



Knowledge And Assessments To Determine Sociodemographic Characteristics And Clinical Parameters Concerning Family Planning To Pregnant Women Admitted In Sylhet MAG Osmani Medical College Hospital

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ABSTRACT

Background: Family planning is a crucial aspect of reproductive health that involves making informed choices about when and how many children to have. It encompasses various methods such as contraception, sterilization, and fertility awareness. Family planning contributes to maternal and child health, empowerment of women and population control. This abstract explores the significance of family planning, its methods, benefits, and global implications in promoting sustainable development and well-being. **Research Question:** What is the knowledge to determine socio-demographic characteristics and clinical parameters concerning Family Planning to pregnant women admitted in Sylhet MAG Osmani Medical College Hospital? **General objective:** To assess the overall outcome regarding socio-demographic variables and clinical parameters & Rural Area People about the Family Planning. **Specific objectives:** 1. To determine the socio demographic characteristics of the Rural Area People about the Family Planning. 2. To construct the characteristics of clinical parameters concerning Rural Area People about the Family Planning. 3. To determine the attitude of the people about family maintaining. 4. To find out the association between socio-demographic characteristic and Rural Area People about the Family Planning. 5. To established correlation and co-efficient among the continuous variables regarding our concern. 6. To construct descriptive study of continuous variable of the respondent. **Methods:** A Cross sectional quantitative descriptive study design was used for this study. Sample size was calculated by using sample correction formula and sample size is 53 respondents' patients. Final study subject was selected using non probability convenience methods. This data collected after pre-tested the questionnaire. The analysis of the data was done with the help of MS office (Ward)-2007. The collected data were coded and entered to EPI-Info version 3.5.1 and data were exposed to SPSS version 21.0. Finally, results were presented in texts, graphs and tables. **Results:** Out of total 40 respondents age was a 30.35 ± 20.32 year, including Family Type-2 (81.31%) and Family type-1 (18.87%) family planning among the 45.28% female whereas Mean Weight was a 64.98 ± 07.42 kg. 71.70% of the respondents have family history in their family out of 50 respondents and 98% respondents have given replied in the negative in case of dose not uses family planning methods. Nowadays, Majority of the respondents (67.9%) were uses family planning methods. 52.8% respondents used to dose not accept planning methods and 54.07% respondents used to village are people are don't uses planning methods in a weeks we can found that most frequency of respondents (43.40%). We notice that prevalence of family planning methods in case of residence is almost similar in our study. Highest proportion 47.17% was employer or service holders and 37.7% told their family income more than or above 40000 taka per month. **Conclusion and Recommendation:** Awareness regarding all the aspects of Family Planning needs to be increased for better planning of the control Family. The awareness about Family Planning among the pregnant women was inadequate. It should be as Increased the awareness between urban people and rural people is equal.

Keywords: Family, Planning, Contraceptives, Pregnant, Knowledge.

INTRUCTION

Health, the emergent concern of people should be an easy access for the people regardless of any caste, religion, economy and regional boundaries. Today, with the trend of rapid industrialization and modernization, the entire world is changing very fast. So, the gap between the haves and have not's is increasing. The direct impact of this gap between the rich and poor ones has severely affected the health of the people like that of our developing countries. The historic 'Alma-Ata' conference, organized by WHO in 1987 with main agenda "How to provide minimum/basic services to the maximum people?" was

participated by most of the countries of the world, and made an ambitious commitment to a global strategy of “Health for all by the year 2004 A.D.” and to principles of primary health care through the Alma-Ata declaration. All the member states were requested and also committed not to step back from the responsibilities of providing health services to their citizens.

Out of several problems that the country has to face, reproductive health problem has become the major one in our society. Complication of pregnancy and child birth constitute to leading cause of women’s death in the reproductive age. Teenage pregnancy, miscarriage, abortion, unwanted pregnancy, STD, HIV/AIDS, unmet sexual desires with broken homes have created a lot of disturbances upon individual, couples, and the entire family health.

