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Research Article

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Knowledge, Attitude, and Practice Towards Family Planning Among Married Women in Bangladesh: A Cross-Sectional Study

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ABSTRACT

Background: Family planning (FP) is crucial for reproductive health, reducing maternal and child mortality, promoting gender equality, and achieving sustainable population growth, but gaps persist among Bangladeshi women. This study aimed to assess the knowledge, attitude, and practice (KAP) towards FP among married women in urban Dhaka, Bangladesh.

Methods: A cross-sectional study was conducted between May and September 2023 among 330 married women aged 15–49 years attending selected public and private hospitals in Dhaka City. Participants were selected using a multistage sampling technique. Data were collected through a structured interviewer-administered questionnaire covering socio-demographic characteristics, reproductive history, and KAP components. Data were analyzed using SPSS version 20, employing descriptive statistics, chi-square tests, and multivariable logistic regression to identify predictors of modern contraceptive use.

Results: Almost all respondents (96.4%) had heard about FP, with mass media (62.1%) as the main information source. The mean knowledge score was 11.6 ± 2.7 (out of 15), and 52.7% had good knowledge. About 63.3% exhibited a favorable attitude toward FP, recognizing its benefits for maternal and child health. However, 37.9% believed religion may discourage contraceptive use, and 28.2% cited husband's disapproval as a barrier. Overall, 61.8% reported current contraceptive use—82.1% used modern methods, primarily oral pills (38.5%), injections (21.8%), and condoms (14.8%). Independent predictors of contraceptive use included higher education, husband's education, number of living children, good knowledge, and favorable attitude ($p < 0.05$).

Conclusion: The study demonstrates that knowledge and attitudes toward family planning among married women in Dhaka are generally positive, but actual practice remains inadequate. Strengthening educational interventions, encouraging male involvement, and improving accessibility to long-acting contraceptive methods are essential steps to enhance family planning utilization and promote reproductive health equity in Bangladesh.

Keywords: Family Planning, Knowledge, Attitude, Practice, Married Women, Contraceptive Use

Introduction

Family planning is a crucial strategy for reproductive health, promoting sustainable population growth, reducing maternal and child mortality, and promoting gender equality. It allows couples to plan the number and spacing of their children through the use of contraceptive methods, informed decisions, and access to reproductive health services [1,2]. According to the World Health Organization (WHO, 2023), family planning contributes significantly to improving maternal health by

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preventing unintended pregnancies, reducing unsafe abortions, and lowering the risk of pregnancy-related complications. Despite global progress, challenges in the knowledge, attitude, and practice (KAP) towards family planning persist, particularly in low- and middle-income countries like Bangladesh [2,3].

Bangladesh has made remarkable progress in fertility reduction and reproductive health outcomes over the past few decades. The total fertility rate has declined from 6.3 in 1975 to around 2.0 in 2022, largely due to the expansion of family planning programs and government initiatives [4]. However, disparities remain across geographic, socioeconomic, and educational groups. Contraceptive prevalence has plateaued, but unmet family planning needs persist, particularly among rural and low-income women. High awareness about contraceptive methods is hindered by misconceptions, cultural barriers, and limited male involvement, according to studies [5].

Knowledge is a key determinant of family planning behavior. Adequate knowledge of various contraceptive methods, their benefits, and side effects enables women to make informed choices about their reproductive health. However, in Bangladesh, gaps still exist between awareness and accurate understanding. For example, many women are familiar with the concept of contraception but lack detailed knowledge of how different methods function or their long-term health implications [6]. Additionally, the source of information- whether from health workers, media, or peers- plays a crucial role in shaping women's perceptions and choices.

Attitude towards family planning reflects women's beliefs, cultural norms, and personal values regarding contraception and childbearing. Positive attitudes often correlate with greater contraceptive use, while negative or indifferent attitudes may lead to non-use or discontinuation. In the context of Bangladesh, Traditional gender roles, religious interpretations, and societal expectations influence attitudes towards family planning, with some women viewing it as contrary to religious beliefs or male authority [7]. Addressing these attitudinal barriers is essential for enhancing family planning adoption and sustainability.

