

**STATUS OF CONTRACEPTIVE USE AMONG MARRIED  
FEMALE GARMENT WORKERS IN DHAKA CITY**



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DHANMONDI, DHAKA  
APRIL, 2017**

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**DEPARTMENT OF PUBLIC HEALTH  
SCHOOL OF HEALTH SCIENCES  
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## **ABSTRACT**

Bangladesh is a role model in the RMG sector throughout the world. But a few study was done to access the condition of garment worker specially on their health concern. This study was intended to find out the status of contraceptive use among married female garment workers. It was found that 81.1% garment workers have knowledge about contraceptive. But shockingly only 42% using any method currently where thenational average is 62%. Oral pill and condom are the most common contraceptive methods using among the garment workers. The reason behind not using any method currently being want baby, costly, husband's will and religious barrier. Only 22.9% have their autonomy to choose contraceptive methods herself. It was found that 55.7% facing obstacle from family or husband and 59.5% facing financial problems using contraceptive. Only 5.1% receives regular visit by FP health worker. The study also reveals that age, education, husband's education, family type and access to mass media associated with the knowledge of contraceptive where age, family income, thenumber of living children and access to mass media is associated with the use of contraceptive. It is evident that the status of contraceptive regarding knowledge is sufficiently enough but thestatus of use is alarmingly low among the married female garment workers in Dhaka city. It is strongly recommended that there should be strong attention on this portion of society if want a consistent development of our country.

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## **List of Abbreviations**

BDHS	Bangladesh Demographic and Health Survey
BDT	Bangladeshi Taka
ECP	Emergency Contraceptive Pill
FP	Family planning
Govt.job	Government Job
H.S.C	Higher School Certificate
IUD	Intrauterine device
NGO	Non-governmental organization
NIPORT	National Institute of Population Research and Training
RMG	Ready Made Garments
S.S.C	Secondary School Certificate
SD	Standard Deviation
SPSS	Statistical Package for Social Sciences
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TV	Television
USAID	United States Agency for International Development
WHO	World Health Organization

# CHAPTER I

## INTRODUCTION

### 1.1 Background

Bangladesh is a developing country with a rapid rate of population and population seems to be the main problem at present. It is making a good deal of development after its independence since 1971. This country making highest amount of foreign currency through Ready Made Garments (RMG). Although it's making breakthrough development, other sectors like health, hygiene and human development are still very poor. This garment industry now thrives for various problems among workers.

High fertility rate and hence high population growth rate are among the leading economic and social problems faced by the developing world. The high population growth rate has been associated with increased level of poverty and decreased life expectancy. Today Bangladesh is facing a grave problem handling its large amount of population and this leads degradation of living standards, hamper education and health status. Contraception is unique among medical interventions to control unexpected birth-related problems. It is an effective means of family planning (FP) & fertility control and therefore very important in promoting maternal and child health.<sup>1</sup>

Of the world population, 82% live in developing countries characterized by high fertility rates, high maternal and infant mortality and low life expectancy. In the developing world, 1/3rd of all healthy adult women are lost due to reproductive health problem.<sup>2</sup>The female population is about 74.8 million in Bangladesh and married women of reproductive age group constitute 51.7% of all total female population<sup>3</sup>.

More than 500,000 women die every year due to pregnancy related complications in the developing world.<sup>4</sup> Although the average age at marriage is 18 years for females and 27 years for males, rural females tend to marry even earlier. Approximately 75% of the girls are married before the age of 16 and only 5% are married after 18 years which is the legal age of marriage for females in Bangladesh.<sup>5</sup> Like early marriage, early pregnancy is common in Bangladesh. The adolescent fertility rate in the country is one of the highest in the world with 147 birth per 1000 women age <20 years.<sup>6</sup>

The fertility rate in Bangladesh has decreased from 6.3 births per woman in the mid-1970s to 2.3 births in 2014, and the use of contraception has increased from 7.7% to 62% during the same period. But the contraceptive prevalence rates are not the same in all areas of Bangladesh. The use of general contraceptives is lower (61.1%) in rural areas compared to urban (65.9%).<sup>7</sup> This shows that the social environment around people also influences the choice of contraceptive method.<sup>8</sup> However, men can play an important role in reproductive decision-making through their sexual, economic and social relationships.<sup>9</sup>

A contraceptive method is one which helps the women to avoid unwanted pregnancy. There are many methods of contraception. Each has got its own merits and demerits. An ideal contraceptive method is one which is safe, effective, acceptable, inexpensive, reliable, simple, long lasting and requires less medical supervision. A method suitable for one group may not be suitable for another group because of different cultural background, religious beliefs and socio-economic status. Thus there can never be an ideal contraceptive method.<sup>10</sup>

In developing countries, the use of contraceptives is increasing and some countries like Bangladesh, Thailand and Indonesia have achieved notable success.<sup>11</sup>The selection of contraceptive methods depends on psychological, social and cultural factors (i.e. perceptions of contraception and existing social norms about this culture).<sup>8</sup> Worldwide the fertility rate has fallen largely due to the worldwide spread and increasing use of modern methods of contraception. However, in some developing countries like Bangladesh the uptake of contraception remains low due to cultural, economic and political barriers. After nearly five decades of Government initiated family planning programs near about 50 years back.<sup>12</sup>

It was found that the following factors influence the use of modern contraceptive method of couples: wife's education, wife's involvement in economic activities, number of living children in the family, positive attitude towards modern contraceptives, higher level of knowledge on contraceptives, male's approval of family planning, and male's exposure to media. It was also demonstrated that wife's education, skilled occupation, high level of knowledge on contraceptive methods and media exposure were positively associated with the use of traditional contraceptive methods.<sup>13</sup> Women's employment status is one of the most influential factors among several sociodemographic determinants of contraceptive use. Evidence shows that women's employment status is strongly associated with contraceptive use as economic role gives them more autonomy and more control over important decision.<sup>14, 15</sup>

Though the total fertility has decreased in Bangladesh but still it has the highest rate in south Asia. To understand this problem research is needed to

investigate the social, religious and cultural aspect of females. The major myth regarding contraception is that it causes harm to womb and causes sterility.<sup>16, 17</sup>

There are two types of contraceptive methods- temporary and permanent. Temporary methods are those from which one can get pregnant right away after stop using it. Following are the temporary contraceptive methods.

Oral contraceptives pill is most popular FP methods which women can take daily to prevent pregnancy. They are also sometimes called the pill or oral contraception. Oral contraceptives pill mainly two types one is combined oral contraceptives or "the pill" and another is Progestin-only pills (POPs) or the minipill. Combined oral contraceptives contains two hormones (estrogen and progestin), most women on the pill take combination pills. It prevents the release of eggs from the ovaries (ovulation). Progestin-only pills (POPs) or "the minipill" Contains only progestin hormone, not estrogen which Thickens cervical mucus to block sperm and egg from meeting and prevents ovulation.<sup>18</sup>

Male condoms are another popular method in worldwide. Sheaths or coverings that fit over a man's erect penis forms a barrier to prevent sperm and egg from meeting. Condoms are worn on the penis during intercourse. They are made of thin latex or plastic that has been molded into the shape of a penis. They prevent pregnancy and reduce the risk of sexually transmitted diseases. Condoms are available in different styles and colors, and are available dry or lubricated. Condoms prevent pregnancy by collecting pre-cum and semen when a man ejaculates. This keeps sperm from entering the vagina. Pregnancy cannot happen if sperm cannot join with an egg.

By covering the penis and keeping semen out of the vagina, anus, or mouth, condoms also reduce the risk of sexually transmitted infections.<sup>18,19</sup>

The letters IUD stand for "intrauterine device." IUDs are small, "T-shaped" devices made of flexible plastic. There are two types of IUD available - copper and hormonal. Copper IUD containing copper sleeves or wire that is inserted into the uterus. Copper component damages sperm and prevents it from meeting the egg. The hormonal IUD releases a small amount of progestin. Progestin also prevents pregnancy by thickening a woman's cervical mucus. A health care provider inserts an IUD into a woman's uterus to prevent pregnancy. IUDs can prevent pregnancy for 5-10 years.<sup>18</sup>

Injectable is another type of contraceptive. Injectables injected into the muscle every 2 or 3 months, depending on the product. Each shot prevents pregnancy for three months. Injectables release hormone progestin into the body, keeping eggs from leaving the ovaries.

Another temporary family planning method is Implant. The birth control implant is a thin, small, flexible plastic rod about the size of a matchstick contains progestogen hormone only. It is inserted under the skin of the upper arm. It protects against pregnancy for up to three years. Like several other methods of birth control, such as the birth control shot, the birth control implant releases a hormone progestin. The progestin in the birth control implant works by keeping eggs from leaving the ovaries. Pregnancy cannot happen if there is no egg to join with the sperm. This keeps sperm from getting to the eggs.<sup>18</sup>

Withdrawal or Pulling out is a natural method to prevent pregnancy by keeping semen away from the vagina. Withdrawal is exactly what it sounds like- pulling the penis out of the vagina before ejaculation. If semen gets in vagina, one can get pregnant. So ejaculating away from a vulva or vagina prevents pregnancy. But one has to be sure to pull out before any semen comes out, every single time you have vaginal sex, in order for it to work.<sup>19</sup>

Another natural temporary method is periodic abstinence which is not having vaginal intercourse when a woman might get pregnant. To prevent pregnancy, women can keep track of their menstrual cycles and abstain from vaginal intercourse when they are most likely to become pregnant.<sup>19</sup>

Permanent methods are those from which one can't get pregnant ever. After any permanent method selection one can't get pregnant ever after. Sterilization is only permanent method. Tubectomy and vasectomy are two processes of sterilization. During Tubectomy procedure, a health care provider closes or blocks a woman's fallopian tubes. Closing the tubes can be done in several ways. One way is by tying and cutting the tubes - this is also called tubal ligation. They also can be closed with clips, clamps, or rings. Eggs are made in a woman's ovaries. One egg is released each month. It passes through one of the fallopian tubes toward the uterus. Sterilization blocks each tube. Pregnancy cannot happen if sperm cannot reach the egg. Vasectomy is done to men. During vasectomy, a health care provider closes or blocks the tubes that carry sperm. When the tubes are closed, sperm cannot leave a man's body and cause pregnancy.<sup>19</sup>

Emergency contraceptive pill refers to a method of contraception that can be used to prevent pregnancy in the first 5 days after unsafe sexual intercourse. Emergency contraception is a safe and effective way to prevent pregnancy after unprotected intercourse. It is intended for use following unprotected intercourse-contraceptive failure or misuse (such as forgotten pills, or breakage or slippage of condoms), rape or coerced unprotected sex. Pregnancy doesn't happen right after sex. That's why it's possible to prevent pregnancy even after the fact. It can take up to six days for the sperm and egg to meet after having sex. Emergency contraceptive pill works by keeping a woman's ovary from releasing an egg for longer than usual. Pregnancy cannot happen if there is no egg to join with sperm. Emergency contraception is effective only in the first few days following intercourse before the ovum is released from the ovary and before the sperm fertilizes the ovum. Emergency contraception cannot interrupt an established pregnancy or harm a developing embryo.

WHO recommends either of the following drugs for emergency contraception, for use within 5 days (120 hours) of unprotected sexual intercourse: 1. Levonorgestrel taken as a single dose (1.5 mg) Or alternatively, levonorgestrel taken in 2 doses (0.75 mg each, 12 hours apart), 2. Ulipristal acetate, taken as a single dose at 30 mg.

Levonorgestrel emergency contraceptive pills prevent pregnancy by preventing or delaying ovulation. They may also work to prevent fertilization of an egg by affecting the cervical mucus or the ability of sperm to bind to the egg. Levonorgestrel emergency contraceptive pills are not effective once the process of implantation has begun, and they will not cause abortion. Based on reports from

nine studies including 10500 women, the WHO-recommended levonorgestrel regimen is 52–94% effective in preventing pregnancy when taken within 72 hours (three days) after unprotected sex. The regimen is more effective the sooner after intercourse it is taken. Ulipristal, evidence indicates that it prevents pregnancy in at least 98% of situations, especially if taken within 120 hours of sexual intercourse.<sup>18</sup>

According to BDHS 2014 report overall, 62 percent of currently married women in Bangladesh are currently using family planning method. The majority of women use a modern method (54.1 percent) and 8.4 percent use traditional methods. The pill is by far the most widely used method (27 percent), followed by injectable (12.4 percent), condoms (6.4 percent), tubectomy (4.6 percent), vasectomy (1.2 percent), Implant (1.7 percent) and IUD (0.6 percent). About 6.2 percent use periodic abstinence and 1.9 percent use withdrawal as traditional methods.

## **1.2 Problem statement**

Readymade Garment (RMG) is the leading sector of Bangladesh in terms of employment, production and foreign exchange earnings.<sup>20</sup> At present 5,000 garment factories are operating in this country and 4 million workers are working there in which more than 80 percent of them are female. Unfortunately, they are paid very little; in fact, their pay is among the lowest anywhere in the world.<sup>21</sup>

Garment factories in Bangladesh are expanded mainly on the easy availability of labor especially of the female labor accessibility. The RMG industry created employment opportunities i.e. especially for female workers and now this sector is considered as one of the main sources of employment for female workers of

Bangladesh. This industry has provided the largest employment opportunities for women in the industrial sector where more than 85 percent of the production workers are women.<sup>22</sup> However, employers prefer female workers not only because they are cheaper and abundantly available, but also because they are more vulnerable, docile and manageable than male workers. They accept without protest the flexible terms of employment.<sup>23</sup>

One of the most important factors that caused the rapid development of RMG industry in Bangladesh is the population. Whether population is a boon or bane for a country depends largely on how it is managed and utilized. The demographic profile of Bangladesh's population has helped the apparel industry to thrive. Most of the female workers are very young & their average is below 30 years. The vibrant and young population of this country is the major strength of RMG sector.<sup>24</sup>

Most of the time, males make the decision of when to have a child, family size, when to stop childbirth, and what types of methods are used for the spacing of births.<sup>25</sup> The husband's approval of contraceptive use increase the contraceptive prevalence rates while disapproval leads to decrease the rate.<sup>9</sup> Knowledge of contraception is playing a vital role in the use of different contraceptive methods.<sup>26</sup> Males prefer to use the methods which they know about well, and those which are easily available to them.<sup>27</sup>

The workers in this sector are living from hand to mouth and they are unable to maintain their basic needs from their income. They cannot afford to maintain minimum health care, medical services, hygienic accommodation. This study was focused on finding out the status of contraceptive use among garment workers and

factors associated with the use of contraceptive methods. Garment workers in Dhaka city have a little education and their family status, income other factors like religious, social factors may affect the use of contraceptive.

### **1.3 Justification of the study**

- The population of Bangladesh is increasing at an alarming rate and total fertility rate is 2.3 (urban 2.0 and rural 2.4) which is still highest among the Asian countries.<sup>7</sup> To control this alarming population contraception use is essential. But contraception use depends on literacy, income, religion, cultural norms and the surrounding environment. Most of the Bangladeshi people are illiterate and religious minded.
- The prevalence of contraceptive use reached 62% in Bangladesh in 2014. But the contraceptive prevalence rates are not the same in all areas of Bangladesh. The use of general contraceptives is lower (61.1%) in rural areas compared to urban (65.9%) areas.<sup>7</sup> But the prevalence of contraceptive use among garment workers are yet studied and need to be precise.
- At present human development index of Bangladesh is 0.570 which is medium among the south Asian countries.<sup>28</sup> To improve this human index it is necessary to develop life status of every population group. Garment workers constitute a large portion of working class population and their life status should be increased in case we want to improve our human index. Now garment workers lead an average low life status due to their high number of children. To manage this their contraceptive use status should be assessed.
- Through the new advancement in contraception, there are more advanced techniques introduced in family planning. But to make it a benefit for family planning it should reach every level of population. Garment workers are at the very loose string of our population and they should be attached with these new technologies.

- Almost all garment workers' wages are based on meeting production targets. These targets are in turn used as a powerful tool by managers to keep workers in factories beyond their legal working hours. So to make a steady family development, a proper and suitable contraceptive method should be introduced to them depending on their workload.
- Finally, there is another fact that most of the family especially low-income family is dominated by male partner and has a direct relation to the use of contraceptive.
- Garment workers constitute an important portion of our population and economic growth. But a few study had been done on their health, economic and other issues. To drive this population group toward development there should be more study on every aspect of their life.

#### **1.4 Research question**

What is the status of contraceptive use among married female garment workers in Dhaka city?

## **1.5 Objectives**

### **1.5.1 General objective**

- To find out the status of contraceptive use among married female garment workers in Dhaka city.

### **1.5.2 Specific objectives**

- To find out types of contraceptive use among married female garment workers.
- To identify the determinants of contraceptive use among married female garment workers.
- To identify knowledge of contraceptive use among married female garment workers.
- To determine the socio-demographic characteristics of the respondents.

## **1.6 Operational definitions**

**Status:**ThePresent condition or circumstances of any phenomena, event or case. It means by which degree or percentage a particular event is happening.

**Contraceptive:** The deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse. There are many methods for contraception-some are traditional method and others are modern methods. Each method has some merit and demerits.

