International Journal of Pharmaceutical and Medical Research
Volume – 5 Issue – 5 October 2017
Website: www.woarjournals.org/IJPMR *ISSN: 2348-0262*

Reproductive Health Status of Rural Women In a Selected Area of Bangladesh

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Abstract: ***Reproductive health is a universal concern, but is of special importance for women particularly of reproductive years. The study has focused on knowledge, attitude and practices on reproductive health rights and services of Bangladeshi women in a rural context. This was a descriptive type of cross sectional study performed among rural women in Keranigonj Upazilla. A total of 300 women (reproductive age group) were selected purposively. Pre-tested questionnaire had been used for data collection. The aim of the study was to assess the reproductive health status of rural women in reproductive age group (15-49 years). The mean age of the respondents was 26.45 years. Out of 300 respondents 281 (93.67%) were married. Among them 86% were housewives. The mean age of marriage was 17.38 years. Among 300 respondents 54% had primary level of education. The mean monthly income was Tk. 16, 183. The mean age of menarche was 12.46 years. Out of 281 married respondents, 261 had history of child birth. The mean age of first child birth was 19.56 years. Out of 261 respondents, 81.99% had received antenatal care and 47.5% of the respondents were delivered by doctors. But majority of them (54.41%) did not receive postnatal checkup. Majority (59.39%) had no complications during pregnancy and 40.61% had complications. Majority (60.79%) had used contraceptive methods***

Keywords: Rural women, reproductive health, contraceptive use, Bangladesh.

1. Introduction

Within the framework of the World health Organization's (WHO) definition, "reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and its functions and processes" [1]. Reproductive health of women , therefore, implies that they are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition, it is the right of women to be informed of and to have access to safe, effective, affordable and acceptable methods of family planning as well as other methods of their choice, justifiable to country's law, for regulation of fertility and the right of access to appropriate health care services of sexual, reproductive medicine that will enable women to go safely through pregnancy and childbirth as well as provide couples with the best chance of having a healthy infant [1]. Female population in Bangladesh comprises 49.4% of total population, of which reproductive age group female number is more than 45 million and 80% of them belongs to rural areas [2]. Maternal mortality is a very important indicator of female reproductive health. Maternal mortality rate is three to four times in 15-19 years age group compared to 20-30 years age group [1]. Maternal malnutrition, infections during pregnancy, anemia and repeated pregnancies contribute to low birth weight babies and a high rate of maternal mortality. Another important indicator of reproductive health is prevalence of taking antenatal care, which is not sufficient in our country. Contraceptive prevalence, which is also an important indicator, is estimated to be about 40 percent in South East Asian region [3].

Bangladesh has one of the highest rates of child-marriage in the world. It also has one of the lowest rates of birth registration in the world, which constrains legal protection against child marriages. 74% of the girls marry before the age of 18, and over one third even before the age of fifteen [3]. Early marriage leads to early pregnancy, as the girls are expected to give birth within the first year of marriage. One third of teenage girls aged 15 to 19 years are mothers or are already pregnant [3].Age specific fertility, another indicator of female health status, is highest in Bangladesh, India and Nepal for women aged 20-24 years and 50 percent of the women give birth by the age of 20 years [1].The WHO estimates that each year, 358,000 women die due to complications related to pregnancy and child birth; 99% of these deaths occur within the most disadvantaged population groups living in the poorest countries of the world [4]. Most of these deaths can be avoided with improving women's access to quality care from a skilled birth attendant before, during and after pregnancy and child birth. Virtually all deliveries (77%) take place at home without any assistance [3]. A skilled birth attendant is present in about 26.5% [5]. The contraceptive prevalence rate has increased to 58% in 2004 [6]. Discontinuation rate is also high. The unmet demand for contraception (% of married women of reproductive age) is still 15.3% [5]. According to the World Bank survey, pregnant women receiving prenatal care in Bangladesh was about 54.60% in 2011 [6]. Pregnant women receiving prenatal checkup are the percentage of women attended at least once

during pregnancy by skilled birth personnel for reasons related to pregnancy. Postnatal care, however, is another area where Bangladesh is struggling now. The proportion of mother seeking postnatal care from professionally trained personnel is very low, both in rural and urban areas of Bangladesh. On the whole, only 7% of women who delivered at home sought postnatal care from medically trained personnel, even though the postnatal period being one of the most risky periods for occurrence of life threatening complications [7].

Maternal mortality is an indicator of the overall situation of women in a society, so a more comprehensive social development approach is needed. Higher level of woman's autonomy, education, wages and labor market participation are associated with improved reproductive health outcomes, checking high fertility and birth spacing, reducing unmet demand for contraception, ensuring safe motherhood and child health.

