Acceptance of family planning among the women of reproductive age (15 - 49 years) in Nayapara refugee camp, Teknaf , Cox's Bazar.

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Abstract

Background: Refugee women are vulnerable to face serious reproductive health problem and who have need for family planning (FP) to combat their health at risk. ***Method:*** A cross-sectional study was conducted in Nayapara Rohingya Refugee camp in the period of 1st February to 31st May 2016. Data obtained from 540 women of reproductive age. ***Results:*** Among the respondents, mean age (±sd) was 31.36±9.28 years, 86.96% were married, 71.81% had no formal education. Mean age (±sd) of marriage was 16.11±2.43 years, 1st pregnancy 17.27± 2.84 years, number of pregnancy 4.35± 2.67 and number of living children 3.73 ± 2.31. It was found that 54.07% women delivered her last child in camp hospital. The study revealed that current contraceptive prevalence rate (CPR) was 55% , while previous CPR was 57.22%. Among current users, 47.81% used injectables and 33% pill, 8.41% couple did bilateral tubal ligation (BLTL) & non-scalpel vasectomy (NSV). 53.53% current user wanted no children and 47.26% birth spacing. In 45.92% non users, 39.11% wanted more children, 30.24% had husbands' non-cooperation and only 06.06% non-users believed in superstition. It was showed that contraceptives pill user were more (58.82%) in educated women but inject able user were more (54.76%) in no formal education group and 20.53% primary level educated couple had BLTL & NSV. It was observed that previous users were higher in number than current users. ***Conclusion:*** More attention should be ensured by the Government and NGO to the reproductive age women in refugee camp and Family Planning communication strategies can control high fertility among them.

Key words: Family planning, reproductive age women, nayapara refugee camp. ***J Cox Med coll 2018;4(1): 4-7***

Introduction

Being an overpopulated country and constraint of resources in Bangladesh, was faced with influx of Rohingya refugees from Myanmar in 1978 and 1991.

There are two registered (Nayapara and Kutupalong) refugee camps, according to United Nations High Commissioner for Refugees (UNHCR) the number was 30,000[1] and 12,500 refugees were registered in the Nayapara camp[2] in southeastern part of Cox's Bazar district. Like local Muslim Bangladeshi population, the Rohingya refugees follow the same cultural & religious practices and there is no obvious difference between the two communities, although the later, specially the women, are more conservative than local people.

Globally, 43 million people were refugee, internally displaced people and asylum seekers, half of them were women and girls[3]. They are vulnerable groups and the risk of morbidity and mortality is increased due to lack of reproductive health services[4]. The United Nations Population Fund (UNFPA) (WHO) estimated that among refugee women 25 -50% of maternal death was due to unsafe abortion, indicating unmet need for contraception[5, 6] .

Access to family planning services is a human right. Restoring access to safe effective contraceptives can reduce unwanted pregnancies, unsafe abortion and reducing maternal death. In the conflict affected situation, family planning has numerous health benefits for refugee women. It also provides women and girls the autonomy to determine the number of spacing of their children. An expert committee (1941) of the WHO defined family planning as "a way of thinking & living that is adopted voluntarily, upon the basis of knowledge, attitudes & responsible decisions by individuals & couples in order to promote the health & welfare of the family group & they contribute effectively to the social development of a country[7].

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Development (Cairo, 1994) and the Fourth World Conference on women (Beijing, 1995) marked a policy for reproductive health and refugee health, with comprehensive definition of reproductive health, more emphasizing the health needs, rights of the refugees and internally displaced persons[8-10]. To raise awareness of contraception and improving education about sexual and reproductive health, September 26th is designated as World Contraception Day[8]. The study was conducted to explore the acceptance of family planning in refugee women and obstacles in the use of contraceptives.

