

A Study on Contraceptive Practice and Associated Factors among Women Garments Worker

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Abstract

Introduction: The garment industry is a crucial contributor to the economy of Bangladesh and employs a large number of women of reproductive age. However, contraceptive use among these women is low, which can lead to unintended pregnancies and adverse health outcomes. The present study aimed to assess the contraceptive practices and associated factors among female garment workers in Bangladesh. **Methods:** This prospective observational cross-sectional study was conducted at Islami Bank Hospital, Mirpur, Dhaka, Bangladesh. The study duration was 1 year, from November 2021 to October 2022. During this period, a total of 300 garment workers were enrolled in the study following the inclusion and exclusion criteria from those employed at any of the various garments of Mirpur region, Dhaka, Bangladesh. **Result:** The study found that a majority of participants were aged 21-25 years (44.33%), Muslim (77.67%), had a primary level of education (44.33%), and had 1-2 children (69.33%). Almost half of the participants had good knowledge of contraception (48.33%), 66.67% had a positive attitude and 66.00% reported using contraception regularly. The most commonly used method of contraception was oral contraceptive pills (43.04%), followed by condoms (29.13%), and injections (22.17%). A considerable number of participants (14.35%) reported an unknown source of contraception. Among the 70 participants who did not use contraceptives, the most commonly reported reasons were an expectation that the patient will not get pregnant (45.71%) and partner refusal (41.43%). Only 25.33% of participants had access to family planning services. The accessibility of family planning services was significantly associated with the knowledge of contraception, the attitude toward contraception, and the use of contraception. The use of contraception was higher among participants who reported access to family planning services (84.93%) compared to those who did not have access (59.91%). **Conclusion:** The study highlights the low prevalence of contraceptive use among female garment workers in Bangladesh and the need for increased access to family planning services. Partner involvement and education on contraceptive methods and their side effects may also contribute to increased contraceptive use.

Keywords: Contraceptive, Garments, Pregnancy, Birth-Control, Family-Planning.

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INTRODUCTION

Bangladesh is a densely populated country in South Asia with a current estimated population of 165 million. It has made remarkable progress in reducing its fertility rate from 6.3 in the 1970s to 2.3 in 2021[1]. However, the contraceptive prevalence rate (CPR) among married women aged 15-49 years in Bangladesh

remains at 61%, with disparities between urban and rural areas, and among different socio-economic groups [2, 3]. This is particularly alarming among the female garment workers who form a significant proportion of the workforce in Bangladesh. The garment industry is the largest employment sector in Bangladesh, providing jobs to approximately 4 million workers, of which 80%

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are women [4–6]. The garment sector accounts for 84% of Bangladesh's total export earnings and has a significant impact on the country's economy [7, 8]. However, the sector is characterized by low wages, poor working conditions, long working hours, and little job security. Despite these challenges, the garment sector is an important source of income for many families and a crucial factor in the country's economic growth. The high prevalence of female garment workers in Bangladesh is a significant factor in determining the country's overall contraceptive practice [9, 10]. In this context, it is essential to have access to comprehensive information about contraceptives, which can help female workers make informed decisions about their reproductive health. Inadequate knowledge about contraceptives is one of the primary causes of low contraceptive prevalence rates in Bangladesh. Women who lack information about contraceptives often do not use them, which can lead to unwanted pregnancies and maternal health complications. Therefore, it is essential to ensure that female garment workers have access to accurate information about contraceptives. Awareness of contraceptives is an essential aspect of contraceptive use [11, 12]. Female garment workers who are aware of contraceptives and their usage benefits are more likely to use them. However, the knowledge and awareness of contraceptive use in Bangladesh are low [2, 3]. In many cases, women are not aware of the different contraceptive methods available or the side effects of contraceptive use. Women who lack knowledge about contraceptives may not be able to make informed decisions about their reproductive health, which can lead to unwanted pregnancies and other health complications [13]. Therefore, it is crucial to raise awareness of the benefits and side effects of contraceptive use among female garment workers. The availability of family planning services is another significant factor in determining contraceptive use among female garment workers. Despite Bangladesh's impressive progress in family planning, there are still significant disparities in access to family planning services [14]. In many cases, women living in rural areas or from low socio-economic backgrounds may not have access to family planning services [15–17]. Moreover, female garment workers who work long hours and have limited time may find it challenging to access family planning services [15, 18]. Therefore, it is essential to ensure that family planning services are readily available and accessible to female garment workers. Another critical factor in determining contraceptive use is the possible causes of not using contraception. Female garment workers who do not use contraception may have several reasons for not doing so. For instance, some women may not use contraception due to their partner's resistance or

disapproval. Others may not use contraception due to the belief that it is against their religious or cultural norms. Still, others may not use contraception because they are not aware of the different contraceptive methods available. Therefore, it is essential to identify the possible causes of not using contraception and address them. In conclusion, the contraceptive practice and associated factors among female garment workers in Bangladesh are essential factors in determining the overall contraceptive prevalence rates. The present study was conducted to observe the overall knowledge and practice of contraceptives among the female garment workers of Bangladesh.

