Original Article

Study on perception regarding family planning and family spacing among currently married women of reproductive age in a selected remote area of Bangladesh

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Abstract

Background: Family planning (FP) and optimal family spacing are crucial for improving maternal and child health outcomes. Despite progress, socio-cultural barriers, misconceptions, and limited autonomy continue to influence contraceptive use among women in rural Bangladesh. **Objective:** To explore perceptions and practices regarding family planning and family spacing among currently married women of reproductive age (CMWRA) and to identify factors influencing contraceptive choice and continuation. **Methods:** A cross-sectional study was conducted from January to June 2021 among 480 married women aged 15–40 years with at least two children, using interviewer-administered questionnaires using a convenient sampling method. Descriptive statistics and chi-square tests were performed using SPSS version 26. **Results:** The mean age of participants was 26.8 ± 4.8 years, with 73.5% aged 21–30 years. Most were housewives (92.7%) and nearly half (44.8%) had married before 18 years. Oral contraceptive pills were the most commonly used method both previously (67.3%) and currently (54.2%), followed by condoms (17.3%) and injectables (16.5%). Method choice was significantly associated with educational status ($p = 0.0001$). Side effects such as nausea (47.8%) and irregular bleeding (22.8%) were common reasons for discontinuation or switching. While most women (83.5%) reported no barrier to FP adoption, barriers included husband's objection (7.3%), social opposition (5.4%), and religious beliefs (3.8%). Overcoming factors were self-motivation (63.5%), spousal support (17.7%), and health worker advice (18.8%). Almost all respondents (97.7%) reported good availability of contraceptive methods locally. **Conclusion:** Educational attainment strongly influences contraceptive choice, strengthening counseling services, addressing misconceptions, and promoting female education can improve informed decision-making and sustainable FP use in rural Bangladesh.

Key words: *Family Planning, Family spacing, Contraceptive methods*

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Introduction

Family planning (FP) is a cornerstone of reproductive health, enabling couples to achieve desired birth spacing and family size while reducing the risks associated with unintended pregnancies and unsafe abortions. Globally, the adoption of modern contraceptive methods has contributed significantly to declines in maternal and child morbidity and mortality.[1] Birth spacing of at least two years has been shown to reduce the risk of preterm births, low birth weight, and neonatal deaths.[2]

Despite these benefits, many women in developing countries, including South Asia, still have limited knowledge, access, or autonomy regarding contraceptive use. Cultural beliefs, misconceptions, and opposition from husbands or family members often influence women's perception and utilization of family planning services.[3] The unmet need for contraception remains high, which in turn contributes to unintended pregnancies and population growth challenges.[4]

Married women of reproductive age (MWRA) play a critical role in family planning decision-making. Their perception towards contraceptive use and family spacing reflects not only individual knowledge and attitudes but also broader socio-cultural and health system factors. Understanding women's perception can therefore guide policymakers and health workers in strengthening family planning programs, addressing misconceptions, and promoting informed choices.

This study aims to explore the perception of married women of reproductive age regarding family planning and family spacing in order to identify barriers and facilitators to effective contraceptive use.

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Material and method

This descriptive type of cross-sectional study on perception regarding family planning and family spacing among currently married women of reproductive age in a selected remote area of Bangladesh was carried out among 480 married women aged 15-49 years having at least two children, in three villages of Kanakpur Union, Moulvibazar sadar, Moulvibazar from January to June 2021, using an interviewer- administered questionnaire. A non-random and convenient sampling method was used for eligible participants' recruitment. Before data collection, informed written consent was taken from the eligible respondents. Participation was voluntary, and the participant can withdraw at any time without any penalty. Privacy of the participants was maintained during data collection. Participants were eligible if they were: (i) aged 15-40 years old, (ii) married, and (iii) having at least two children. The eligible participants were excluded if they were divorced, widows, or separated. Statistical analysis was carried out using the Statistical Package for Social Sciences version 26.0 for Windows (SPSS Inc., Chicago, Illinois, USA). The mean values were calculated for continuous variables. The quantitative observations were indicated by frequencies and percentages.

Results

Socio-demographic characteristics

A total of 480 currently married women of reproductive age (15–40 years) with at least two children participated in the study. The mean age of respondents was 26.8 ± 4.8 years, ranging from 18 to 40 years. The majority (73.5%) were in the 21–30 years age group, followed by 20.0% in the 31–40 years group. Most participants were housewives (92.7%), while a small proportion were service holders (5.6%) or day laborers (1.0%). Regarding education, 45.4% had completed primary education, 23.1% up to SSC, 20.4% HSC and above, whereas 11.0% were illiterate. The mean age at marriage was 19.0 ± 3.2 years, with nearly half (44.8%) marrying before 18 years of age. Most respondents (70.6%) had two children, 21.5% had three children, and 7.9% had four or more.

