

## Birth Practices Among the Rural Women: Facts & Reasons

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### ABSTRACT

**Background:** Pregnancy and childbirth related complications are the leading causes of maternal mortality and morbidity in Bangladesh. An estimate shows that about 28,000 mothers die in each year in Bangladesh due to obstetric complications. The aim of this study was to find out the birth practice among rural women in Bangladesh.

**Material and Methods:** This descriptive cross sectional study was carried out among 1220 respondents by purposive sampling technique from 2<sup>nd</sup> to 4<sup>th</sup> January, 2017 in different villages of Dhamrai Upazila, Dhaka. Data were collected by a structured questionnaire duly pretested through face to face interview. Data were analyzed manually and by using computer.

**Results:** Then study revealed that majority of the respondents 80% were Muslims by religion and about 26% respondents were found within the age 25-29 years with mean age  $31 \pm 7.59$  years. Most of them 86% were literate and only 14% were found illiterate. Among the respondents 75% were Housewives and 11%, 9%, 1% and 4% were involved in Service, Business, Agriculture and others occupation respectively. Moreover, 78% respondents monthly income were less than TK 3000. About 43% & 16% respondents were found to have 2 & 3 children respectively. In this study, about 73% received antenatal visit and among them 57% received 1 to 3 antenatal visits and 74% received TT immunizations. It was found that 69%, 54% and 59% received antenatal advices on healthy diet, personal hygiene, drug use respectively. Home delivery and Hospital delivery practice were found among 44% & 56% respondents respectively. The reasons for home delivery like Feeling comfortable, Family decision and Financial problem were found in 60%, 26% & 42% respondents respectively. The most common complications during last delivery were obstructed labor, found among 39% respondents.

**Conclusion:** Still now women prefer home delivery. Major reasons for home delivery were Feeling comfortable, Family decisions and Financial problems. Delivery conduction by qualified doctors were found only among 47% women. Efforts needed to increase maternal health related knowledge and awareness towards birth practice to facilitate decision in minimizing complications and mortality.

**Key Words:** Birth practice, Maternal health, Knowledge & awareness

### Introduction

Every year, worldwide, 200 million women become pregnant. The current maternal mortality rate in Bangladesh is 4.5 per 1,000 livebirths.<sup>1</sup> The target is to reduce it to 3 by the year 2002.<sup>2</sup> The maternal morbidity situation is even more alarming. Until

recently, it was estimated that there are 16.5 morbidities for every maternal death. More recent estimates suggest that this figure is far too low, and that there may be as many as 100 morbidities for every pregnancy related death.<sup>3</sup> In a cross sectional

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study of parous women of reproductive age, 80 percent reported one or more morbidity the majority linked to the postpartum period.<sup>4</sup>

Although most pregnancies end with the birth of a live baby, on many occasions, childbirth is a time of pain, fear, suffering, and even death. Pregnancy and childbirth related complications are among the leading causes of maternal mortality in Bangladesh<sup>5</sup>. The health and family planning program of Bangladesh has made remarkable progress in the last two decades as evident from the decline in fertility rate, infant and child mortality rates. However, the maternal mortality ratio (MMR) is still high (1.94 per 1000 live births).<sup>6</sup>

In any community, mothers and children constitute a priority group. In developing countries they comprise approximately 70% of population. Mothers and children not only constitute a large group, but they are also a vulnerable or special risk group.<sup>7</sup> Maternal mortality is one of the most important health challenges the world is facing today. More than 20 million women experience ill health as a result of pregnancy each year. The risk of a woman dying as a result of complication related to pregnancy in developing countries can be as much as 100 times that of women in Western Europe or North America.<sup>8</sup>

Though the safe mother hood initiative has been priority in recent years, maternal morbidity and mortality still remain a major public health issue in most developing countries. Child birth is a time of transition and social celebration in many societies. Women's progression from birth to child bearing is influenced by economy, religion, kinship system and the complexity of communications and medical technology.<sup>9</sup> In some societies, there is a continuum between traditional and modern care, with some households operating at the traditional end, others at the modern end, with the majority somewhere in between.<sup>10</sup> Women are most in need of skilled care during delivery and immediate post partum period, when roughly seventy five percent of all maternal death occurs. Traditional birth attendants, whether trained or untrained can neither predict nor cope with serious complications. Public hospital, private hospital and maternity clinic provide modern delivery care.<sup>11</sup> Research consistently shows that high cost is an important constraint to service utilization particularly for the poor.<sup>12</sup>