OBJECTIVE

- To assess the contraceptive practice among the garment workers
- To assess the knowledge about family planning methods
- To improve the contraceptive practice
- Reduction of unwanted pregnancy of induced abortion by adequate knowledge about contraception and contraceptive practice

METHODS

This prospective observational cross-sectional study was conducted at Islami Bank Hospital, Mirpur, Dhaka, Bangladesh. The study duration was 1 year, from November 2021 to October 2022. During this period, a total of 300 garment workers were enrolled in the study following the inclusion and exclusion criteria from those working in any of the various garments of the Mirpur region, Dhaka, Bangladesh. Random sampling was used to select study participants. A structural questionnaire was used to collect the data. For the inclusion of the participants, only married women of reproductive age who were willing to participate in the study and any unmarried aged <15 years or >40 who were reduced to answer the question excluded in the study. Informed verbal consent was obtained from each of the participants prior to data collection, and ethical approval of the study was also obtained from the respective department prior to data collection. Data was collected through a face-to-face interview based on a pre-prepared questionnaire, and all collected data were recorded and analyzed using SPSS V.25. Descriptive statistics were used to describe the socio-demographic characteristics of the participants, their knowledge and awareness of contraceptive methods, and their contraceptive use and non-use. Chi-square tests were used to determine the factors associated with contraceptive use and non-use among the participants.

RESULTS

Table 1: Distribution of participants by baseline characteristics (N=300)

Variables	Frequency	Percentage
Age Group		
15-20	37	12.33%
21-25	133	44.33%
26-30	77	25.67%
31-35	36	12.00%
>35	17	5.67%
Religion		
Muslim	233	77.67%
Hindu	32	10.67%
Others	35	11.67%
Education		
No Formal Education	26	8.67%
Primary	133	44.33%
Secondary	135	45.00%
Higher Secondary	6	2.00%
Number of Children		
0	56	18.67%
1-2	208	69.33%
3-4	33	11.00%
>4	3	1.00%

The study found that the majority of the participants were in the 21-25 age group (44.33%), followed by the 26-30 age group (25.67%). Most of the participants were Muslim (77.67%) and had a primary

level of education (44.33%). Additionally, the majority of the participants had 1-2 children (69.33%), followed by those with no children (18.67%).

Table 2: Distribution of participants by contraceptive-related knowledge, attitude, and practice (N=300)

Variables	Frequency	Percentage
Knowledge of Contraception		
Poor	155	51.67%
Good	145	48.33%
Attitude of Contraception		
Negative	100	33.33%
Positive	200	66.67%
Practice of Contraception		
Regular	198	66.00%
Irregular	32	10.67%
Not Using	70	23.33%

The study found that almost half of the participants had good knowledge of contraception (48.33%), while 51.67% had poor knowledge. In terms of attitude towards contraception, 66.67% of the participants had a positive attitude, while 33.33% had a negative attitude. With regards to the use of

contraception, the majority of the participants (66.00%) reported using contraception regularly, while only a small proportion reported using contraception irregularly (10.67%). Moreover, 23.33% of the participants reported not using contraception at all.

Table 3: Distribution of participants by contraceptive practice-related factors (n=230)

Variables	Frequency	Percentage
Method of Contraception (n=230)		
Barrier	67	29.13%
OCP	99	43.04%
POP	1	0.43%
Injection	51	22.17%
Implant	3	1.30%

Intrauterine Contraceptive Device	8	3.48%
No Scalpel Vasectomy	1	0.43%
Time of Starting Contraception (n=230)		
After Marriage	84	36.52%
After First Child	128	55.65%
After the Last Childbirth	18	7.83%
Source of Getting Contraception (n=230)		
OCP Govt	46	20.00%
OCP Non-Govt	84	36.52%
IUCD Govt	2	0.87%
IUCD Non-Govt	6	2.61%
Inj. Govt	9	3.91%
Inj. Non-Govt.	50	21.74%
Unknown	33	14.35%

In terms of the method of contraception, the most commonly used method was oral contraceptive pills (OCP), with 43.04% of participants reporting using it. Barrier methods, such as condoms, were the second most commonly used method (29.13%), followed by injections (22.17%). In terms of the time of starting contraception, the majority of participants (55.65%) started using contraception after their first child, while 36.52% started after marriage. Only a small proportion of participants (7.83%) started using contraception after their last child's birth. Regarding the

source of getting contraception, a significant proportion of participants obtained contraception from non-governmental sources, with 36.52% using non-governmental OCP and 21.74% using non-governmental injections. A smaller proportion of participants obtained contraception from government sources, with only 20.00% using government OCP and 3.91% using government injections. A considerable number of participants (14.35%) reported an unknown source of contraception.

