

1 Practice of Contraception and Quality of life among Bhutanese 2 Refugee Women of Eastern Nepal

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6

7 **Abstract**

8 Background: Very less study are done about Bhutanese refugees in Nepal. The purpose of the
9 present study was to examine the knowledge and practice of contraception among married
10 women of reproductive age group and their quality of life from user's perspectives. Materials
11 and Methods: A Cross-sectional study was done among 350 married women of reproductive
12 age group of Bhutanese Refugee camp using systematic random sampling using structured
13 questionnaires on family planning and self-rated questionnaires on quality of life by WHO
14 (WHOQOL BREF). Results: A total of 350 married women of reproductive aged women
15 participated in the study. Despite vigorous dissemination of health services by the health
16 center in the community, 13.1

17

18 **Index terms**— MWRA (married women of reproductive age), refugee, combined oral contraceptive pills,
19 IUCD (Intrauterine contraceptive devices).

20 **1 Introduction**

21 se of family planning methods have prevented many unintended pregnancies and improved the quality of life
22 by improving the overall maternal health and decreasing the burden of uncontrolled fertility. However, the use
23 of contraception isn't consistent throughout the world; it ranged from as high as 80% in developed countries
24 and as low as 12% in Sub-Saharan Africa. 1 Most of the consumers and target client of family planning
25 programme are women from provider perspectives. Men involvement in family planning use for planning a
26 family is very less. Belief, culture and social structure affect the use of contraception. Study from Kuwait
27 found that husband's opinion and views towards adoption of family planning methods had a large impact on
28 contraceptive behavior. 2 The current prevalence of contraceptive use is approaching to 60% worldwide, 53% in
29 less developed countries and 43% in Nepal. 1,3,4 The health center launches programme to increase knowledge
30 of contraception through information, education and communication programmes by community health workers
31 in the refugee community. Measuring the level of awareness of contraception provides a useful measure of
32 the success of information, education and communication activities and helps to identify the areas of need to
33 be strengthened. ?? The contraceptive methods not available in the health centers like sterilization, IUCD
34 (Intrauterine contraceptive devices) are made available to the consumers by sending them to the referral centers
35 nearby as per the understanding with UNHCR.

36 Bhutanese refugees are staying in eastern part of Nepal after they fled from their country almost two decades
37 back. They live in camps and use the resources provided to them by various programme implementing agencies
38 of United Nation High Commission for Refugees from providers perspectives.

39 The combined oral contraceptive (COC) pills, injectable and intrauterine contraceptive devices (IUCD) are the
40 most common contraceptive methods used by women. Women's choice, compliance and satisfaction with specific
41 contraceptive methods are influenced by impact of the method on their quality of life and sexual function. ??9
42 This study was carried out to assess the knowledge, practices and their quality of life from user's perspectives.
43 To our knowledge this study is the first of its kind done among Bhutanese refugees regarding their contraceptive

7 DISCUSSION

44 practices and its impact on their quality of life. This study investigated the contraceptive awareness, practices and
45 its impact on their quality of life among the married women of reproductive age group (15 -49 years) in Bhutanese
46 refugee population residing in the eastern part of Nepal. Sample size calculation indicated that a study of 350
47 subjects was adequate to achieve a high degree of precision (95%) based on a study done in Karimnagar, India
48 by Kameswararao Avasarala which showed that contraception users had better quality of life. 6 The study
49 sample was recruited among full time residents of refugee camp by using systematic random sampling. Variables
50 like participants with family members in third country settlement, living outside the camp, not consuming the
51 resources of the camp were excluded which could directly affect the quality of life other than using family planning
52 methods. Data were collected by face to face interview using pretested structured questionnaire on family planning
53 and WHOQOL BREF. It consisted 42 items that included questionnaires on family planning knowledge, their
54 practices and quality of life as well as socio-demographic characteristics. Informed understood written consent
55 was obtained prior to data collection from all the participants and AMDA (Association of Medical Doctors in
56 Asia) Primary Healthcare Project for Bhutanese Refugees which catered health services to the refugees. Care was
57 taken to keep the questionnaire response anonymous and confidential. Only married women of reproductive age
58 group were considered for the study as use of family planning methods as sex life related WHOQOL questionnaire
59 were not appropriate for refugee society where premarital sex is prohibited and considered to be a sin.

60 2 II.