## Methodology

This was a descriptive cross sectional study carried out in different villages of Dhamrai Upazila during the period 2<sup>nd</sup> to 4<sup>th</sup> January, 2017 for data collection. Rural households during data collection period were the study population. Total size of the sample was 1220 and data collection technique was purposive in nature. Duly pre-tested structured questionnaire was the instrument for data collection. It was collected through face to face interview by 3<sup>rd</sup> year MBBS students (AKMMC -07) 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 socio-demographic characteristics n = 1220

| Variables            | Variables            | Number of respondents | Percentage (%) |
|----------------------|----------------------|-----------------------|----------------|
| Age                  | 15-19                | 47                    | 4              |
|                      | 20-24                | 200                   | 16             |
|                      | 25-29                | 312                   | 26             |
|                      | 30-34                | 293                   | 24             |
|                      | 35-39                | 162                   | 13             |
|                      | 40-44                | 82                    | 7              |
| Religion             | 45-49                | 124                   | 10             |
|                      | Muslims              | 976                   | 80             |
| Educational level    | Hindus               | 244                   | 20             |
|                      | Illiterate           | 176                   | 14             |
|                      | Primary              | 391                   | 32             |
|                      | Secondary            | 413                   | 34             |
| Occupation           | HSC & above          | 240                   | 20             |
|                      | Service              | 135                   | 11             |
|                      | Business             | 11                    | 1              |
|                      | Agriculture          | 99                    | 8              |
|                      | House-wife           | 917                   | 75             |
| Monthly income (BDT) | Day-laborer & others | 58                    | 5              |
|                      | < 3000               | 945                   | 78             |
|                      | 3001-6000            | 138                   | 11             |
|                      | 6001-9000            | 46                    | 4              |
|                      | > 9000               | 91                    | 7              |

About 26% respondents were found within 25-29 years with mean age 31 and  $SD \pm 7.59$ . Muslims were predominant among the respondents amounting to 80%. Only 20% respondents had received HSC or higher education. 75% of the respondents were housewives. About 78% respondents monthly income were <30001 BDT.

**Table-II:** Distribution of respondents by number of antenatal visit & antenatal advices n= Multiple response

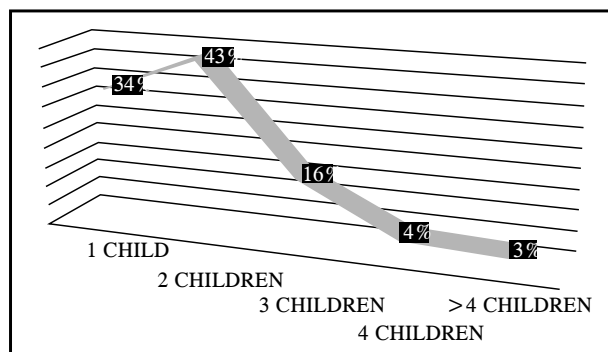
| Number of antenatal visit | Number of antenatal visit | Number of antenatal visit | Antenatal advices | No. of respondents |
|---------------------------|---------------------------|---------------------------|-------------------|--------------------|
| 1-3                       | 1-3                       | 1-3                       | Healthy diet      | 846 (69%)          |
| 4-8                       | 4-8                       | 4-8                       | Personal hygiene  | 656 (54%)          |
| 7-10                      | 7-10                      | 7-10                      | Drug use          | 718 (59%)          |
|                           |                           |                           | Radiation         | 71 (6%)            |
|                           |                           |                           | Warning sign      | 144 (12%)          |

About 57% respondents received 1-3 antenatal visits and 69%, 54%, 59% received advices on healthy diet, personal hygiene, drug uses respectively.

**Table-III:** Distribution of respondents by reasons of home delivery n = Multiple response

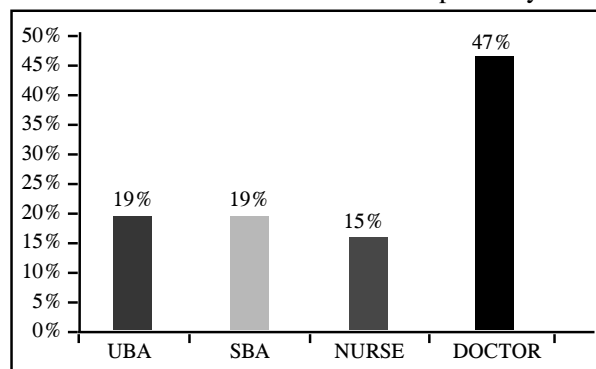
| Reasons of delivery  | No. of respondents | Percentage (%) |
|----------------------|--------------------|----------------|
| Comfortable          | 731                | 60             |
| Family decision      | 317                | 26             |
| Financial problem    | 507                | 42             |
| Hospital is far away | 266                | 22             |

About 60%, 26% & 42% respondents explained the reasons for home delivery as feeling Comfortable, Family decision and Financial problem respectively.