**Married women:** Women who are married at least once and currently leading marital life.

**Garment workers:** Who are working at the readymade garment factory and make garment as a fulltime job.

**Gravidity:**Gravidity refers to the number of times a woman has been pregnant, regardless of whether the pregnancies were interrupted or resulted in a live birth. A "nulligravida" is a woman who has never been pregnant. A "primigravida" is a woman who is pregnant for the first time or has been pregnant one time. A "multigravida" is a woman who has been pregnant more than one time.

**Parity:**Parity is defined as the number of births that a woman has had after 20 weeks gestation.A woman who has never carried a pregnancy beyond 20 weeks is nulliparous and is called a nullipara or para 0.A woman who has given birth one or more times can also be referred to as para 1, para 2, para 3 and so on.

**Oral pill:** A birth control pill taken by mouth. Most oral contraceptives include both estrogen and progesterone. When given in certain amounts and at certain times in the menstrual cycle, these hormones prevent the ovary from releasing an egg for fertilization.

**Condom:** A thin rubber sheath worn on a man's penis during sexual intercourse as a contraceptive or as protection against infection. A condom is the only method of contraceptive to protect against STD/STI, as well as pregnancy.

**Injectables:** Refer to drugs taken via injection to preventing pregnancy for certain periods usually 2-3 months.

**IUD:** An IUD is an intrauterine device made of plastic that is inserted into the uterus by way of the vaginal canal. It gives protection about 5-10 years.

**Implants:** The birth control implant is a tiny, thin rod about the size of a matchstick. The implant releases hormones into body that prevent from getting pregnant. The implant is inserted into the arm and it protects from pregnancy for 3-4 years.

**Vasectomy:** A vasectomy (male sterilization) is a form of contraception that involves surgically cutting or blocking the tubes that transport sperm from the testicles to the penis.

**Tubectomy:** It is a surgical procedure for sterilization in which a woman's fallopian tubes are clamped and blocked or severed and sealed, either of which prevents eggs from reaching the uterus for implantation.

**Periodic Abstinence:** A method of traditional birth control in which a couple tries to avoid pregnancy by refraining from sexual intercourse during certain times within the menstrual cycle.

**Withdrawal:** It is a traditional method of contraception in which the man withdraws his penis from the woman's vagina before ejaculation.

### **1.7 List of variables**

#### **(i) Socio-demographic variables**

- Age
- Education
- Religion
- Monthly personal income
- Monthly family income
- Husband's education
- Husband's occupation

#### **(ii) Obstetrical variables**

- Age at menarche
- Age at marriage
- Number of living children
- Para
- Gravida
- Age of last child

#### **(iii) Occupational variables**

- Duration of working
- Shift of working
- Overtime duration per week
- Department she works

#### **(iv) Type of contraceptive use**

- Temporary methods: Pill, Condom, injectables, IUD, Implants, Periodic abstinence, Withdrawal
- Permanent methods: Tubectomy & Vasectomy

**(v) Determinants of contraceptive use**

- Birth space
- Cost
- Dominance of Husband
- Concept about contraceptive

**(vi) Knowledge related variables**

- Name & type of contraceptive
- Side effect & advantage of contraceptive

**(vii) Source of Information**

- Access to mass media
- Involvement with NGO program
- FP field worker contact
- Source of contraceptive collection

### **1.8 Limitations of the study**

Due time constraints 312 samples were collected instead of 362 estimated samples. Use of ECP also couldn't be assessed because of limitation of time. The study was conducted in only two garment factories of Dhaka city. So the findings of the study may not be generalized for other locations.

## **CHAPTER II**

### **LITERATURE REVIEW**

To initiate every research work, it is important to review the concerned literatures which provide appropriate guidance and helps either directly or indirectly in the process of doing such research work. So far this research work, I have also studied the various literatures regarding the topic “Status of contraceptive use among married female garment workers in Dhaka city, Bangladesh.” Some of the important reviews of literature is described here:

A descriptive cross-sectional type of study was conducted with an aim to find out the prevalence of contraceptive use among married women of reproductive age group (15-49 years) in a rural area of Sreepur upazilla under Gazipur district. The study was conducted from February 2012 to June 2012. Among all the 265 respondents 97.7% were Muslims. Maximum number of respondents (28.7%) were educated up to secondary school level but most of them (84.5%) were housewives. This lower middle class comprised the highest group in our study. Among 265 respondents, 62.3% were using contraceptive methods at the time of study and rest 37.7% were not using due to some different reasons, such as pregnancy, breastfeeding, eagerness to take child etc. Maximum couple (81.9%) took decision combindly to adopt contraceptive methods and most of them (69.8%) lived in a nuclear family. Mostly used contraceptive method among ever users (81.69%) and current users (60%) was oral contraceptive pill. Relatives and neighbors were the highest informer (33.96%) than the family planning workers (20.75%) and even mass media (7.54%). In this study, the prevalence of contraceptive use was found 62.3%.<sup>29</sup>

Another study was done to find out the prevalence and determinants of contraceptive use among employed and unemployed women in Bangladesh. The study comprised of 16,616 (employed 1950; unemployed 14,666) married women who were extracted from the Bangladesh Demographic and Health Survey (BDHS) 2011. The results revealed that the contraceptive use was found higher among employed women (67%) than that of unemployed women (61%). The most commonly used contraceptive method by employed women was pill (27.7%), followed by injection (11.4%), periodic abstinence (8.3%) and condom (7.2%) whereas these proportions were 26.8%, 11.2%, 7% and 5.9% respectively among unemployed women. Female sterilization was found higher than male sterilization.<sup>30</sup>

A cross-sectional study was conducted in Narsingdi, Bangladesh using a social survey method to find out determinants of contraceptive method choice in Bangladesh among male perspectives. A total of 430 married men aged 15-49 years were interviewed during May to July in 2012 who constitute the study sample. The findings asserted that the contraceptive prevalence rate among couples was (62.1%), with oral pills (26.51%) and withdrawals (6.25%) being the most preferred modern and traditional methods respectively. It was found that couples who desired more children were less likely to use modern contraceptives. Alternatively, the education level of the husband and the desired number of additional children had a negative impact on the use of traditional methods while media exposure, a high level of knowledge on contraceptives and an approval of family planning had positive impacts on the use of traditional contraceptives over not using any method.<sup>13</sup>

To find out the determinants of contraception use among female adolescents in Bangladesh data extracted from the 2007 Bangladesh Demographic and Health Survey (National Institute of Population Research and Training (NIPORT), 2009), which conducted during the period from 24 March to 11 August 2007, on behalf of the Government of Bangladesh by National Institute for Population Research and Training (NIPORT), with funding from the United States Agency for International Development (USAID)/Dhaka. Total 1348 adolescents were selected for this study. This study shows both ever use and current contraceptive uses are increasing with the increase of respondents' education. Occupation of husbands determining the use of contraception. Ever use of contraception of adolescent women whose husbands' occupation is service (73.3%) practice more contraception method than those husbands' occupations are agriculture (64.1%), business (69.0%) and others (64.3%). It is noticed from the table that the ever and current use of contraception among the respondents who are currently working are 74.8 and 46.4 percent respectively, whereas the respondents who are not working are 64.6 and 37.8 percent respectively i.e. currently working adolescent women practice contraception more than those who are not working.<sup>31</sup>

A cross-sectional study was done to investigate the level of knowledge and the use of contraception among the madrasha teachers in a selected area of Mirpur in Dhaka city. A total number of 103 male teachers in selected madrasha were interviewed for conducting the research. This study finding shows that 45.63 % respondents age were between 40-47 years, Mean age was 47 years of respondents and S.D is  $\pm 8.935$ , the monthly income of the respondents (51.46%) were in between 6,000-9,000 taka, 58% of respondents family member were 4-6. 28.2% of the

respondents has got the information about contraception method from TV, about 70.9% of the madrasa teacher had told that they use any type of contraception method, 74% had good knowledge about contraception method, 60.3% of them had told that they have faced economical problem to use.<sup>32</sup>

## **CHAPTER III**

### **METHODOLOGY**

#### **3.1 Study area**

The study was conducted in two readymade garment factories in Dhaka city. One was Temakaw Fashion Ltd. and the other was J.K Fashions Ltd. Both were located in Mirpur, Dhaka.

#### **3.2 Study period & duration**

The study was carried out from December 15, 2016 to April 14, 2017 (Duration 4 months)

#### **3.3 Study population**

18-49 years married garment workers were the study population.

#### **3.4 Study design**

A descriptive type of cross-sectional study was conducted.

#### **3.5 Sample size**

The sample size for this study was determined by the following formula:

$$n = \frac{Z^2 pq}{d^2}$$

Where,

n =Desired sample size

Z = Standard normal variation usually at 1.96 which corresponds to 95% confidence interval

$$p = 62\% = 0.62^*$$

$$q = 1 - p = 1 - 0.62 = 0.38$$

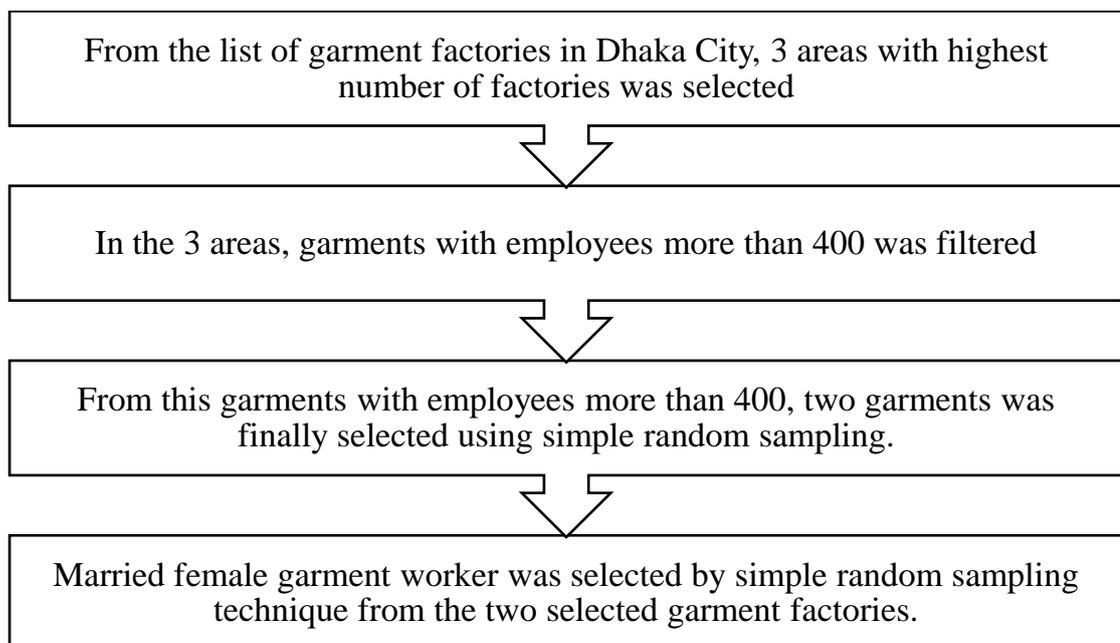
$$d = \text{Standard error} = 5\% = 0.05$$

Hence putting all the values in equation we get,

$$\text{Desired Sample size, } n = \frac{1.96^2 \times 0.62 \times 0.38}{0.05^2} = 362.03 \cong 362$$

\*Bangladesh Demographic and Health Survey (BDHS) 2014 shows, overall, 62% of currently married Bangladeshi women age 15-49 are currently using a contraceptive method.<sup>7</sup>

### 3.6 Sampling technique



### **3.7 Selection criteria**

#### **Inclusion criteria**

- Married female garment workers who were 18-49 years old.

#### **Exclusion criteria**

- Women who were divorced.
- Women who were not currently leading marital life.

### **3.8 Data collection method and instrument**

For this study, socio-demographic, obstetrical, job-related, contraceptive knowledge, contraceptive use and source of information related data were collected by a pretested interviewer-administered questionnaire. For this purpose, a semi-structured questionnaire was developed by the researcher himself. The questionnaire consisted of the following six sections:

- Part-1: Socio-demographic questions
- Part-2: Obstetric related questions
- Part-3: Job-related questions
- Part-4: Knowledge related questions
- Part-5: Contraceptive use related questions
- Part-6: Source of information related questions

**Socio-demographic questions:** These questions were set to collect the socio-economic variables of the population. There were total 9 questions about age, religion, education, husband's education, monthly income, monthly personal income, occupation of husband, family type and number of family member.

**Obstetric related questions:** There were total 5 questions in this section to know about the obstetric characteristics that are age of menarche, gravidity, parity of the respondents.

**Job-related questions:** To know about the job-related features there were total 4 questions in this section.

**Knowledge related questions:** This section of the questionnaire was developed to measure the knowledge level of women on contraceptive. It covers types, benefit, side effects, protection period regarding contraceptive including the emergency contraceptive pill.

There was one multiple response question about type of contraceptive methods. There were total 10 types of contraceptive methods. Identification of each method carries 1(one) mark and total 10 methods carry 10 (ten) marks. Other 17 questions were based on benefits, side effects, protection period and ECP. Each question carries 1(one) mark. If anyone doesn't know the answer or give the wrong answer she gets 0 (zero) marks. For this total 27 marks scoring was graded as-

- Poor knowledge: 1-9
- Average knowledge: 10-18
- Good Knowledge: 19-27

**Contraceptive use related questions:** This section comprises questions about the type of contraceptive use, first used methods, the reason for using any method etc.

**Source of information related questions:** There were total 3 questions to assess the respondents' attachment with media, NGO and FP field worker.

The questionnaire was developed in both English and Bengali version. It was developed consulting with the research supervisor and English language teacher's proficient. A pretest study of 36 respondents (10% of sample size)) from the non-study area is Pinerbag slum where garment workers live was conducted to identify potential problem with the questionnaire. After correction, the questionnaire was finalized and made for final data collection.

### **3.9 Data management**

After collection of data, all responses were checked for their completeness, correctness, compatibility and internal consistency in order to exclude missing or inconsistent data.

### **3.10 Data analysis**

The data were entered into computer and analyzed by using the statistical software namely SPSS (Statistical Package for Social Sciences) version 16. Data were generated along with mean and standard deviation. Data were presented in graphs and tables. The data were analyzed by using the statistical software namely SPSS (Statistical Package for Social Science) where statistical significance was set at 95% confidence level and  $P < 0.05$ .

### **3.11 Ethical considerations**

- Approval from Ethical Review Committee of State University of Bangladesh was taken.
- Administrative permission from selected garment factories was taken.
- Verbal Informed Consents from the study participants were obtained prior to the interview.
- The respondent had the freedom to withdraw from the study at any time during data collection.
- Confidentiality and privacy was maintained strictly.

## **CHAPTER IV**

### **RESULTS**

This chapter deals with the findings of the study obtained from analysis and interpretation of data. The present cross-sectional study was conducted to find out the current status of contraceptive use among married female garment worker in Dhaka city. Garments list was collected from BGMEA- there were total 4393 garments in Bangladesh. From that list, 1520 garments which were located in Dhaka city was isolated. Among the 1520 garments in Dhaka city, three areas with the highest number of garments were selected, which were Mirpur, Uttara and Tejgaon. Further 409 garments with more than 400 employees were filtered among these three areas. We got 251 garments in Mirpur, 84 garments in Uttara and 74 garments in Tejgaon. Finally, two garment factories were selected by random sampling among 409 garments with more than 400 workers. The name of the two garment factories is- Temakaw Fashion Ltd. and J.K Fashions Ltd. The total respondent was 312. Data were collected by using semi-structured questionnaire. The data was analyzed using SPSS 16. The overall results of the study have been presented in tabular and graphical form.

#### **4.1 Results related to socio-demographic characteristics**

This section represents the different socio-economic characteristics of the respondents like age, education, family type, the size of family, husband's education, husband's occupation, monthly family and personal income.



**Table 1: Distribution of the respondents by age (n=312)**

Age	Frequency	Percentage (%)
Less than 20	88	28.2
20-24	105	33.7
25-29	54	17.3
30-34	27	8.7
35-39	22	7.1
More than 39	16	5.1
Total	312	100.0

Mean  $\pm$  SD = 24.95  $\pm$  6.36, Minimum = 18, Maximum = 46

The table shows that majority of the respondents 33.7% (n=105) were found in the age group of 20-24 years. Then comes the second majority 28.2% (n=88) who were in the less than 20 years age group followed by 17.3% (n=54) in age 25-29 years and 8.7% (n=27) in age 30-34 years and 7.1% (n=22) in age group 35-39. Least number of respondent 5.1% (n=16) belonged more than 39 years of age. The mean age is 22.95 years ( $\pm$ 6.36) while the minimum age is 18 years and maximum age is 46 years.