Practice refers to the actual utilization of contraceptive methods and adherence to family planning behaviors. Despite high awareness, modern contraceptive practices among married women in Bangladesh remain inconsistent. The BDHS (2022) reported that around 62% use some form of contraception, but many still rely on traditional methods. Discontinuation rates due to side effects, lack of communication, or limited access to quality services remain high. Understanding these practical aspects is crucial for designing interventions to increase contraceptive uptake and ensure correct use [4].

Knowledge, attitudes, and practices (KAP) towards family planning play a crucial role in determining contraceptive uptake. Knowledge about contraceptive methods, benefits, side-effects, and correct use are crucial. Attitudes, beliefs, cultural influences, and support are also important. However, in Bangladesh, awareness and consistent practice are lagging due to barriers like religious resistance, misconceptions, and socio-economic inequities [8]. The KAP (Knowledge, Attitude, and Practice) model provides a comprehensive framework for assessing factors that influence family planning behaviors among married women. By evaluating their level of knowledge, attitudes, and practices, policymakers and healthcare providers can identify specific gaps and develop tailored interventions [3, 9]. In Bangladesh, where socio-cultural and economic diversity shapes reproductive health behaviors, localized and evidence-based insights are particularly valuable.

The findings will contribute to understanding the current state of family planning awareness and utilization, highlight barriers to effective practice, and offer guidance for policy formulation and program improvement. Ultimately, enhancing women's KAP towards family planning is not only crucial for achieving national reproductive health goals but also for promoting women's empowerment, improving family well-being, and supporting the country's sustainable development objectives. Therefore, this study aims to assess the knowledge, attitude, and practice towards family planning among married women in Bangladesh.

Methods

Study Design and Setting

A hospital-based cross-sectional study was conducted across multiple public and private tertiary and secondary hospitals in Dhaka City, Bangladesh. Data were collected from the outpatient departments that typically serve married women of reproductive age. The study was carried out between May and September 2023.

Study Population

The study population consisted of married women attending the selected hospitals during the data collection period. Participants who met the inclusion criteria and provided informed consent were included in the study.

Sample Size and Sampling Technique

A total of 330 married women were recruited using a multi-stage, facility-based sampling technique. In the first stage, 4–6 hospitals were purposively selected to represent a range of public and private healthcare facilities in Dhaka, ensuring heterogeneity of participants. In the second stage, systematic random sampling was employed at each hospital to select eligible married women attending outpatient clinics. Recruitment continued until the target sample size of 330 was achieved.

Inclusion and Exclusion Criteria

Inclusion criteria were married women aged 15–49 years who were willing to participate in the study. Women who were intellectually impaired, psychologically unstable, or unable to provide reliable responses were excluded.

Data Collection Instrument

Data were collected using a structured, interviewer-administered questionnaire. The instrument was initially developed in English, translated into Bangla, and then back-translated to ensure linguistic and conceptual accuracy. It comprised five sections: (1) socio-demographic and economic characteristics, (2) reproductive history, (3) knowledge, (4) attitude, and (5) practice related to family planning. Knowledge was assessed through scored items and categorized as good, moderate, or

poor. Attitude was measured using a 5-point Likert scale, with mean scores ≥3.5 indicating a positive attitude, 2.5–3.49 neutral, and <2.5 negative. Practice was evaluated through questions on current and past contraceptive use, method type, and reasons for non-use or discontinuation.

Data Collection Procedure

Written informed consent was obtained from all participants prior to data collection. Interviews were conducted in private settings to maintain confidentiality and encourage honest responses. Participants were given the option to skip any sensitive questions or provide responses privately. All completed questionnaires were checked daily for accuracy and completeness.

