Examining the Factors Affecting Contraceptive Use Among Married People: A Cross-Sectional Study in Madaripur, Bangladesh

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Abstract

The study aims to find out the factors that affect contraceptive use among married people. A cross-sectional survey was employed in this study, where primary data were collected from a total of 400 samples from Madaripur Sadar Upazila in Bangladesh via face-to-face interviews based on judgmental sampling. Descriptive and inferential statistics were employed to analyze data. The study identified five types of factors such as demographic factors, socio-economic factors, personal and family factors, religious and cultural factors and finally health factor. The study found that the factors including gender, place of residence, number of alive children, employment status, level of education, monthly income, social class, availability of contraceptive service, counselling from FP workers, personal interest on using contraceptive, prevention of unwanted pregnancy, partner's support, knowledge about contraceptive positively affect contraceptive use among married people while the factors involving age of respondents', duration of marriage, cost of contraceptive materials, desire for male children, religious attachment, listening religious lectures from religious leaders cultural beliefs, concerns about the side-effects of contraceptive use on health negatively affect contraceptive use among married people. All of these associations were statistically significant (p-value < 0.05). By providing a clear understanding of these factors the study will help policymakers to design appropriate family-planning strategies. The study suggests that contraceptive services should be available and accessible as well as community outreach programs should be undertaken to reduce misconceptions and myths about contraception that can encourage people to use contraceptive.

Keywords: *Factors; Contraceptive Use; Married People; Madaripur*

Introduction

Contraception refers to the way of preventing pregnancy through various methods such as medications, devices, or behaviors. It helps a woman to take control of her reproductive health at the same

time it enables a woman to become an effective participant in family planning decisions (Bansode et al., 2023). Contraception helps individuals to achieve their preferred number of children and also enables them to manage the timing of their pregnancies (Chauhan & Prasad, 2021).

As we know, Bangladesh is the most densely populated country in the world. So it is necessary to promote contraceptive use for balancing the population growth. Effective use of contraceptive can minimize unintended pregnancies that can reduce population growth rates as well as ensure SDGs (Colarossi, 2019). In Bangladesh, for more than half a century, family planning programs have been effectively conducted, resulting in a successful decline in the fertility rate (Bhatia et al., 2024).

But the family planning services in Bangladesh is facing a lot of challenges such as the unwillingness of the male partners, religious sentiments, and fear about the side effects of using contraceptive materials (Yeasmin, 2018).

A lot of studies are available in academia regarding the factors that affect contraceptive use among married people. (Srikanthan & Reid, 2008) claimed that contraceptive use is greatly influenced by religious and cultural beliefs. (Kamal & Islam, 2012) claimed that discussions between husband and wife positively affect contraceptive use and family planning in Bangladesh. (Ross & Stover, 2013) stated that when a wider range of methods is accessible to a large segment of the population, people are more likely to use contraceptives. (Channon, 2015) claimed that son preference significantly influences contraceptive use throughout South Asia. (Ghule et al., 2015) found that there are several key barriers that affect contraceptive use, including social norms, desire for more sons, family opposition to contraceptive use, misconceptions, myths, and fear about the side effects of using contraceptives. (Islam et al., 2016) claimed that employed women are more likely to use contraceptives compared to women who are not employed. (Kibria et al., 2016) found that the number of alive children, and level of education were positively associated with contraceptive use. (Mohsena & Kamal, 2016) found that several factors, such as level of education, desire for son, place of residence, women's involvement in nongovernment organizations, and communication with family planning workers are strongly associated with contraceptive use. (Haq et al., 2017) stated that the use of contraceptives declines with the age of women, and older women are less likely to use contraceptives compared to younger women. A study conducted by (Hossain et al., 2018)found that several factors were significantly associated with contraceptive use in Bangladesh, such as place of residence of respondents, religion, employment status of women, desire for children, husband's education and age of women. (Kistiana et al., 2020) stated that contraceptive use depends on knowledge of family planning and those who have more knowledge are more willing to use contraceptives. (D'Souza et al., 2022) found that women's knowledge about contraceptives, concern about the side effects of using contraceptives on health, availability of contraceptive materials, cost of contraceptive services, and expertise of health practitioners play an important role in contraceptive use. (Rattan et al., 2022) stated that the contraceptive prevalence rate is higher among more educated people compared to less educated people. (Agyekum et al., 2022) showed that the support from partners significantly affects contraceptive use. Those who get much support from partners are more willing to use contraceptives.