**Figure1: Distribution of the respondents by religion (n=312)**

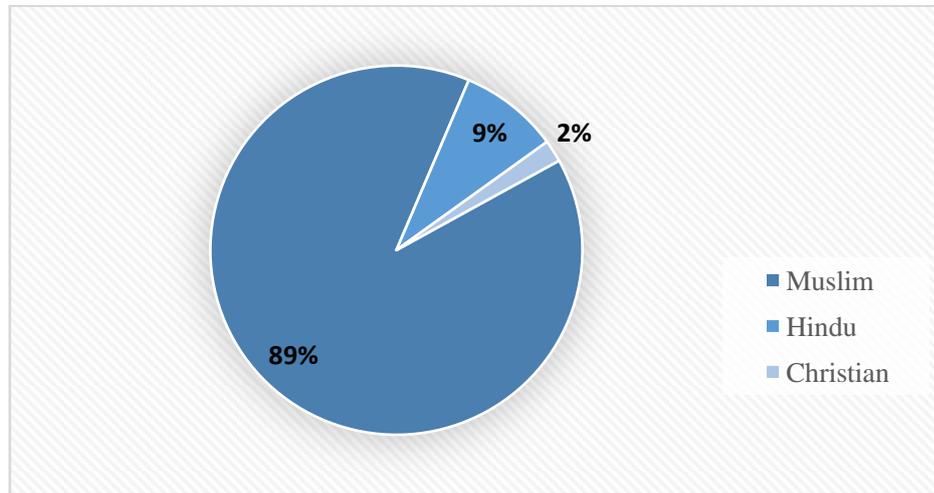


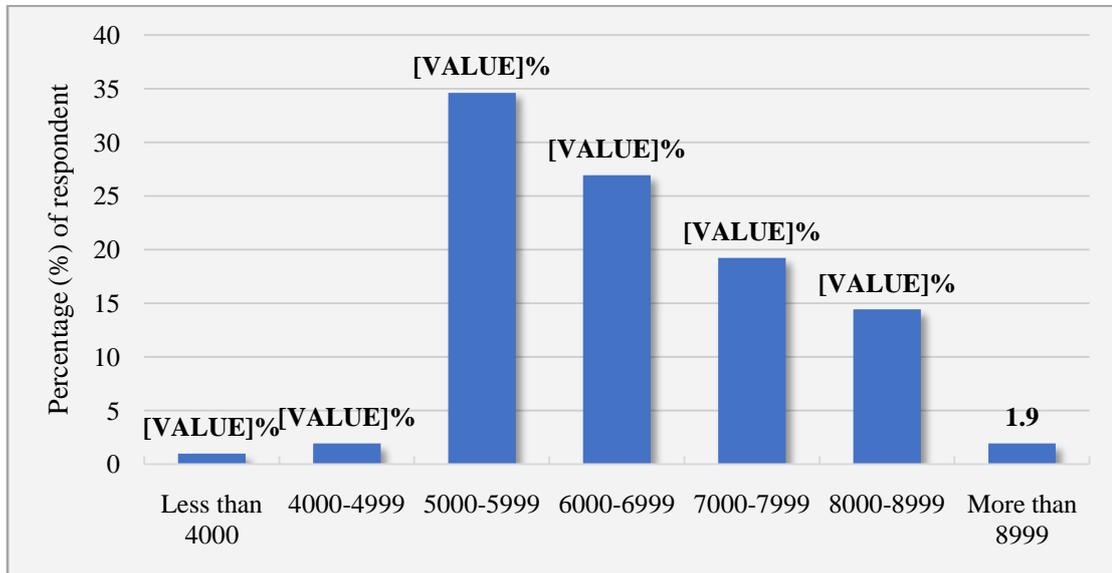
Figure shows that majority of the respondents 89.4% (n=279) were Muslim, 8.7% (n=27) Hindu and only 1.9% (n=6) were Christian.

**Table 2: Distribution of the respondents by highest class they have completed (n=312)**

Education level	Frequency	Percentage (%)
Illiterate	53	17.0
Class V	110	35.3
Class VIII	102	32.7
S.S.C	42	13.5
H.S.C	5	1.6
Total	312	100.0

The data represented in the table reveals that majority of the respondents 35.3% (n=110) completed class V, 32.7% (n=102) class VIII, 17% (n=53) were illiterate, 13.5% (n=42) were S.S.C and 1.6% (n=5) were H.S.C.

**Figure 2: Distribution of the respondents by monthly personal income (n=312)**



Mean  $\pm$  SD = 6476.28 $\pm$  1172.5, Minimum = 3000, Maximum = 10000

Figure 2 shows the distribution of the respondents by monthly personal income. It was found that 34.6% (n=108) were between the monthly personal income of 5,000 to 5999, 26.9% (n=84) were between monthly personal income of 6000 to 6999, 19.2% (n=60) were between the family income 7000 to 7999, 14.4% (n=45) were between the family income 8000 to 8999, 1.9% (n=6) were both between the family income 4000 to 4999 and more than 8999. Only 1% (n=3) were below 4000 BDT monthly personal income. The average monthly personal income of the respondent was BDT 6476.28  $\pm$  1172.5, minimum income was BDT 3000 and maximum income was BDT 10000.

**Table 3: Distribution of the respondents by husband's education (n=312)**

<b>Education level</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Illiterate	51	16.3
Class V	111	35.6
Class VIII	51	16.3
S.S.C	66	21.2
H.S.C	30	9.6
Higher than H.S.C	3	1.0
Total	312	100.0

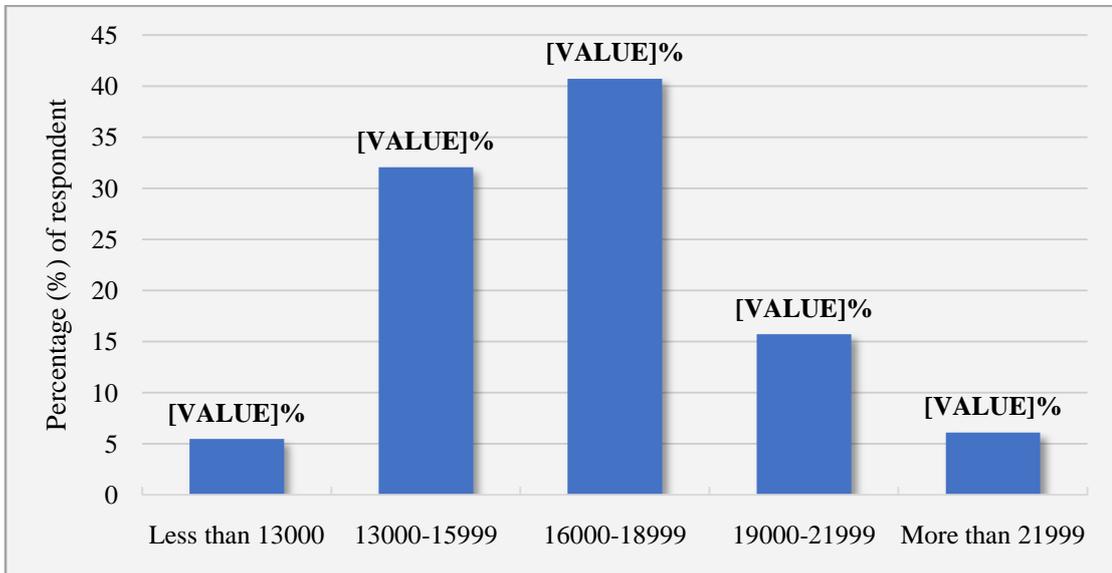
The data represented in the table reveals that among 312 respondents 35.6% (n=111) respondent's husbands were completed class V, 21.2% (n=66) were S.S.C, 16.3% (n=51) were both illiterate and class V, 9.6% (n=30) were H.S.C and 1% (n=3) were higher than H.S.C.

**Table 4: Distribution of the respondents by husband's occupation (n=312)**

<b>Occupation</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Garment Worker	101	32.4
Day Laborer	29	9.3
Shop Keeper/Small Trader	39	12.5
Farmer	20	6.4
Government Job	23	7.4
Private Job	53	17.0
Driver	38	12.2
Others	9	2.9
Total	312	100.0

It was found that 32.4% (n=101) respondent's husband were garment worker, 17% (n=53) were private job, 12.5% (n=39) were shop keeper/small trader, 12.2% (n=38) were driver, 9.3% (n=29) were day laborer, 7.4% (n=23) were government job 6.4% (n=20) were farmer and rest 2.9% (n=9) were others.

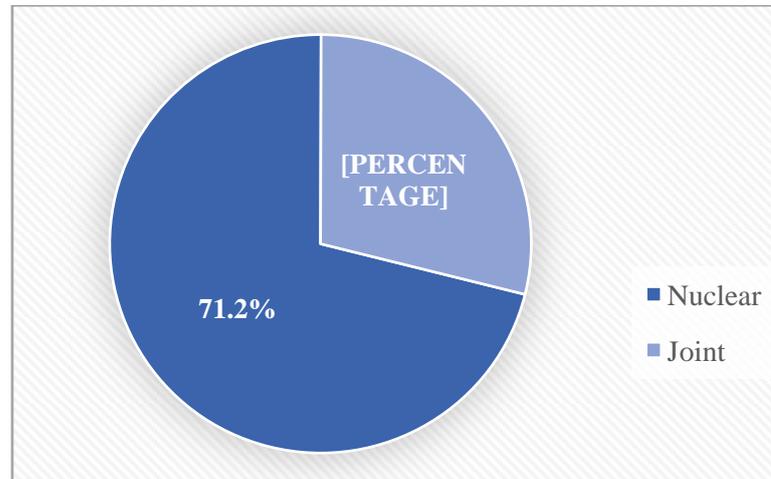
**Figure 3: Distribution of the respondents by monthly family income (n=312)**



Mean  $\pm$  SD = 16944.23 $\pm$  2615.5, Minimum = 10000, Maximum = 25000

Table shows that 40.7% (n=127) of the respondents had monthly family income between 16000 to 18999, 32.1% (n=100) had between 13000-15999, 15.7% (n=49) had between 19000-21999, 6.1% (n=19) had more than 21999 and least number of respondents 5.4% (n=17) had less than 13000. Mean monthly family income was 16944.23 with SD 2615.5, minimum monthly family income was BDT 10000 and maximum was BDT 25000.

**Figure 4: Distribution of the respondents by family type (n=312)**



This figure shows that majority 71.2% (n=222) belonged to a nuclear family and 28.8% (n=90) were belong to joint family.

**Table 5: Distribution of the respondents by number of family member (n=312)**

Number of family member	Frequency	Percentage (%)
2-3	114	36.5
4-5	112	35.9
6-7	48	15.4
8-9	26	8.3
More than 9	12	3.8
Total	312	100.0

Mean  $\pm$  SD = 4.6 $\pm$  2.1, Minimum = 2, Maximum = 12

This table shows that maximum number of respondents 36.5% (n=114) had family member 2-3 followed by 35.9% (n=112) had 3-4, 15.4% (n=48) had 6-7, 8.3% (n=26) had 8-9 and rest of 3.8% (n=12) with more than 9 family members. Mean member of family member was 4.6 with SD 2.1 where the minimum number was 2 and maximum number was 12.

## 4.2 Results related with obstetrical characteristics

This section comprises the obstetrical characteristics of the respondents. This includes age at menarche, marital age, number of gravida, number of para and age of last child. The results are as follows-

**Table 6: Distribution of the respondents by age at menarche (n=312)**

Age at menarche(years)	Frequency	Percentage (%)
8	1	0.3
9	27	8.7
10	110	35.3
11	61	19.6
12	92	29.5
13	21	6.7
Total	312	100.0

Mean  $\pm$  SD = 10.9 $\pm$  1.1, Minimum = 8, Maximum = 13

Table shows that maximum number of respondents 35.3% (n=110) had their menarche at age of 10 years while 29.5% (n=92) had their menarche at age of 12 years, followed by 19.6% (n=61) at age of 11, 8.7% (n=27) at age 9 and 6.7% (n=21) at age 13. Only one respondent had her menarche at age of 8. Mean age of menarche among respondent was 10.9 years with SD 1.1 where the minimum age was 8 and maximum age was 13 years.

**Table 7: Distribution of the respondents by age at marriage (n=312)**

<b>Age at marriage</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Less than 18	174	55.8
18 or more	138	44.2
Total	312	100.0

Mean  $\pm$  SD = 17.2 $\pm$  1.5, Minimum = 13, Maximum = 21

The table shows that more than half of the respondents 55.8% (n=174) had their marriage below 18 years of age. Where other 44.2% (n=138) had married at age of 18 or more that years. Mean age at marriage among respondent was 17.2 years with SD 1.5 where minimum age was 13 and maximum age was 21.

**Table 8: Distribution of the respondents by gravidity and parity**

		<b>Frequency</b>	<b>Percentage (%)</b>
<b>Gravidity</b>	Nulligravida	50	16.0
	Primigravida	43	13.8
	Multigravida	219	70.2
	Total	312	100.0
<b>Parity</b>	Para 0	8	3.1
	Para 1	54	20.6
	Para 2	115	43.9
	Para 3	57	21.8
	Para 4	26	9.9
	Para 5	2	0.8
	Total	262	100.0

Table shows that majority of the respondents 70.2% (n=219) were multigravida, 16% (n=50) were nulligravida and 13.8% (n=43) were primigravida. Among the respondents 43.9% (n=115) had two children, 21.8% (n=57) had 3 children, 20.6% (n=54) had one children, 9.9% (n=26) had 4 children, 3.1% (n=8) had no children and 0.8% (n=2) had 5 children.

**Table 9: Distribution of the respondents by age of last child (n=254)**

Child age (years)	Frequency	Percentage (%)
1-3	170	66.9
4-6	49	19.3
7-9	18	7.1
10-12	4	1.6
More than 12	13	5.1
Total	254	100.0

Mean  $\pm$  SD = 3.7 $\pm$  3.5, Minimum = 1, Maximum = 21

This table shows the distribution of respondents by age of last child. Majority of respondents 66.9% (n=170) age of last child was 1-3 years, 19.3% (n=49) were 4-6 years age of last child, 7.1% (n=18) were 7-9 years age of child, 5.1% (n=13) were more than 12 years age of last child and 1.6% (n=4) were 10-12 years age of last child. The average age of last child was 3.7 $\pm$  3.5, minimum age was 1 years and maximum age was 21 years.

### 4.3 Results related with job-related characteristics

**Table 10: Distribution of the respondents by working department (n=312)**

Department	Frequency	Percentage (%)
Knitting	11	3.5
Dyeing	24	7.7
Cutting	24	7.7
Sewing	190	60.9
Printing	18	5.8
Finishing	33	10.6
Others	12	3.8
Total	312	100.0

The table shows that distribution of the respondents by working department. Majority of the respondents 60.9% (n=190) were work at sewing department, 10.6% (n=33) were work at finishing department and 3.5% (n=11) were work at knitting department.

**Table 11: Distribution of the respondents by work shift and duration (n=312)**

		Frequency	Percentage (%)
Shift	Morning	312	100.0
	Evening	0	0
	Night	0	0
	Total	312	100.0
Duration (hours)	8	312	100.0

This table shows that all of the respondents work in themorning shift and work daily 8 hours apart from overtime.

**Table 12: Distribution of the respondents by weekly overtime (n=312)**

<b>Weekly overtime (hours)</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Less than 10	36	11.5
10-14	79	25.3
15-19	116	37.2
20-24	79	25.3
More than 24	2	0.6
Total	312	100.0

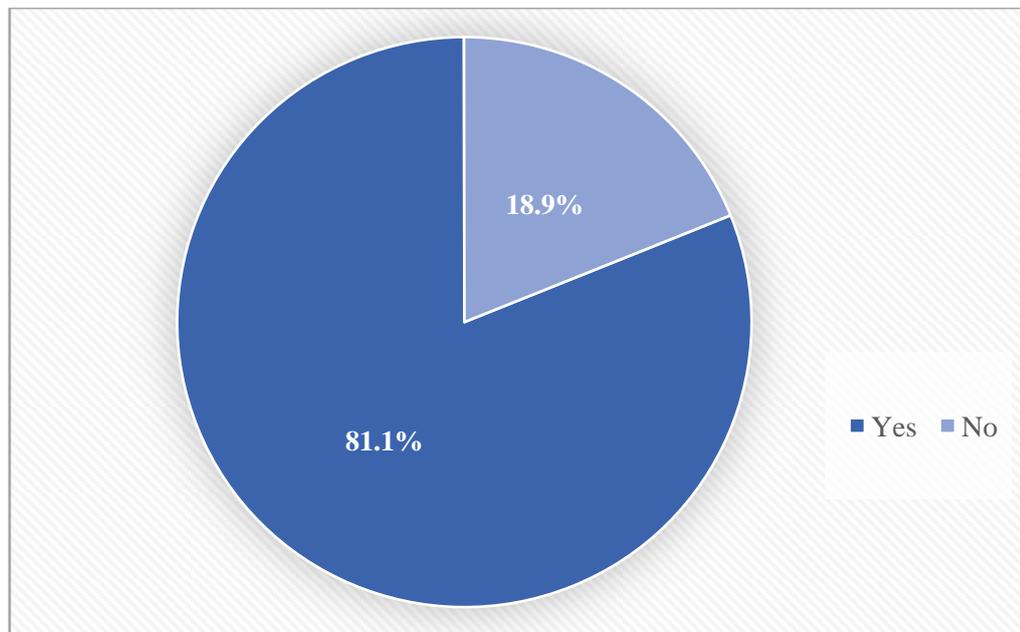
Mean  $\pm$  SD = 14.7 $\pm$  5.9, Minimum = 0, Maximum = 26

The table shows the distribution of the respondents by weekly overtime. Among the respondents 37.2%(n=116) works overtime 15-19 hours, 25.3%(n=79) works overtime 20-24 hours, 25.3%(n=79) works over time10-14 hours, 11.5%(n=36) works overtime less than 10 hours and 0.6%(n=2) works over time more than 24 hours.The mean weekly overtime was 14.7 with SD 5.9, minimum overtime 0 hours and maximum overtime26 hours.