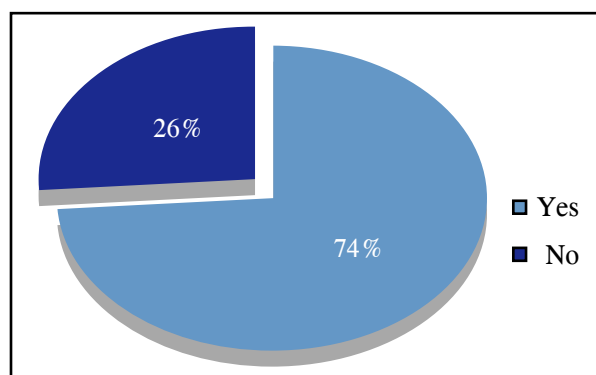
**Figure-1:** Line diagram showing distribution of respondents by number of children

Figure-1 shows that about 43% & 16% respondents were found to have 2 & 3 children respectively.



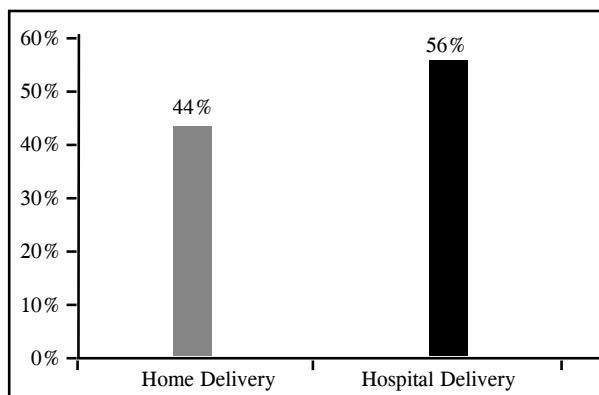
**Figure-2:** Distribution of respondents by designation of personnel by whom last delivery was conducted

Figure-2 shows that about about 47% respondents had their last delivery conducted by a Qualified Doctor.



**Figure-3:** Distribution respondents by TT immunization

Figure 03 shows that about 74% respondents received TT immunization and 26% did not receive any TT immunization.



**Figure-4:** Distribution of respondents by place of delivery

Figure 4 shows that 44% & 56% respondents delivered their last issue at home and in the hospital respectively.

### Discussion

A descriptive cross sectional study was carried out among 1220 married women having at least one child. The aim of this study was to find out the birth practice among the rural Bangladeshi women.

The study revealed that majority of the respondents about 80% were Muslims by religion and 26% respondents were found within the age 25-29 years with mean age 31 years and  $SD \pm 7.59$ . The literacy rate of the respondents was about 86% of whom 34% had secondary level of education. This is higher than that of previous national literacy rate of female which was 48.8%.<sup>13</sup>

Among the respondents 73% received antenatal visit in the last pregnancy which was much higher than that of previous study done by Bangladesh Demographic and Health Survey where ANC coverage was 15.4%<sup>14</sup>. This difference may be due to that this study was conducted in selected rural area and the location was close to the capital city.

During Antenatal period, 74% received Tetanus Toxoid (TT) immunization which support the BBS report on TT vaccination coverage of 67.7% in Bangladesh.<sup>15</sup> Regarding the place of child birth, it was evident that the practice of hospital delivery was higher than that of home delivery (56% vs 44%). In a similar study conducted among the urban women of Nepal showed that planned home birth practice were 58.3%, which was much higher than present study.<sup>16</sup> About 60% respondents felt that home birth practice was comfortable and 26%, 42% were compelled to child birth at home due to family decision and financial problem respectively. In a similar study conducted among the urban women of Nepal showed that 25.7% home birth practice was due to comfort and 21.4% due to convince and 18% due to lack of transport.<sup>16</sup>

The study also showed that about 47% respondents had their last child birth assisted by a qualified Doctor which differ from another study conducted in a union of Mirsarai, Chittagong, where a

considerable percentage of child birth, 49.2% were conducted by traditional birth attendant.<sup>17</sup> About 17% respondents faced problems during their last child birth and obstructed labor, about 39% were the most common complications.

### Conclusion

Various studies had been undertaken on pregnant women in the world and in Bangladesh, but the information on birth practice among the rural women at the community level is still inadequate. In our study, we found birth practice in hospital in a higher proportion of respondents but still now some women prefer child birth at home. Major reason for child birth at home were feeling comfortable, family decision and financial problem. Our interest was to examine the current birth practice of rural women from the perspective of the women themselves and their families.

### Recommendations

Considering the findings of the present study, the recommendations are as follows:

- Efforts needed to increase maternal health related knowledge and awareness to facilitate decisions on birth practice.
- Home delivery should be conducted by trained or skilled birth attendant to prevent complications.
- Early detection and treatment of delivery related maternal health problems by improved active surveillance.
- Further large scale in depth study is needed to formulate policy in regards to prevent common delivery related maternal health problems.

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**Conflict of interest:** None

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