Reproductive health, as defined by WHO and adopted by the programs of Action of the International Conference on Population and Development (ICPD) means, “A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its function and process” (ICPD, 1994).

STATEMENT OF THE PROBLEM

Family planning under the coverage of reproductive health is one of the prioritized area upon which a lot of research studies have been done by different demographers and social scientists. Though the country has invested significant amount of the total health expenditure in the family planning programs, keeping it in priority order, the expected outcomes couldn’t be reflected in actual sense and various obstacles have rose in implementation level. Factors like education and occupation of couples, especially of women’s economic status of the family, number of living children, religion, access to and quality of family planning and maternal care, etc. has the significant relationship to the practice on the family planning device. Keeping these points in mind, the researcher is trying to analyze the knowledge of currently married women of child bearing age (15-49 years) in family planning methods. Thus, this study is distinct in the sense that such type of research have been seldom found targeting this sort of population i.e. pregnant women in Admitted Sylhet MAG Osmanimedical College Hospital. As already mentioned that knowledge of contraception depends on different variables, the proposed study is trying to correlate such possible variables as pregnant women existing practices on family planning methods in Sylhet MAG Osmani Medical College Hospital.

OBJECTIVES OF THE STUDY

The general objective of this study was to examine the existing knowledge Assessment on family planning methods of currently bearing age (15-49 years). The specific objectives of the study are as follows:

- i) To find the socio-economic characteristics of the pregnant women and its relation to knowledge and practice of family planning methods.
- ii) To analyze age at marriage fertility and child lost experiences of the female road sweepers.
- iii) To examine the knowledge Assessment of family planning methods of the Pregnant Women.

RESEARCH QUESTIONS

The research questions of the study are as follows:

1. How does the socio-economic and demographic status of pregnant women admitted in Sylhet MAG Osmani Medical College Hospital influence the use of family planning methods?
2. To what extent the relationship exists among age at marriage, fertility and child loss experiences in the pregnant women?
3. What is the existing knowledge assessment of pregnant women about family planning methods?
4. To what extent the factors are responsible for not knowledge contraceptive devices among the study population?

SIGNIFICANCE OF THE STUDY

This study is mostly based on the Existing Knowledge Assessment on family planning methods problems effective in women aged 15-49 years. Family planning is an important aspect of reproductive health and can play vital role to lead a happy life. As it is clear that the process of continuation of generation is through the reproduction seems to be natural, but different abnormalities and difficulties in the process can occur, especially to the women of child bearing age.

The following points indicate the significance of the study.

- i) This study is based on the field including road sweepers as its population and it reveals the related variables that affect the use of family planning methods.
- ii) As the study is conducted in Sylhet MAG Osmani Medical College Hospital with pregnant women from socially backward community and caste group as its population, the findings from the study can be compared to the pregnant women of other urban areas of the country to uplift the existing knowledge upon family planning.
- iii) Sylhet MAG Osmani Medical College Hospital can consider the findings of the study as an important asset to launch new programs targeting pregnant women through NGOs, INGOs and other agencies to uplift their reproductive health.

DELIMITATION OF THE STUDY

This study attempts to analyze the existing practices of pregnant women upon family planning methods with the help of perception given by currently married women of child bearing age (15-49 years).

- 1) This study was conducted in Sylhet MAG Osmani Medical College Hospital.
- 2) The study delimited currently married road sweepers of the child bearing age (15-49 years).
- 3) The researcher tries to seek the Existing Knowledge Assessment upon family planning methods of pregnant women correlating with certain variables.
- 4) The study was processed with purposive sampling method.
- 5) It is a descriptive study accomplished for academic purpose.
- 6) This study was only based on interview of male and female pregnant women.
- 7) Only 40 respondents were taken as sample.

OPERATIONAL DEFINITIONS OF THE IMPORTANT TERMS USED

Contraceptive devices

It is a preventive method to help women avoid unwanted pregnancies. It includes all temporary and permanent methods to prevent pregnancies.