#### 4.4 Results related with knowledge about contraceptive

In this section, the knowledge about contraceptive including benefits and side effects of different methods are presented. Finally, the level of knowledge is calculated based on obtained score.

**Figure 5: Distribution of the respondents by knowledge about contraceptive(n=312)**



The figure shows that majority of the respondents 81.1%(n=253) have knowledge about contraceptive and 18.9%(n=59) have no knowledge about contraceptive.

**Table 13: Distribution of the respondents' knowledge by type of contraceptive methods (n=253)**

Contraceptive Method		Responses	
		N	Percentage (%)
Temporary	Oral Pill	253	100.0%
	Condom	252	99.6%
	IUD	95	37.5%
	Injectable	118	46.6%
	Implants	81	32.0%
	Withdrawal	1	0.4%
	Periodic Abstinence	3	1.2%
Permanent	Tubectomy	51	20.2%
	Vasectomy	48	19.0%

\*Multiple responses observed

From this table we can say that among 253 respondents who have knowledge about contraceptive, 100% known to oral pill, 99.6% known to condom, 46.6% known to injectable, 37.5% known to IUD, 32.0% known to implants, 20.2% known to tubectomy, 19.0% known to vasectomy, 1.2% known to periodic abstinence and 0.4% known to withdrawal as contraceptive method.

**Table 14: Distribution of the respondents' knowledge on benefits of oral pill (n=253)**

Benefit of oral pill	Responses	
	N	Percentage (%)
Safe & Easy	181	71.5%
Reversible & easily accessible	34	13.4%
Few Side Effects	21	8.3%
Cheap	49	19.4%
Others	14	5.5%
None	31	12.3%
Don't Know	27	10.7%

\*Multiple responses observed

This table shows that among 253 respondents majority 71.5% said benefits of the oral pill as Safe & Easy to take, 19.4% as Cheap, 13.4% as reversible & easily accessible and 8.3% as fewer side effects. 12.3% said there is no benefit of oral pill, 10.7% said they don't know and 5.5% said others.

**Table 15: Distribution of the respondents' knowledge on side effects of oral pill (n=253)**

Side effects of oral pill	Responses	
	N	Percentage (%)
Nausea/vomiting	78	30.8%
Weight gain	166	65.6%
Dizziness	54	21.3%
Irregular Menstruation	137	54.2%
Breast tenderness	45	17.8%
Have to maintain regularity	45	17.8%
Does not protect from STD/STI	11	4.3%
Hypertension	25	9.9%
Others	4	1.6%
None	15	5.9%
Don't know	41	16.2%

\*Multiple responses observed

This table shows that among 253 respondents majority 65.6% said that weight gain as the side effect of oral pill, 54.2% said irregular menstruation, 30.8% said nausea vomiting, 21.3% said dizziness, 17.8% said both breast tenderness and have to maintain regularity, 9.9% said hypertension, 4.3% said does not protect from STD/STI and 1.6% said others. Apart from that 16.2% said they don't know and 5.9% said no side effects.

**Table 16: Distribution of the respondents' knowledge on benefits of condom (n=252)**

<b>Benefit of condom</b>	<b>Responses</b>	
	N	Percentage (%)
Safe and easy	189	75.6%
Easily accessible	147	58.8%
No side effect	73	29.2%
Prevention of STD/STI	30	12.0%
Others	7	2.8%
None	3	1.2%
Don't know	30	12.0%

\*Multiple responses observed

This table shows that among 252 respondents who was known to condom majority 75.6% said that benefit of condom is safe and easy to use, 58.8% said easily accessible, 29.2% said no side effect, 12.0% said prevention from STD/STI and 2.8% said others. On the other hand, 12.0% said don't know and 1.2% said none about benefits of condom.

**Table 17: Distribution of the respondents' knowledge on side effects of condom (n=252)**

Side effects of condom	Responses	
	N	Percentage (%)
Itching/skin irritation	12	4.9%
Interrupts stimulation	30	12.1%
Tearing causes pregnancy	29	11.7%
Others	14	5.7%
None	54	21.9%
Don't know	135	54.7%

\*Multiple responses observed

This table shows that among 252 respondents who was known to condom 12.1% said it interrupts stimulation, 11.7% said tearing of it causes pregnancy and 5.7% said others. The majority of the respondents 54.7% said they don't know about side effects of condom and 21.9% said there is no side effect.

**Table 18: Distribution of the respondents' knowledge on benefits of IUD (n=95)**

<b>Benefit of IUD</b>	<b>Responses</b>	
	N	Percentage (%)
Extremely effective	42	44.2%
Free of cost	47	49.5%
Single use gives long time protection	64	67.4%
Reversible at any time	12	12.6%
None	6	6.3%
Don't know	45	17.8%

\*Multiple responses observed

This table shows that among 95 respondents who were known to IUD majority 67.4% said the benefit of IUD is single use gives long time protection, 49.5% said it is free of cost, 44.2% said it is extremely effective, 12.6% said it is reversible at any time. On the otherhand, 17.8% said they don't know about benefits and 6.3% said none.

**Table 19: Distribution of the respondents' knowledge on side effects of IUD (n=95)**

Side effects of IUD	Responses	
	N	Percentage (%)
Lower abdominal cramping	9	9.5%
Irregular menstruation	42	44.2%
Thread comes out	44	46.3%
Does not protect from STD/STI	1	1.1%
Others	8	8.4%
None	6	6.3%
Don't know	21	22.1%

\*Multiple responses observed

This table shows that among 95 respondents who were known to IUD majority 46.3% said that side effect of IUD is thread comes out, 44.2% said irregular menstruation, 9.5% said lower abdominal cramping, 8.4% said others and 1.1% said does not protect from STD/STI. On the other hand, 22.1% said they don't know about side effects and 6.3% said none.

**Table 20: Distribution of the respondents' knowledge on protection after insertion of IUD (n=95)**

<b>Year</b>	<b>Frequency</b>	<b>Percentage (%)</b>
1-2	1	1.1
3-4	12	12.6
5	26	27.4
5-10	28	29.5
Don't Know	28	29.5
Total	95	100.0

The table shows that regarding protection after insertion of IUD among 95 respondent's majority 29.5% give the correct answer and others gave wrong answer.

**Table 21: Distribution of the respondents' knowledge on benefits of Injectable (n=118)**

<b>Benefit of injectable</b>	<b>Responses</b>	
	<b>N</b>	<b>Percentage (%)</b>
Single use gives 2-3 months protection	105	84.0%
Free of cost	49	39.2%
Protection from pelvic inflammatory disease	3	2.4%
Others	3	2.4%
None	1	0.8%
Don't know	5	4.0%

\*Multiple responses observed

This table shows that among 118 respondents who were known to injectable majority 84.0% says that single use gives 2-3 months protection as benefit of injectable, 39.2% said free of cost, 2.4% both said protection from pelvic inflammatory disease and others. On the other hand, 4% said don't know and 0.8% said none.

**Table 22: Distribution of the respondents' knowledge on side effects of Injectable (n=118)**

Side effects of injectable	Responses	
	N	Percentage (%)
Weight gain	52	42.6%
Hypertension	7	5.7%
Breast tenderness	1	.8%
Does not protect from STD/STI	10	8.2%
Have to go to health complex every 2-3 months	50	41.0%
Others	6	4.9%
None	3	2.5%
Don't know	46	37.7%

\*Multiple responses observed

This table shows that among 118 respondents who were known to injectable majority 42.6% said that weight gain is the side effects of injectable, 41% said have to go to health complex every 2-3 months, 8.2% said does not protect from STD/STI, 5.7% said hypertension and 4.9% said others. On the other hand, 37.7% said don't know and 2.5% said no side effects.

**Table 23: Distribution of the respondents' knowledge on benefits of implant (n=81)**

<b>Benefits of Implant</b>	<b>Responses</b>	
	N	Percentage (%)
Single use gives long time protection	71	88.8%
Easy to implant	41	51.2%
Free of cost	36	45.0%
None	0	0%
Don't know	3	3.8%

\*Multiple responses observed

This table shows that among 81 respondents who were known to implant majority 88.8% said that single use gives long time protection as the benefit of implant, 51.2% said easy to implant, 45% said free of cost and 3.8% said don't know.

**Table 24: Distribution of the respondents' knowledge on side effects of implant (n=81)**

Side effects of Implant	Responses	
	N	Percentage (%)
Menstrual disturbances and irregularities	38	47.5%
Headache	17	21.2%
Weight gain	13	16.2%
Does not protect from STD/STI	8	10.0%
None	7	8.8%
Don't know	23	28.8%

\*Multiple responses observed

This table shows that among 81 respondents who were known to implant 47.5% said that menstrual disturbances and irregularities is the side effects of implant, 21.2% said headache, 16.2% said weight gain and 10% says does not protect from STD/STI. On the other hand, 28.8% said don't know and 8.8% said none.

**Table 25: Distribution of the respondents' knowledge on protection after insertion of implant (n=81)**

Years	Frequency	Percentage (%)
1-2	8	9.9
3-4	33	40.7
5	4	4.9
More than 5	16	19.8
Don't know	20	24.7
Total	81	100.0

This table shows that among 81 respondents 40.7% respondents gave correct answer and others gave wrong answer.

**Table 26: Distribution of the respondents' knowledge on benefits of sterilization (n=99)**

<b>Benefit of sterilization</b>	<b>Responses</b>	
	N	Percentage (%)
More Effective	22	41.5%
No side effects	11	20.8%
Free of cost	43	81.1%
Does not protect from STD/STI	1	1.9%
Permanent	47	88.7%
None	0	0%
Don't know	1	1.9%

\*Multiple responses observed

This table shows that among 99 respondents who were known to sterilization majority 88.7% said that permanence is the benefit of sterilization, 81.1% said free of cost, 41.5% said more Effective, 20.8% said no side effects, 1.9% said does not protect from STD/STI and 1.9% said don't know.

**Table 27: Distribution of the respondents' knowledge on side effects of sterilization (n=99)**

Side effects of sterilization	Responses	
	N	Percentage (%)
Permanent	10	19.2%
Risk with the medical procedure	16	30.8%
Others	11	21.2%
None	5	9.6%
Don't know	16	30.8%

\*Multiple responses observed

This table shows that among 99 respondents who were known to sterilization 30.8% said that risk with the medical procedure is the side effects of sterilization, 21.2% said other, 19.2% said Permanent. On the other hand, 30.8% said don't know and 9.6% said none.

**Table 28: Distribution of the respondents' knowledge on benefits of withdrawal/periodic abstinence (n=4)**

Benefit of withdrawal/periodic abstinence	Responses	
	N	Percentage (%)
Free of cost	2	40.0%
No side effects	3	60.0%
Compatible with religious beliefs	2	40.0%
Others	1	20.0%
Don't know	2	40.0%

\*Multiple responses observed

This table shows that majority of the respondent know the benefit of withdrawal/periodic abstinence as no side effects. Other benefits are more or less equally known to respondents.

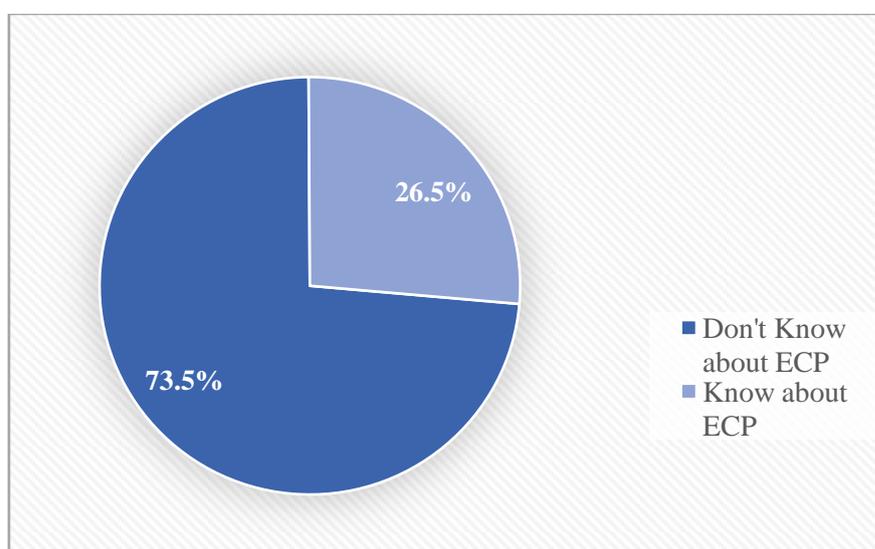
**Table 29: Distribution of the respondents' knowledge on side effects of withdrawal/periodic abstinence (n=4)**

Side effects of withdrawal/periodic abstinence	Responses	
	N	Percentage (%)
Extremely risky	1	20.0%
Does not protect from STD/STI	0	0%
None	0	0%
Don't know	4	80.0%

\*Multiple responses observed

The table shows that only one respondent knows that withdrawal/periodic abstinence is extremely risky. All other 3 respondents don't know about the side effects of withdrawal/periodic abstinence.

**Figure 6: Distribution of the respondents by knowledge about emergency contraceptive pill (n=253)**



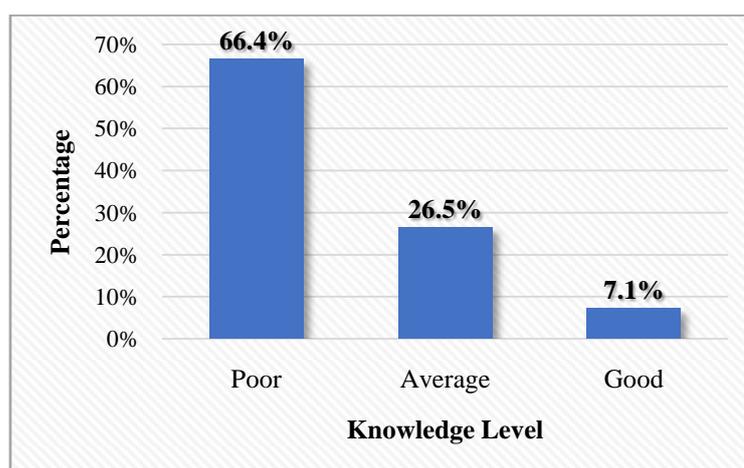
The figure shows that majority of the respondent 73.5% (n=186) had no knowledge about emergency contraceptive pill, while the others 26.5% (n=67) had knowledge about emergency contraceptive pill.

**Table 30: Distribution of the respondents by source of information about contraceptives (n=253)**

Source	Frequency	Percentage (%)
Family	110	43.5
School/College	48	19.0
Friend/Colleague	78	30.8
FP Field Worker	16	6.3
Mass Media	1	0.4
Total	253	100.0

This table shows that among the respondents who were known to contraceptive 43.5%(n=110) had learnt about contraceptive from family, followed by 30.8%(n=78) from friends or colleagues, 19%(n=48) from school or college, 6.3%(n=16) from FP field worker and 0.4%(n=1) from mass media.

**Figure 7: Distribution of the respondents by level of knowledge about contraceptive (n=253)**

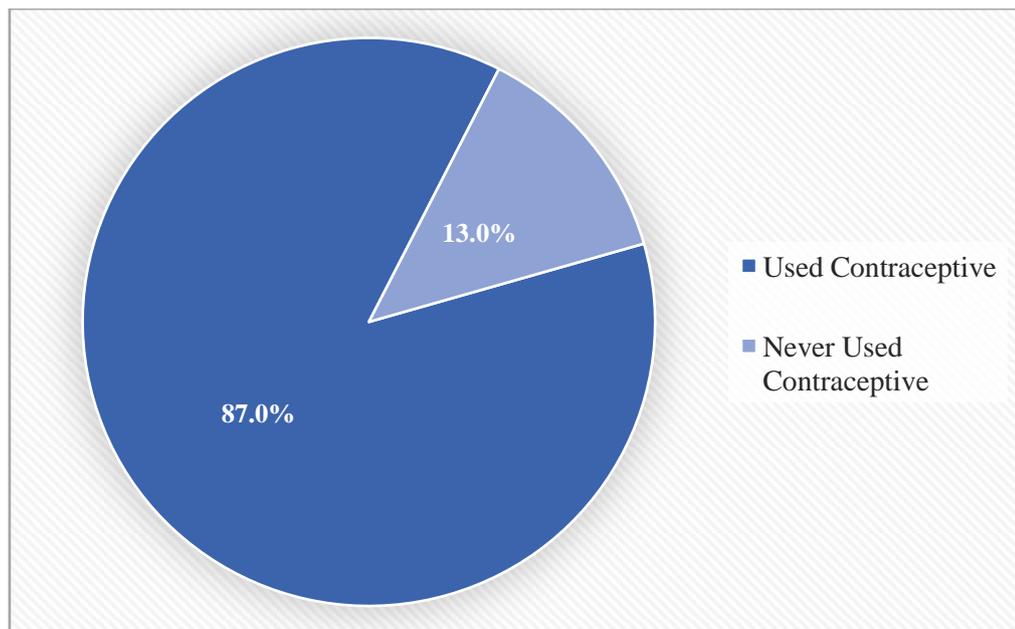


The figure shows, only 7.1% (n=18) had good knowledge about contraceptive where majority 66.4% (n=168) had poor knowledge and 26.5% (n=67) had average knowledge.