Use of family planning methods

Among respondents, 67.3% had previously used oral pills, 15.6% condoms, 14.2% injectables, and smaller proportions Norplant (0.8%) or IUDs (1.3%). At the time of the survey, 54.2% were using oral pills, 17.3% condoms, 16.5% injectables, 2.1% Norplant, and 4.0% IUDs. About 6.0% reported using other methods. Almost half (49.4%) were self-motivated to use family planning, while 50.6% were motivated by health workers.

Most respondents (72.2%) had been using their current method for less than one year. Reported reasons for choosing methods included convenience (38.1%), perceived safety (35.8%), accessibility (31.7%), low cost (6.5%), and health worker advice (6.0%).

Side effects and method switching

Among users who experienced side effects (n=232), the most common were nausea (47.8%), per vaginal bleeding/pain (22.8%), headache (19.8%), and vomiting (9.5%). The main reasons for changing methods were side effects, change of preference, or desire for more children.

Barriers and overcoming obstacles

A majority (83.5%) reported no obstacles in adopting family planning methods. However, 7.3% mentioned husband's objection, 5.4% objection from others, and 3.8% cited religious barriers. Among those facing barriers (n=96), self-motivation (63.5%), husband's support (17.7%), and advice from family planning workers (18.8%) helped them overcome the challenges.

Source and availability of methods

Family planning methods were mainly obtained from family planning workers (47.9%) and pharmacies (50.6%), while 11.5% reported NGOs or clinics as sources. Availability was not a major issue, with 97.7% reporting methods were accessible in their locality.

Association with education

Educational status was significantly associated with the choice of contraceptive methods ($p = 0.0001$). Use of oral pills was highest among women with primary (53.2%) and SSC education (55.0%). Illiterate women were more likely to use injectables (30.2%) or IUDs (15.2%).

Table No. 1 Socio-demographic characteristics of respondents (n= 480)

Variable	Frequency	Percentage
Age (years)		
≤20	28	6.1
21-30	353	73.5
31-40	96	20.0
>40	3	0.4
Mean (±SD) 26.8 ± 4.8, Range (min-max) (18-40)		
Occupation		
Housewife	445	92.71
Service holder	27	5.63
Day labor	5	1.04
Others	3	0.62
Education		
Illiterate	53	11.04
Primary	218	45.42
SSC	111	23.12
HSC and above	98	20.42

Age at marriage (years)		
<18	215	44.79
18 – 20	149	31.04
21 – 25	110	22.92
26 – 30	4	0.83
>30	2	0.42
Mean (±SD) 19.0 ± 3.2, Range (min-max) (15-32)		
Number of children		
2 children	339	70.63
3 children	103	21.45
4 and above	38	7.92

Table No. 2: Distribution of respondents according to barriers and motivations (n=480)

How long using current FP methods		
Variable	**Frequency**	**Percentage**
< 1 year	347	72.20
> 1 year	133	27.80
Reasons for using current FP methods (multiple response)		
Convenience to use	183	38.13
Safe	172	35.83
Accessible	152	31.67
Health worker advised	29	6.04
Less cost	31	6.46
Reasons for changing FP methods		
Side effect	205	42.70
Change of choice	246	51.25
Want Children	29	6.05

Table No. 3: Distribution of respondents according Side effects of using FP methods (n=232)

Variable	**Frequency**	**Percentage**
Nausea	111	47.84
Headache	46	19.84
P/V bleeding/pain	53	22.84
Vomiting	22	9.48

Table No. 4: Distribution of respondents according to barrier of adopting FP methods (n=480)

Barrier to adopting FP methods		
Variable	**Frequency**	**Percentage**
No barrier	401	83.54
Husband objection	35	7.29
Religious objection	18	3.75
Other's objection	26	5.42
Overcome the barrier to use FP methods (n=96)		
Self-motivation	61	63.54
Husband support	17	17.71
Family planning worker's advice	18	18.75

Table No. 5: Distribution of respondents according to barrier source and availability of FP methods. (n=480)

Source of FP methods		
Variable	**Frequency**	**Percentage**
Pharmacy	195	50.63
Family planning worker	230	47.92
NGOs Clinic	55	11.45
Availability of FP methods		
Available	469	97.71
Not available	11	2.29

Table No. 6: Distribution of respondents according to using various type of contraceptive methods and association between level of education and contraceptive methods. (n=480)

Contraceptive choice	Total N	Illiterate n (%)	Primary n (%)	SSC n (%)	HSC and above n (%)	P-value
Oral pill	248	18(33.96)	116 (53.21)	61 (54.95)	53 (54.08)	0.0001
Condom	120	9 (16.98)	65 (29.82)	21 (18.92)	25 (25.51)	
Injectable	76	16 (30.19)	18 (8.26)	25 (22.53)	17 (17.35)	
Nor plant	13	2 (3.77)	8 (3.67)	2 (1.80)	1 (1.02)	
IUD	23	8 (15.16)	11 (5.05)	2 (1.80)	2 (2.04)	
Total	480	53	218	111	98	