Contraceptive Prevalence Rate (%)

The number of currently married women aged 15-49 years using any method of contraception, modern or otherwise per 100 women of child bearing age.

Currently Married Women

Currently married comprises all those in consensual unions or married including those not currently living, but not divorced.

Family planning

Family planning refers to the practices that help individuals or couples to avoid unwanted births to bring about unwanted births, to regulate the intervals between pregnancies, to control the time at which births occur in relation to the ages of the parent and to determine the number of children in the family (WHO, 1998).

Population Growth Rate (%)

Reproductive health is a state in which people have ability to reproduce and regulate their fertility. Women are able to go through pregnancy and child birth safely. The outcome of pregnancy is successful in terms of maternal and infant survivals and wellbeing, and couples are able to have sexual relations free from the fear of pregnancy contacting disease. Key components of reproductive health include family planning, safe motherhood and prevention of STDs and HIV/AIDS.

Pregnant Women

Pregnant women are those personnel who sweep courtyard, public places, Hospitals, etc. They are also termed as "Sylhet MAG Osmani Medical Admitted Pregnant Women" in urban areas.

Total Fertility Rate

The number of children that would be born to a pregnant woman if she were to live to the end of her child bearing years and bear children at each in accordance with prevailing specific fertility rates (UNICEF, 1992).

Pills

It is a temporary family planning method used by females. It comes in a pack of 28 pills, where 21 of them are white in color, made of oestrogen and progesterone hormone; and other 7 are brown in color, made of iron. Women intending birth control should take one pill everyday regularly.

Depo-Provera

It is a temporary family planning method used by females in the form of injection, which is injected in every three months. Progesterone hormone (150 mg=1ml) in liquid form is injected in this family planning method.

Copper-T

It is a temporary family planning method in which a T-shaped device made of copper and plastic with thread is inserted in women's uterus. The thread attached to the device can be touched and helps to examine whether the device is placed properly or not.

Norplant

It is a temporary family planning method used by female. It is in a capsule, in the shape of match sticks containing progesterone hormone in a dried form. A set of 6 capsules are inserted intra dermal in the upper arm making an incision of one centimeter.

Definition of family planning & Contraception & Contraceptive methods:**Definition of family planning:**

An expert committee (1971) of the WHO defined Family Planning as “a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitudes, and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of country.

Definition of Contraception:

Contraception (birth control) prevents pregnancy by interfering with the normal process of ovulation, fertilization, and implantation. There are different kinds of birth control that act at different points in the process.

Definition of Contraceptive method:

Contraceptive methods are preventive method to help women avoid unwanted pregnancies.

Specific Objectives of Family Planning:

- ✓ To avoid unwanted birth
- ✓ To bring about wanted birth
- ✓ To regulate the interval between pregnancy
- ✓ To control the time at which births occur in relation to the ages of the parents
- ✓ To determine the number of children the family
- ✓ To reduce abortions
- ✓ To check over population
- ✓ To improve the economic condition of the country
- ✓ To improve the developmental activities of the country

Factors to consider when choosing the appropriate contraceptive methods:

1. Religious orientation
2. Social and cultural values
3. Medical contraindications
4. Psychological contraindications
5. Individual sexual expression
6. Cost
7. Availability of bathroom facilities and privacy
8. Partner's support and willingness to cooperate
9. Personal lifestyle

Types of contraceptive methods:

1. Temporary methods:

- i. Barrier methods:
 - a. Physical methods: In male- Condom.

In female-Vaginal diaphragm.

- Vaginal sponge.
- Cervical cap.

- b. Chemical methods:-Foams
 - Creams, Jellies,& Pastes.
 - Suppositories.
 - Soluble films.

ii. Intra-uterine contraceptives devices (IUCD): Condom.

- a. Non-medicated- Lippes loop
- b. Medicated- Copper-T

iii. Hormonal methods:

- a. Oral pills:
 - Combined pill (Oestrogen&Progesteron).
 - Mini pill (Progesteron only).
 - Sequential pill.
 - Post-coital pill.
 - Once -a -month pill.
 - Male pill.

