

Knowledge and Practices Regarding Childbirth among the Rural Mothers: Attending Upazilla Health Complex (UHC), Anowara, Chattogram, Bangladesh

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Abstract:

Traditionally delivery at home is the most common practice in Bangladesh. Births delivered at home are more likely to be delivered without medical assistance. Whereas births delivered at a health facility are delivered by skilled birth attendants. The level of care a woman received during the birth of her child has important health consequences for both mother and child. Besides, appropriate antenatal care (ANC) has long been considered a crucial component of the continuum of care during pregnancy with the potential to contribute to the survival of women and newborns. The study aims to analyse the knowledge and practices regarding childbirth among the rural mothers of Bangladesh. It is a cross-sectional study carried out in the outpatient Department of Anowara Upazilla Health Complex, Chattogram, Bangladesh from September 2019 to February 2020. In this study, more than 90% patient aged 15-25 years, 68% housewife, 73% patient has TT coverage but 47% do not know about ANC. UHC is the most common place to take ANC, 62% delivery was conducted at home and 38% was institutional. Among all these cases 45% birth was attended by skilled birth attendant (SBA) and 38% by untrained dai.

Keywords : Ante Natal Care (ANC); Skilled Birth Attendant (SBA); Sustainable Developmental Goals (SDGs).

Introduction

Safe Motherhood Initiatives, a worldwide effort was launched by the World Health Organization in 1987 which aimed to reduce the number of deaths associated with pregnancy and childbirth¹. Appropriate antenatal care (ANC) is one of the pillars of this initiative. It highlights the care of antenatal mothers as an important element in maternal healthcare as appropriate care will lead to successful pregnancy outcome and healthy babies. Maternal mortality is a substantial burden in developing countries. Worldwide, approximately 830 women die every single day due to complications during pregnancy or childbirth in 2017². 99% of all maternal deaths occur in developing

countries. Maternal mortality is higher in women living in rural areas and poorer communities³. Moreover, maternal mortality rate in Bangladesh has declined by 66%. Over last few decades, estimated at a rate of 5.5% every year⁴. Skilled care before, during and after childbirth reduces this rate.

The state of maternal and child health of a nation can be characterized by numerous causal factors, such as outcome measures like maternal and child mortality and morbidity rates, or maternal nutrition status, as well as process indicators of service availability and use. Nevertheless, in Bangladesh, it is seen that social, health, nutrition and economic

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opportunities are severely lessened for many women and children. Besides that, household food insecurity, insufficient care and feeding practices, unhealthy family environment along with lack of access or inadequate health services can be enlisted as factors influencing child and maternal health in Bangladesh.

According to the Sustainable Developmental Goals (SDGs) reduction of the global maternal mortality ratio less than 70 per 100000 live births, neonatal mortality to at least as low as 12 per 1000 live births and under 5 mortality to at least as low as 25 per 1000 live births by 2030⁵. For achieving the goals, Bangladesh Government took some important steps and as a result MMR was 574 per 100000 in 1990 which is now 143 per 100000 live births and IMR was 92 per 1000 in 1990 which is now 26 per 1000 live births. Pregnancy related complications kill a large percentage of pregnant mothers in Bangladesh. Thus, proper care during pregnancy and delivery is extremely necessary for Bangladesh⁴.

In order to ensure better health of pregnant women and delivery of a healthy baby as well, it is necessary to have at least 4 antenatal checkups, TT vaccination before pregnancy, delivery by skilled birth attendant and taking the proper measures after child birth. Now, almost 74% of urban women receive antenatal care from a medically trained provider compared with 49% of rural women⁶. The presence of skilled birth attendants is crucial in childbirth to reduce the maternal mortality ratio. Now, 36% delivery cases are done by skilled attendant in rural areas⁷.

The physical, mental and social status of a mother has an impact on her pregnancy outcome. Therefore, their knowledge about pregnancy and childbirth is critically important. The aim of our study was to identify the knowledge and practices regarding pregnancy and childbirth among the rural mothers of Bangladesh.

