Reproductive Health Practice of Married Women in the Rural Community of Dhamrai Upazila, Dhaka

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ABSTRACT

Reproductive health implies that people are able to have a responsible, satisfying and safe sexual life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so1. In the past few years, the issues of reproductive health have been increasingly perceived as social problem; they have emerged as a matter of increasing concern throughout the developed and developing countries. Women reproductive health is relatively a new area of health intervention in Bangladesh and recently it is an important issue. Among the women, married adolescents are particularly vulnerable regarding reproductive health problem in Bangladesh. This descriptive cross sectional study was carried among 534 married women of reproductive age by purposive sampling from 22nd to 28th December, 2012 in different villages of Dhamrai Upazila, Dhaka. Data were collected on a pretested questionnaire by face to face interview. Data were analyzed manually and by using computer. The study revealed that majority of the women had either primary (33%) or secondary level (39%) education with mean age of 29±7.33 years. Most of them (86%) were house-wives and dependant on their husband for financial support and major segment (52%) had poor monthly income (TK <9000). Among all, about 58% respondents were found having 2-4 number of children and 58% gave birth of first child during adolescence (15-19 years) with mean age of 19±3.5 years. About (79%) received TT immunization and (77%) utilized antenatal care. Most of the delivery (52%) were conducted at home by skilled birth attendant (30%) and untrained birth attendant (22%). About 31% had problems during last pregnancy. Among them adverse outcomes were Abortion (21%), PPH (22%) and Obstructed labor (28%). Reproductive health problems faced by the women included Menstrual disturbance (52%), Leucorrhoea (41%) and Urinary Tract Infections (35%). Reproductive health practice was still worse among the rural community of the study area. The study recommends formulation and implementation of effective strategies to improve reproductive health status of the rural women.

Key words: Health seeking behavior, Surveillance, Morbidity pattern

Introduction

Reproductive health implies that people are able to have a responsible, satisfying and safe sexual life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so1. In the past few years, the issues of reproductive health have been increasingly perceived as social problem; they have emerged as a matter of increasing concern throughout the developed and developing countries. Women reproductive health is relatively a new area of health intervention in Bangladesh and recently it is an important issue. Among the women, married adolescents are particularly vulnerable regarding reproductive health problem in Bangladesh2. The program of Action of the International Conference on Population and Development (ICPD), held in Cairo in 1994, defined reproductive health in a comprehensive manner to encompass physical, mental, and social wellbeing in all matters relating to the reproductive system and to its function in consists and process. Thus in...
mothers around the globe. In our country, antenatal care coverage (at least one visit) is 48.7% and most of the deliveries (87.4%) take place at home, only 11.2% deliveries occur in hospitals or clinics. The number of births attended by skilled health personnel is 13%. In Bangladesh different factors in many forms and folds affect the reproductive health of married women specially in rural communities.

Many countries have become increasingly involved in monitoring reproductive rights and use the reporting procedures for international human rights instruments that their governments have ratified. In Bangladesh, the barriers towards establishment of women’s sexual and reproductive health rights are in everlasting difficulty due to malnutrition, illiteracy, and higher gender inequality. Study on reproductive health rights reveals a wide range of socioeconomic and demographic factors which affect women’s empowerment, education and reproductive health rights. The socioeconomic and demographic characteristics of people in a particular society are likely to be different from each other. These may also vary from one geographical setting to another.