It can be seen that there are several studies available in academia related to the factors affecting contraceptive use but most of the studies have only focused on the socio-demographic characteristics of respondents that affect contraceptive use. Moreover, no research has been conducted so far to identify the multiple factors that affect contraceptive use among married people, considering demographic factors, socio-economic factors, personal and family factors, religious and cultural factors, and health factor. Furthermore, a limited number of empirical studies have been conducted so far to explore the multiple factors that affect contraceptive use among married people in the context of Bangladesh. As such the primary objective of this study is to identify several factors that affect contraceptive use among married

people of Madaripur Sadar Upazila in Bangladesh. However, the study has some specific objectives that are given below:

   a. To find out demographic factors affecting contraceptive use among married people.
   b. To identify socio-economic factors that influence contraceptive use among married people.
   c. To investigate personal and family factors that influence contraceptive use among married people.
   d. To find out religious and cultural factors affecting contraceptive use among married people.
   e. To identify health factors affecting contraceptive use among married people.

Methodology

Study Area

The study was conducted at Madaripur Sadar Upazila(Sub-district of Madaripur). It is located at the Madaripur District in Bangladesh. According to the Bangladesh Population and housing Census 2011, the total population of Madaripur Sadar Upazila is 345764, with 171329 males and 174435 females. The average literacy rate of this area is 51.1%, with 53.9% of males and 48.4% of females (BANGLAPEDIA, 2023). The main source of income of this region is agriculture and other sources including industry, service sectors, commerce, transport and communication, remittances, and construction services. Data is collected from both rural and urban parts of Madaripur Sadar Upazila.

Research Design and Participants

The study was primarily a cross-sectional survey which involved collecting data from samples at a single point in time. A cross-sectional study is a type of observational study that examines data from a population at a single point in time (Wang & Cheng, 2020). The target population of the study was married people, both male and female, of Madaripur Sadar Upazila.

As population size is unknown, the Sample size was determined by using **Cochran's formula**:

$$n_0 = \frac{Z^2 . p . (1-p)}{e^2}$$

$$n_0 = \frac{(1.96)^2 . (0.5) . (1-0.5)}{(0.05)^2} = 384$$

Where,

n_0 = Desired sample size

Z = standard normal deviate at desired confidence level (1.96 for 95% confidence)

p = prevalence of contraceptive use (50% unknown prevalence)

e = desired margin of error (0.05 or 5%)

However, a total of 400 respondents from both rural and urban parts of Madaripur were chosen through judgmental sampling due to the lack of sampling frame in the hand of the researchers while undertaking the study. Purposive or judgmental sampling is a non-provability sampling method in which researchers trust on their own judgment when selecting samples from the population for the study (Reddy & Ramasamy, 2016).

The demographic characteristics of the respondents are presented below in Table 1

Table 1 Demographic characteristics of the respondents

Variables		Frequency	Percent (%)
Gender	Male	195	48.8
	Female	205	51.2
	Total	**400**	**100.0**
Age Group	15-22	37	9.2
	23-30	132	33.0
	31-38	121	30.3
	39-46	74	18.5
	Above 46	36	9.0
	Total	**400**	**100.0**
Place of residence	Rural	205	51.2
	Urban	195	48.8
	Total	**400**	**100.0**
Number of alive children	0-1	95	23.8
	1-2	124	31.0
	2-3	87	21.8
	3-4	45	11.2
	Above 4	49	12.2
	Total	**400**	**100.0**
Duration of marriage	1-5	100	25.0
	6-10	66	16.5
	11-15	66	16.5
	16-20	71	17.8
	Above 20	97	24.2
	Total	**400**	**100.0**