61 3 Materials & Methods

62 The definition of contraceptive users was use of any method of contraception by the respondents or the partner
63 with the aim of controlling the birth. The 'current user' was the use of contraception continuously for the last
64 twelve months and the non-user was non adoption of contraception for the last twelve months.

65 Data was entered in Excel software and analyzed using the Statistical Package for Social Sciences (SPSS Inc.
66 17.0 Version). The WHOQOL domain scores were calculated using the WHOQOL BREF syntax and Student
67 t test was applied wherever appropriate. For all the analysis, a P -value less than 0.05 was considered to be
68 significant.

69 4 III.

70 5 Results

71 A total of 350 married women of reproductive age group were included in the study and table 1 shows the selected
72 socio-demographic characteristics of the respondents. Among the participants, majority (87%) were aware about
73 the free provision of family planning methods in the health center but still 13% of them didn't know about
74 this. Depo-Provera, oral pills and male condoms were known to all. Study revealed 62.3% current users of
75 contraception. (Table 2)

76 6 * Multiple Responses

77 Depo-Provera was the most popular method among the refugee women (57.3%) followed by oral pills (23.3%)
78 and male condom (11.0%) respectively and two of the respondents practiced abstinence as contraception. (Table
79 3) Among the non-users, husband's disapproval was found to be the main reason followed by lack of knowledge
80 (37.1%). Substantial proportion had reason of religious belief (22.8%) for not using contraception. (Table 4)
81 Scores from WHOQOL questionnaires were obtained in five domains: the overall, physical, psychological, social
82 and environmental domains. It was observed that all the domain scores of quality of life except environmental
83 domain score were significantly higher among contraceptive users than the non-users. Similarly, significant scores
84 in all the domains of quality of life were found among the respondents with knowledge of free availability of
85 contraception in the health center. (Table 5) IV.

86 7 Discussion

87 This study provided information about the knowledge, practice and quality of life of contraception adopters
88 among the married women of reproductive age group in Bhutanese refugee population. Quality of life has been
89 defined as an individual's perceptions of their position in life in the context of the culture and value systems
90 in which they live in and in relation to their goals, expectation, standards and concerns (WHO). 18 The mean
91 age of our study was found to be 29.3 years which is also comparable to Nepal Demographic and Health Survey
92 2011.10Similarly, there was a predominance of Hindu by religion among the participants which was comparable to
93 Nepalese society. 10 This shows that Bhutanese refugee population who are of Nepali origin had maintained their
94 cultural and religious integrity despite of emigration long before. Almost thirty five percent of the respondents
95 were illiterate which was lower than the literacy rate of eastern hills of Nepal. 10 This could possibly be due
96 to lack of utilization of free education during the refugee status acquisition. Refugee populations were required
97 to live in camp full time and utilize the resources provided by various programme implementing agencies. Work
98 outside the camp is prohibited. Therefore around 85.1% of them were found to have unskilled occupation with

99 predominance of housewives. This was further reflected by poverty status where 97.7% of them were below
100 poverty line (Table 1).

101 Among them, all were aware about Depo-Provera, oral contraceptive pills and male condom which was similar
102 to a study done in UAE by Ghazal -Aswad et al and NDHS report 2001, 2006 and 2012. 10,11,12 This could
103 possibly be due to vigorous health information, education and communication programmes conducted within
104 the camp by the health center. Though, all the services were provided free of cost for the refugees, it was
105 surprising that, 13.1% of the participants were not aware about the contraception available free of cost in the
106 health center. This was one of the noticeable feedbacks from user perspective. This clearly showed community
107 health programmes haven't penetrated every segments of the refugee population. This would have never known
108 to us from a study done from provider perspectives.