In developing world, 1/3rd of all healthy adult women are lost due to reproductive health problem. Female population is about 60.26 million in Bangladesh and married women of reproductive age group constitute 51.7% of total female population. More than 500,000 women die every year due to pregnancy related complications in the developing world. In although the average age at first marriage is 18 years for females and 27 years for males, rural females tend to marry even earlier. Approximately 75% of the girls are married before the age of 16, and only 5% are married after 18 years, which is the legal age of marriage for females in Bangladesh. Like early marriage, early pregnancy is common among females in Bangladesh. The adolescent fertility rate in the country is one of the highest in the world with 147 births per 1,000 women aged <20 years. Utilization of reproductive healthcare services such as antenatal care (ANC), institutional delivery attended by trained birth attendants are basic needs for pregnant women. The Government of Bangladesh seeks to create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health. MOHFW adopted in 1998 the Health and Population Sector Strategy (HPSS) to provide a package of essential health care services for the people of Bangladesh and to slow down population growth. The main sectorial objectives of the HPSS are: maintenance of the momentum of efforts in Bangladesh to lower fertility and reduce mortality, reduction of maternal mortality and morbidity and reduction in the burden of communicable diseases. Barkat suggested that the essential services package identified in the HPSS consists of basic reproductive and child health services, including family planning, maternal care and immunization as well as control of selected communicable diseases, limited curative care and behavior change communication. The Health and Population Sector Program (HPSP) was formulated in 1998 on the basis of HPSS. In order to encompass all the activities of the health sector, the Government has revised the HPSP and formulated the new Health, Nutrition and Population Sector Program (HNPS), 2003-2006. The vision and targets outlined in the Interim Poverty Reduction Strategy Paper (i-PRSP) of the government have been adopted as overarching long-term policy framework for HNPS. As noted by the reproductive health approach reflects the conceptual linking of the discourse on human rights with that on health.

The Programme of Action called upon countries to strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible, and no later than the year 2015.
Methodology
This was a descriptive cross sectional study carried out in Dhamrai Upazila, Dhaka under Dhamrai union in Taltola, Choiboria, Kumrail, Islampur, Chandrail, Ambagan, Palara and Sadamath villages during the period 22nd to 28th December, 2012. The married women of reproductive age during data collection period were the study population. Total size of the sample was 534 and purposive in nature. Structured Questionnaire duly Pre-tested were the instrument for data collection. It was collected through face to face interview by 4th year MBBS students (AKMMMC -02) of Anwer Khan Modern Medical College, Dhanmondi, Dhaka with prior filling up a consent form and signed by the respondent as a part of ethical consideration. It was processed and analyzed manually and by using computer.

Results
Table-I: Distribution of respondents by age n = 534

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Number of respondents</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>20</td>
<td>3.74</td>
</tr>
<tr>
<td>20-24</td>
<td>130</td>
<td>24.34</td>
</tr>
<tr>
<td>25-29</td>
<td>168</td>
<td>31.46</td>
</tr>
<tr>
<td>30-34</td>
<td>80</td>
<td>14.98</td>
</tr>
<tr>
<td>35-39</td>
<td>84</td>
<td>15.73</td>
</tr>
<tr>
<td>40-44</td>
<td>37</td>
<td>6.92</td>
</tr>
<tr>
<td>45-49</td>
<td>15</td>
<td>2.8</td>
</tr>
<tr>
<td>Total</td>
<td>534</td>
<td>100</td>
</tr>
</tbody>
</table>

About 86% respondents were found within age of 20-39 years . Mean age : 29years & Standard deviation : ± 7.33.

Figure 01: Distribution of respondents by level of education

Figure 01 shows that about 15% respondents were found illiterate and 33%, 39% respondents were found primary and secondary level of education respectively.

Table II Distribution of respondents by age at first issue & number of children n = 534

<table>
<thead>
<tr>
<th>Age in years first issue</th>
<th>Number of respondents</th>
<th>Number of children</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15</td>
<td>22 (4.13)</td>
<td>01</td>
<td>210 (39.32)</td>
</tr>
<tr>
<td>15-19</td>
<td>312 (58.42)</td>
<td>02</td>
<td>223 (41.76)</td>
</tr>
<tr>
<td>20-24</td>
<td>157 (29.40)</td>
<td>03</td>
<td>67 (12.54)</td>
</tr>
<tr>
<td>25-29</td>
<td>38 (7.12)</td>
<td>04</td>
<td>22 (4.11)</td>
</tr>
<tr>
<td>30-34</td>
<td>3 (0.56)</td>
<td>&gt;04</td>
<td>12 (2.27)</td>
</tr>
<tr>
<td>&gt;34</td>
<td>2 (0.37)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>534 (100)</td>
<td>Total</td>
<td>534 (100)</td>
</tr>
</tbody>
</table>

N.B : Figure in the parenthesis indicates percentage.