Source: Field work, September-December, 2024

Measurement and Data Collection Tools

The study used an ordinal scale, particularly a 5-point Likert-type scale to measure the contraceptive use of the respondents. In this study, five types of factors such as demographic factors, socio-economic factors, personal and family factors, Religious and cultural factors, and health factors were considered as independent variables. The demographic factors involved gender, place of residence, number of alive children, age, and duration of marriage. Here gender and place of residence were measured at nominal level and age group, number of alive children, duration of marriage were ranked from lower level to higher level to maintain ordinal scale. The socio-economic factors involved employment status, level of education, monthly income, social class, availability of contraceptive service, counselling from FP workers and cost of contraceptive materials. Here, employment status was measured at nominal level and level of education, monthly income, social class were ranked from lower level to higher level to ensure ordinal scale and apart from these, availability of contraceptive service, counseling from FP workers, cost of contraceptive materials were measured using a 5-point Likert scale ranging from lower to higher level of attitudes. The personal and family factors involved personal interest on using contraceptives, prevention of unwanted pregnancy, desire for male children, partner's support, knowledge about contraceptive were measured using a 5-point Likert scale ranging from lower to higher level of attitudes. The religious and cultural factors involved religious attachment, listening religious lectures from religious leaders, cultural beliefs about contraceptive use were measured using a 5-point Likert scale

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ranging from lower to higher level of attitudes. The health factor involved concerns about the side-effects of contraceptive use on health was measured using a 5-point Likert scale ranging from lower to higher level of attitudes.

Both primary and secondary data were used in this study. The researchers reviewed several journal articles on the factors affecting contraceptive use among married people to develop a questionnaire. The questionnaire was reviewed and pre-tested by experts to ensure its validity. From September 1, 2024, to December 15, 2024, primary data were collected through a field survey carried out by researchers using face-to-face interviews. The researchers collected secondary data from various sources such as journal articles, books, newspapers, and so on. The researchers properly maintained ethical issues in the course of the study.

Data Analysis Techniques

The study used both descriptive and inferential statistics to analyze primary data. The primary data were summarized and described through descriptive statistics, including frequency distributions and percentages. In this study, contraceptive use was viewed as a dependent variable, and the factors that affected contraceptive use were considered as independent variables. To find out the factors that affect contraceptive use among married people, the study tried to identify the nature and significance of association between contraceptive use and each of the demographic factors, socio-economic factors, personal and family factors, religious and cultural factors, and health factor by applying 'Gamma' test because of the ordinal level of data. On the other hand, 'Lambda' test was employed to identify the nature and significance of association between contraceptive use and the gender, place of residence, employment status of the respondents because of the nominal level of data. All kinds of statistical calculations were conducted by using SPSS software.

Findings of the Study

Table 2 presented below shows the descriptive statistics of contraceptive use among married people.

Table 2 Contraceptive use among married people

Contraceptive use	Frequency	Percent(%)
Not at all	108	27.0
Rarely	58	14.5
Occasionally	110	27.5
Regularly	82	20.5
Very regularly	42	10.5
Total	**400**	**100.0**

As demonstrated in Table 2, the majority (27.5%) of the respondents said that they used contraceptive occasionally, followed by not at all (27%), regularly (20.5%), rarely (14.5%), and very regularly (10.5%).

To identify the demographic factors that affect contraceptive use among married people, the study analyzed the nature and significance of association between contraceptive use and each of the demographic factors by verifying several hypotheses listed below in Table 3

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Table 3 Effects of demographic factors on contraceptive use among married people

No.	Research hypotheses (H$_a$)	Statistical Test	Value	Nature of Association	Alpha-value	p-value
1	There is an association between contraceptive use among married people and their gender*	Lambda	.212	Positive	0.05	.008
2	There is an association between contraceptive use among married people and their place of residence*	Lambda	.179	Positive	0.05	.014
3	There is an association between contraceptive use among married people and their number of alive children*	Gamma	.375	Positive	0.05	.000
4	There is an association between contraceptive use among married people and their age*	Gamma	-.295	Negative	0.05	.002
5	There is an association between contraceptive use among married people and their duration of marriage*	Gamma	-.185	Negative	0.05	.045

*Statistically significant at 95% confidence level (p-value < 0.05)

As indicated in Table 3, all research hypotheses were approved at 95% confidence level. The empirical findings showed that the association between contraceptive use among married people and each of the demographic factors such as their gender (λ = .212; p< 0.05), place of residence (λ = .179; p< 0.05), number of alive children (γ = .375; p< 0.05), age (γ = -.295; p< 0.05), and duration of marriage (γ = -.185; p< 0.05) are statistically significant.