Data Management and Analysis

Data were coded and entered into the Statistical Package for the Social Sciences (SPSS) version 20 for analysis. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize socio-demographic and KAP variables. Bivariate analyses, such as chi-square tests and t-tests, were performed to assess associations between independent variables and contraceptive practices. Variables with a p-value <0.20 in the bivariate analysis were included in a multivariable logistic regression model to identify factors associated with modern contraceptive use. Adjusted odds ratios (aOR) with 95% confidence intervals (CI) were reported, and statistical significance was set at $p<0.05$.

Ethical Considerations

The study protocol was reviewed and approved by the Institutional Review Board (IRB) of the Bangladesh Physiotherapy Association (BPA), Institute of Physiotherapy Rehabilitation and Research (IPRR) (BPA/IPRR/IRB/03/2023/302). Confidentiality and anonymity were maintained throughout the research process.

Results

Three hundred and thirty married women aged 15-49 years completed the survey. The mean age ± SD of respondents was 30.7 ± 6.8 years. The majority (42.1%) were aged between 25–34 years. More than half of the participants (56.4%) had completed secondary or higher education, and 64.8% were homemakers as identifying occupation. Nearly three-fourths (73.3%) of participants were from urban areas. The average monthly household income was BDT 35,000 ± 15,200, with 38.2% earning below BDT 30,000. Most respondents (88.8%) identified as Muslim, while 11.2% belonged to other religions.

Table 1: Socio-Demographic Characteristics of the Respondents (n = 330)

Variables	Categories	Frequency (n)	Percentage (%)
Age group (years)	15–24	61	18.5%
	25–34	139	42.1%
	35–44	97	29.4%
	45–49	33	10.0%
Educational status	No formal education	72	21.8%
	Primary	72	21.8%
	Secondary or higher	186	56.4%
Occupation	Homemaker	214	64.8%
	Service holder	60	18.2%
	Small business	38	11.5%
	Others	18	5.5%
Residence	Urban	242	73.3%
	Rural	88	26.7%
Monthly household income (BDT)	< 30,000	126	38.2%
	30,000–49,999	118	35.8%
Religion	Muslim	293	88.8%
	Others	37	11.2%
Mean ± SD (years)	30.7 ± 6.8	**Mean ± SD (BDT)**	35,000 ± 15,200

Reproductive and Family Planning History

The mean age at marriage was 18.9 ± 2.8 years, and the mean number of living children was 2.3 ± 1.1. More than two-thirds (68.5%) reported having two or more children. About 45.2% expressed no desire for additional children, while 32.7% desired one more, and 22.1% were undecided.

Table 2: Reproductive and Family Planning History of Participants (n = 330)

Variables	Categories	Frequency (n)	Percentage (%)
Number of living children	None	21	6.4%
	One	83	25.1%
	Two or more	226	68.5%
Desire for more children	No desire	149	45.2%
	Desire one more	108	32.7%
	Undecided	73	22.1%
Marriage age (mean ± SD)	18.9 ± 2.8	**Children (mean ± SD)**	2.3 ± 1.1

Knowledge about Family Planning

Almost all participants (96.4%) had heard about family planning and the most common sources of information were mass media (62.1%). Knowledge about modern contraceptive methods was generally high: oral pills (93.6%), injections (87.0%), and condoms (81.8%), respectively. However, knowledge of natural or traditional methods such as the rhythm method or withdrawal was lowers (31.2%). The mean knowledge score was 11.6 ± 2.7 (out of 15). Based on scoring categories, 52.7% had good knowledge, 34.2% had moderate knowledge, and 13.1% had poor knowledge about family planning methods and benefits.