Materials and Methods:

The study was conducted between September 2019 and February 2020 at Out Patient Department, Anowara Upazilla Health Complex, Chattogram, Bangladesh. Study population was selected after fulfilling the inclusion and exclusion criteria. The study duration was only 6 months. So the targeted sample size could not be collected during this study duration, therefore 100 antenatal patients were taken in this study. Antenatal patients were recruited for the study purposively.

Data was collected through direct interview using semi structured questionnaire.

Ethical Implications

The aims and objectives of the study and benefits were explained to the patients in easily understandable local language and then informed consent was taken from each patient. It was assured that all records would be kept confidential. Proper permission was taken from UHFPO of Anowara Upazilla Health Complex.

Statistical Analysis

After data collection was completed, the data was checked for any errors or incomplete information, so that it could be excluded from the entry. After data cleaning, the data was entered into the Statistical Package for Social Sciences version 19.0 for windows (SPSS Inc., Chicago, Illinois, USA). The quantitative observations were indicated by frequencies and percentages.

Results:

Table I shows that more than 90% patients aged 15 – 25 years, 68% housewife, 46% able to put signature and 67% belongs to lower middle class family.

Table I
Demographic profile of the study population (n=100).

Parameter	Number of Patients (n=100)	Percentage
Age of First Child Birth (in year)		
15 – 19	53	53
20 – 24	41	41
25 – 29	4	4
≥30	2	2
Religion		
Islam	74	74
Hinduism	24	24
Buddhism	2	2
Christianity	0	0
Occupation of the Patients		
Housewife	68	68
Service Holder	19	19
Maid	8	8
Day Laborer	5	5
Educational Status		
Illiterate	19	19
Able to put Signature		
Primary	25	25
Secondary	10	10
Graduate and Others	0	0
Socioeconomic Status		
Lower Class	31	31
Lower Middle	67	67
Upper Middle	2	2
Upper Class	0	0

Figure 1 shows that maximum (73%) patients having TT vaccination before pregnancy.

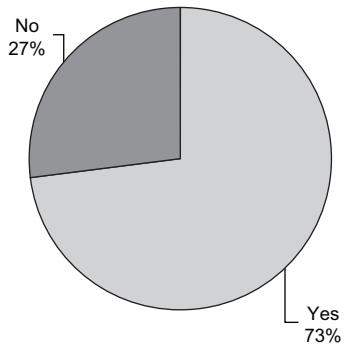


Fig.-1: TT Vaccine Coverage before Pregnancy (n=100).

Figure 2 shows that majority (47%) of the patients do not have the knowledge about ANC.

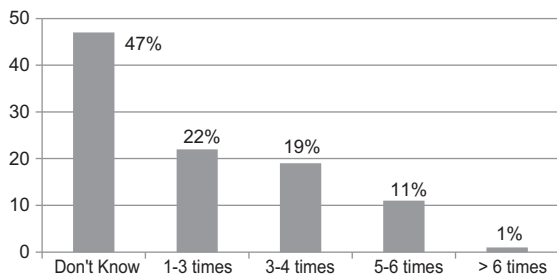


Fig.-2: Knowledge about how many ANC services should be taken (n=100).

Table II shows that 11% respondent have standard 4 visit and 30% have maximum 3 visits and only 3% patient have >6 visit.

Table-II

Number of visits attend by the respondents in last pregnancy.

Number of visit	Number of Patients	Percentage
No	20	20
1	12	12
2	15	15
3	30	30
4	11	11
5	5	5
6	4	4
> 6	3	3

Figure 3 shows that majority of the patients (50%) received ANC from Upazilla Health Complex.

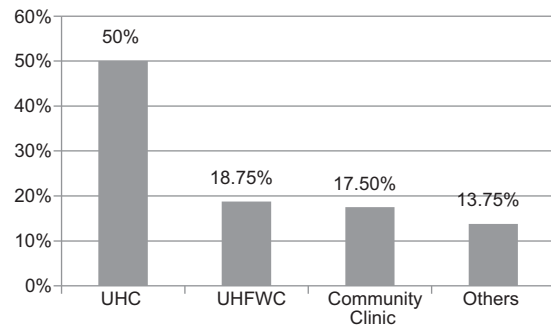


Fig.-3: Distribution of respondents according to the place from where they took ANC service (n=80).