Since the empirical findings demonstrated that gender, place of residence and number of alive children are positively associated with contraceptive use among married, it can be declared that they have positive effects on contraceptive use among married people. On the other hand, since age and duration of marriage were negatively associated with contraceptive use among married people, it can be stated that they have negative effects on contraceptive use among married people.

To identify the socio-economic factors that affect contraceptive use among married people, the study explored the nature and significance of association between contraceptive use and each of the the socio-economic factors by verifying several hypotheses listed below in Table 4

Table 4 Effects of socio-economic factors on contraceptive use among married people

No.	Research hypotheses (H$_a$)	Statistical Test	Value	Nature of Association	Alpha-value	p-value
1	There is an association between contraceptive use among married people and their employment status*	Lambda	.225	Positive	0.05	.002
2	There is an association between contraceptive use among married people and their level of education*	Gamma	.479	Positive	0.05	.000

3	There is an association between contraceptive use among married people and their monthly income*	Gamma	.398	Positive	0.05	.000
4	There is an association between contraceptive use among married people and their social class*	Gamma	.334	Positive	0.05	.000
5	There is an association between contraceptive use among married people and availability of contraceptive service in their area*	Gamma	.547	Positive	0.05	.000
6	There is an association between contraceptive use among married people and counselling from FP workers*	Gamma	.626	Positive	0.05	.000
7	There is an association between contraceptive use among married people and cost of contraceptive materials*	Gamma	-.342	Negative	0.05	.000

*Statistically significant at 95% confidence level (p-value < 0.05)

As demonstrated in Table 4, all research hypotheses were proven at 95% confidence level. The empirical findings showed that the association between contraceptive use among married people and each of the socio-economic factors such as their employment status (λ = .225; p< 0.05), level of education (γ = .479; p< 0.05), monthly income (γ = .398; p< 0.05), social class (γ = .334; p< 0.05), availability of contraceptive service (γ = .547; p< 0.05), counseling from FP workers (γ = .626; p< 0.05), cost of contraceptive materials (γ = -.342; p< 0.05) are statistically significant.

Since the empirical findings demonstrated that only cost of contraceptive materials is negatively associated with contraceptive use among married people, it can be declared that it has a negative effect on contraceptive use among married people. As apart from cost of contraceptive materials, all of the socio-economic factors were positively associated with contraceptive use among married people, it can be declared that that they have positive effects on contraceptive use among married people.

To identify the personal and family factors that affect contraceptive use among married people, the study analyzed the nature and significance of association between contraceptive use and each of the personal and family factors by verifying several hypotheses listed below in Table 5

Table 5 Effects of personal and family factors on contraceptive use among married people

No.	Research hypotheses (H_a)	Statistical Test	Value	Nature of Association	Alpha-value	p-value
1	There is an association between contraceptive use among married people and their personal interest on using contraceptive *	Gamma	.565	Positive	0.05	.000
2	There is an association between contraceptive use among married people and prevention of unwanted pregnancy*	Gamma	.700	Positive	0.05	.000
3	There is an association between	Gamma	-.893	Negative	0.05	.000

	contraceptive use among married people and their desire for male children*					
4	There is an association between contraceptive use among married people and their partner's support*	Gamma	.611	Positive	0.05	.000
5	There is an association between contraceptive use among married people and their knowledge about contraceptive*	Gamma	.403	Positive	0.05	.000

*Statistically significant at 95% confidence level (p-value < 0.05)

As displayed in Table 5, all research hypotheses were proven at 95% confidence level. The empirical findings showed that the association between contraceptive use among married people and each of the personal and family factors such as their personal interest on using contraceptive (γ = .565; p< 0.05), prevention of unwanted pregnancy (γ = .700; p< 0.05), desire for male children (γ = -.893; p< 0.05), partner's support (γ = .611; p< 0.05), knowledge about contraceptive (γ = .403; p< 0.05) are statistically significant.