#### 4.5 Results related with use of contraceptive

This section shows the current using status of contraceptive among garment workers as well as the reasons for using or not using any methods. Other aspects that are related with contraceptive like the autonomy of choosing contraceptive, family or financial obstacle of using contraceptive also described below.

**Figure 8: Distribution of the respondents by use of any contraceptive method ever (n=253)**



This table shows that majority of the respondents 87% (n=220) used any of the contraceptive methods ever, 13% (n=33) not used any of the contraceptive method ever.

**Table 31: Distribution of the respondents by use of any contraceptive method currently (n=220)**

Use of contraceptive	Frequency	Percentage (%)	Percent of total
Yes	131	59.5	42.0
No	89	40.5	28.5
Total	220	100.0	70.5

From this table, it is evident that among 220 respondents who have knowledge about contraceptive only 59.5% (n=131) use any methods of contraception which is only 42.0% of total population. Other 40.5% (n=89) not using any methods currently which is 28.5% of total population.

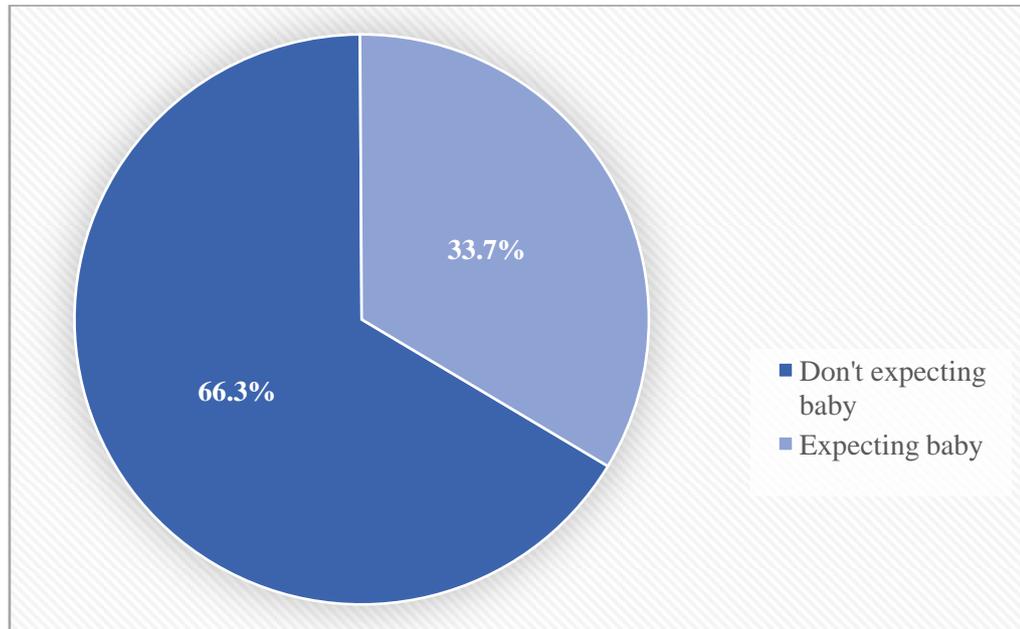
**Table 32: Distribution of respondents by reasons for not using any method currently(n=122)**

Reason for not using any method	Response	Percentage (%)
Costly	32	26.2
Want to conceive	41	33.6
Husband's will	27	22.1
Religious barrier	15	12.3
Side effect	7	5.7
Total	122	100.0

The table shows the distribution of reason behind not using any method currently among 122 respondents who had knowledge about contraceptive but not using any methods currently. 33.6%(n=41) is not using any method currently because of expecting baby, 26.2%(n=32) because of Cost, 22.1%(n=27) because of husband's will, 12.3(n=15) because of Religious barrier and 5.7%(n=7) because of other reasons.

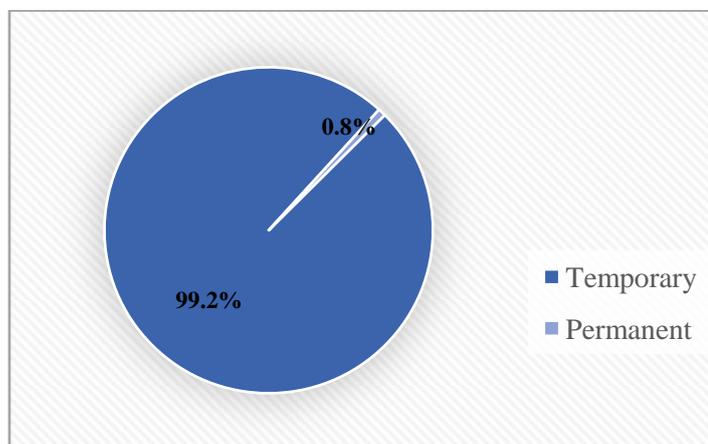
**Figure 9: Distribution of the respondents by expectation of baby in near future**

**(n=181)**



This figure shows the distribution of respondents by the expectation of baby in near future (less than 1 year) among 181 respondents who are not using any method currently. It shows that more than half 66.3% (n=120) of the respondents not expecting any baby in near future where 33.7% (n=61) expect.

**Figure 10: Distribution of the respondents by type of contraceptive method using (n=131)**



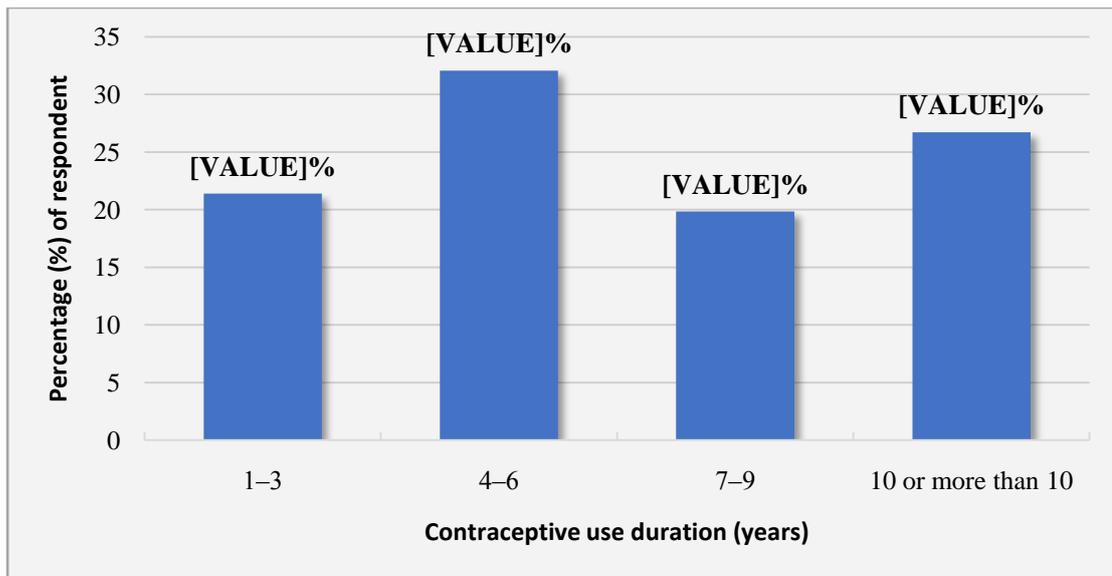
This figure shows that among 131 respondents who were using contraceptive methods majority 99.2% (n=130) use atemporary method where only 0.8% (n=1) use permanent method.

**Table 33: Distribution of the respondents by currently using methods (n=131)**

Contraceptive method		Frequency	Percentage (%)
Temporary	Oral Pill	56	42.8
	Condom	40	30.5
	Injectable	15	11.4
	IUD	9	6.9
	Implants	10	7.6
Permanent	Tubectomy	1	0.8
Total		131	100.00

This table shows the distribution of currently using contraceptive methods among 131 respondents who are using contraceptive methods. From this table, it is evident that majority of the respondents 42.8%(n=56) is currently using oral pill, where the second majority is condom 30.5%(n=40) and least using method is Tubectomy 0.8%(n=1).

**Figure 11: Distribution of the respondents by duration of contraceptive use (n=131)**



This figure shows that among 131 respondents who currently using contraceptive methods 32.1% (n=42) have been using for 4 to 6 years, 26.7% (n=35) using for 10 or more than 10 years, 21.4% (n=28) using for 1 to 3 years and 19.8% (n=26) using for 7 to 9 years.

**Table 34: Distribution of the respondents by reason for using different methods (n=131)**

Contraceptive methods		Reason for using					
		Safe	Cheap	Convenient	Effective	Health Benefit (fewer side Effects)	Husband's will
Temporary	Oral Pill (56)	29 51.8%	11 19.6%	40 71.4%	12 21.4%	7 12.5%	34 60.7%
	Condom (40)	20 50.0%	30 75.0%	34 85.0%	8 20.0%	16 40.0%	8 20.0%
	Injectable (15)	11 73.3%	4 26.7%	8 53.3%	4 26.7%	5 33.3%	2 13.3%
	IUD (9)	5 55.6%	5 55.6%	4 44.4%	4 44.4%	6 66.7%	4 44.4%
	Implants (10)	6 60.0%	5 50.0%	9 90.0%	7 70.0%	8 80.0%	2 20.0%
Permanent	Tubectomy (1)	1 100.0%	1 100.0%	1 100.0%	1 100.0%	1 100.0%	0 0.0%

\* Multiple responses observed

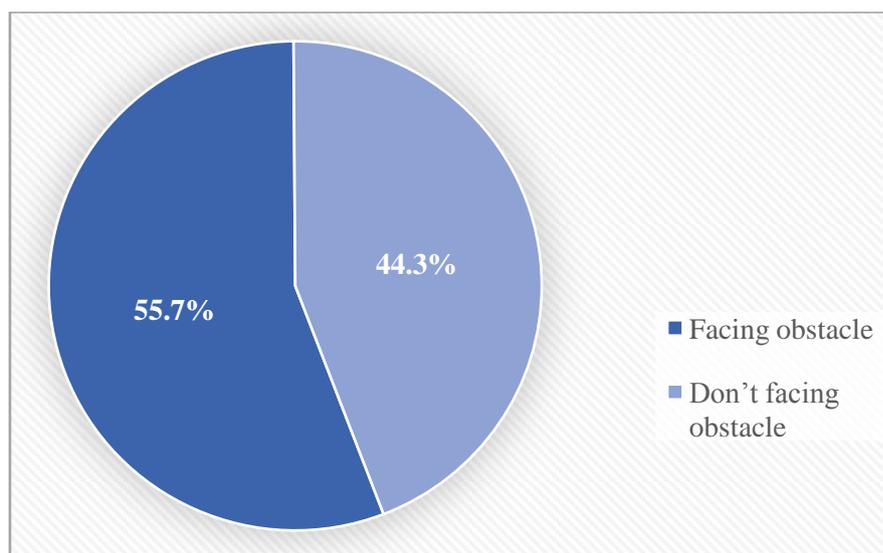
From this table it is shown that majority 71.4% (n=40) respondents use oral pill because they found it convenient, 60.7% (n=34) use it for husband's will among 56 respondents who are currently using oral pill. Among 40 respondents using condom majority of them using it because of cheap and convenient while 50% think it is safe. 73.3% among injectable users found it safe. Others users of other methods find it safe, cheap, convenient, effective of same degree. From this table, it is evident that there is an influence of husband for using oral pill.

**Table 35: Distribution of the respondents by choosing of contraceptive method (n=131)**

Choose by	Frequency	Percentage (%)
Herself	30	22.9
Her husband	40	30.5
Both	61	46.6
Total	131	100.0

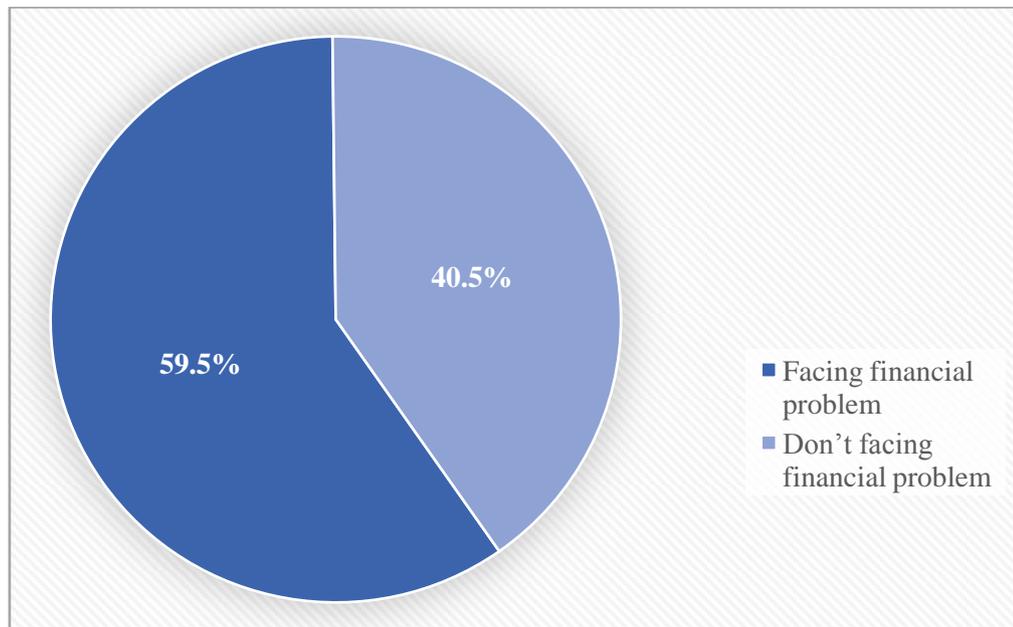
This table shows that only 22.9%(n=30) have the autonomy of choosing contraceptive herself among 131 respondents who are currently using contraceptive methods.

**Figure 12: Distribution of the respondents by facing obstacle of using contraceptive (n=131)**



From this figure, it is shown that majority of the respondents 55.7% (n=73) facing obstacle from husband or family for using contraceptive where 44.3% (n=58) not among 131 respondents who are currently using any methods.

**Figure 13: Distribution of the respondents by facing financial problem for using contraceptive (n=131)**



This figure shows that majority of the respondents 59.5% (n=78) facing a financial problem because of using contraceptive among 131 respondents who are currently using contraceptive methods.

**Table 36: Distribution of the respondents by collection or conduct place of contraceptive (n=131)**

Contraceptive methods		Collection Place			Total
		Hospital	FP field worker	Pharmacy	
Temporary	Oral Pill	0 0.0%	9 16.1%	47 83.9%	56 100.0%
	Condom	0 0.0%	0 0.0%	40 100.0%	40 100.0%
	Injectable	11 73.3%	0 0.0%	4 26.7%	15 100.0%
	IUD	9 100.0%	0 0.0%	0 0.0%	9 100.0%
	Implants	10 100.0%	0 0.0%	0 0.0%	10 100.0%
Permanent	Tubectomy	1 100.0%	0 0.0%	0 0.0%	1 100.0%
Total		31 23.7%	9 6.9%	91 69.5%	131 100.0%

This table shows the collection or conduct place of contraceptive among 131 respondents who are currently using any methods. Respondents who use oral pill 83.9% (n=47) collect from pharmacy and 16.1% (n=9) collect from FP field worker. All of the respondents who use condom collect from pharmacy. Among 15 respondents who use injectable 71.3% (n=11) conduct at hospital while 26.7% (n=4) conduct at pharmacy. All respondents who use IUD, Implant and Tubectomy conduct at hospital.

#### 4.6 Results related with source of information

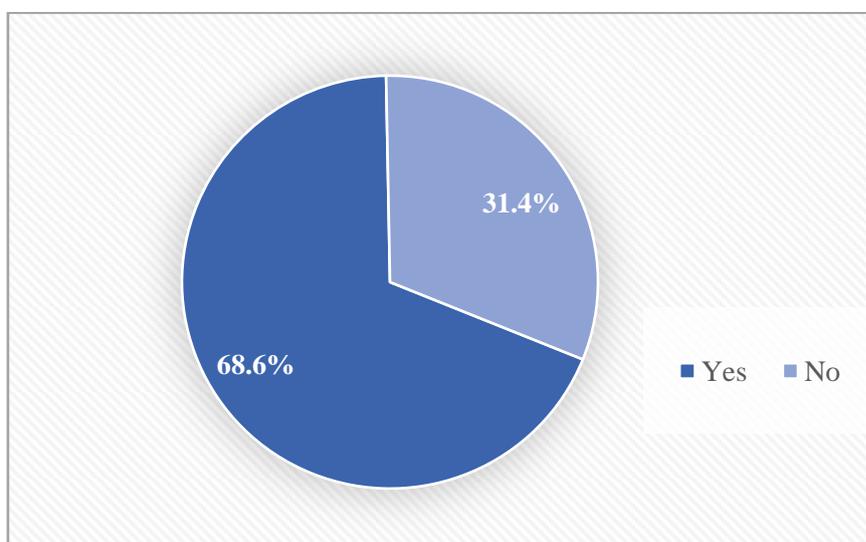
In this section the distribution of respondents by attachment with different sources from where they can possibly know about contraceptive including attachment with NGO, FP field worker, and mass media. The results are as follows-

**Table 37: Distribution of the respondents based on attachment with NGO and type of visit by family planning field worker (n=312)**

		Frequency	Percentage (%)
Attachment with NGO	Attached	10	3.2
	Not attached	302	96.8
	Total	312	100.0
FP Field worker visit	Regularly	16	5.1
	Occasionally	45	14.4
	No	251	80.4
	Total	312	100.0

This figure shows that majority of the respondents 96.8% (n=302) have no connection with any NGO's and only 3.2% (n=10) have connection. Among 312 respondents majority 80.4% (n=251) were not visited by any FP field worker where 14.1% (n=45) receive occasional visit and 5.1% (n=16) receive regular visit.

