

Original article

Reproductive health practice of married women in the rural community

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Abstract:

This cross sectional study of fifteen days' duration was conducted among Married women attending in OPD at Dhamrai Dhaka to know Reproductive Health Practice of Married Women in the Rural Community with a sample size of 100 following purposive sampling technique using pretested semi-structured questionnaire by face to face interview method after taking informed consent. Data were analyzed manually and by using computer. Only 39% respondents were found within age group 20-30 years and 33% completed primary education. Majority the of respondents (79%) were married. This study also found that 39% were housewives and majority (56%) had poor monthly income (TK <10,000). Majority (78%) of respondent's duration of married life less than or equal to 15 years. This study also revealed that (72%) respondents were found having their first issue less than or equal to 25 years of age. About 40% respondents were found having two children. About 47%, 52% & 25% respondents received advices on healthy diet, personal hygiene and cautions about drug uses respectively during antenatal period. Majority (84%) of respondents were done USG on their routine antenatal care investigation. About 65% respondents delivered their last issue at hospital among them 55% respondents last delivery conducted by qualified doctors. Majority (85%) respondent received TT immunization and 71% respondents were not faced any complication in last delivery and 53% respondents were suffering from problems related to reproductive system and among them abortion (35%), PPH (30%) and perineal tear (20%). Reproductive health practice was still worse among the rural community Effective strategies must be taken to improve reproductive health status of the rural women.

Key words: Reproductive Health, Antenatal care, Morbidity pattern, Practice

Introduction:

Reproductive Health (RH) is a state of complete physical, mental and social well-being (not merely the absence of disease and infirmity) in all matters relating to the reproductive system and its functions and processes.¹ Women reproductive health is relatively a new area of health intervention in Bangladesh and becomes an important issue. Among the women, married adolescents are particularly vulnerable regarding reproductive health problem in Bangladesh.³ The reproductive health approach is concerned not only with pregnancy related health issue, but also with health and human right issues.⁴ Reproductive rights embrace certain

human rights that are already recognized in national laws, international human rights documents and other consensus documents.⁵ Reproductive and sexual health rights are rights of all people, regardless of age, gender and other characteristics.⁶ Women have the right to the enjoyment of the highest attainable standard of physical and mental health and is vital to their life and well-being and their ability to participate in all areas of public and private life.⁷ Reproductive rights must be protected, promoted and filled if sexual and reproductive health outcomes are to be improved, particularly for the poor and vulnerable.⁸ The socioeconomic and demographic characteristics of people in a particular society are likely

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to be different from each other. These may also vary from one geographical setting to another.⁹ In developing world, 1/3rd of all healthy adult women are lost due to reproductive health problem.¹⁰ Female population is about 60.26 million in Bangladesh and married women of reproductive age group constitute 51.7% of total female population.¹¹ More than 500,000 women die every year due to pregnancy related complications in the developing world.¹² Although the legitimate age at first marriage is 18 years for females and 21 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.¹³ The number of births attended by skilled health personnel is 13%. and most of the deliveries takes place at home.¹⁴ 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 and adopted the Health and Population Sector Strategy (HPSS) in 1998 to provide a package of essential health care services for the people and to slow down population growth.¹⁵ 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.¹⁶ 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 (HNPSPP), 2003-2006.¹⁷ 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 HNPSPP.¹⁸ 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 2015.¹⁹

Material and methods: This cross sectional study of fifteen days' duration was conducted among Married women attending in OPD at Dhamrai Dhaka to know reproductive health practice of married women in the Rural Community with a sample size of 100 following purposive sampling technique using pretested semi-structured questionnaire by face to face interview method after taking informed consent. Data were analyzed manually and by using computer.

Result: Table I shows that About 39% respondents were found within age of 20-30 years followed by 23%

within 15-20 years, 23% within 30 to 40 years and 14% respondents were within age group more than 40 years. About 33% respondents were complete primary education, 24% illiterate, 31% secondary, HSC & above 12%. Majority (79%) of respondents were married followed by 13% widow and 8% divorce. Most of them 39% were housewives followed by 29% service holder, 21% day labor and major segment (56%) had poor monthly income (TK <10,000).

Table 1: Sociodemographic characteristics of respondents (n = 100)

Age in years	Frequency	Percentage
15-20 years	23	23%
20-30 years	39	39%
30-40 years	23	23%
> 40 years	14	14%
Education		
Illiterate	23	23%
Primary	33	33%
Secondary	31	31%
Higher secondary and above	12	12%
Marital status		
Married	79	79%
Widow	13	13%
Divorced	8	8%
Occupation		
Housewife	39	39%
Service holder	29	29%
Day labour	21	21%
Others	11	11%
Monthly Income		
Less than 10,000 taka	56	56%
1000-20000 taka	24	24%
20000-30000 taka	12	12%
Above 30000 taka	8	8%
Total	100	100%

Table No. 2 describes respondents by duration of married life, age at first issue & number of children. Majority (78%) of respondent's duration of married life less than or equal to 15 years and majority (72%) respondents were found having their first issue at less than and equal to 25 years of age. About 40% respondents were found having two children and 33% respondents were found having one child only.

Table 2: Distribution of respondents by duration of married life, age at first issue & number of children (n = 100)

Duration of married life	Frequency	Percentage
Less than and equal or 15 years	78	78%
More than 15 years	22	22%
Age at first issue		
Less than and equal to 25 years	72	72%
More than 25 years	18	18%
Number of Children		
1	33	33%
2	40	40%
3	18	18%
4	9	9%
Total	100	100%

Table 3 shows that about 47%, 52% & 25% respondents received advices on healthy diet, personal hygiene and cautions about drug uses respectively. Almost (84%) of respondents were done USG followed by 67% were done Hb%, 34% urine R/M/E and 21% blood grouping respectively.