Since the empirical findings demonstrated that only desire for male children is negatively associated with contraceptive use among married people, it can be asserted that it has a negative effect on contraceptive use among married people. As apart from desire for male children, all of the personal and family factors were positively associated with contraceptive use among married people, it can be declared that they have positive effects on contraceptive use among married people.

To identify the religious and cultural factors that affect contraceptive use among married people, the study explored the nature and significance of association between contraceptive use and each of the religious and cultural factors by verifying several hypotheses listed below in Table 6

Table 6 Effects of religious and cultural factors on contraceptive use among married people

No.	Research hypotheses (Ha)	Statistical Test	Value	Nature of Association	Alpha-value	p-value
1	There is an association between contraceptive use among married people and their religious attachment*	Gamma	-.272	Negative	0.05	.003
2	There is an association between contraceptive use among married people and listening religious lectures from religious leaders*	Gamma	-.304	Negative	0.05	.002
3	There is an association between contraceptive use among married people and their cultural beliefs about contraceptive*	Gamma	-.212	Negative	0.05	.032

*Statistically significant at 95% confidence level (p-value < 0.05)

As presented in Table 6, all research hypotheses were proven at 95% confidence level. The empirical findings showed that the association between contraceptive use among married people and each of the religious and cultural factors such as their religious attachment (γ = -.272; p< 0.05), listening

religious lectures from religious leaders (γ = -.304; p< 0.05), and cultural beliefs about contraceptive (γ = -.212; p< 0.05) are statistically significant.

Since the empirical findings demonstrated that all of the religious and cultural factors are negatively associated with contraceptive use among married people, it can be asserted that they have negative effects on contraceptive use among married people.

To identify the health factor that affects contraceptive use among married people, the study investigated the nature and significance of association between contraceptive use and concerns about the side-effects of contraceptive use on health by verifying a hypothesis listed below in Table 7

Table 7 Effects of health factor on contraceptive use among married people

Research hypotheses (Ha)	Statistical Test	Value	Nature of Association	Alpha-value	p-value
There is an association between contraceptive use among married people and concerns about the side-effects of contraceptive use on health*	Gamma	-.709	Negative	0.05	.000

*Statistically significant at 95% confidence level (p-value < 0.05)

As presented in Table 7, the research hypothesis was proven at 95% confidence level. The empirical findings showed that the association between contraceptive use among married people and concerns about the side-effects of contraceptive use on their health (γ = -.709; p< 0.05) is statistically significant.

Since the empirical findings demonstrated that concerns about the side-effects of contraceptive use on health is negatively associated with contraceptive use among married people, it can be asserted that it has negative effect on contraceptive use among married people.

Discussion

The study reveals that demographic factors such as gender, place of residence and number of alive children are positively associated with contraceptive use among married people with statistical significance. On the other hand, rest of the demographic factors such as age and duration of marriage are negatively associated with contraceptive use among married people with statistical significance. The study claims that sex or gender positively affects contraceptive use among married people. This finding contradicts the finding of (Mkwananzi, 2022). The study shows that place of residence positively affects contraceptive use among married people. This finding is supported by several studies (Mohsena & Kamal, 2016; Islam et al., 2016; Islam et al., 2020). The study indicates that number of alive children positively affects contraceptive use among married people. This finding is supported by several studies (Kibria et al., 2016; Islam et al., 2016; Kundu et al., 2022). The study reveals that age and duration of marriage negatively affect contraceptive use among married people. These findings are supported by several studies (Haq et al., 2017; Kundu et al., 2022). But these findings are not similar with the findings of (Mkwananzi, 2022; Islam M. S., 2014).

The study reveals that socio-economic factors such as employment status, level of education, monthly income, social class, availability of contraceptive service, counselling from FP workers are positively associated with contraceptive use among married people with statistical significance but cost of

contraceptive materials is negatively associated with contraceptive use among married people with statistical significance. The study indicates that employment status positively affects contraceptive use among married people. This finding is equivalent to the findings of (Islam et al., 2016; Islam M. S., 2014; Haq et al., 2017). The study claims that level of education, monthly income, social class positively affect contraceptive use among married people. These findings are supported by several studies (Kibria et al., 2016; Mohsena & Kamal, 2016; Hossain et al., 2018; Lasong et al., 2020; Rattan et al., 2022; Haq et al., 2017). The study claims that availability of contraceptive service, counselling from FP workers positively affect contraceptive use among married people. These findings are supported by several studies (Mohsena & Kamal, 2016; Kamal & Islam, 2012; Khan, 2003; Ross & Stover, 2013; Islam et al., 2020). The study argues that cost of contraceptive materials negatively affects contraceptive use among married people. This finding is supported by several studies (Ghule et al., 2015; Mbizvo & Phillips, 2014; Shah et al., 2008; Najafi-Sharjabad et al., 2013).