2. Methodology

This was a descriptive type of cross sectional study conducted in some rural areas in Keranigonj upazilla, Dhaka from February to June 2015. A total of 300 women in reproductive age (15 -49 years) were selected purposively. Data were collected by researchers themselves from the respondents by taking face to face interview and by using semi structured questionnaire. Before analysis data was verified checked and edited. The important variables had been brought into consideration for analysis of data, keeping in view of the objectives of the study. Data were processed manually.

3. Results

Tables and figures have been used for presenting the results. A total of 300 respondents in reproductive age group (15-49 years) were interviewed by semi-structured questionnaire. The mean age of the respondents was 26.45 years. Approximately three-fifth of the respondents had primary level of education (54%) followed by higher secondary (14%) and secondary (11.67%) level. Majority of the respondents were housewives (86%) followed by 8.34% who were day laborer. Out of 300 respondents 281 were married (93.6%) and 19 were unmarried (6.33%). Majority (39%) had monthly income of 5001-10000 taka, 22.3% had monthly income of 10001-15000 taka and 17.33% had monthly income above 20000 taka **(**Shown in **Table 1)**. **Table 2** shows the distribution of the respondents according to age of marriage. Among 281 married woman 48.75% were between 16-18 years old during marriage. 33.10% were below 16 years and 18.15% were above 18 years old during marriage. The mean age of marriage was 17.38 years. **Table 3** shows the distribution of respondents according to age of first child birth. Out of 281 respondents 261 had children and the remaining didn't have any child. Among 261 women more than half *(*53.64%) gave birth of first child at the age of 16-20 years. 30.65% was between 21- 25 years during their first child birth. Only 4.21% was more than 25years during their first child birth. Again **Table 4** shows the distribution of the married women according to their response in use of contraceptive methods. Out of 281 respondents, 169 (60.14%) had used contraceptive methods and the rest 112 (39.86%) did not use any contraceptive methods. Again **Figure 1** shows bar diagram where distribution of the respondents according to complications during pregnancy are indicated .Out of 106 respondents, majority (28.31%) had multiple complications during pregnancy, followed by 26.41% who had swelling of feet, 11.32% had abortion, 10.38% complained of abdominal pain, 9.43% suffered from anemia, 3.77% complained of urinary problems, 3.77% delivered premature baby, 2.83% had eclampsia, also 2.83% complained of hemorrhage. Distribution of the respondents according to utilizing antenatal care are shown in pie chart in **Figure 2** where out of 261 respondents, majority (81.99%) received antenatal care and 18% didn't receive that service. **Figure 3** shows the distribution of the respondents according to utilization of postnatal care. Here majority (54.41%) of the respondents didn't receive postnatal care and 45.59% of them received this service.

Table 1: Socio-demographic status of the respondents (n=300)

Variables	Frequency	Percentage (%)
Education		
No formal education	33	11
Primary	162	54
Secondary	35	11.67
Higher Secondary	42	14
Graduate	28	9.33
Occupation		
Housewife	258	86
Service holder	10	3.33
Day laborer	25	8.34
Student	**7**	2.33
Marital status		
Married	281	93.67
Unmarried	19	6.33
Monthly family income		
Up to 5000tk	1	0.33
5001-10000tk	117	39
10001-15000tk	67	22.33
15001-20000tk	63	21
>20000tk	52	17.33

Table 2: Distribution of respondents according to the age of marriage (n=281*)*

Age at marriage	Frequency	Percentage (%)	Mean age of marriage
<16 years	93	33.10	17.38
16-18 years	137	48.75	
>18years	51	18.15	
Total	281	100	

Table 3: Distribution of respondents according to the age of first child birth (n=261)

Age of first child birth	Frequency	Percentage (%)
<16 years	30	11.50
16-20 years	140	53.64
21-25 years	80	30.65
>25 years	11	4.21
Total	261	100

Table 4: Distribution of respondents according to their response in use of contraceptive methods (n=281)

Response about the use of contraceptive methods	Frequency	Percentage (%)
Yes	169	60.14
No	112	39.86
Total	281	100