- b. Depot (slow release) formulations:
 - Injectables: DMPA, NET-EN.
 - Subcutaneous implant:Norplant.
 - Vaginal rings.

iv. Post - conceptional methods:

- a. Menstrual regulation(MR).
- b. Therapeutic abortions.

v. Miscellaneous:

- a. Behavioural methods:
 - Abstinence.
 - Incomplete coitus.
- b. Natural methods:
 - Safe period.(Rhythm method)
 - Basal body temperature methods.
 - Cervical mucous method.
 - Breast feeding.

vi. Contraceptive immunization:

- Birth control vaccine.

2. Terminal/Permanent methods Sterilization:

- i. Male sterilization-Vasectomy
- ii. Female sterilization-Tubectomy

LITERATURE REVIEW

Theoretical Review

Being an important aspect of the reproductive health, family planning program is under the priority of different scholarly for the research studies. In the context of world population conference, which recommenced that integration of would into the development process as a means of reducing fertility and socio-economic improvement would accelerate the fertility decline, several attempts were made to check the fertility rate of woman of child bearing age. The researcher studied the knowledge Assessment of contraception in Sylhet MAG Osmani Medical College Hospital of the 10 eligible pregnancy women. This

study found that over 90 percent of currently worried women recognized a method of family planning practices of family planning ranged from 68 percent among aged. 15-49 to the 100 percent in the 20-24 age groups. Two thirds of married women of all ages had ever used a contraceptive method and almost 56 percent of them were current using some kind of contraception. Family planning programs are lowering the cost of obtaining contraceptive services in pregnant women in Admitted Sylhet MAG Osmani medical College Hospital resulting high use of contraception.

Health Promotional programs

Steps should be taken to educate the primary healthcare personal, in order to educate women to changes that occur in family planning methods and available management modalities studied a decade of Nepal's Family planning program achievement, and prospects. He concluded that those engaged in nonfarm employment used contraceptives nearly five times more than those who worked on farms. The report further states that women in the Hospitals region had higher contraceptive use than those who lived in the other two regions that is hill and mountain.

Empirical Review

The utilization of reproductive health services in pregnant women in admitted Sylhet MAG Osmani medical College Hospital. According to the report there are equal opportunities to plan and protect pregnancies during a five year period (1987-1992). They conclude that two percent of the women used contraceptive methods with the IUDs being the most common the use of IUDs was positively associated with the IUDs being the most common. The use of IUDs was positively associated with the number of children alone but not with others socio-demographic factors in methods. Kamlei studies sex preference and the value of sons and daughters in Nepal. Nepal Family Planning and Maternal Child Health Project conducted a survey in 1986 entitled "Nepal Fertility and Family planning survey mentioned that the knowledge assessment of contraceptive shows strong and positive relationship with level of education of women and level of education of husband but the effect of the level of husband's education is less important than her own education." (1987)

Implication of Literature Review

Literature review can direct the researcher to accomplish the research work. Since the research is scientific process related literature given the idea to the researcher to conduct the assignment. The present work also had had the review of related literature. Theoretical literature review has its implication to guide the research to the right direction. It has provided the theoretical guidelines to the research.

Conceptual Frame work

People's health related behavior is multi sectional and thus can be influenced by different factors. People's health-related behaviors or action is influenced by different factors like socio-economic characteristics, demographic characteristics perceived threats and other intermediate variables in of the person. Here, considering these aforementioned variables the researcher examined the Existing Knowledge Assessment of family planning methods of pregnant women that is further classified by the following framework.

METHODOLOGY AND MATERIAL

Study Design

This study used a cross sectional survey, descriptive correlational and retrospective research designs. It is cross-sectional survey because questionnaires were distributed to the target respondents at one time. Descriptive-correlation was used to describe variables to be measured and determine the relationship between knowledge, attitude, and practice of family planning in pregnant women Admitted in Sylhet MAG Osmani medical College Hospital.