Table 3: Knowledge about Family Planning among Married Women (n = 330)

Variables	Categories / Items	Frequency (n)	Percentage (%)
Heard about family planning	Yes	318	96.4%
	No	12	3.6%
Sources of information	Mass media	205	62.1%
	Health workers	161	48.8%
	Friends/ relatives	104	31.5%
Knowledge of modern methods	Oral pills	309	93.6%
	Injections	287	87.0%
	Condoms	270	81.8%
	Implants	213	64.5%
	IUDs	171	51.8%
	Male sterilization	74	22.4%
Knowledge of traditional methods	Rhythm/ withdrawal	103	31.2%
Knowledge score (out of 15)	Mean ± SD	11.6 ± 2.7	
Knowledge level	Good (≥75%)	174	52.7%
	Moderate (50–74%)	113	34.2%
	Poor (<50%)	43	13.1%

Attitude towards Family Planning

Overall, 63.3% of respondents exhibited a favorable attitude towards family planning (mean score ≥3.5), 26.4% had a neutral attitude, and 10.3% had a negative attitude. Most participants agreed that family planning helps improve maternal and child health (82.7%) and reduces economic burden (74.2%). However, 37.9% reported that religious beliefs could discourage contraceptive use, and 28.2% felt that husbands' disapproval might limit their use of contraceptives. About 69.7% agreed that men should participate more actively in family planning decisions.

Table 4: Attitude Towards Family Planning Among Married Women (n = 330)

Variables	Categories / Items	Frequency (n)	Percentage (%)
Overall attitude towards family planning	Favorable (≥3.5)	209	63.3%
	Neutral (2.5–3.49)	87	26.4%
	Unfavorable (<2.5)	34	10.3%
Selected attitude statements (Agree/ Strongly Agree)	Family planning improves maternal & child health	273	82.7%
	Family planning reduces economic burden	245	74.2%
	Religious beliefs may discourage contraceptive use	125	37.9%
	Husband's disapproval limits use	93	28.2%
	Men should participate in family planning	230	69.7%

Practice of Family Planning

At the time of the study, 61.8% of women were currently using some form of contraceptive method. Among these, 82.1% were using modern methods, and 17.9% were using traditional methods. The most commonly used modern methods were oral pills (38.5%), injections (21.8%), and condoms (14.8%). Among traditional method users, the withdrawal method (10.3%) was most common. The main reasons for non-use of contraceptives (38.2%) included: desire for more children (32.0%), fear of side effects (28.9%), husband's disapproval (17.2%), and religious or cultural beliefs (11.6%).

Table 5: Practice Towards Family Planning Among Married Women (n = 330)

Variables	Categories / Items	Frequency (n)	Percentage (%)
Current contraceptive use	Yes	204	61.8
	No	126	38.2
Type of contraceptive method used	Modern methods	168	82.1
	Traditional methods	36	17.9
Common modern methods used	Oral pills	127	38.5
	Injections	72	21.8
	Condoms	49	14.8
	Implant	15	4.5
	IUD	7	2.1
Reasons for non-use of contraceptives	Desire for more children	41	32.0
	Fear of side effects	37	28.9
	Husband's disapproval	22	17.2
	Religious/ cultural beliefs	15	11.6
	Others	11	8.3

Factors Associated with Family Planning Practice

In bivariate analysis, significant associations were observed between contraceptive use and women's age, education, husband's education, number of living children, knowledge level, and attitude ($p < 0.05$). In multivariable logistic regression analysis, independent predictors of current contraceptive use (Table 6).

Table 6: Factors Associated with Current Contraceptive Use Among Married Women (n = 330)

Predictor	Adjusted Odds Ratio (aOR)	95% CI	p-value
Age 25–34 years vs. 15–24 years	1.84	1.02–3.33	0.042
Secondary or higher education (vs. none)	2.26	1.25–4.10	0.006
Husband's education: secondary or higher	1.97	1.11–3.48	0.021
≥2 living children	3.15	1.67–5.92	<0.001
Good knowledge of FP	2.81	1.45–5.45	0.002
Favorable attitude	2.44	1.31–4.55	0.005

The study found that knowledge and awareness of family planning were generally high among respondents, although some misconceptions about specific methods remained. More than half of the participants demonstrated good knowledge and favorable attitudes toward family planning. Approximately two-thirds reported practicing contraception, with modern methods such as oral pills and injections being the most commonly used. Higher levels of education, positive attitudes toward family planning, and having a greater number of children were identified as significant predictors of modern contraceptive use.