Table-III: Distribution of respondents’ by antenatal advices & investigations done during last delivery n = (Multiple response)

<table>
<thead>
<tr>
<th>Antenatal advices</th>
<th>Number of respondents</th>
<th>Antenatal investigations</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy diet</td>
<td>403 (75.47)</td>
<td>Urine R/M/E</td>
<td>277 (51.87)</td>
</tr>
<tr>
<td>Personal hygiene</td>
<td>363 (67.92)</td>
<td>Stool R/M/E</td>
<td>83 (15.54)</td>
</tr>
<tr>
<td>Drug use</td>
<td>315 (58.98)</td>
<td>Hb%</td>
<td>196 (36.70)</td>
</tr>
<tr>
<td>Radiation</td>
<td>20 (3.74)</td>
<td>HbsAg</td>
<td>82 (15.36)</td>
</tr>
<tr>
<td>Warning sign</td>
<td>77 (14.42)</td>
<td>Blood grouping</td>
<td>229 (42.89)</td>
</tr>
</tbody>
</table>

N.B : Figure in the parenthesis indicates percentage.

About 58% respondents were found having their first issue at 15-19years of age. Mean age at first issue: 19 years. Standard deviation : ± 3.5. About 58% respondents were found having 2-4 number of children and 39% respondents were found having one children only.

About 75%, 68% & 59% respondents received advices on healthy diet, personal hygiene and cautions about drug uses respectively. About 52%, 37%, 43% & 42% respondents were advised to do urine R/M/E, Hb%, blood grouping and USG respectively.
Table IV: Distribution of respondents’ TT immunization, Complications during last delivery & Problems related to reproductive system. n = 534

<table>
<thead>
<tr>
<th>Issues related to delivery</th>
<th>Number of respondents</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>TT immunization</td>
<td>403 (75.47)</td>
<td>131 (24.53)</td>
</tr>
<tr>
<td>Complications during delivery</td>
<td>165 (30.89)</td>
<td>369 (69.10)</td>
</tr>
<tr>
<td>Problems related to reproductive system</td>
<td>204 (38.0)</td>
<td>330 (62.0)</td>
</tr>
</tbody>
</table>

N.B: Figure in the parenthesis indicates percentage

About 79% respondent received TT immunization and 21% respondents did not receive any immunization. About 31% respondents faced complications during last delivery and 69% last delivery were without any complications and 38% respondents were suffering from problems related to reproductive system.

Figure 02: Distribution of respondents by place of last delivery
Figure 02 shows that about 52% & 48% respondents delivered their last issue at home and in the hospital respectively.

Figure 03: Distribution of respondents by designation of personnel by whom last delivery was conducted.
Figure 03 shows that About 44% respondents had their last delivery conducted by qualified doctors and about 22%, 30% and 6% respondents had their last delivery conducted by untrained birth attendant, skilled birth attendant and nurses respectively.

Discussion
In this study the mean age of the respondent was 29 years with SD of ±7.33. Maximum proportion (86%) of the respondents were found within the age group 20-39 years. About 91% respondents were muslims and 9% were Hindu. Most of the respondents (99%) were married and 0.56%, 0.38% were widow and divorced respectively.

The study shows that among the respondents 33%, 39% & 13% had completed Primary, Secondary and HSC above education respectively. About 15% respondents were illiterate, a diverse finding was exposed by the MICS, 2009 of UNICEF where education rate was found around 72.0% among the females 15-
About 86% respondents were housewife and 11%, 1.14% were from service and business. The monthly income of the respondents in this study ranges from TK 3000 to more than TK 9000. Most of the respondents (44%) were found monthly income from TK 3001 to TK 9000. However, (7%) and (48%) were found monthly income below TK 3000 and more than TK 9000 respectively. A comparable finding was revealed by the Centre for Integrated Rural Development of Asia and Pacific where majority of women (82%) in rural areas were found unpaid family workers.