Research Design

The study was based on descriptive and analytical research design where logical analysis was applied to interpret the results.

Study Area and Population

Sylhet MAG Osmani medical College Hospital was the proposed study site. There are altogether 27 wards and sub-metropolitan office has its separate waste management section under the environment department

that has the responsibility to dispose waste in 19 wards. Wastes and litters that are produced from different activities from different areas in the road sides, courtyards and public places should be disposed properly. For this purpose, according to solid waste management section under environment department, there are altogether about 90 member staffs administered in the environment department where Dr.ShowmikVhomik is the chairman. Out of them, 40 are Pregnant including about 40 females SylhetMAG Osmani Medical College Hospital.

Sample Size and Sampling Procedure

According to Others People And Patients management section under the environment department of pregnant women in Admitted Sylhet MAG Osmani medical College Hospital there are altogether about 40 Pregnant Women including 40 female pregnant women in Admitted Sylhet MAG Osmani medical College Hospital. As already discussed, currently are the real population of this study and taken as sample unit via purposive sampling method.

Data Collection Tools and Instruments

To get the required information for the study, the interview schedule was developed on the basis of pregnancy women problem based knowledge Assessment on family planning methods. The interview questionnaire and next section individual questionnaire is mainly concentrated to the study topic.

Data Collection Procedure

The researcher took a recommendation letter from RTMI Nursing College and went to Sylhet MAG Osmani Medical College Hospitals. The environment department under the Sylhet MAG Osmani Medical Office had responded to the study. They also suggested the respondents to help the interviewer pregnant women are admitted in hospitals. Then the researcher met the respondents. Generally, the pregnant women are admitted in hospitals and other public places in 2 shifts per day, morning 6 am to 10 am and in the afternoon 1 pm to 5 pm.

Methods of Data Analysis and Interpretation

After collecting the data from the respondents, the computer entry was carried out and analyzed with the help of MS-Excel software. After collecting the data, they were presented on the table, chart and bar diagram were other means of data analysis. Interpretation of the study was made on the basis of the respondent's use of family planning methods correlated and influenced as per the different variables like education, caste, religion, age at marriage, age at birth delivery, sex of the child, accessibility and quality of reproductive health (RH) services, etc. finally, conclusion was drawn and the recommendations were made.

Study place

This study was undertaken from the hospital pregnant women are admitted in Sylhet MAG Osmani medical College hospitals. The patient was attending at those hospitals for better data collection.

Study population

That included were both man and woman, aged 26 years and over, analysis family planning, accepting to participate in this study while admitted in the hospital during the recruitment period. Those who were already enrolled in other clinical studies.

Data collection:

Data were collected by interviewing eligible subjects using a pretested and structured questionnaire. The questionnaire was in the local language which including questions that assessed diabetic phenomenon.

List of key variables:

A. Socio-demographic variables

- Age
- Sex
- Marital status
- Religion
- Education
- Occupation

B. Laboratorial measurements

- Pregnancy Test
- HIV
- HBsAg
- BP (Systolic, Diastolic)

Study period:

This study was conducted during the period from 1st July-2023 to 30th December 2023.

Sample size determination:

The general formula for estimating the sample size is

$$n_0 = \frac{z^2 pq}{d^2}$$

Where,

n_0 = desired sample size

z = standard normal deviate usually set at 1.96, which corresponds to the 95% confidence level

p = assumed proportion in the targeted population estimated to have a particular characteristic

d = degree of accuracy desired in the estimated proportion.

In our study, we have set $z=1.96$, $p=.5$, $q=.5$ and $d=.14$ then we has got the outcome by imposing our desired values into the main formula:

$$\begin{aligned} n_0 &= \frac{1.96^2 \times .5 \times .5}{0.14^2} \\ &= \frac{3.84 \times .5 \times .5}{0.0196} \\ &\cong 49 \end{aligned}$$

After getting the sample size according to the formula, we choose the sample size 53 which are close to 49.