109 More than half were using Depo-Provera (57.3%) followed by oral contraceptive pills (23.3%) and male condom
110 (11.0%). The reason behind Depo-Provera being a popular method could possibly be due to the fact that one shot
111 of it worked for three months; study done by Bhattarai D where Depo-Provera was the most used contraception.
112 The type of contraception use showed that females were mostly the ones who used contraception to plan
113 a family rather than the husband. Refugee population having a patriarchal society influenced by male child
114 syndrome required females to use family planning methods as per the advice of their husbands and take the
115 responsibility for the family; though the decision making right resided among the husbands. This predominance
116 of husband's influence over their wives uptake of family planning method was also noted in studies by Family
117 Health International and Poudel IS. 14,15 Vasectomy wasn't reported in our study and this is relatively less among
118 the families in south Asian region. 14 It clearly showed less male participation regarding the use of contraception
119 which is common in south Asian communities where dominance of men over women is common. If men were
120 supportive as equal partners and responsible partners better outcomes were expected in reproductive health
121 indicators like contra-ception acceptance and continuation which is vital to improve overall maternal health. 7
122 Husband's disapproval (40.1%) was found to be the main reason in our study for not using contraception. More
123 than one fifth (22.8%) of the respondents didn't use contraception due to religious beliefs in (Table 4). This
124 attitude against family planning was common and hinted the strong presence of traditional and conservative
125 social practices and beliefs among some upper caste in Hindu religion. Use of contraception led to irregular
126 bleeding which prevented them from performing scared religious rituals and sexual activities. These activities
127 are absolutely prohibited during menstruation as women are considered to be 'impure' during these days. This
128 type of practice was also observed in Islam countries where women weren't allowed to pray or participate in
129 sexual activities during menstruation. 3,8,9 It was observed that, quality of life was better among contraceptive
130 users as compared to non-users and better among women with knowledge of availability of free contraception
131 which is similar to the study done in India by Kameswararao, India. 6 This could be due to the absence of
132 the fear of having unwanted pregnancies and gradual improvement overall maternal health. Consistent and
133 proper use of family planning methods helped couple to plan a family and maintain financial and social stability
134 gradually. Similar finding was also reported in the study done in by C. Egarter et al. among oral contraceptive
135 users.16 In a study done in Hong Kong, no adverse impact was noted by use of privacy was ensured about the
136 use, easily available and can be used even without the consent of husband or family members. This finding was
137 also constituent in a contraception upon the quality of life and sexual function of users. 17 The major weakness
138 of this study: the instrument of this study is based on consumer perspective's which is liable for subjective bias.
139 To our knowledge, this was the first kind of study among the Bhutanese refugee population from consumer's
140 perspectives. Consumer perspectives have an added benefit V.

141 **8 Conclusion**

142 Though all the participants were aware about contraception, more than one tenth of them weren't aware about
143 the free provision of its availability within the health center in their respective camp. Lack of men's participation
144 for adopting contraception led to more use of contraception among the females. Better quality of life was observed
145 among contraception users possibly due to proper and consistent use of contraception which led to a well-managed
146 family and life devoid of fear for unwanted pregnancies.

147 **9 VI.**

148 **10 Ethical Considerations**

149 Ethical issues (Including plagiarism, Informed Consent, misconduct, data fabrication and/or falsification, double
150 publication and/or submission, redundancy, etc) have been completely observed by the authors. No Competing
151 interests among the authors.

152 VII. ¹

1

Variables	respondents (n = 350)	
	Frequency	Percentage
Age group (Years)		
15 -19	26	7.4
20 -24	83	23.7
25 -29	91	26.0
30 -34	58	16.6
35 -39	62	17.7
40 -44	12	3.4
45 -49	18	5.1
Education		
Illiterate	122	34.9
Literate / Primary	158	45.1
High School	70	20.0
Occupation		
Unskilled	298	85.1
Semiskilled/ Skilled	52	14.9
Religion		
Hindu	257	73.4
Buddhist	75	21.4
Christian	18	5.1
Poverty Line		
Below Line	Poverty	342
Above Poverty Line		8
		97.7
		2.3

Figure 1: Table 1 :

2

Year Volume XIV Issue II Version I () K	Frequency Percentage	
	Variables	
Awareness about free contraception		
Yes	304	86.9
No	46	13.1
Awareness about types of contraception *		
Depo-Provera	350	100.0

Figure 2: Table 2 :

3

Variables	Frequency	Percentage
Types of contraception used		
Depo-Provera	125	57.3
Oral Contraceptive Pills	51	23.3
Male Condom	24	11.0
Female Condom	12	5.5
Norplant	4	1.8
Abstinence	2	0.9

Figure 3: Table 3 :

4

Variables	Frequency	Percentage
Reasons behind not opting for contraception		
Husband's Disapproval	53	40.1
Lack of Knowledge	49	37.1
Religious Beliefs	16	22.8

Figure 4: Table 4 :

5

Domains

Figure 5: Table 5 :

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