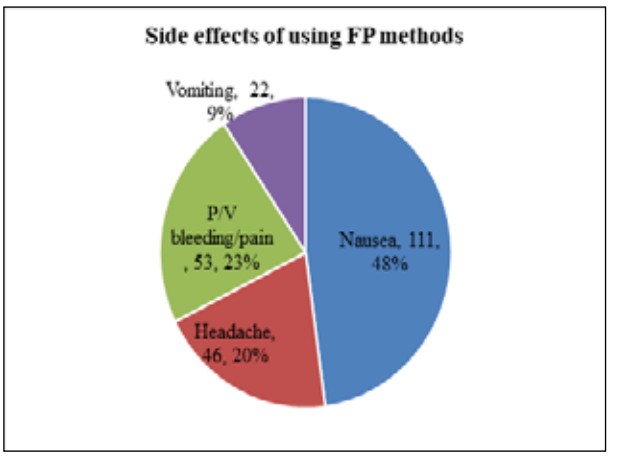

Fig. No.1: Distribution of respondents according Side effects of using FP methods (n=232)

Fig. No.2: Distribution of respondents according Motivational status (n=480)

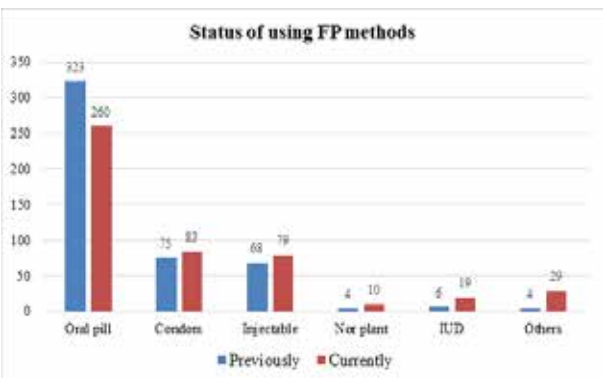

Fig. No.3: Distribution of respondents according to status of using FP methods (n=480)

Discussion

This study explored perceptions and practices regarding family planning and family spacing among currently married women of reproductive age in a remote area of Bangladesh. The findings reveal important socio-demographic influences, contraceptive preferences, barriers, and method-related concerns that align with and add to the existing body of knowledge.

The mean age of respondents (26.8 years) is consistent with the Bangladesh Demographic and Health Survey (BDHS) 2022, which shows that most contraceptive users are in their twenties.[5] Nearly half of the participants married before 18 years, reflecting persistent early marriage practices in rural Bangladesh despite existing legislation against child marriage.[6] Early marriage not only increases fertility and reduces birth spacing but also elevates risks of maternal and neonatal complications.[7]

Educational attainment was significantly associated with contraceptive choice, with illiterate women more likely to use injectables and IUDs, while educated women preferred oral pills. This finding is similar to studies by Kamal and Islam[8] and Rahman et al.,[9] which reported that education enhances awareness, autonomy, and informed decision-making regarding contraceptive use. These results highlight the importance of female education as a determinant of reproductive health behavior.

Oral contraceptive pills were the most commonly used method both previously and currently, consistent with national trends.[5] The popularity of pills is linked to their convenience, accessibility, and affordability. However, side effects such as nausea, bleeding, and headaches were frequently reported, which often led to discontinuation or switching of methods. Similar discontinuation patterns due to side effects have been observed in rural Bangladesh and other low- and middle-income countries.[10,11] Strengthening counseling on potential side effects and offering method-switching support could help improve continuation rates.

Barriers to family planning adoption were relatively low, though some respondents reported husband's objection, community pressure, or religious beliefs as obstacles. Studies in similar settings show that spousal disapproval and religious misconceptions remain significant barriers to contraceptive uptake.[12,13] Encouragingly, women in this study overcame such barriers mainly through self-motivation, spousal support, and guidance from family planning workers, underscoring the role of personal agency and interpersonal communication.

Access to family planning methods was not a major challenge, as nearly all participants reported availability through pharmacies and government or NGO providers. This reflects the effectiveness of Bangladesh's community-based family planning program, which has expanded services even in remote areas.[14] However, reliance on pharmacies raises concerns about inadequate counseling and incorrect use, suggesting the need for stronger regulation and health worker follow-up.

In summary, while availability of contraceptives is not a major issue in remote areas of Bangladesh, challenges remain regarding side effects, education-related

disparities, and socio-cultural influences. Programs should focus on enhancing the quality of counseling, addressing method-related concerns, and empowering women through education and awareness to make informed reproductive health decisions.

Conclusion and Recommendations

This study highlights that family planning and family spacing are widely practiced among currently married women of reproductive age in the selected remote area of Bangladesh, with oral contraceptive pills being the most common method. Early marriage was frequent, and educational attainment was found to significantly influence contraceptive choice. While availability of methods was not a major issue, side effects, limited awareness, and socio-cultural factors such as spousal objection and religious beliefs affected continuity and method preference. Encouragingly, most women were able to overcome barriers through self-motivation, husband's support, and guidance from family planning workers.

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