Original Paper

Perceptions of Decision-making in Accessing Reproductive Healthcare Services of Urban Women

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Abstract

Introduction: Women's healthcare during the reproductive period of life, especially decisions involving her own health is generally one of the least concerns to the common people. Women's autonomy in decision-making within the family is fairly debatable and determines the health service seeking behaviour.

Objective: To find out the perceptions about key persons involved in decision-making for accessing reproductive healthcare services as well as factors that influence those decisions among urban women of Bangladesh.

Materials and Methods: The study was conducted by key informant interviewing (KII) of 72 respondents about their perceptions of decision-making in women's reproductive health services in Dhaka South City Corporation during the period of January to April 2019. Health professionals of various levels, administrators, family heads were selected as key informants by purposive sampling method. An open- ended semi-structured questionnaire was used for data collection.

Result: Among the key informants, more than half were doctors (58.3%). The majority of the respondents were female (72%) and having educational qualification up to graduate level (40.3%). Majority of the informants (73.9%) mentioned 'both parents' as key persons in under 18 marriage of their daughters; 57.1% of respondents opined that 'Factors like social environment, social status, uncertainty to find better groom, dowry etc.' influences in decision-making. All of the respondents felt that antenatal care is 'essential' and about half of them (50.0%) mentioned the importance of complication detection and treatment during pregnancy. According to the respondents, 'mother-in-law' is the key person in women's decision-making regarding antenatal care (65.3%) and 'husband' is the key person regarding selection of the place of delivery and postnatal care (79.2%, 72.2%) respectively. Half of the respondents (50%) expressed the family size determination in an urban area is done mutually by 'both partners' while the role of the 'husband' is still perceived important (41.7%). Majority expressed that economic condition of the family (63.9%) have an influence in determining family size by the respondents. According to more than half of the respondents (52.8%), both partners take part in decision-making regarding family planning.

Conclusion: Although the educated employed women enjoy some degree of autonomy in urban areas of Bangladesh, the decision-making in accessing woman's reproductive healthcare services is directed by the husband. Involvement of both partners in decision-making is essential for better utilization of reproductive health services.

Keywords: Antenatal care, Pregnancy, Decision-making, Reproductive health, Autonomy

Introduction

According to United Nations' International Conference on Population Development (ICPD), '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 to its functions and processes[1]. Reproductive health (RH) starts before reproduction and extends beyond and is closely associated with nutrition, sociocultural factors and protection of human rights, especially in regard to sexuality and personal relationships[2]. Poor reproductive health frequently leads to infections, abuse, exploitation, unwanted pregnancy and death[3]. In Bangladesh, 59% of girls are married off before they reach 18 years and currently ranks 4th highest prevalence in child marriage in the world[4]. According to a prospective study, 75% of women in Dhaka slum area face postpartum morbidity and 36% face serious delivery complications[5]. Recent data shows only 39% of mothers receive postnatal care (PNC) within 42 days after birth and the majority within the first two days[6].

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The literature in psychology contains evidence of gender differences in the decision-making process. Researches of Jhonson and Powel (1994) suggest that women are more cautious, less confident, less aggressive, easier to persuade, having inferior leadership and problem-solving abilities when making decisions[7]. The gender inequality in Bangladesh and developing countries alike allows the husband to control all family decisions and resources and decide whether or when women need healthcare[8]. According to World Bank collection of development indicators, about 24.5% women in Bangladesh do not access healthcare because they do not want to go alone and 19.8% for not getting permission to go to healthcare facility[9]. Women are ten times more likely to avail family planning services with their husband's approval and have identified socio-cultural factors as greatest barrier[10]. Previous studies show that a woman's age and family structure largely determines a woman's authority in decision-making[11]. Women's decision-making process is also affected by limitations to women's physical, sexual, economic, social and political autonomy[12].

The study aims to identify the key persons directly influencing the decision-making in various reproductive aspects like marriage, receiving antenatal care (ANC), selecting place of delivery, availing postnatal care (PNC), determining family size and adopting family planning methods through responses from key informants and to find out the factors which indirectly influence the decisions in a selected urban area. The findings of this study may help in understanding family dynamics in the urban area and help the policymakers in conforming appropriate strategies to include these key persons in education and counselling for the improvement of women's reproductive health status of Bangladesh.