**Figure 14: Distribution of the respondents by access to mass media (n=312)**



According to this figure majority 68.6% (n=214) of respondents have access to mass media while 31.4% (n=98) have no access to mass media.

**Table 38: Distribution of the respondents by type of mass media access (n=214)**

Mass media type	Responses	
	N	Percentage (%)
TV	189	88.3%
Radio	34	15.9%
Newspaper	9	4.2%
Internet	85	39.7%

\*Multiple response observed

This table shows the distribution type of mass media access among respondents who have access to the mass media. It shows that among respondents 88.3% (n=189) have TV, 39.7% (n=85) have internet, 15.9% (n=34) have radio and 4.2% (n=9) have newspaper access.

#### 4.7 Cross tabulation and association

This section includes association of socio-demographic characteristics with knowledge and use of contraceptive. Different association were done for contraceptive knowledge and contraceptive use. Associations are described below-

**Table 39: Association between age and knowledge of contraceptive (n=312)**

Age	Contraceptive Knowledge		Total	p-value
	Yes	No		
Less than 20	73 83.0%	15 17.0%	88 100.0%	0.029
20-24	93 88.6%	12 11.4%	105 100.0%	
25-29	43 79.6%	11 20.4%	54 100.0%	
30-34	17 63.0%	10 37.0%	27 100.0%	
35-39	16 72.7%	6 27.3%	22 100.0%	
More than 39	11 68.8%	5 31.2%	16 100.0%	
Total	253 81.1%	59 18.9%	312 100.0%	

This table represents the association between age and knowledge among respondents. This cross tabulation finds that lower aged respondents have more knowledge of contraceptive in contrast with the higher aged respondents. Age group 20-24 has the highest knowledge 88.6% followed by age group less than 20 and age group 25-29 years. Highest ignorance about contraceptive comes from the age group 30-34 years. Chi square test calculated a p value of 0.029 which is less than 0.05 and there is an association between age and knowledge of contraceptive.

**Table 40: Association between education of respondents and knowledge of contraceptive (n=312)**

Education	Contraceptive Knowledge		Total	p-value
	Yes	No		
Illiterate	25 47.2%	28 52.8%	53 100.0%	0.000
Class V	85 77.3%	25 22.7%	110 100.0%	
Class VIII or more	143 96%	6 4%	149 100.0%	
Total	253 81.1%	59 18.9%	312 100.0%	

This table shows the association between education and knowledge of contraceptive among respondents. It is shown that higher contraceptive knowledge results from higher education. Majority respondents who have class VII or more level education have the knowledge of contraceptive. Lowest percentage of contraceptive knowledge comes from the respondents who are illiterate. A Chi square test was done where a p-value of 0.000 found which is less than 0.05. This also verifies that there is an association between education of respondents and knowledge of contraceptive.

**Table 41: Association between education of respondents' husband and knowledge of contraceptive (n=312)**

Education of husband	Contraceptive Knowledge		Total	p-value
	Yes	No		
Illiterate	22 43.1%	29 56.9%	51 100.0%	0.000
Class V	89 80.2%	22 19.8%	111 100.0%	
Class VIII	44 86.3%	7 13.7%	51 100.0%	
S.S.C or more	98 99%	1 1%	99 100.0%	
Total	253 81.1%	59 18.9%	312 100.0%	

This table shows the association between education of respondents' husband and knowledge of contraceptive among respondents. It also shows that higher portion of knowledge comes from more educated husbands than less educated husbands. Almost all respondents have knowledge about contraceptive whose husband's education is S.S.C or higher than S.S.C. Least knowledge of contraceptive have those whose husbands are illiterate. Chi square test gives a p value of 0.000 which reflects an association between variables.

**Table 42: Association between family type and knowledge of contraceptive (n=312)**

Family type	Contraceptive Knowledge		Total	p-value
	Yes	No		
Nuclear	190 85.6%	32 14.4%	222 100.0%	0.001
Joint	63 70.0%	27 30.0%	90 100.0%	
Total	253 81.1%	59 18.9%	312 100.0%	

This table represents the association between family type and knowledge of contraceptive among respondents. Table shows more respondents (83.6%) from nuclear family than respondents (70.0%) from joint family know about contraceptive. This relationship is also validated by chi square test which found a p-value of 0.001, much less than 0.05. So, there is an association between family type and knowledge about contraceptive.

**Table 43: Association between access to mass media and knowledge of contraceptive (n=312)**

Access to mass media	Contraceptive Knowledge		Total	p-value
	Yes	No		
Yes	193 90.2%	21 9.8%	214 100.0%	0.000
No	60 61.2%	38 38.8%	98 100.0%	
Total	253 81.1%	59 18.9%	312 100.0%	

This table shows the association between access to mass media and knowledge of contraceptive among respondents. Among 214 respondents who have access to mass media 193 (90.2%) knows about contraceptive while among 98 respondents who have no access to mass media 60 (61.2%) knows about contraceptive. This indicates there is a relation between access to mass media and knowledge about contraceptive. Chi square test was done for this two variables and found a p value of 0.000 (lower than 0.005) which also validates the association between access to mass media and knowledge about contraceptive.

**Table 44: Association between age and use of contraceptive (n=253)**

Age	Use of contraceptive		Total	p-value
	Yes	No		
Less than 20	22 37.9%	51 69.9%	73 100.0%	0.000
20-24	47 53.4%	46 49.5%	93 100.0%	
25-29	26 86.7%	17 39.5%	43 100.0%	
30-34	16 94.1%	1 5.9%	17 100.0%	
More than 34	20 74.1%	7 25.9%	27 100.0%	
Total	131 59.5%	122 48.2%	253 100.0%	

This table represents association between age and use of contraceptive among the respondents who have knowledge about contraceptive. From this table, it is evident that contraceptive use is much in higher aged respondents than the lower aged respondents. Least contraceptive use mostly comes from below age 25 and above age 39. A chi square test was done; p value was 0.000 (less than 0.05). So there is an association between age and use of contraceptive.

**Table 45: Association between education and use of contraceptive (n=253)**

Education	Use of contraceptive		Total	p-value
	Yes	No		
Illiterate	13 52.0%	12 48.0%	25 100.0%	0.783
Class V	40 47.1%	45 52.9%	85 100.0%	
Class VIII	52 54.2%	44 45.8%	96 100.0%	
S.S.C	24 57.1%	18 42.9%	42 100.0%	
H.S.C	2 40.0%	3 60.0%	5 100.0%	
Total	131 51.8%	122 48.2%	253 100.0%	

This table shows association between education level of respondents and use of contraceptive among the respondents who have knowledge about contraceptive. It is represented that all respondents with different education level have more or less similar pattern of contraceptive use. Respondents with each education category use contraceptive at almost same percentage. Chi square test found a p value of 0.783 (more than 0.05) which indicates there is no association between education and contraceptive use.

**Table 46: Association between family income and use of contraceptive (n=253)**

Family income	Use of contraceptive		Total	p-value
	Yes	No		
Less than 13000	4 28.6%	10 71.4%	14 100.0%	0.000
13000-15999	31 32.6%	64 67.4%	95 100.0%	
16000-18999	68 69.4%	30 30.6%	98 100.0%	
19000-21999	23 74.2%	8 25.8%	31 100.0%	
More than 21999	5 33.3%	10 66.7%	15 100.0%	
Total	131 59.5%	122 48.2%	253 100.0%	

This table represents association between family income and use of contraceptive among the respondents who have knowledge about contraceptive. From this table, it is evident that higher use of contraceptive comes from higher family income groups like 16000-18999 or 19000-21999 where least use of contraceptive use comes from family income group less than 13000. This indicates an association between variables. A chi square test was done; p value was found 0.000 (less than 0.05). Thus, there is an association between family income and contraceptive use.

**Table 47: Association between number of living children and use of contraceptive (n=253)**

Number of living children	Use of contraceptive		Total	p-value
	Yes	No		
0-1	29 31.2%	64 68.8%	93 100.0%	0.000
2-3	86 62.3%	52 37.7%	138 100.0%	
More than 3	16 72.7%	6 27.3%	22 100.0%	
Total	131 59.5%	122 48.2%	253 100.0%	

This table shows the association between number of living children and use of contraceptive among respondents who have knowledge about contraceptive. Here it shows use of contraceptive rises as number of children increases. Highest percentage of contraceptive use (72.7%) found among respondents who have more than 3 children where least percentage (31.2%) of contraceptive use found among respondents who have highest 1 child. A chi square test was conducted; p value was 0.000 which indicates an association between number of living children and use of contraceptive.

**Table 48: Association between access to mass media and use of contraceptive (n=253)**

Access to mass media	Use of contraceptive		Total	p-value
	Yes	No		
Yes	110 57.0%	83 43.0%	193 100.0%	0.003
No	21 35.0%	39 65.0%	60 100.0%	
Total	131 51.8%	122 48.2%	253 100.0%	

This table shows the association between access to mass media and use of contraceptive among respondents. More respondents use contraceptive who have access to mass media than respondents who have not access to mass media. This indicates there is a relation between access to mass media and knowledge about contraceptive. Chi square test was done for this two variables and found a p value of 0.003 (lower than 0.005) which also validates the association between access to mass media and use of contraceptive.

## CHAPTER V

### 5.1 Discussion

The study was conducted to find out current status of contraceptive use among married female garment worker in Dhaka city. For this purpose, two garments factory was selected by random sampling. From two garment factories naming Temakaw Fashion Ltd. and J.K Fashions Ltd. which was situated at Begum Rokeya Sarani, Mirpur, Dhaka 312 garment workers was selected randomly who were married and at the age of 18-49. The data was carefully analyzed through SPSS and represented accordingly.

In this study, the age of the respondents varies from 18 to 46 years with average age 24.95 years. One third 33.7% (105) of the respondents were between age of 22 to 24. Among the respondents majority 89.4% (n=297) were Muslim with minor Hindu and Christian. More than one third 35.3% (n=110) of the respondents had education of class V followed by near one third 32.7% (n=102) who had education of class VIII. Mean monthly personal income of the respondents were BDT 6476.28 ( $\pm 1172.5$ ) with maximum 34.6% (n=108) having income between BDT 5000 to 5999. In context with husband's education more than one third 33.5% (n=111) had education of class V and 32.4% (n=101) of husbands being garment worker. Most of the respondents were form nuclear family. It was found that majority 55.8% (n=174) of the respondents were married at age less than 18 years with average marriage age 17.2 years. It was also found that majority 70.2% of the respondents were multigravida and had parity from 0 to 5 having maximum 43.9% para 2. Majority 60.9% of the respondents work at sewing department. All of the respondents work 8 hours per day with average weekly 14.7 hours of overtime duty.

Among the 312 respondents 81.1% (n=253) had knowledge about contraceptive with oral pill and condom as highest known methods 100% and 99.6% respectively. Among respondents who were known to oral pill 71.5% respondents found safe and easy as benefit of oral pill with weight gain being the major side effect known to them. 75.6% of the respondents who were known to condom as contraceptive method think benefit of condom is safe and easy but 54.7% don't know about any kind of side effect of condom. In context of IUD 67.4% respondents think benefit of IUD is it gives long time protection by single use but only 29.5% were known exactly how many years a IUD gives protection. On the other hand, for benefit of injectable 84% found 2-3 months protection by single use is the benefit and 42.6% found weight gain is the side effect of injectable. Another method implant has benefit like single use gives long time protection and side effect like menstruation disturbance & irregularities known by respondents but 40.7% gave correct answer about protection duration of implant. Majority 73.5% of the respondents don't know about ECP. It was also found that about 43.5% of the respondents learnt about contraceptive from family while other source being educational institute, friends, FP field worker and mass media. After scoring of knowledge it as found that majority 66.4% respondents have poor knowledge while 26.5% have average knowledge and 7.1% have good knowledge about contraceptive.

It was revealed that among the 253 respondents who were known to contraceptive 87% (n=220) used contraceptive ever but alarmingly only 59.5% (n=131) currently using among them. If we add those respondents who have no knowledge about contraceptive to the group of not currently using, then the actual percentage of contraceptive use becomes 42% among total respondents where

according to BDHS, average 62% people use contraceptive all over the country<sup>7</sup> and also little higher than previous study of Nashid Kamal which found 31%.<sup>33</sup> On the other hand, among the respondents who were not using any contraceptive 66.3% not expecting baby in the near future. It revealed that total 28.5% (n=89) respondents used contraceptive before but not using currently. The reason behind not using any methods currently among 122 respondents who known to contraceptive was expecting baby (33.6%), costly (26.2%), husbands will (22.1%), religious barrier (12.1%) and side effects (5.7%).

Majority 99.2% contraceptive users use temporary contraceptive methods. Oral pill, condom, injectable are the most common methods using as 42.8%, 30.5% and 11.4% respectively among 131 respondents who are currently using any methods which is analogous with the BDHS report while another previous study showed oral pill, injectable and periodic abstinence as common methods.<sup>7</sup> Only 22.9% (n=30) respondents can choose contraceptive method herself which shows least autonomy of choosing contraceptive. It was also found that 55.7% respondents facing obstacle from husband or family and 59.5% respondents facing financial obstacle for using contraceptive which is same as previous study.<sup>32</sup> Majority 69.5% of the respondents collect contraceptive from pharmacy while hospital being second majority and from FP field worker being least majority.

Study found that majority 96.8% respondents were not attached with any NGOs. Alarmingly 80.4% respondent receive no visit from FP field worker and 14.4% receive occasional visit where others don't receive any. Among the all 312

respondents 31.4% have no access to mass media. In context with type of mass media access majority have access to TV and second majority is Internet.

The present study found there is association between knowledge of contraceptive with age of the respondents, education of respondents, education of husband, family type and access to mass media. It was also found that use of contraceptive is associated with age of respondents, family income, number of living children, and access to mass media.

## **5.2 Conclusion**

Present study found vital information about current status of contraceptive among garment worker in Dhaka city. The study concluded that 81.1% garment workers have knowledge about contraceptive but only 42% female garment workers using contraceptive methods. Reasons for not using any contraceptive methods include want to conceive, cost, husband's will, religious barrier and side effects. Oral pill and condom being the most used methods. Knowledge of contraceptive is associated with age, education, husband's education, family type and access to mass media while use of contraceptive associated with age, family income, number of living children and access to mass media

### **5.3 Recommendations**

- Present study only reflects the status of contraceptive among garment worker based on two garments. To use this information on a broad scale further study should be conducted at different settings
- Awareness among the workers by promotion through mass media and ensuring 100% visit by FP field workers
- To provide necessary contraceptive methods at low as can to reach every sector of the society

## CHAPTER VI

### 6.1 References

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## 6.2 Appendices

### Appendix-A

#### Time frame

Activities	Months																			
	December				January				February				March				April			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Literature review																				
Proposal presentation																				
Questionnaire development and pretest																				
Data collection																				
Data Entry																				
Data analysis																				
Preparation of report																				
Submission of report																				
Thesis defense																				

## **Appendix-B**

### **Informed Consent (English)**

Assalamaliakum/Adab/Greeting

I am Mst. Mastura Kawsar Tithi, studying Masters of Public Health (MPH) at the Department of Public Health, State University of Bangladesh. As a part of my course I am conducting a study on “Status of Contraceptive Use among Married Female Garment Workers in Dhaka City”. In this regard I would like to ask you some questions about your health problem related to your work.

There is no risk if you agree to participate in this interview, although some of the questions are personal and may make you feel uncomfortable. However, all the information that you give to me will be kept strictly confidential. Your name will not be used and you will not be identified in any way. This interview may take approximately 10 to 15 minutes to complete. Your participation is absolutely voluntary and there is no compulsion for refusing to take part. You are free to ask any questions; you may refuse to answer any question in the interview; and you may stop the interview at any point.