Table III shows that 25% patients don't know about any danger sign and 30% patient mentioned about leg swelling and 16% patients about per vaginal bleeding.

Table-III

Knowledge about danger signs of pregnancy.

Categories	Number of Patients (n=100)	Percentage
Don't Know	25	25
Severe Headache	14	14
Convulsion	4	4
Bleeding	16	16
Fever	6	6
Swelling	30	30
Prolonged Labor	5	5

Figure 4 shows that 45% patient was delivered by trained birth attendant and 38% by untrained dai.

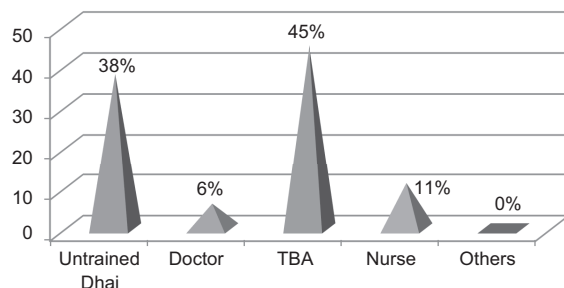


Fig.-4: Distribution of the respondents last delivery conducting person (n=100).

Figure 5 shows that majority (62%) of patient delivered at home by trained or untrained birth attendant.

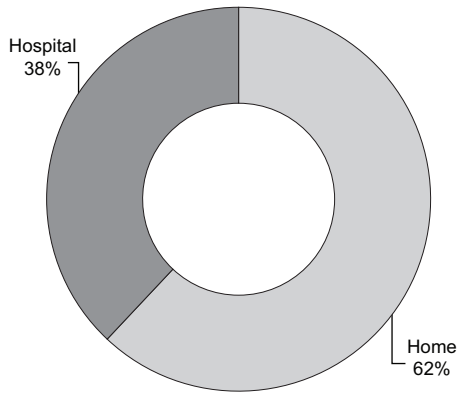


Fig.-5: The place where the respondents had conducted their last delivery (n=100).

Figure 6 shows that 82% delivered live baby in their last pregnancy and rate of still birth was 12%.

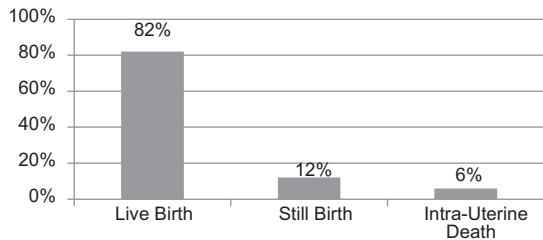


Fig.-6: Outcome of last delivery.

Table IV shows that 96% of the birth attendant use new razor or blade to cut the cord.

Table-IV
Instrument used to cut the cord.

Categories	Number of Patients(n=100)	Percentage
New Razor or Blade	96	96
Previously Used Razor	0	0
Bamboo Cane	4	4

Figure 7 shows that in 58% case nothing was used on umbilical stump after cutting the cord and povidone iodine or savlon was used in 41% case.

Figure 8 shows that 40% patient knew colostrum should be given to their new born baby as 1st feed.

Table V shows that most of the patients (40%) don't know about birth spacing and 27% patient mentioned about 2 years of birth spacing.

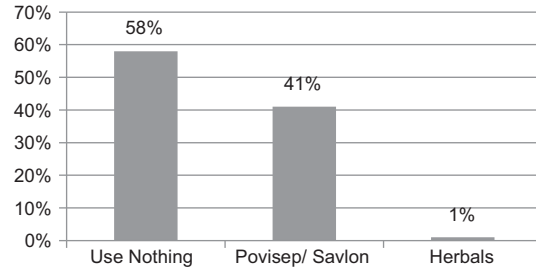


Fig.-7: Material used in the stumps after cord cutting (n=100).