Materials and Methods

This study was conducted by KII of 72 respondents regarding decision-making in RH of women in Dhaka South City Corporation, Bangladesh from January to April 2019. Health professionals of various levels (doctors, paramedics, field supervisor, administrators), counsellors, promoters, nutritionists, family heads were selected as key informants by purposive sampling technique. Informed written consent was taken from all informants after explaining the purpose of this study. The key informants' perception regarding the key persons in women's marriage, ANC, selection of place of delivery, PNC, family size, family planning and factors in decision-making were collected by face-to-face interview with a semi-structured open-ended questionnaire. The responses were reviewed, categorized, summarized and processed by using 'IBM SPSS Statistics' software version 20.0. Data were presented as frequency and percentage.

Results

A total of 72 purposively selected key informants were selected in this study and the majority (58.3%) of them were doctors. About 40.3% of them were educated up to graduate level and 72.2% were female (Table-I). Among the respondents, 73.9% mentioned 'Both parents' as key person for decision-making in under 18 marriage followed by 'Father' 31.9%. Among them, 57.1% opined that 'Other factors' like family environment, security, status, uncertainty of finding a better groom for their daughters play an important role in decision-making and 55.1% expressed 'Financial and social burden'. According to 65.3% respondents, 'In-laws' of the woman especially mother-in-law is the key person in decision making regarding ANC, 59.7% mentioned "Husband'. According to all of the respondents ANC is essential for pregnant women and 50.0% expressed that ANC is required for 'Complication detection and treatment', 29.4% for 'Safe delivery'. Regarding the selection of place of delivery, 79.2% responded 'Husband' as key person followed by 'In-laws especially mother-in-law' 76.4%. According to 72.2% respondents, 'Husband' is the key person in the decision-making about PNC, 41.7% opined 'In-laws (Mother-in-law)'. According to 50.0% respondents 'Both partners' play role in deciding family size in urban area, 41.7% also mentioned 'Husband'. Among different opinions regarding the factors for determining family size in urban area, 'Economic condition' of the family was mentioned by majority of respondents 63.9%, followed by 'Others like child's future, religious views, contraception method' 52.8%. According to maximum respondents 52.8%, 'Both partners' are key persons in family planning in urban area, 44.4% also mentioned 'Health professionals' (Table-II).

Table-I: Distribution of respondents by their socio-demographic characteristics (n=72)

Information about informants		Frequency	%
Occupation	Medical officer/Doctor	**42**	**58.3**
	Paramedics, nurse	7	9.7
	Others	20	27.8
	Unemployed	3	4.2
Educational level	Postgraduate	28	38.9
	Graduate	**29**	**40.3**
	Undergraduate (Diploma, others)	12	16.7
	Below class 5	3	4.2
Sex	Male	20	27.8
	Female	**52**	**72.2**

Table-II: Distribution of respondents by their perceptions* of RH service (n=72)