The study reveals that personal and family factors such as personal interest on using contraceptive, prevention of unwanted pregnancy, partner's support, knowledge about contraceptive are positively associated with contraceptive use among married people with statistical significance but desire for male children is negatively associated with contraceptive use among married people with statistical significance. The study indicates that personal interest on using contraceptive and prevention of unwanted pregnancy positively affect contraceptive use among married people. These finding are supported by several studies (Haq et al., 2017; Kallner & Danielsson, 2016). The study claims that partner's support positively affects contraceptive use among married people. This finding is consistent with several studies (Kamal N. , 2000; Kamal & Islam, 2012; Zelalem et al., 2021). The study highlights that knowledge about contraceptives positively affects contraceptive use among married people. This finding is equivalent to the findings of several studies (D'Souza et al., 2022; Kistiana et al., 2020; Islam M. S., 2014). The study argues that desire for male children negatively affects contraceptive use among married people. This finding is supported by several studies (Channon, 2015; Hoq, 2020).

The study reveals that religious and cultural factors such as religious attachment, listening religious lectures from religious leaders, cultural beliefs about contraceptive use are negatively associated with contraceptive use among married people with statistical significance. The study claims that religious attachment, listening religious lecture from religious leaders negatively affect contraceptive use among married people. These findings are supported by several studies (Kenny et al., 2022; Takyi et al., 2023; Shah et al., 2008; Najafi-Sharjabad et al., 2013; Kibria et al., 2016; Srikanthan & Reid, 2008). The study indicates that cultural beliefs about contraceptive use has negative impact on contraceptive use among married people. This finding is supported by several studies (Ghule et al., 2015; Takyi et al., 2023; Najafi-Sharjabad et al., 2013; Kenny et al., 2022; Srikanthan & Reid, 2008).

The study reveals that the health factor involved concerns about the side-effects of contraceptive use on health is negatively associated with contraceptive use among married people with statistical significance. This finding is supported by several studies (Ghule et al., 2015; Takyi et al., 2023; Khan, 2003; Rattan et al., 2022).

Conclusion

The study concludes that contraceptive use among married people is affected by various factors. The study points out five categories of factors such as such as demographic factors, socio-economic factors, personal and family factors, religious and cultural factors and finally health factors. The study shows that the demographic factors involving gender, place of residence and number of alive children have positive effects on contraceptive use while age and duration of marriage have negative effects on contraceptive use among married people. The study highlights that the socio-economic factors involving

employment status, level of education, monthly income, social class, availability of contraceptive service, counselling from FP workers have positive effects on contraceptive use while cost of contraceptive has a negative effect on contraceptive use among married people. The study indicates that the personal and family factors involving personal interest on using contraceptive, prevention of unwanted pregnancy, partner's support, knowledge about contraceptive have positive effects on contraceptive use while desire for male children has a negative effect on contraceptive use. The study claims that all the religious and cultural factors involving religious attachment, listening religious lecture from religious leaders, cultural beliefs about contraceptive use have negative effect on contraceptive use among married people. The study shows that health factor involving concerns about the side-effects of contraceptive use on health has a negative effect on contraceptive use among married people.

As such, the study recommends that contraceptive services should be available, accessible and affordable in rural areas especially in low-income communities so that people can easily get contraceptive materials for their needs. The study also suggests that community outreach programs and educational campaigns should be undertaken that can reduce misconceptions and myths about contraception and also encourage people to use contraceptive.

Although the study holds substantial significance in the field of academic and policy making, it is not free from limitations. However, acknowledging its shortcomings, the study proposes for conducting a further study, particularly a qualitative study to investigate in-depth information about what are the factors that affect contraceptive use and how those factors encourage or discourage people to use contraceptive.

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