About (58%) respondents were found having 2-4 number of children and 39% respondents were found having one children only. About 58% respondents were found having their first issue at 15-19 years of age. Mean age of the respondent having their first issue was 19 years with standard deviation ±3.5. Similar finding was depicted through the survey of MOHFW where 75.0% of the girls were found married before the age of 16. Because of early marriage majority (69.8%) of the women had first child birth during adolescence (16-18 years) but the survey of MOHFW found that about 30% of female adolescents of Bangladeshi were already mothers.

The study shows that (75.6%) respondents received antenatal visit and about (24.3%) respondents did not receive any antenatal visit during the last delivery. However, 50.74% respondents received 1-3 number of antenatal visits and 33.17%, 16.09% received 4-6; 7-10 times of antenatal visit respectively. But the annual report of BDHS showed 48.7%

About 75%, 68% & 59% respondents received advices on healthy diet, personal hygiene and cautions about drug uses respectively. However, 52%, 37%, 43% and 42% respondents were advised to do urine R/M/E, Hb%, Blood grouping and USG respectively.

The study reveals that 79% respondents received TT immunization and 21% respondents did not receive any immunization. But 50% and 33% respondents received 2 & 3 doses of TT vaccine in their last pregnancy.

About 52% and 48% respondents delivered their last issue at home and hospital respectively. Relevant survey conducted by SVRS, BBS had different finding where home delivery was 87.1%. The study also revealed that 44% respondents had their last delivery conducted by qualified doctor and 22%, 30%, 6% respondents had the last delivery conducted by untrained birth attendant, skilled birth attendant and nurses respectively. This finding varies with the finding of the survey of BDHS, which estimated 64.0% delivery conducted by untrained birth attendants. This discrepancy may be justified with the logic that this study was carried out with a small sample size in a semi urban community while BDHS conducted countrywide survey among large group of women.

**Conclusion**

Reproductive health is an emerging issue in Bangladesh as well as in the world. The study concludes that acceptance of antenatal check up during last pregnancy have the greatest potentiality to enhance the women reproductive health behaviour. Based on the result of the study, the level of reproductive health practice of the married women was not satisfactory. In our study, although 85% respondents are educated, but they are completely dependant to their husband for financial support. The study results ensure unawareness of the respondents about the proper age of first issue. Respondent’s occupation, monthly family income, age at first issue and number of children have indirect significant effect on antenatal check up during last pregnancy.

**Recommendations**

Considering the findings of the present study, there are following recommendations:

- Women employment should be encouraged so that they could contribute financial support to their family.
- Respondents having 2 or more children needs motivation in adopting family planning.
- Respondents having their first issue before 20 years of age needs motivation to differ their first issue through awareness program.
- About 75% of the respondents received antenatal visit and about 25% did not receive any antenatal visit during the last delivery.
Respondents preferring home delivery should ensure trained birth attendant or skilled nurses at the time of delivery to avoid complications.

- Early detection and treatment of reproductive tract infections and diseases need special attention by improved surveillance system in the study area.
- The government of Bangladesh as well as NGOs and International organizations should take many policies and programs to improve reproductive health issues.

Acknowledgement
It is our pleasure to acknowledge Principal & Vice-principal of Anwer Khan Modern Medical College to support in conducting this study. We also gratefully acknowledge Director of NIPSOM & his support staff at Dhamrai THC in providing accommodation & guidance during our stay at their premises. We are thankful for the support staff of Dhamrai THC as well. Thanks to our AKMMC-02 batch, students for their hard work from the very beginning in conducting and implementing this study protocol and their active participation for data collection in particular. Last but not least the people of the study area are gratefully acknowledged as key informants.

References