Perceptions	Variables	Frequency	%
Key persons in decision-making in under 18 marriage	Self	17	16.2%
	Father	22	21.0%
	Both parents	**51**	**48.6%**
	Elders and other members	15	14.3%
Factors contributing to under 18 marriage	Poverty	23	19.7%
	Financial social burden	27	23.1%
	Religious and social norms	25	21.4%
	Education	14	12.0%
	Other (Environment, security, social status, better groom)	**28**	**23.9%**
Key persons in decision-making regarding ANC	Health professional	16	9.3%
	Husband	43	25.0%
	In-laws (Mother in law)	**47**	**27.3%**
	Woman's mother	13	7.6%
	Both partner	9	5.2%
	Woman herself	15	8.7%
	Other (Community leader, media)	29	16.9%
Opinions regarding ANC	Reduces faeto-maternal mortality	11	9.6%
	Risk factor detection	11	9.6%
	Complication detection and treatment	**34**	**29.6%**
	Safe delivery	20	17.4%
	Awareness and education of mother	17	14.8%
Key persons in determining place of delivery	Health professional	16	9.4%
	Husband	**57**	**33.5%**
	In-laws (Mother in law)	55	32.4%
	Woman's mother	10	5.9%
	Woman herself	12	7.1%
	Other (Community leader, financer, media)	20	11.8%
Key persons in decision-making regarding PNC	Health professional	21	13.9%
	Husband	**52**	**34.4%**
	In-laws (Mother in law)	30	19.9%
	Woman's mother	8	5.3%
	Woman herself	28	18.5%
	Other	12	7.9%
Key persons in determining family size in urban area	Health professional	15	12.9%
	Husband	30	25.9%
	Both partner	**36**	**31.0%**
	In-laws (Mother in law)	21	18.1%
	Woman herself	2	1.7%
	Other (Media, awareness)	12	10.3%
Factors contributing in determination of in family size in urban area	Economic condition	**46**	**26.1%**
	Education of partners	22	12.5%
	Employed woman	17	9.7%
	Basic needs	18	10.2%
	Awareness	20	11.4%
	Woman's Health/ Previous pregnancy history	15	8.5%
	Others (Child's future, religious, contraception method)	38	21.6%
Key persons in family planning in urban area	Health professional	32	24.2%
	Husband	22	16.7%
	Both partner	**38**	**28.8%**
	In-laws (Mother in law)	3	2.3%
	Woman herself	22	16.7%
	Other (Media, awareness)	15	11.4%

**Multiple responses*

Discussion

The study was conducted among 72 key informants of Dhaka South City Corporation with a view to identifying the key persons in decision-making regarding reproductive healthcare as well as identifying different factors that influence those decisions from the informants' perceptions who have firsthand knowledge about the community and can provide insight into the nature of problems and recommend solutions[13]. The majority 42(58.3%) of the respondents were doctors. About 29(40.3%) of them were educated up to graduate level and 52(72.2%) were female (Table-I). Several important issues were addressed and suggestions were made by the key informants in their interview.

Under 18 marriages: According to 73.9% informants, 'Both parents' are key persons in the decision-making of their daughters under 18 marriage followed by 'Father' 31.9% (Table-II). A study by Nasrin SO et al 2012 at slum areas in Rajshahi has revealed a significant association between under 18 marriage and parents' education, family's monthly income and religion[14]. The urban slums are densely populated with low income, migratory, Muslims with mostly uneducated parents who decide to marry their daughters off at an early age to be relieved of their responsibility. About 57.1% of respondents have identified 'Other factors- social environment, security, social status, the uncertainty of finding a better groom, dowry' influence the parent's decision. About 55.1% of respondents perceive that women being regarded as 'Financial and social burden' and 51.0% 'Religious and social norms' influences the decision-makers for early marriage rather than investing in her education (Table-II). A significant relationship has been revealed between under 18 marriage in Bangladesh with the sociodemographic factors (family size, type of family, family environment), religion and occupation in by Mukti IJ et al[15] and Nasrin SO et al[14] which supports the perceptions in this study.

"Marrying off girls before 18 years is not at all desirable from the society. Parents awareness, female education and enforcement of existing law against child marriage is imperative." – Rikta Roy, Councilor

"I think the mother is the prime person to take decision for marriage as being female, she has less education, superstition, pressurized by ritual leader and it is more prevalent among poor class." – Dr. Tahmina Siddiqua, Physician

Antenatal care: More than half of the informants (65.3%) have mentioned 'Mother-in-law' followed by 'Husband' 59.7% as key persons; whereas, only 20.8% informants mentioned

'Woman herself' as the decision-makers regarding ANC (Table-II). Dominant role of elder women especially mother-in-law in ANC is also seen in a study in Nepal[16] and Pakistan[17]. All of the respondents agreed that ANC is essential. About half of the respondents (50.0%) expressed that ANC is important for 'Detection of complications and treatment' and 29.4% mentioned 'Safe delivery' (Table-II). These findings are consistent with the findings of a similar study in Yemen[18].