Name of interviewer:

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

#### **For participant:**

I hereby confirm that, after receiving the above information, both by talking and by writing, I agree to participate in this survey. My information will only be used for research purposes by Mst. Mastura Kawsar Tithi (researcher). I am informed that participation is voluntary and that I can withdraw my participation at any time.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix-C**  
**Informed consent (Bengali)**

আইডি নং:

**সম্মতিপত্র**

আসসালামুআলাইকুম/আদাব/স্বাগতম/ শুভেচ্ছা,

আমি মোছাঃ মাস্তুরা কাওছার তিথি স্টেট ইউনিভার্সিটি অফ বাংলাদেশ, ঢাকা এর পাবলিক হেলথ বিভাগে  
(এমপিএইচ) অধ্যয়নরত। আমার কোর্সের অংশ হিসেবে আমি

“ঢাকা শহরের রমহিলা গার্মেন্টস কর্মীদের মধ্যে গর্ভনিরোধক ব্যবহারের অবস্থা” (Status of Contraceptive Use among Married Female Garment Workers in Dhaka City) এর উপর একটি সমীক্ষা পরিচালনা করছি। এ প্রসঙ্গে আমি আপনার কাজের সাথে সম্পর্কিত আপনার স্বাস্থ্য সমস্যাসম্পর্কে আপনাকে কিছু প্রশ্ন জিজ্ঞাসা করতে চাই।

আপনি যদি সাক্ষাৎকার অংশগ্রহণ করতে সম্মত হন, তবে আপনার কোন ক্ষতি হবে না, যদিও কিছু প্রশ্ন ব্যক্তিগত এবং আপনি অস্বস্তি বোধ করতে পারেন। তবে আপনি আমাকে যে সব তথ্য দিবেন তা কঠোরভাবে গোপন রাখা হবে। আপনার নাম ব্যবহার করা হবে না এবং অন্য উপায়ে চিহ্নিত করা হবে না। এই সাক্ষাৎকার সম্পন্ন করতে ১০ থেকে ১৫ মিনিট সময় লাগতে পারে। আপনার অংশগ্রহণ একেবারে স্বেচ্ছাসেবামূলক এবং সেখানে অংশ নিতে অস্বীকৃতি হলে কোন জবর দস্তিনেই। আপনি যেকোন প্রশ্ন নির্ভয়ে জিজ্ঞাসা করতে পারেন। আপনি সাক্ষাৎকারে কোন প্রশ্নের উত্তর দিতে অস্বীকার করতে পারেন এবং আপনি যেকোন সময়ে সাক্ষাৎকার বন্ধ করতে পারেন।

Av: e`bKvixi bvg:

Av: e`bKvixi ^vji: \_\_\_\_\_

ZvwiL:

**অংশগ্রহণকারীর জন্য:**

আমি নিশ্চিত করছি যে, উপরোক্ত তথ্য প্রাপ্তির পরমৌখিক এবং লিখিত ভাবে আমি এই জরিপে অংশগ্রহণ করতে রাজি। আমার তথ্য শুধুমাত্র মোছাঃ মাস্তুরা কাওছার তিথি (গবেষক) দ্বারা গবেষণা কাজের জন্য ব্যবহার করা হবে। আমি অবগত আছি যে, অংশগ্রহণ স্বেচ্ছাসেবামূলক এবং আমি যে কোন সময়ে আমার অংশগ্রহণ প্রত্যাহার করতে পারি।

অংশগ্রহণকারীর ^vji: \_\_\_\_\_

ZvwiL:

**Appendix-D**  
**Questionnaire**

ID:

Date:

**Part-1: Socio-Demographic Questions**

**1. How old are you?**

.....years

**2. What is your religion?**

- 1. Islam
- 2. Hinduism
- 3. Christianity
- 4. Buddhism
- 5. Others

**3. What is the highest class you have completed?**

- 1. No Education
- 2. Class V
- 3. Class VIII
- 4. S.S.C
- 5. H.S.C
- 6. Higher than H.S.C

**4. What is your monthly income?**

BDT .....

**5. What is the highest class your husband have completed?**

- 1. No Education
- 2. Class V
- 3. Class VIII
- 4. S.S.C
- 5. H.S.C
- 6. Higher than H.S.C

**6. What is your husband's occupation?**

- 1. Garment worker
- 2. Day laborer
- 3. Small trader/ Shopkeeper
- 4. Farmer
- 5. Govt. Job
- 6. Private Job
- 7. Driver
- 8. Others (Specify) .....

7. What is your monthly family income? BDT .....

8. What is the type of your family?

1. Nuclear

2. Joint

9. How many family members do you have? .....

### Part-2: Obstetric Related Questions

10. At what age your menstruation started? .....years

11. At what age you got married? .....years

12. How many times did you get conceived? .....times

If the answer to the question no. 12 is zero (0) then go to question no. 15

13. How many live births did you have? .....

14. What is the age of your last child? .....years

### Part-3: Job-Related Questions

15. In which section you are working?

1. Knitting section

2. Dyeing section

3. Cutting section

4. Sewing section

5. Printing section

6. Finishing section

7. Others (Specify) .....

16. In which shift you are working

1. Morning

2. Evening

3. Night

17. What is the duration of your daily work? .....hours

18. What is the duration of your weekly overtime? .....hours

**Part-4: Knowledge related questions**

**19. Do you know about contraceptive?**

- 1. Yes
- 2. No [Go to question 36]

**20. What are the contraceptive methods?**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Oral Pill [question 21]           | <input type="checkbox"/> 2. Condom [question 22]     |
| <input type="checkbox"/> 3. IUD [question 23]                 | <input type="checkbox"/> 4. Injectable [question 24] |
| <input type="checkbox"/> 5. Implants [question 25]            | <input type="checkbox"/> 6. Tubectomy [question 26]  |
| <input type="checkbox"/> 7. Vasectomy [question 26]           | <input type="checkbox"/> 8. Withdrawal [question 27] |
| <input type="checkbox"/> 9. Periodic abstinence [question 27] | <input type="checkbox"/> 10. Others (Specify).....   |

**21. Oral Pill**

**21.1. What are the benefits of Oral Pills?**

- 1. Safe and easy
- 2. Reversible and easily accessible
- 3. Fewer side effects
- 4. Cheap
- 5. Others (specify).....
- 6. None
- 7. Don't know

**21.2. What are the limitations of Oral Pills?**

- 1. Nausea/vomiting
- 2. Weight gain
- 3. Dizziness
- 4. Irregular menstruation
- 5. Breast tenderness
- 6. Have to conscious about taking everyday
- 7. Does not protect from STI/STD
- 8. Hypertension
- 9. Others (specify).....
- 10. None
- 11. Don't know

## 22. Condom

### 22.1. What are the benefits of Condoms?

- 1. Safe and easy to use
- 2. Easily accessible
- 3. Have no hormonal side effects
- 4. Prevention of STI/STD
- 5. Others (specify).....
- 6. None
- 7. Don't know

### 22.2. What are the limitations of Condoms?

- 1. Itching/skin irritation
- 2. Interrupts stimulation
- 3. Tearing causes pregnancy
- 4. Others (specify).....
- 5. None
- 6. Don't know

## 23. IUD

### 23.1. What are the benefits of IUD (Copper T)?

- 1. Extremely effective
- 2. Free of cost
- 3. Single use gives long times protection
- 4. Reversible at any time
- 5. Others (specify).....
- 6. None
- 7. Don't know

### 23.2. What are the limitations of IUD (Copper T)?

- 1. Lower abdominal cramping
- 2. Irregular menstruation
- 3. Thread comes out
- 4. Does not protect from STI/STD
- 5. Others (specify).....
- 6. None
- 7. Don't know

**23.3. Do you know after insertion how many years give protection?**

- 1. 1-2 years
- 2. 3-4 years
- 3. 5 years
- 4. 5-10 years
- 5. Don't know

**24. Injectable**

**24.1. What are the benefits of Injectable?**

- 1. Single use gives 2-3 months protection
- 2. Free of cost
- 3. Protection from pelvic inflammatory disease
- 4. Others (specify).....
- 5. None
- 6. Don't know

**24.2. What are the limitations of Injectable?**

- 1. Weight gain
- 2. Hypertension
- 3. Breast tenderness
- 4. Does not protect from STI/STD
- 5. Have to go to health complex every 2-3 months (have no time)
- 6. Others (specify).....
- 7. None
- 8. Don't know

**25. Implants**

**25.1. What are the benefits of Implants?**

- 1. Single use gives long time protection
- 2. Easy to implant
- 3. Free of cost
- 4. Others (specify).....
- 5. None
- 6. Don't know

**25.2. What are the limitations of Implants?**

- 1. Menstrual disturbances and irregularities
- 2. Headache
- 3. Weight gain
- 4. Does not protect from STI/STD
- 5. Others (specify).....
- 6. None
- 7. Don't know

**25.3. Do you know after insertion how many years give protection?**

- 1. 1-2 years
- 2. 3-4 years
- 3. 5 years
- 4. >5 years
- 5. Don't know

**26. Sterilization**

**26.1. What are the benefits of sterilization?**

- 1. More Effective
- 2. No hormonal side effects
- 3. Free of cost
- 4. Does not protect from STI/STD
- 5. Permanent
- 6. Others (specify).....
- 7. None
- 8. Don't know

**26.2. What are the limitations of sterilization?**

- 1. Permanent
- 2. Risk with medical procedure
- 3. Others (specify).....
- 4. None
- 5. Don't know

**27. Withdrawal and Periodic Abstinence**

**27.1. What are the benefits of Withdrawal/Periodic Abstinence?**

- 1. Free of cost
- 2. No side effects
- 3. Compatible with Religious Beliefs
- 4. Others (specify).....
- 5. None
- 6. Don't know

**27.2. What are the limitations of Withdrawal/Periodic Abstinence?**

- 1. Extremely risky
- 2. Does not protect from STI/STD
- 3. Others (specify).....
- 4. None
- 5. Don't know

**28. Have you heard about Emergency Contraceptive Pill (ECP)?**

- 1. Yes
- 2. No

**29. From where you learned about contraceptive?**

- 1. Family
- 2. School/college
- 3. Friend/colleague
- 4. FP field worker
- 5. Mass Media (TV, radio, newspaper, internet)
- 6. Others (Specify).....

**Part-5: Contraceptive Use Related Questions**

**30. Have you ever used any of the contraceptive methods?**

- 1. Yes
- 2. No [Go to question 35]

**30.1. If yes, when you first used it?** .....years ago

**30.2. What was the method?**

1. Oral pill     2. Condom     3. Injectable     4. IUD  
 5. Implants     6. Tubectomy     7. Vasectomy     8. Withdrawal  
 9. Periodic abstinence     10. Others (Specify).....

**30.3. Are you using any method currently?**

1. Yes  
 2. No [Go to question 35]

**30.4. If yes, is it the same method you used the first time?**

1. Yes [Go to question 30.7]  
 2. No

**30.5. If no, why you are not using it?**

1. Less effective  
 2. Costly  
 3. Want to conceive  
 4. Husband's will  
 5. Religious barrier  
 6. Side effects (Specify).....  
 7. Others (Specify).....

**30.6. Which method are you currently using?**

1. Oral pill     2. Condom     3. Injectable     4. IUD  
 5. Implants     6. Tubectomy     7. Vasectomy     8. Withdrawal  
 9. Periodic abstinence     10. Others (Specify).....

**30.7. What are the reasons for using it?**

1. Safe  
 2. Cheap  
 3. Convenient  
 4. Effective  
 5. Health benefit (fewer side effects)  
 6. Husband's will  
 7. Others (specify).....

**31. Who choose family planning methods?**

1. Myself       2. My husband       3. Both

**32. Have you experienced any obstacles from your family or husband for using contraceptives?**

1. Yes  
 2. No

**33. Do you face any financial hardship in your family for using contraceptives?**

1. Yes  
 2. No

**34. From where you collect or conduct contraceptives?**

1. Hospital  
 2. FP field worker  
 3. Pharmacy  
 4. Others (Specify).....

**Go to question 36**

**35. Why are you not using any of the methods?**

1. Costly  
 2. Want to conceive  
 3. Husband's will  
 4. Religious barrier  
 5. Side effects (Specify).....  
 6. Others (Specify).....

**36. Are you expecting any baby in near future (less than one year)?**

1. Yes  
 2. No

**37. Have you ever conceived unexpectedly?**

1. Yes  
 2. No [Go to question 38]

37.1. If yes, how many times? .....times

**Part-6: Source of Information Related Questions**

**38. Are you using any of the following massmedia?**

- 1. TV
- 2. Radio
- 3. Newspaper
- 4. Internet
- 5. None

**39. Are you connected with any NGO program?**

- 1. Yes
- 2. No

**39.1. If yes, mention the NGO and program name.....**

**40. Any FP field worker visits you at home or garment regularly?**

- 1. Yes
- 2. Occasionally
- 3. No

**Appendix-E**  
**Questionnaire (Bengali)**  
**প্রশ্নমালা**

আইডি:

তারিখ:

**১ম ভাগ: আর্থ-জনতাত্ত্বিক প্রশ্নাবলি**

১। আপনার বয়স কত?

.....বছর

২। আপনার ধর্ম কি?

- ১। ইসলাম
- ২। হিন্দু
- ৩। খ্রিষ্টান
- ৪। বৌদ্ধ
- ৫। অন্যান্য

৩। আপনি সর্বশেষ কোন শ্রেণী পর্যন্ত পড়েছেন ?

- ১। পড়িনি
- ২। পঞ্চম শ্রেণী
- ৩। অষ্টম শ্রেণী
- ৪। এস.এস.সি
- ৫। এইচ.এস.সি
- ৬। এইচ.এস.সি থেকে উপরে

৪। আপনার মাসিক আয় কত?

ট.....

...

৫। আপনার স্বামী সর্বশেষ কোন শ্রেণী পর্যন্ত পড়েছেন ?

- ১। পড়িনি
- ২। পঞ্চম শ্রেণী
- ৩। অষ্টম শ্রেণী
- ৪। এস.এস.সি
- ৫। এইচ.এস.সি
- ৬। এইচ.এস.সি থেকে উপরে

৬। আপনার স্বামীর পেশা কি ?

- ১। গার্মেন্টস কর্মী
- ২। দিন মজুর
- ৩। ছোট ব্যবসায়ী/দোকানদার
- ৪। কৃষক
- 
-

৫। সরকারি চাকরী

৬। বেসরকারি চাকরী

৭। ড্রাইভার

৮। অন্যান্য (উল্লেখ করুন).....

৭। আপনার পরিবার এর মাসিক আয় কত?

ট.....

৮। আপনার পরিবার কোন ধরনের ?

১। একক

২। যৌথ

৯। আপনার পরিবারের সদস্য সংখ্যা কতজন ?

.....জন

### ২য় ভাগঃ ধাত্রীবিদ্যা সংক্রান্ত প্রশ্নাবলী

১০। কত বছর বয়সে আপনার ঋতুগ্রাব শুরু হয়েছিল?

.....বছর

১১। কত বছর বয়সে আপনি বিয়ে করেছিলেন?

..... বছর

১২। আপনি কত বার গর্ভবতী হয়েছিলেন?

..... বার

১২ নম্বর প্রশ্নের উত্তর শূন্য (০) হলে, ১৫ নং প্রশ্নে চলে যান

১৩। আপনি কতবার জীবিত সন্তান জন্ম দিয়েছিলেন?

..... বার

১৪। আপনার সর্বশেষ বাচ্চাটির বয়স কত?

.....বছর

### ৩য় ভাগঃ চাকরী সম্পর্কিত প্রশ্নাবলী

১৫। গার্মেন্টস এর কোন অংশে আপনি কাজ করছেন?

১। নিটিং সেকশন

২। ডাইং সেকশন

৩। কাটিং সেকশন

৪। সিউইং সেকশন

৫। প্রিন্টিং সেকশন

৬। ফিনিশিং সেকশন

৭। অন্যান্য (উল্লেখ করুন) .....

১৬। আপনি কোন শিফট এ কাজ করছেন ?

- ১। সকাল
- ২। বিকেল
- ৩। রাত

১৭। আপনি প্রতিদিন কত ঘন্টা কাজ করেন? ..... ঘন্টা

১৮। আপনি সপ্তাহে গড়ে কত ঘন্টা ওভারটাইম কাজ করেন?

..... ঘন্টা

### ৪র্থ ভাগ: জ্ঞান সম্পর্কিত প্রশ্নাবলী

১৯। আপনি কি গর্ভনিরোধক সম্পর্কে জানেন?

- ১। হ্যাঁ
- ২। না (৩৬ নং প্রশ্নে চলে যান)

২০। গর্ভনিরোধক পদ্ধতিগুলো কি কি?

- |  |   |
|--|---|
| <input type="checkbox"/> ১। গর্ভনিরোধক বড়ি [প্রশ্ন ২১]  | <input type="checkbox"/> ২। কনডম [প্রশ্ন ২২]              |
| <input type="checkbox"/> ৩। আই.ইউ.ডি [প্রশ্ন ২৩]         | <input type="checkbox"/> ৪। ইনজেকশন [প্রশ্ন ২৪]           |
| <input type="checkbox"/> ৫। ইমপ্লান্ট [২৫ প্রশ্ন]        | <input type="checkbox"/> ৬। স্ত্রী বন্ধ্যাকরণ [প্রশ্ন ২৬] |
| <input type="checkbox"/> ৭। পুরুষ বন্ধ্যাকরণ [প্রশ্ন ২৬] | <input type="checkbox"/> ৮। অপসারণ [প্রশ্ন ২৭]            |
| <input type="checkbox"/> ৯। যৌন বিরতি [প্রশ্ন ২৭]        | <input type="checkbox"/> ১০। অন্যান্য (উল্লেখ করুন).....  |

২১। গর্ভনিরোধক বড়ি

২১.১। গর্ভনিরোধক বড়ির সুবিধাগুলো কি কি?