Table 3: Distribution of respondents by antenatal advices & investigations done during last delivery (Multiple response)

Antenatal Advice	Frequency	Percentage
Health diet	47	47%
Personal hygiene	52	52%
drug use	25	25%
Warning sign	15	15%
Investigations done in last pregnancy		
USG	84	84%
Hb%	67	67%
HbsAg	41	41%
Urine R/M/E	34	34%
Blood grouping	21	21%
Stool R/M/E	5	5%
Chest X-ray	2	2%

*Multiple response

Figure 1 describe distribution of respondents by place of last delivery majority (65%) of respondents delivered

their last issue in hospital and 35% delivered at homes.

Place of delivery

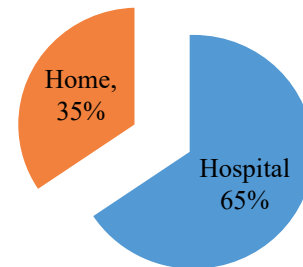


Figure 1: Distribution of respondents by place of last delivery

Figure 2 shows that About 55% respondents last delivery conducted by qualified doctors followed by 25%, 10% and 10% untrained birth attendant, skilled birth attendant and nurses respectively.

Personnel conducted delivery

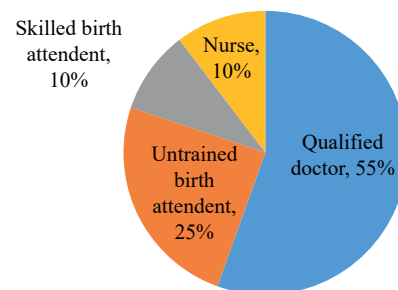


Figure 2 Distribution of respondents according to investigation of personnel by women their last delivery done (n = 100)

Table No. 4 describe distribution of respondents' TT immunization, complications during last delivery & problems related to reproductive system. Majority (85%) respondent received TT immunization and 35% did not receive any immunization. Majority (71%) had no complication in last delivery and 29% respondents faced complications during last delivery and 53% respondents were suffering from problems related to reproductive system and 47% had no problem.

Table 4: Distribution of respondents' TT immunization, Complications during last delivery & Problems related to reproductive system (n = 100)

TT vaccination received	Frequency	Percentage (%)
Yes	85	85%
No	15	15%
Complications during last delivery		
Yes	29	29%
No	71	71%
Problems related to reproductive system		
Yes	53	53%
No	47	47%

Figure 2 shows that abortion (35%), PPH (30%), perineal tear (15%), neonatal convulsion (10%), still birth (9%) and hand prolapse (2%) were the most common complications during last delivery.

* Multiple response

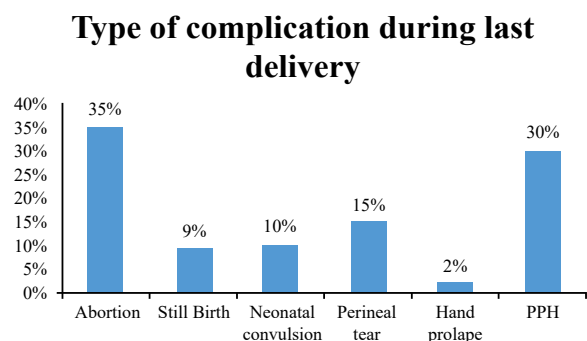


Figure No. 3: Distribution of respondents according to their type of complication during last delivery.

Discussion: The present study aimed to know Reproductive Health Practice of married women in the rural community. In this study about 39% were found within age of 20-30 years followed by 15-20 years (23%), 30 to 40 years (23%) and ≥ 40 years (14%) and about 33% respondents completed primary education and only 12% had education HSC and above. Majority (79%) of respondents were married followed by widow and divorced 13% and 8% respectively. A completely dissimilar picture was observed by M Rahman where 86% of the respondents were found within the age group of 20-39 years and 99% were married, whereas only 0.56%, 0.38% were widow and divorced respectively; 33%,

39% & 13% completed Primary, Secondary and HSC level of education respectively. About 15% respondents were illiterate.²⁰ About 39% were housewives followed by service holder (29%), day labor (21%); 56% had poor monthly income (TK <10,000). Almost similar finding was revealed by the Centre for Integrated Rural Development of Asia and Pacific where 82% of women in rural areas were found unpaid family workers.²¹ Majority (78%) of respondent's duration of married life ≤ 15 years and 72% respondents were found having their first issue at ≤ 25 years of age and about 40% were found having 2 children and 33% had one child only. Similar finding was depicted through the survey of MOHFW where 75% 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.²² About 47%, 52% & 25% respondents received advices on healthy diet, personal hygiene and cautions about drug uses respectively. Almost (84%) of respondents done USG on their routine antenatal investigation. Majority (65%) of respondents delivered their last issue at hospital. Relevant survey conducted by SVRS, BBS had different finding where home delivery was 87.1%.²³ About 55% respondents last delivery conducted by qualified doctors. This finding varies with the finding of the survey of BDHS, which estimated 64.0% delivery conducted by untrained birth attendants.²⁴ Almost (85%) respondent received TT vaccine and 71% respondents last delivery faced without any complications and only 29% respondents faced complications. About 53% respondents suffered from problems related to reproductive system among them abortion (35%), PPH (30%) and perineal tear (15%) were the most common complications during last delivery.

Conclusion

Women in rural Bangladesh are not empowered economically, social and their reproductive health rights are mostly neglected. Effective strategies and initiation must be taken to improve reproductive health status of the women in rural Bangladesh.

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