Table 4: Reasons for not utilizing contraception (n=70)

Reasons	Frequency	Percentage
Fear of Side effects	11	15.71%
Partner Refused	29	41.43%
Expected that the patient will not get pregnant	32	45.71%

Among the 70 participants who did not use contraceptives, the most commonly reported reason was the expectation that the patient will not get pregnant

(45.71%), followed by partner refusal (41.43%). Fear of side effects was reported by a smaller proportion of participants (15.71%).

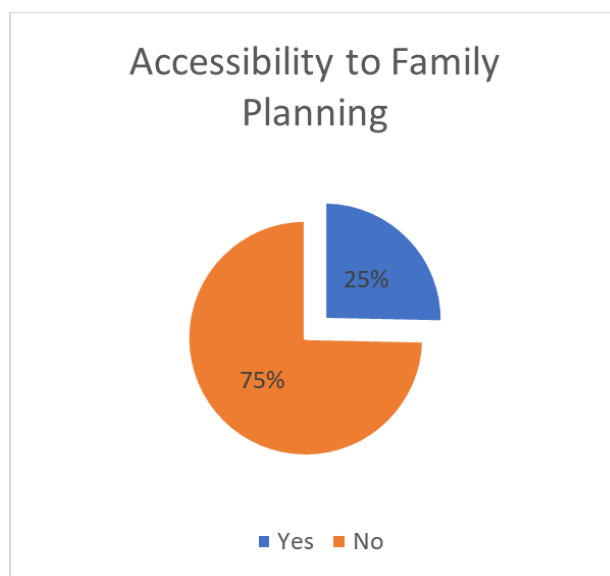


Figure 1: Distribution of participants by accessibility to family planning services (N=300)

Among the total 300 participants, only 25.33% had access to family planning services, while 74.67% of

participants had no such availability of family planning services.

Table 5: Association of Accessibility of Family Planning with knowledge, attitude, and practice (N=300)

Variables	Accessibility to FP				P Value
	Yes (n=73)		No (n=227)		
	n	%	No	%	
Knowledge of contraception					
Poor	8	10.96%	146	64.32%	<0.001
Good	65	89.04%	81	35.68%	
Attitude of Contraception					
Negative	8	10.96%	90	39.65%	<0.001
Positive	65	89.04%	137	60.35%	
Use of Contraception					
Regular	62	84.93%	136	59.91%	<0.001
Irregular	3	4.11%	29	12.78%	
Not Using	8	10.96%	62	27.31%	

The results indicate that the accessibility to family planning services was significantly associated with the knowledge of contraception ($p<0.001$), the attitude toward contraception ($p<0.001$), and the use of contraception ($p<0.001$). Participants who reported access to family planning services had a higher percentage of good knowledge of contraception

(89.04%) and a positive attitude towards contraception (89.04%) compared to those who did not have access to family planning services. Additionally, the use of contraception was higher among participants who reported access to family planning services (84.93%) compared to those who did not have access (59.91%).

Table 6: Distribution of participants by observable side effects of various contraceptive usage (n=230)

Side Effect	Number	Frequency
Inj. Contraceptives (n=51)		
Amenorrhea	15	29.41%
Irregular Bleeding	3	5.88%
No Side Effects	33	64.71%
Oral Contraceptive Pills (n=99)		
Vertigo	21	21.21%
Headache	11	11.11%
Weight Gain	8	8.08%
Nausea	4	4.04%
Vomiting	11	11.11%
Weakness	3	3.03%
No Side Effects	59	59.60%
Barrier (n=67)		
No Side Effects	67	100.00%
Progestogen-only pills (n=1)		
No Side Effects	1	100.00%
Implant (n=3)		
No Side Effects	3	100.00%
Intrauterine Contraceptive Device (n=8)		
No Side Effects	8	100.00%
No Scalpel Vasectomy (n=1)		
No Side Effects	1	100.00%

Among the 51 injection contraceptive users, 29.41% experienced amenorrhea, 5.88% experienced irregular bleeding, and 64.71% reported no side effects. Among the 99 oral contraceptive pill users, the most common side effects were vertigo (21.21%), headache (11.11%), weight gain (8.08%), vomiting (11.11%), and weakness (3.03%). However, 59.60% of oral

contraceptive pill users reported no side effects. Among the 67 barrier method users, 100% reported no side effects. The progestogen-only pill and the no-scalpel vasectomy each had only one user, and both reported no side effects. All three implant users and all eight intrauterine contraceptive device users reported no side effects.