Sampling technique:

In this study, non probability purposive judgment segment sampling was applied for the study in the context of 50 respondents.

Data collection tools:

In this study, Data were collected by using pre-tested, modified and semi structured questionnaire through face to face interview technique in the context of Rural Area People about the Family Planning.

Data collection technique:

In this study we used a technique to collected data. We have used a structured questionnaire along with face to face interview in order to get our concern among the 40 respondent.

Data sources:

Our data source based on primary source because all data were collected administrator itself. No secondary data were applied in our study.

Data management and analysis plan:

In our study, Statistical Package for Social Science (SPSS) version 17.0 a computer programme was used to entry and analyze the collected data. Proportion was presented by frequency table, pie- chart, bar- chart, histogram etc. To find out the association among the variables we have used χ^2 test, t test, f test.

Limitation of the study:

- It was a purposive non-randomized cross-sectional study done only in Sylhet district of Bangladesh.
- Since it was a descriptive cross- sectional study.
- As a student, the budget and other resources were limited

RESULTS AND FINDING

A cross sectional study was conducted among the Rural Area People about the Family Planning to assess the awareness and attitude regarding the factors. Collected data were checked, edited and analyzed with the help of SPSS version 17. The analyzed data are presented in this chapter through tables and graph. This chapter presents analysis and interpretation of the quantitative and qualitative results collected of the data. The descriptive type of cross-sectional study was conducted in Sylhet M.A.G. Osmani Medical College Hospital. A pre-tested modified interview administrate, semi questionnaire was used to collect the information's. Results are presented here by using table and graph and these are listed below.

Frequency presentation of the variable:

In this section, we summarize all the data regarding our study by using frequency table, pie chart, Bar chart and Histogram. We determine and describe the socio-demographic characteristics of the respondents as well as graphical presentation of socio-demographic variables which are related Rural Area People about the Family Planning.

Time Taken to Reach the Source of Contraception

Table 1 shows that 20% user should travel one hour(60 minutes) to get the contraceptives whereas, 28% user are at the distance of half an hour (30 min) from the source of contraceptives. Similarly, about half of the all users 48% are at the periphery of less than 30 minutes from the source of contraceptives. Most of the temporary contraceptive users are closer to the source than that of permanent method users. As the respondents are city dwellers, the easy access of source of contraceptives may be one leading factor for better contraceptive prevalence rate (74%) despite their low literacy rate (7%).

Table 1: Time Taken to Reach the Source of Contraception

S. No.	Time (in minutes)	No. of respondents	Percentage
1.	60	9	20
2.	30	13	28
3.	>15-<30	15	34
4.	<15	6	14
5.	Don't know/husband didn't tell	2	4
Total		45	100.0

Sources of Family Planning Methods

Data from the table 2 show that government sector remains the major source of contraceptives, providing its service to 44% users where government hospitals comprise the highest proportion (26% user among all current user), followed by health post/health centers (16%). Another major source of contraceptives is non-governmental sector (34%) mostly the FPAN from where 28% user gets their contraceptives. Similarly, about 11% from other sources like ward office with 4% users didn't report the source as their husband didn't tell them.

Table 2: Sources of Family Planning Methods

S. No.	Source of contraception	Contraceptive users	
		Number	Percentage
Government sector		20	44.6
1.	Government hospitals	11	25.7
2.	Health posts/health centers	8	16.2
3.	Mobile camps	1	2.7
Non-governmental sector		15	33.8
4.	Family Planning Association of Nepal (FPAN)	13	28.4
5.	Marie Stopes/Nepal Red Cross	1	2.7
6.	Clubs	1	2.7
Private sector		5	10.8
7.	Nearby clinics/pharmacies	5	10.8
Other sources		5	10.8
8.	Ward office	3	6.8
9.	Don't know/husband didn't inform	2	4.0
Total		45	100.0

Distribution of Literacy of the Couples and Use of Family Planning Methods

Table 3 indicates very poor educational level of the respondent. 7% literacy rate of the respondents is sharply low in comparison to the national literacy rate of female (42.40%) (NDHS,2011). The situation of the husband is also poor which lacks 35% to the average national literacy rate of male (65%).