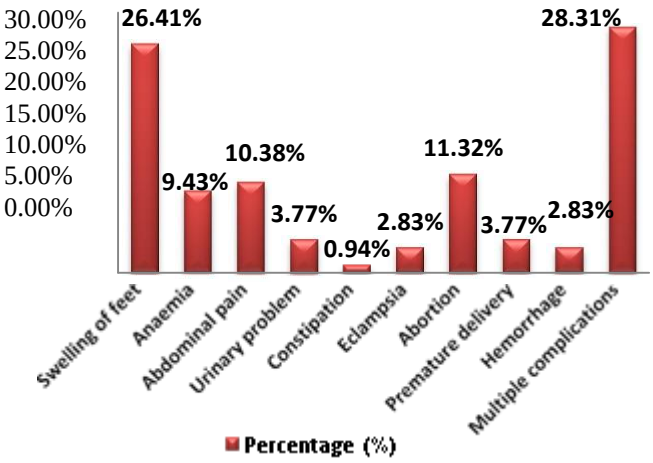

Figure 1: Distribution of the respondents according to complications during pregnancy (n=106)

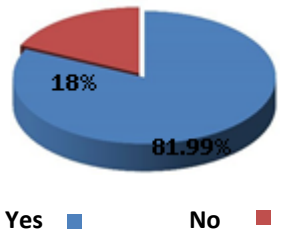

Figure 2: Distribution of the respondents according to the utilization of antenatal care (n=261)

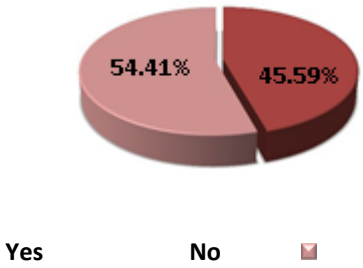

Figure 3: Distribution of the respondents according to the utilization of postnatal care (n=261)

4. Discussions

The study revealed that majority of the woman (54%) had primary level of education and majority (86%) was housewives. Major segment (39%) had poor monthly family income of (Tk. 5001-10000), 53.64% and 11.50% had given birth of first child at the age of 16-20 years and below 16 years respectively. This result had similarity with a study conducted by Islam MZ et al. on "Reproductive health profile of married women" and concluded that majority had primary education (33.3%), majority(88.2%) were housewives and major segment (52.9%) had poor monthly income. More than half (69.8%) gave birth of first child at age of (16-18 years) [8].The distribution of age at marriage shows 48.75% were between 16-18 years old and 33.10% were below 16 years old during marriage [3]. Over one-third of girls' marriage occurs before the age of fifteen [3] which is almost similar to our study findings. In our study, among 93.7% married woman 60.79% had used contraceptive methods. A study conducted by Nasreen HE et al. showed that overall 58% of the currently married women in Bangladesh are using contraceptive methods [9] which supports our study findings.

Pregnant women receiving antenatal care in Bangladesh was last measured about 54.60% in 2016, which is inconsistent with our study findings where 81.99% had received antenatal care. A study on extent of utilization and factors influencing antenatal care in rural Rajshahi by Hafez M. A. et al. showed about (30.5%) pregnant women had taken antenatal care [10], which is inconsistent with our study findings where 81.99% had received antenatal care. Our study showed that only (45.59%) utilized postnatal care. But a study conducted by MM Rahman on postnatal checkup found that 58.60% took postnatal checkup [11] which is slightly higher than our study findings.

45.61% women had pregnancy related complications such as swellings of feet, anemia, abortion, hemorrhage etc. A study on maternal health and care seeking behavior in Bangladesh states that almost half of women reported having one or more complication during pregnancy which is consistent with our study findings [12].

5. Conclusions

Lastly we can say that our reproductive health program measures have been able to improve reproductive health status of women in rural areas. It has also been able to enrich their knowledge regarding reproductive health status. Yet further improvements are required to achieve MDG (Millennium Development Goal) by 2015. It is the appropriate time to determine and implement proper line of action to improve reproductive health status of rural women in Bangladesh. Besides bringing Primary Health Care to the doorsteps of rural women, emphasis should be given on improving literacy rates and socioeconomic conditions of the rural women.

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Disclosure Statement

The authors declare no conflict of interest.

Authors' profile

Dr. Rezina Yasmin received her MBBS (Bachelor of Medicine and Bachelor of Surgery) degree from Chittagong Medical College under the University of Chittagong in 1983.She obtained Masters in Public Health (MPH) in Hospital Management from Bangabandhu Sheikh Mujib Medical University at NIPSOM (National Institute of Preventive and Social Medicine) in 2002. She started her professional carrier as an In Service Trainee at Chittagong Medical College Hospital in November 1983. She has been serving as an Associate Professor of Community Medicine in Sir Salimullah Medical College at Dhaka. Earlier, she also worked as a medical officer in Gynae department in Chittagong Medical College Hospital. She is engaged in research since her teaching career of almost 15 years and had published 3 research papers in National Journals. She is residing in Dhaka, Bangladesh.

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