Discussion

This cross-sectional study assessed the knowledge, attitude, and practice (KAP) regarding family planning among 330 married women of reproductive age in different hospitals of Dhaka city. The findings revealed that while the majority of participants demonstrated good knowledge and favorable attitudes towards family planning, gaps still exist in translating this knowledge into consistent practice. The study highlights persistent socio-cultural, religious, and gender-related barriers that continue to influence contraceptive use in Bangladesh.

The mean age of participants was 30.7 years, and most were urban residents with secondary or higher education. This is consistent with the BDHS (2022), which found that urban and educated women are more likely to know about and use family planning methods. Education and urban living generally enhance access to information and health services, leading to greater awareness and use of family planning [4].

In this study, 96.4% of respondents had heard of family planning, and knowledge of common modern methods-such as oral pills, injections, and condoms was very high. The mean knowledge score was 11.6 ± 2.7 (out of 15), with 52.7% of women classified as having "good" knowledge. These findings are consistent with other Bangladesh-based and international KAP studies. For instance, reported that 68% of urban women and 58% of rural women in Bangladesh had "good knowledge," suggesting a persistent urban–rural disparity in awareness and understanding [10]. Similarly, a qualitative KAP study in rural Bangladesh found that although most participants were familiar with family planning, many lacked detailed understanding of contraceptive side effects and method choice [11]. Conversely, in special or marginalized populations, knowledge tends to be substantially lower. observed that among Rohingya refugee women, misconceptions were widespread-60% were unaware that permanent methods cause no physical harm, and many believed that contraceptive decisions should be made solely by husbands [12].

About two-thirds (63.3%) of the participants (showed favorable) had a positive attitude toward family planning and recognized its benefits for maternal and child health. This shows growing acceptance of family planning as part of a healthy family life. However, social and religious factors still play a role-37.9% believed religion may discourage contraceptive use, and 28.2% said husbands' disapproval limited their choices. These patterns are similar to other studies found that many Rohingya women saw religion and spousal permission as barriers, while rural Bangladesh studies also reported that cultural and religious beliefs often prevent positive attitudes from turning into practice [11,12]. Similar findings have been reported in Bangladesh and other Muslim-majority countries, where religious beliefs and male dominance often affect women's ability to make reproductive decisions [2, 13].

Encouragingly, 69.7% of women agreed that men should participate more actively in family planning decisions. This finding underscores the importance of involving men in reproductive health education and policy implementation. Studies have shown that couples' communication about fertility preferences significantly increases contraceptive uptake and continuity. Therefore, male-inclusive family planning interventions could serve as a strategic approach to overcoming cultural barriers.

In this study, 61.8% of married women reported current contraceptive use, with a strong preference for modern methods (82.1%), particularly oral pills, injections, and condoms. These rates are comparable to or slightly higher than national estimates from the Bangladesh Demographic and Health Survey (BDHS), which report modern contraceptive use around 60–65% [4]. Similar findings have been observed in the rural area, where access and service availability significantly influenced contraceptive uptake. The main reasons for non-use desire for more children, fear of side effects, and husband's disapproval are consistent with previous research in both rural and urban Bangladeshi contexts, as well as other South Asian settings [14]. These persistent barriers highlight the "KAP-gap," where adequate knowledge and positive attitudes toward family planning do not always translate into practice, underscoring the need for improved male involvement, counseling, and culturally sensitive communication strategies to address misconceptions and social barriers [15].

The findings of this study have important implications for public health policy. Although Bangladesh has made significant progress in reducing fertility rates and promoting contraceptive use, continuous efforts are required to reach underserved and less-educated populations. Strengthening community-based programs, integrating family planning counseling into routine maternal health services, and involving both partners in decision-making can foster a more sustainable adoption of contraceptive methods. Media campaigns should also focus on addressing cultural and religious misconceptions while promoting shared responsibility in family planning.