DISCUSSION

The study aimed to determine the prevalence of the contraceptive practice and associated factors among garment women in Bangladesh. The findings of this study are crucial as the garments industry is the largest employment sector for women in Bangladesh, and the use of contraceptives can help prevent unintended pregnancies and improve the reproductive health of these women. In terms of baseline characteristics, the present study found that the majority of the study participants had been aged between 21-25 years, with only primary or secondary education. This distribution was quite understandable, as the study population consisted of female garment workers, and younger-aged women make up the majority of the working force of such places [5]. The age distribution of the participants suggests that the need for contraception varies according to age, and younger women may be more likely to use contraceptives as they are more sexually active [19, 20]. 69.33% of the present study participants had 1-2 children, while 18.67% had no children at all. The participants in the study were not only those who did not want children. They were a group of married female garment workers who could have children. Therefore, it was not unexpected to find that 18.67% of the participants had no children. The study found that almost half of the participants had good knowledge of contraception (48.33%), while 51.67% had poor knowledge. In terms of attitude towards contraception, 66.67% of the participants had a positive attitude, while 33.33% had a negative attitude. In terms of the practice of contraception, the majority of the participants (66.00%) reported using contraception regularly, while only a small proportion reported using contraception irregularly (10.67%). This result was higher than the national contraceptive prevalence rate of 61% reported in the Bangladesh Demographic and Health Survey 2014 [21]. However, the overall higher poor knowledge and a relatively high negative attitude regarding contraception indicate that although the use of contraceptives is relatively high among garment women, there is still room for improvement. The most commonly used methods of contraceptives among garment women were injectables (32.3%) and pills (27.5%). This finding is consistent with the national trend in Bangladesh, where injectables and pills are the most popular methods of contraceptives [2, 22, 23]. However, the study found that the use of long-acting reversible contraceptives (LARC) such as intrauterine devices (IUDs) and implants was low, with only 4.8% of women reporting the use of LARC. This suggests that there is a need to increase the availability and promotion of LARC methods, especially in the garments sector. Among the 70 participants who did not use contraceptives, the most commonly reported reason was the expectation that the patient will not get pregnant, observed in 45.71% of participants, while another 41.43% did not use contraceptives due to their

partner refusing. This was similar to some other findings where the male counterpart played an important role in the use or non-use of contraceptives [24, 25]. This highlights the need for education and awareness campaigns to promote the importance of contraceptive use, as well as to address the misconceptions and myths surrounding contraception. The accessibility to family planning services was very low among the participants, with only around 1/4th of participants having proper access to family planning. This was similar to some of the older studies, but recent studies have shown an increasing effort in mitigating this problem [26–28]. Accessibility to family planning services was found to be significantly associated ($p < 0.001$) with knowledge, attitude, and practice related to contraception. Participants who reported access to family planning services had a higher percentage of good knowledge of contraception and a positive attitude towards contraception compared to those who did not have access. Furthermore, the use of contraception was higher among participants who reported access to family planning services compared to those who did not have access. This underscores the importance of providing easily accessible and comprehensive family planning services to promote contraceptive use and better reproductive health outcomes. The study also sheds light on the observable side effects of various contraceptive methods. Among injection contraceptive users, almost one-third experienced amenorrhea, while oral contraceptive pill users reported a range of side effects, including vertigo, headache, weight gain, vomiting, and weakness. This was similar to the findings of other studies, where similar side effects were observed [29, 30]. However, the majority of oral contraceptive pill users reported no side effects. The barrier method was found to be well-tolerated, with no reported side effects. The findings suggest that providing information about the possible side effects of various contraceptive methods and offering a range of options could increase the likelihood of successful contraceptive use.

Limitations of the Study

The study was conducted in a single location with a small sample size and relatively short duration. So, the results may not represent the whole community.

CONCLUSION

The study found that contraceptive use among female garment workers in Bangladesh was low, with a significant proportion of women reporting not using contraception due to the expectation that they will not get pregnant or partner refusal. Fear of side effects was also reported as a reason for not using contraception. The study also highlighted the importance of access to family planning services, as participants with access were more likely to have good knowledge, a positive attitude, and regular use of contraception.

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Conflict of Interest: None declared.

Ethical Approval

The study was approved by the Institutional Ethics Committee.

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