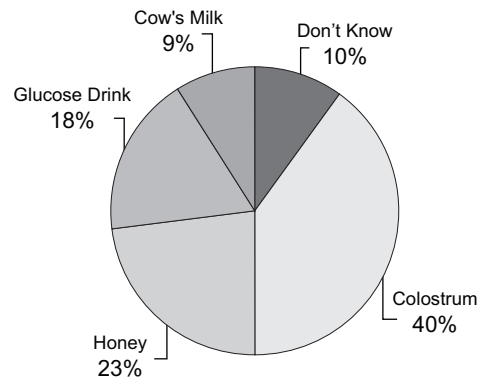


Fig.-8: Respondents knowledge about what should be fed to the new born just after delivery (n=100).

Table-V
Knowledge about birth spacing.

Categories	Number of Patients(n=100)	Percentage
Don't Know	40	40
< 2 years	2	2
2 years	27	27
3 years	25	25
> 4 years	6	6

Discussion:

This survey was conducted with a view to gain fresh knowledge regarding childbirth practices among mothers attending the outdoor patients of Anowara Upazilla Health Complex, Chattogram.

In our study, about 53% of the people were 15-19 years old during their first pregnancy. 41% were 20-24 years old. A study done by Begum et. al., 2013 in Dhaka shows out of 159 respondents, 44.6% were between 21-25 years of age, 54.7% were literate and 56.6% were housewives. Among them, 89.9% took

antenatal care, place of delivery of majority (80.5%) of the respondents were home and in most cases (40.3%) decision were taken either by husband or mother-in-law⁹.

About 73% participants were vaccinated by TT before pregnancy. 47% study subjects didn't know about how many ANC services should be done and 22% had knowledge of 1-3 times ANC. Siddique et al. (2018), in their study found that around 25% women attended at least four ANC contacts, with only 11% initiating ANC in the first trimester of pregnancy¹⁰.

Among the respondents, 30% had 3 times visit in last pregnancy. 15% had 2 times. Majority of the respondents (50%) went to Upazilla Health Complex (UHC) to take ANC service. 18.75% went to UHFWC, 17.50% went to Community Clinic and 13.75% respondent went to the other places. Of all the respondents, 16% people knew that bleeding is a danger sign of pregnancy, 30% knew that swelling is a danger sign and 25% didn't know about any danger sign. A large number of the respondent (40%) didn't know that more than 2 years age gap should be kept between pregnancies. 27% answered with 2 years and 25% answered with 3 years birth spacing. Majority, (40%) people had knowledge that colostrums should be fed to the newborn after delivery and 23% told about honey.

In this study, 45% respondents had conducted their delivery by SBA, 38% by untrained dai and only 6% had conducted their delivery by a doctor. In a Similar study, one third of the women interviewed mentioned that giving birth at home was a tradition; importance of views of elders including mother-in-law remain an important factor of decision making about delivery. Illiteracy and lack of knowledge, religious belief, limited access of women to decision making in the family, fear regarding caesarean delivery etc. found other factors in that study¹¹.

More than half (62%) people had conducted their last delivery at home and the rest at hospital. About 82% delivered live baby and rate of still birth and IUD was 12% and 6% respectively. A large number of respondents (96%) used new razor or blade to cut the cord and 4% used bamboo cane. In 58% participant nothing was used after cutting the cord and in 41% povisep or savlon was used to the stump.

A community based cross sectional study from Nepal showed that there was almost 50% increase in

institutional delivery over last 10 years. However, the place of delivery varied according to residence. The key socio-demographic factor influencing choice of place of delivery included multi-parity, teenage pregnancy, less or no antenatal visits¹².

Conclusion:

The result of the study revealed that 62% delivery was conducted at home and 38% was institutional. Among all these cases, 45% delivered by SBA. There are gaps in the knowledge and practice of availing antenatal care, danger signs, delivery by skilled birth attendants and breastfeeding. Policy makers and related authority can utilize these results for future planning to encourage institutional delivery so that MMR and IMR can be reduced remarkably in our country. This is a hospital based study on a small number of women. So the results of this study may not necessarily represent the overall situation of Bangladesh. Further community based study including a large number of patients may be undertaken in the future to improve maternal and child health care in Bangladesh which will help us to achieve SDG.

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