Limitations

This study has some limitations. Being cross-sectional, it only captures associations and cannot establish causal relationships between variables. The data were self-reported, which may be subject to recall and social desirability bias. Moreover, since the participants were recruited from hospitals in Dhaka city, the results may not be fully generalizable to rural populations, where access to healthcare and exposure to information are more limited. Future studies involving mixed-method approaches, including qualitative interviews, could provide deeper insights into the socio-cultural factors influencing contraceptive behavior.

Conclusion

The study demonstrates that knowledge and attitudes toward family planning among married women in urban Dhaka are generally positive, but practice remains influenced by personal, cultural, and spousal factors. Persistent barriers such as fear of side effects, spousal opposition, and fertility desire mirror findings from other South Asian studies. Strengthening educational interventions, encouraging male involvement, and improving accessibility to long-acting contraceptive methods are essential steps to enhance family planning utilization and promote reproductive health equity in Bangladesh.

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Data Availability Statement:

Data is available from corresponding author on reasonable demand and requirements.

Ethical Approval

The article paid attention in all ethical concepts.

Conflict of Interest

The authors declared no conflict of interest regarding the publication of this paper.

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References

1. United Nations Population Fund (UNFPA). Family planning in Bangladesh. Dhaka: UNFPA Bangladesh. 2022.
2. World Health Organization (WHO). Family planning/ contraception methods: Key facts. Geneva: World Health Organization. 2023.
3. Rahman M, Hossain ME, Islam MR. Knowledge, attitude, and practice towards family planning among married women of reproductive age in Bangladesh: A cross-sectional study. BMC Women's Health. 2023. 23: 384.
4. Bangladesh Demographic and Health Survey (BDHS). Bangladesh Demographic and Health Survey 2022: Key Indicators Report. Dhaka, Bangladesh, and Rockville, Maryland, USA: National Institute of Population Research and Training (NIPORT) and ICF. 2022.
5. Khan MA, Islam MA, Sultana R. Barriers to modern contraceptive use among women in Bangladesh: Evidence from BDHS 2017–18. BMC Women's Health. 2021. 21: 145.
6. Haque MI, Rahman MM. Knowledge, attitudes, and practices towards contraceptive use among married women in Bangladesh: Evidence from a national survey. Reproductive Health. 2020. 17: 64.
7. Nasrin S, Parvin K, Alam MJ. Socio-cultural factors influencing women's attitude towards family planning in rural Bangladesh. Asian Social Work and Policy Review, 2022. 16: 245-256.
8. Hossain S, Akter T, Mohsin M, Islam MM, Chowdhury PB, et al. Contraceptive uses among married women in Bangladesh: a systematic review and meta-analyses. Journal of Health, Population and Nutrition. 2024. 43: 10.
9. World Health Organization (WHO). Family planning and contraception: Key facts. World Health Organization. 2022.
10. Haque MI, Rahman MM. Knowledge, attitudes, and practices towards contraceptive use among married women in Bangladesh: Evidence from a national survey. Reproductive Health. 2020. 17: 64.
11. Ahmed F, Ara J, Bhuiyan FH. Knowledge, Attitude, and Practices Towards Existing Family Planning Practices in A Selected Upazila of Bangladesh. J Ad-Din Women's Med. Coll. 2024. 12: 15-20.
12. Abul Kalam Azad M, Zakaria M, Nachrin T, Chandra Das M, Cheng F, et al. Family planning knowledge, attitude and practice among Rohingya women living in refugee camps in Bangladesh: a cross-sectional study. Reproductive Health. 2022. 19: 105.
13. Kundu S, Kundu S, Rahman MA, Kabir H, Al Banna MH, et al. Prevalence and determinants of contraceptive method use among Bangladeshi women of reproductive age: a multilevel multinomial analysis. BMC public health. 2022. 22: 2357.
14. Moon MP. Contraceptive behaviors and media influence among women in Bangladesh: exploring the effects of age and education. Frontiers in Global Women's Health. 2025. 6: 1492105.
15. Callahan R, Becker S. Unmet need, intention to use contraceptive and unwanted pregnancy in rural Bangladesh. International perspectives on sexual and reproductive health. 2014. 40: 4-10.