Table 3: Literacy of the Couples and Use of Family Planning Methods

Gender	Literacy	Total Number of Respondents	
		No.	%
Female	Illiterate	53	88.33
	Literate	7	11.67
Total		60	100
Male	Illiterate	42	70.00
	Literate	18	30.00
Total		60	100

Use of family planning methods

Table 4 presents the distribution of couples who practice contraceptives by their literacy. Among 52 illiterate respondents, about 70% use contraceptives, 52% by themselves and about 20% through their partner (husband); whereas, contraceptive use rate is 83% among literate respondents: 75% by self-participation and 8% through their husband. On the other hand, 70% illiterate husbands use contraceptives: 20% by themselves and 50% through their partner (wife); whereas, out of 18 illiterate husbands, 83% use any contraceptives, 65% by themselves and 66.6% by their wives.

Table 4: Use of family planning methods

Use of Contraceptives by the Couples					
Self		Partner		Total	
No.	%	No.	%	No.	%
28	52.83	11	20.75	39	73.58
5	71.43	1	14.86	6	85.71
33		12		45	
8	19.05	21	50	35	88.33
3	27.77	12	66.67	15	83.83
11		35			

DISCUSSION

The present study entitled "Pregnant Women Existing Knowledge and Practices on Family Planning Methods in Sylhet MAG Osmani Medical College Hospital" is based upon the 40 sample population (currently married and are of child bearing age) out of total 40 female pregnant women are admitted in hospitals. A descriptive research design based on purposive sampling method has been adopted in this study. Sylhet MAG Osmani Medical Office consists of 27 wards; they were taken as sample for present study by using purposive sampling method. About half of the respondents were from sub-metropolitan city office to get the required data for accomplishing the whole study effectively. The pre-tested and revised interview schedule dealing household questionnaire and individual questionnaire were developed and administered to the sample population. The duration of field survey was about 5 weeks. Due attention had given while preparing interview schedule that gathered socio-economic, demographic and other individual information necessary to analyze and interpret the respondents' knowledge of family planning methods. In this regard, to find out the socio-economic characteristics of the pregnant women they are admitted in Hospital and its relation to knowledge and practice of family planning methods. To examine the knowledge Assessment of family planning methods of pregnant women admitted in hospitals.

CONCLUSION

It is concluded that the pregnant women admitted in Sylhet MAG Osmani Medical College Hospital were found knowledgeable about family planning methods and had high use of family planning methods despite their literacy rate. Self-dependency of the respondents in terms of income, high accessibility to the family planning services and adequate exposure to the family planning messages through electronic media were found as supporting factors for high use of family planning methods which indicates their traditional occupational role as not involving in other income generating activities. The demographic characteristics of the respondents regarding family planning were not encouraging. People of study area had adopted early marriage median age at marriage that was followed by premature pregnancy median age at first birth, teenage pregnancy, child bearing and child loss experiences that reflected their low awareness regarding fertility related matters. It showed negative relationship between contraceptive use, fertility and child loss experiences. The fact that about 1/4th respondents who had felt child loss experience also showed couples were less informed about child rearing practices whereas, nearly 3/4th respondents were found conducting inter spousal discussion about RH matters but as cited by the respondents. Governmental sector remain the major source of contraception, non-governmental sector also has found its remarkable position for delivering family planning services. More than 1/3rd respondents were facing any form of side effects. Most of them were temporary uses (Depo-Provera with multiple side effects) and this reason was found mainly responsible for discontinuity of the present methods by respondent. This indicates insufficient guidance and counseling through the service providers. Lack of knowledge was the leading reason for never use of contraceptives, followed by fear of side effects, desire for children and family interference.

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