases the likelihood of using contraceptives among young women because outreach activities by FP workers and accessibility of FP related information pave the way of using contraceptives. Husband-wife joint participation in decision making on health care increases the likelihood of using contraceptives. Participation of women in decision making on health care could be achieved by promoting higher education and gainful employment for women.
Conclusions: Reproductive and sex education should be introduced in schools to prepare the young for healthy and responsible living. Moreover, policy makers should focus on developing negotiation skills in young women by creating educational and employment opportunities since husband-wife joint participation in decision making increases contraceptive use.

Introduction

Bangladesh, with 10% of the South Asian population, has 160.4 million people [1] and half of them are aged below 25 years [2]. As this large cohort of young people enters the reproductive life span, their reproductive behavior will determine the growth and size of population of Bangladesh for the coming decades. Each year a considerable number of young adults enter into marital relationships. Besides, Bangladesh has one of the highest rates of child marriage in the world [3]. Early marriage exposes these women to frequent and unprotected sexual intercourse, which can lead to early and risky first birth [4] and early childbearing affects negatively on women through impairment of their health and that of their offspring [5]. Fulfillment of their contraceptive demand is therefore crucial to the ongoing family planning programs.

Evidence shows that women who use contraceptives be inclined to have a better quality of life, higher social status, and greater autonomy [6]. Contraceptive use has the power to reduce fertility considerably and ultimately to improve maternal and child health [6]. According to literature, many diversified factors like place of residence [7], education [8,9], age [10], economic status [11], employment status [12], religion [10,13], husband's occupation [10], parity [14,15], access to mass media [8,10,16], autonomy [17,18], desire for children [18], marital status [7] and partner communication [10,14,19] have been associated with the use of contraceptives.

However, most of these studies investigated the association between these socio-demographic covariates and contraceptive use by focusing on reproductive aged (15–49 years) women and failed to identify this relationship for women aged below 25 years. Additionally, earlier studies also failed to focus on fecund and non-pregnant women to investigate this relationship though these women are at actual risk of encountering unintended pregnancies.

Abbreviations: FP, family planning; BDHS, Bangladesh Demographic and Health Survey; OR, odds ratio; CI, confidence interval.

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http://dx.doi.org/10.1016/j.srhc.2017.05.001
1877-5756/

Since infecund women are physically unable to bear child and pregnant women are not currently in need of using contraceptives, including these women can bias the results. Therefore, this study attempted to explore the factors that affect the use of contraceptives among currently married, fecund and non-pregnant women under 25 years old in Bangladesh.

Material and methods

Data sources

This study used the 2011 Bangladesh Demographic and Health Survey (BDHS), a nationally representative cross-sectional data designed to provide information about maternal and child health in Bangladesh. The country is divided into seven administrative regions called divisions such as Barisal, Chittagong, Dhaka, Khulna, Rajshahi, Rangpore and Sylhet. Each division is subdivided into districts, and each district into *upazilas*. Each rural area in an *upazila* is divided into union parishads (UP) and *mouzas* within a UP. An urban area in the *upazila* is divided into *wards*, and into *mohallas* within a ward [20].

A total of 47 people were trained to conduct household listing, to delineate Enumeration Areas (EAs), and to administer Community Questionnaires. They were also got training for the use of global positioning system (GPS) units, to obtain locational coordinates for each selected EA. The training hold out for seven days from May 11–21, 2011. A household listing operation was carried out in all selected EAs from May 22 to October 5, 2011 in four phases, each about three weeks in length. Training for the main survey was lasted for four weeks from June 6 to July 5, 2011. A total of 173 fieldworkers were recruited based on their educational level, prior experience with surveys, maturity, and willingness to spend up to six months on the project. Fieldwork for the 2011 BDHS was conducted by 16 interviewing teams, each consisting of one supervisor, one field editor, five female interviewers, two male interviewers, and one logistics staff member. The collection of data was accomplished in five phases, starting on July 8, 2011 and ending on December 27, 2011 [20].

Respondents were selected through a multistage, stratified, survey procedure strategy of which 600 primary sampling units were constructed (207 in urban areas and 393 in rural areas). The primary sampling units were derived from a sampling frame created for the 2011 Population and Housing Census, provided by Bangladesh Bureau of Statistics (BBS). Detailed information on survey design and sampling procedures has been reported elsewhere [20].

The survey selected a total of 17,964 households, of which 17,141 were successfully interviewed, achieving a household response rate of 98%. All ever-married women aged 13–49 years who were usual members and those who spent the night before the survey in the selected households were eligible to be interviewed. A total of 18,222 ever married women age 13–49 were identified and 17,842 were interviewed, yielding a response rate of 98%. After applying the definition of young people adopted by the United Nations [21], a total of 3744 currently married non-pregnant non-amenorrheic young fecund women were selected for analyses (Fig. 1).

Response variable

The outcome variable of this study was contraceptive use. The 2011 BDHS asked sexually active women if they were currently using any method to delay or avoid getting pregnant. Those

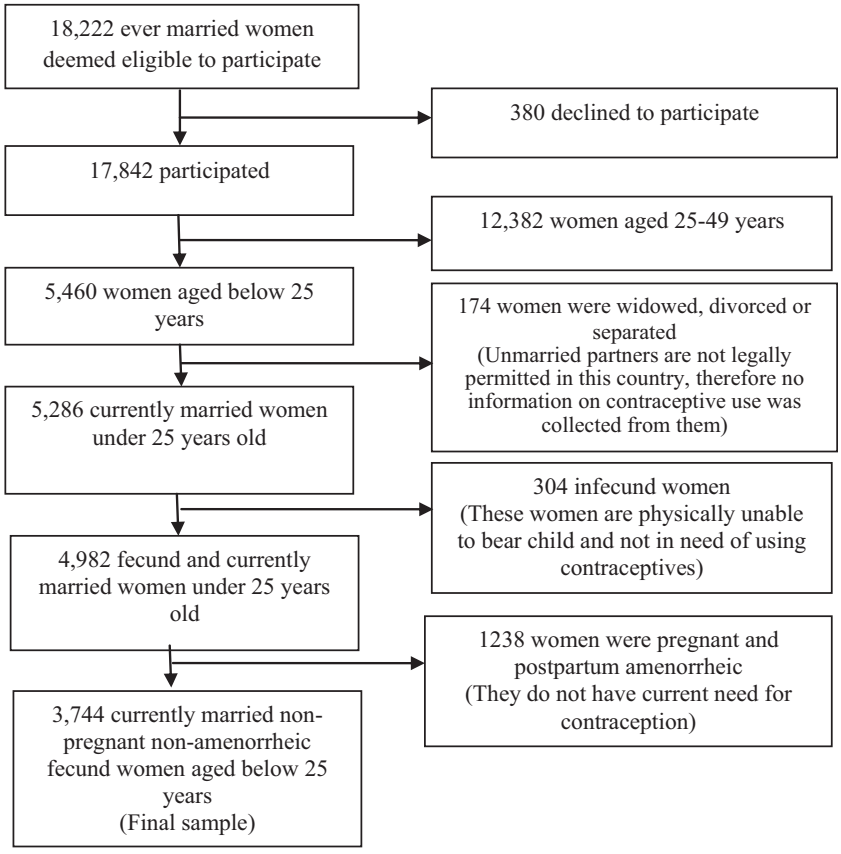

Fig. 1. From 17,842 women aged 15–49 years a total of 3744 currently married fecund non-pregnant young women were considered for analyses: Bangladesh Demographic and Health Survey 2011.