Methodology

This cross sectional study was conducted in Nayapara Rohingya Refugee camp Teknaf, Cox's Bazar during the period of 1st February to 31st May 2016 among reproductive age women (15 -49 years) residing in refugee camp. Sampling technique was purposive type and data were collected from 540 married women, who had at least one child and who consented to participate in the study. They were interviewed with prepared questionnaire to get required information. After collection, all the data were checked, verified and analyzed.

Result

Table 1 : Socio demographic factors of the study population (n = 540)

Marital Status	**Number**	**Percentage**
Married	475	86.96
Divorced/Separated	28	5.18
Widow	37	6.85
Educational Level		
No formal education	387	71.81
Primary	134	24.81
Secondary	19	3.52
Characteristic	**Mean**	**Std deviation**
Current Age (years)	31.36	9.28
Duration of staying in the camp (months)	17.5	7.73
Age of first pregnancy (years)	17.27	2.84
No. of pregnancies	4.35	2.67

In this study it was found that among the respondents, 475 (86.96%) women were married, 37 (6.85%) were widow and more than half of the respondents 387 (71.81%) had no formal education, with 19 (3.52%) had the highest of secondary level. 118 (21.85%) women were 25-29 years, 278 (51.48%) were 30 years and above (mean 31.36±9.28). It was found that 243 (45%) women lived in the camp for 21 – 25 years (mean 17.5±7.73). It was observed that 126 (23.33%) respondents had 1st pregnancy at the age of 15 years, 173 (32.04%) between 18 – 20 years (mean 17.27± 2.84). 164 (30.37) women had 3 – 4 numbers of pregnancies, 44 (8.15%) had 9 pregnancies (mean 4.35± 2.67).

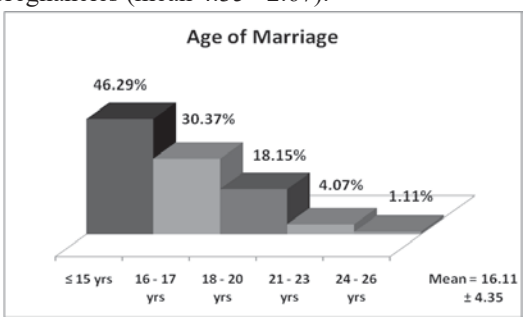

Fig-1: Age of marriage.

It was revealed that most of the women 414(76.66%) got married before 18 years of age and of them 250(46.29%) were ³ 15 years. Mean (±sd) age at first marriage was 16.11 ± 2.43.

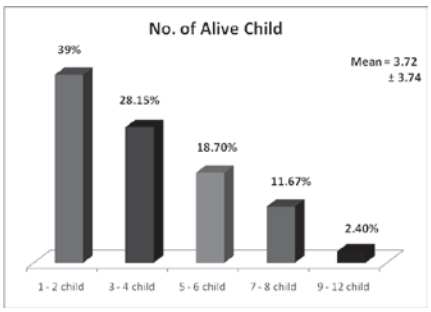

Fig-2: No. of alive child.

Regarding the number of alive children, it was detected that 211 (39%) women had 1- 2 children, 152 (28.15%) had 3 – 4 children. Mean (±sd) number of living children was 3.73 ± 2.31.

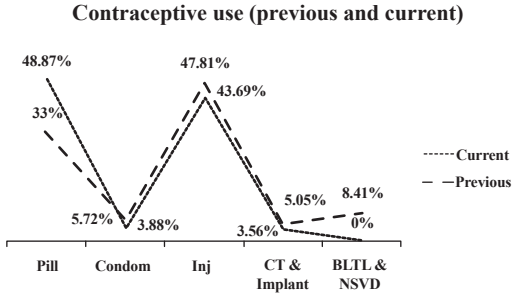

Fig-3 : Contraceptive use (previous and current).

297 (55%) of the respondents were current user of contracetives, while previous user were 309 (57.22%). Injectable user (142 or 47.81%) were more in current and pill (151 or 48.87%) were more in previous users. 25 (8.41%) couple had BLTL & NSV.