- ১। নিরাপদ এবং সহজ
- ২। পূর্বাভাস্য ফেরানো সহজ এবং সহজপ্রাপ্য
- ৩। পার্শ্ব প্রতিক্রিয়া কম
- ৪। সস্তা
- ৫। অন্যান্য (উল্লেখ করুন).....
- ৬। নাই
- ৭। জানি না



**২১.২। গর্ভনিরোধক বড়ির অসুবিধাগুলো কি কি?**

- ১। বমি বমি ভাব/বমি
- ২। ওজন বৃদ্ধি
- ৩। মাথাঘোরা
- ৪। অনিয়মিত ঋতুস্রাব
- ৫। স্তন ব্যাথা
- ৬। প্রতিদিন খাওয়ার কথা মনে রাখতে হয়
- ৭। যৌনবাহিত রোগ/যৌনবাহিত সংক্রমণ থেকে সুরক্ষা দিতে পারে না
- ৮। উচ্চরক্তচাপ
- ৯। অন্যান্য (উল্লেখ করুন).....
- ১০। নাই
- ১১। জানি না

**২২। কনডম**

**২২.১। কনডম এর সুবিধাগুলো কি কি ?**

- ১। নিরাপদ এবং ব্যবহার করা সহজ
- ২। সহজপ্রাপ্য
- ৩। কোন হরমোনজনিত পার্শ্ব প্রতিক্রিয়া নেই
- ৪। যৌনবাহিত রোগ/যৌনবাহিত সংক্রমণ থেকে সুরক্ষা দেয়
- ৫। অন্যান্য (উল্লেখ করুন).....
- ৬। নাই
- ৭। জানি না

**২২.২। কনডম এর অসুবিধাগুলো কি কি ?**

- ১। চুলকানি/স্বক জ্বালা পোড়া করে
- ২। উত্তেজনায় বাধাদেয়
- ৩। ছিড়ে গেলে গর্ভধারণের সম্ভাবনা থাকে
- ৪। অন্যান্য (উল্লেখ করুন).....
- ৫। নাই
- ৬। জানি না

২৩। আই.ইউ.ডি

২৩.১। আই.ইউ.ডি (কপার টি) এর সুবিধাগুলো কি কি?

- ১। অত্যন্ত কার্যকর
- ২। বিনামূল্য
- ৩। একবার ব্যবহারে দীর্ঘ সময়ের সুরক্ষা দেয়
- ৪। যে কোন সময়ে পূর্বাবস্থায় ফেরানো যায়
- ৫। অন্যান্য (উল্লেখ করুন).....
- ৬। নাই
- ৭। জানি না

২৩.২। আই.ইউ.ডি (কপার টি) এর অসুবিধাগুলো কি কি?

- ১। তলপেটে ব্যাথা
- ২। অনিয়মিত ঋতুস্রাব
- ৩। সুতা বের হয়ে আসে
- ৫। যৌনবাহিত রোগ/যৌনবাহিত সংক্রমণ থেকে সুরক্ষা দিতে পারে না
- ৬। অন্যান্য (উল্লেখ করুন).....
- ৬। নাই
- ৭। জানি না

২৩.৩। আপনি জানেন কি ঢোকানোর পর আই.ইউ.ডিকত বছর সুরক্ষা দিতে পারে?

- ১। ১-২ বছর
- ২। ৩-৪ বছর
- ৩। ৫ বছর
- ৪। ৫-১০ বছর
- ৫। জানি না

২৪। ইনজেকশন

২৪.১। ইনজেকশনের সুবিধাগুলো কি কি?

- ১। একবার ব্যবহার দেয় ২-৩ মাস সুরক্ষা
- ২। বিনামূল্য
- ৩। শ্রোণী প্রদাহজনিত রোগ থেকে সুরক্ষা দেয়
- ৪। অন্যান্য (উল্লেখ করুন).....
- ৫। নাই
- ৬। জানি না

**২৪.২। ইনজেকশনের অসুবিধাগুলো কি কি?**

- ১। ওজন বৃদ্ধি
- ২। উষ্ণরক্তচাপ
- ৩। স্থানে ব্যাথা
- ৪। যৌনবাহিত রোগ/যৌনবাহিত সংক্রমণ থেকে সুরক্ষা দিতে পারে না
- ৫। প্রতি ২-৩ মাস পর পর স্বাস্থ্য কমপ্লেক্সে যেতে হয় (সময় থাকে না)
- ৬। অন্যান্য (উল্লেখ করুন).....
- ৭। নাই
- ৮। জানি না

**২৫। ইমপ্লান্ট**

**২৫.১। ইমপ্লান্ট এর সুবিধাগুলো কি কি?**

- ১। একবার ব্যবহারে দীর্ঘ সময়ের সুরক্ষা দেয়।
- ২। স্থাপন করা সহজ
- ৩। বিনামূল্য
- ৪। অন্যান্য (উল্লেখ করুন).....
- ৫। নাই
- ৬। জানি না

**২৫.২। ইমপ্লান্ট এর অসুবিধাগুলো কি কি ?**

- ১। অনিয়মিত ঋতুস্রাব
- ২। মাথা ব্যাথা
- ৩। ওজন বৃদ্ধি
- ৪। যৌনবাহিত রোগ/যৌনবাহিত সংক্রমণ থেকে সুরক্ষা দিতে পারে না
- ৫। অন্যান্য (উল্লেখ করুন).....
- ৬। নাই
- ৭। জানি না

**২৫.৩। আপনি জানেন কি ইমপ্লান্ট স্থাপনের পরকত বছর পর্যন্ত সুরক্ষা দিতে পারে?**

- ১। ১-২ বছর
- ২। ৩-৪ বছর
- ৩। ৫ বছর
- ৪। ৫ বছরের বেশী
- ৫। জানি না

**২৬। বন্ধ্যাকরণ**

**২৬.১। বন্ধ্যাকরণ এর সুবিধাগুলো কি কি?**

- ১। অধিক কার্যকর
- ২। কোন হরমোনজনিত পার্শ্ব প্রতিক্রিয়া নেই
- ৩। বিনামূল্য
- ৪। যৌনবাহিত রোগ/যৌনবাহিত সংক্রমণ থেকে সুরক্ষা দিতে পারে না
- ৫। স্থায়ী
- ৬। অন্যান্য (উল্লেখ করুন).....
- ৭। নাই
- ৮। জানি না

**২৬.২। বন্ধ্যাকরণ এর অসুবিধাগুলো কি কি?**

- ১। স্থায়ী
- ২। চিকিৎসা পদ্ধতিজনিত ঝুঁকি
- ৩। অন্যান্য (উল্লেখ করুন).....
- ৪। নাই
- ৫। জানি না

**২৭। অপসারণ এবং যৌন বিরতি**

**২৭.১। অপসারণ/যৌন বিরতি এর সুবিধাগুলো কি কি?**

- ১। বিনামূল্য
- ২। কোন পার্শ্ব প্রতিক্রিয়া নেই
- ৩। ধর্মীয় বিশ্বাসের সঙ্গে সামঞ্জস্যপূর্ণ
- ৪। অন্যান্য (উল্লেখ করুন).....
- ৫। নাই
- ৬। জানি না

**২৭.২। অপসারণ/যৌন বিরতি এর অসুবিধাগুলো কি কি?**

- ১। অত্যন্ত ঝুঁকিপূর্ণ
- ২। যৌনবাহিত রোগ/যৌনবাহিত সংক্রমণ থেকে সুরক্ষা দিতে পারে না
- ৩। অন্যান্য (উল্লেখ করুন).....
- ৪। নাই
- ৫। জানি না

**২৮। আপনি কি জরুরী গর্ভনিরোধক বড়ির (পিউলী, নোরিক্স, ইমকন, টিউলিপ) কথা শুনেছেন?**

- ১। হ্যাঁ
- ২। না

২৯। আপনি কোথা থেকে গর্ভনিরোধক সম্পর্কে জানতে পেরেছিলেন?

- ১। পরিবার
- ২। স্কুল/কলেজ
- ৩। বন্ধু/সহকর্মী
- ৪। পরিবার পরিকল্পনা মাঠকর্মী
- ৫। গণমাধ্যম (টিভি, রেডিও, পত্রিকা, ইন্টারনেট)
- ৬। অন্যান্য (উল্লেখ করুন).....

**৫ম ভাগ: গর্ভনিরোধক ব্যবহার সম্পর্কিত প্রশ্নাবলী**

৩০। আপনি কি কখনও কোন গর্ভনিরোধক পদ্ধতি ব্যবহার করেছেন?

- ১। হ্যাঁ
- ২। না [৩৫ নং প্রশ্নে চলে যান]

৩০.১। যদি হ্যাঁ হয় তবে কত বছর আগে প্রথম ব্যবহার করেছিলেন?  
.....বছর আগে

৩০.২। পদ্ধতিটি কি ছিল?

- ১। গর্ভনিরোধক বন্ডি
- ২। কনডম
- ৩। আই.ইউ.ডি
- ৪। ইনজেকশন
- ৫। ইমপ্লান্ট
- ৬। স্ত্রী বন্ধ্যাকরণ
- ৭। পুরুষ বন্ধ্যাকরণ
- ৮। অপসারণ
- ৯। যৌন বিরতি
- ১০। অন্যান্য (উল্লেখ করুন).....

৩০.৩। আপনি কি বর্তমানে কোন পদ্ধতি ব্যবহার করছেন?

- ১। হ্যাঁ
- ২। না [৩৫নং প্রশ্নে চলে যান]

৩০.৪। যদি হ্যাঁ হয় তবে এটি কি একই পদ্ধতি যা আপনি প্রথমবার ব্যবহার করেছিলেন?

- ১। হ্যাঁ [৩০.৭ নং প্রশ্নে চলে যান]
- ২। না

৩০.৫। যদি না হয় তাহলে কেন আপনি ওই পদ্ধতি ব্যবহার করছেন না?

- ১। কম কার্যকর
- ২। ব্যয়বহুল
- ৩। গর্ভধারণ করতে চাই
- ৪। স্বামীর ইচ্ছা

- ৫। ধর্মীয় বাধা  
 ৬। পার্শ্বপ্রতিক্রিয়া (উল্লেখ করুন) .....  
 ৭। অন্যান্য (উল্লেখ করুন) .....

**৩০.৬। আপনি বর্তমানে কোন পদ্ধতি ব্যবহার করছেন?**

- ১। গর্ভনিরোধক বন্ডি  ২। কনডম  ৩। আই.ইউ.ডি  ৪। ইনজেকশন  
 ৫। ইমপ্লান্ট  ৬। স্ত্রী বন্ধ্যাকরণ  ৭। পুরুষ বন্ধ্যাকরণ  ৮। অপসারণ  
 ৯। যৌন বিরতি  ১০। অন্যান্য (উল্লেখ করুন).....

**৩০.৭। এই পদ্ধতি ব্যবহারের কারণগুলো কী কী?**

- ১। নিরাপদ  
 ২। সস্তা  
 ৩। সুবিধাজনক  
 ৪। কার্যকর  
 ৫। স্বাস্থ্য সুবিধা (কম পার্শ্ব প্রতিক্রিয়া)  
 ৬। স্বামীর ইচ্ছা  
 ৭। অন্যান্য (উল্লেখ করুন) .....

**৩১। পরিবার পরিকল্পনা পদ্ধতি কে ঠিক করে?**

- ১। আমি নিজে  ২। আমার স্বামী  ৩। দুজনে মিলে

**৩২। গর্ভ নিরোধক ব্যবহার করার কারণে কি স্বামী বা পরিবারের কাছ থেকে কোন বাধার সম্মুখীন হয়েছেন?**

- ১। হ্যাঁ  
 ২। না

**৩৩। গর্ভ নিরোধক ব্যবহার করার কারণে কি পরিবারে কোন আর্থিক অনটনের মুখোমুখি হচ্ছেন?**

- ১। হ্যাঁ  
 ২। না

**৩৪। আপনি কোথা থেকে গর্ভ নিরোধক পদ্ধতি সম্পন্ন বা সংগ্রহ করেন?**

- ১। হাসপাতাল  
 ২। পরিবার পরিকল্পনা মাঠ কর্মী  
 ৩। ঔষধালয়  
 ৪। অন্যান্য (উল্লেখ করুন) .....

**৩৬ নং প্রশ্নে চলে যান**

৩৫। আপনি কেন কোন পদ্ধতি ব্যবহার করছেন না?

- ১। ব্যয়বহুল
- ২। গর্ভধারণ করতে চাই
- ৩। স্বামীর ইচ্ছা
- ৪। ধর্মীয় বাধা
- ৫। পার্শ্ব প্রতিক্রিয়া (উল্লেখ করুন) .....
- ৬। অন্যান্য (উল্লেখ করুন) .....

৩৬। আপনি কি নিকট ভবিষ্যতে কোন সন্তান আশা করছেন (১ বছর কম সময়ের মধ্যে)?

- ১। হ্যাঁ
- ২। না

৩৭। আপনি কি কখনো অপ্রত্যাশিতভাবে গর্ভবতী হয়েছেন?

- ১। হ্যাঁ
- ২। না [৩৮ নং প্রশ্নে চলে যান]

৩৭.১। হ্যাঁ হলে, কত বার?

..... বার

### ৬ষ্ঠ ভাগ: তথ্যউৎস সংশ্লিষ্ট প্রশ্নাবলী

৩৮। আপনি কী নিম্নলিখিত কোনো গণ মাধ্যম ব্যবহার করছেন?

- ১। টেলিভিশন
- ২। রেডিও
- ৩। পত্রিকা
- ৪। ইন্টারনেট
- ৫। না

৩৯। আপনি কি কোন এনজিও প্রোগ্রামের সাথে যুক্ত আছেন?

- ১। হ্যাঁ
- ২। না

৩৯.১। হ্যাঁ হলে এনজিও এবং প্রোগ্রামের নাম উল্লেখ করুন.....

৪০। বাড়িতে বা গার্মেন্টসে কোন পরিবার পরিকল্পনামাঠ কর্মী কি আপনাকে নিয়মিত ভাবে পরিদর্শন করে?

- ১। হ্যাঁ
- ২। মাঝে মাঝে
- ৩। না

## Appendix-F

### Curriculum Vitae

#### MST. MASTURA KAWSAR TITHI

95/3/A, Fourth Floor (right side)  
Middle Pirerbag, Mirpur, Dhaka-1216  
Cell: +8801737 388 062, +8801515 609 846  
Email: mkawsar1906@gmail.com



#### PERSONAL INFORMATION

Father's Name : Md. Mohsin Ali  
Mother's Name : Mst. Razia Sultana  
Date of Birth : 18<sup>th</sup> March, 1993  
Marital Status : Unmarried  
Nationality : Bangladeshi  
National Id No. : 4645567548  
Religion : Islam  
Permanent Address: Notun Bazar, Birampur, Dinajpur

#### WORK HISTORY

▪ **Senior Staff Nurse**

National Heart Foundation Hospital & Research Institute  
Plot-7/2, Section-2, Mirpur, Dhaka-1216  
Duration: 15th December, 2016 to Present

▪ **Intern Nurse**

Dhaka Medical College Hospital  
Duration: 6 months (1<sup>st</sup> August, 2015 to 31<sup>st</sup> January, 2016)  
Departments: Medical, Surgical, Pediatric & Obstetrical Nursing

#### TRAINING and CERTIFICATION

▪ **Registered Nurse of Bangladesh Nursing Council (BNC)**

Registration date: 1<sup>st</sup> April, 2016  
Registration no.: 3963

▪ **Office Applications for Smart Office**

Institute of Information Technology (IIT), University of Dhaka  
Topic: MS Word, MS PowerPoint, MS Excel

Year: 2012  
Duration: 3 months

## EDUCATIONAL BACKGROUND

- **Master of Public Health (MPH)**  
Reproductive Health Major  
Thesis title: Status of Contraceptive Use among Female Garment Worker in Dhaka City, Bangladesh  
Result: Waiting for result  
State University of Bangladesh

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- **B.Sc in Nursing**  
University of Dhaka  
Dhaka Nursing College, Dhaka  
Result: Passed  
Passing Year: 2015

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- **Higher Secondary Certificate (H.S.C)**  
Birampur Women's College, Birampur, Dinajpur  
Group: Science  
Passing year: 2010  
GPA: 3.40 out of 5

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- **Secondary School Certificate (S.S.C)**  
Birampur Pilot High School, Birampur, Dinajpur  
Group: Science  
Passing year: 2008  
GPA: 4.81 out of 5

## LANGUAGE PROFICIENCY

- Bengali: Excellent (mother language)
- English: Fair (able to participate in courses taught in English, as well as read and write at an advanced level)

## COMPUTER SKILL

- Have basic knowledge about computer
- Web surfing, Mailing and other day to day tasks
- Microsoft Office based application (Word, Excel, Power Point)
- SPSS (Statistical Package for Social Science)

## REFERENCES

Nuhad Raisa Seoty  
Lecturer

Dr. Saqui Khandoker  
Additional Director (cc)

Department of Public Health  
State University of Bangladesh  
Cell: +8801716 449 241  
Email: seoty@sub.edu.bd

Director (inspection), Colleges and Post  
Graduate Institutes  
BSMMU  
Cell: +8801552 328 586  
Email: saquikhandoker@gmail.com

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

Date:

Mst, Mastura Kawsar Tithi