Table 2 : Knowledge about Contraceptives

Characteristics	No.	%
Ever heard of contraceptives		
Yes	439	81.29
No	101	18.70
Knowledge about FP		
Birth spacing	165	30.55
Family limitation	199	36.85
I don't know / None	176	32.59
Reasons for using contraceptives		
Want no children	157	52.86
Want more children later	140	47.14
Reasons for not using contraceptives		
Want more children	97	39.91
Husband didn't agree	73	30.04
Don't like	35	14.40
Health problem	21	8.64
Superstition	17	6.99

In this study, 439 (81.29%) had quite high knowledge about family planning and of them 165 (30.55%) knew it for birth spacing, 199 (36.85%) for family limitation. It was observed that 297 (55%) women used at least one method of contraceptive, of them 157 (52.86%) wanted no children and 140 (47.14%) for birth spacing. It was also seen that 243 (45%) women were non user, 97 (39.11%) were barrier user as they wanted more children. 73 (30.04%) faced husbands' non-cooperation and 17 (07%) believed in superstation.

Table 3 : Educational Status and Current users of Contraceptives

Educational Status	Current users of contraceptives											
	Pill				Inject.		CT & Implant		Lig & NSV		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
No formal education	62	36.90	10	05.95	92	54.76	02	01.19	02	01.19	168	100
Primary	26	23.21	05	4.46	47	41.96	11	9.82	23	20.53	112	100
Secondary	10	58.82	02	16.67	03	17.64	02	16.67	0	0.00	17	100
Total	98		17		142		15		25		297	

It was found that, more educated women choose oral pill while injectables by those who had no formal education. Contraceptive pill use was higher among women with education of secondary level (10 or 58.82%), but injectable user were more in those who had no formal education (92 or 54.76%). Couple of primary level education (23 or 20.53%) had BLTL & NSV.

Discussion

Noyapara Refugee Camp started on 19th November 1992.The area of the camp is 86.38 acres. Number of refugee families are 3678 and number of refugee persons are 18174. Birth rate is 2.60%. Mortality rate is 0.37%.Growth rate is 2.40% which indicates population is increasing the camp day by day[1]. Reduction of maternal mortality is one of the health related target in Sustainable Development Goal. The study subjects were 540 women of 15 - 49 years and selected conveniently

The mean (±SD) age of marriage (16.11±2.43) in the study is lower than that found in a similar study on Afghan refugees in Pakistan (17.6±3.0)[12].

The mean number (±SD) of pregnency in our study is 4.35±2.67 years, which is higher than in Afghan refugees (4.0±2.6 years) found in that study[12].

The mean number (±SD) of living children (3.73±2.31) in our study is similar to the study in Afghan Refugees (3.7±2.0)[12].

The use of contraceptives among the refugee women are influenced by their knowledge and awareness. The rate of knowledge about family planning in our study (81.29%) is lower than that found in Oru Refugee Camp in Nigeria (94%)[13].

The CPR in the study (55%) is quite higher than that found in another study in Kabul (23%)[14], while a study in Bangladesh shows it is 72% in native rural areas[15].

In present study, it was found that contraceptive pill users were higher among the educated women (10 or 58.82%), but injectable users were more in refugees with no formal education (92 or 54.76%). 23 (20.53%) of the educated couple of primary level had BLTL & NSV in our study. It was revealed in one survey in Bangladesh (BDHS 2014), only 9.8% and 2.9% of female and male natives respectively with primary level education had sterilization[16].

Conclusion

Generalizing the results of this study revealed that overall family planning service of Nayapara Refugee Camp, Teknaf was unsatisfactory. Although majority of the respondents heard about family planning and more than 50% used different method of contraceptives, but current users were less than previous. For the host nations they are enormous burden as they have high fertility rate. Continuous health education program and awareness of family planning can prevent high fertility among the refugee people. So, it is high time for the Government of Bangladesh and other related NGOs to pay attention to the people of the Nayapara Refugee Camp and give special attention to the reproductive age women in the camp.

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