"The requirement of antenatal checkup is very important. But the elders of the family become a barrier; they say that, antenatal care was not present at their time but they were fine. They don't see the point of going for checkup." – Geeta, Housewife

"Pregnant woman's own mother or the woman herself play key role for ANC now-a-days. Pregnant woman's mother from her previous experience, do not want her daughter to suffer from the risks, difficult delivery and pain." – Jannat-ul-Ferdous, Nutritionist

Place of delivery: 'Husband' was mentioned as a key person in selecting the place of delivery by 79.2% respondents as they are the financers or the family head in the demographic setting of Bangladesh. Following in line is the 'Mother-in-law' who is mentioned by 76.4%. Only 16.7% of respondents opined 'Woman herself' decides the place of delivery (Table-II). The perceptions in this study are consistent with the findings of Koenig MA[19] et al 2007 and other studies[20].

"Mother-in-law and husband take the decision. People usually do not know about the risks and complications of unattended birth or home delivery. Policy should be formulated in this regard." – Dr. Ahmed Qudrat-e-Khoda, Administrator

"Hospital delivery means cesarean section is obligatory. For this fear, many do not want to go to hospital." – Dr. Saleha Khatun, Physician

Social status, economic condition, distance of centre from home, lack of home caretaker also influence in selecting place of delivery as perceived by the respondents, is consistent with the findings of previous studies[18,21]. Pregnant woman as dependent on others, her voice is subjugated and the financer of the family selects the place of delivery[8].

Postnatal care: Similarly, Husband and Mother-in-law are the key persons in the decision-making of PNC as mentioned by 72.2% and 41.7% respondents respectively which is consistent with the study by Ahmed S[20] et al 1995 and Workineh YG et al[22]. About 38.9% of respondents have also mentioned 'Woman herself' is the key person in accessing PNC (Table-II). This percentage is higher from ANC and selecting the place of delivery as the women become accustomed to the healthcare services, more aware by the ANC visits and counselling by the health staffs and doctors and therefore can take decision confidently regarding her own health.

"Husbands take decision. On occasions it is observed that the woman's post pregnancy problems are neglected. The concept of postnatal care is not known to many and they don't give importance to it." – Satyajeet Bishwas, Supervisor

Determination of family-size: Half of the respondents (50.0%) opined 'Both partners' and 41.7% mentioned 'Husband' whereas, 'Woman herself' was mentioned by only 2.8% respondents as key persons in determining the family size in an urban area (Table-II). This increased perception of the joint decision is also consistent with the Bangladesh Demographic and Health Survey (BDHS) 2007 data[23]. As joint families are broken down, the influence of mother-in-law and elders are overshadowed by husband in urban areas. A study by Akhter S 2007 reported that only 7% of urban women in Bangladesh have the decisional power to determine the family size and birth spacing and it is consistent with the perception of the respondents this study[24].

"Husband and wife both desire to have a small family. Because the cost of living is higher in urban area. This is why they are cautious to keep the family size small." – Muhammad Shah Alam, Storekeeper

According to 63.9% respondents, 'Economic condition' of the family is an important factor that influence determination of family size in urban area followed by 'Other factors like child's future, religious views, method of contraception' by 52.8% respondents, 'Education of partners' 30.6%, 'Awareness' 27.8% (Table-II). Poor economic condition is an important barrier for non-utilization of RH services[25,26]. Choudhury et al. have also mentioned about the religious belief and fatalistic views of women regarding family size and child birth[27].

"Now a days everyone wants small family. But the elders of the family want 3 or 4 kids. Sometimes if the contraceptive fails, the father takes the unplanned baby as Almighty's blessings. This is the reality." - Dr. Saleha Khatun, Physician

Family planning: More than half of the respondents 52.8% mentioned 'Both partners' are the key persons in the decision regarding family planning in the urban area followed by 'Health professional' 44.4%, 'Husband' 30.6% and 'Woman

herself' by 30.6% respondents (Table-II). The study reveals that FP decision is taken together by both partners in urban area which is also indirectly supported by Basaleem HO 2012 where in 25.8% cases, husband's opposition was the reason for not adopting FP services by the women[18].

"Husbands direct this decision. Husbands are not interested in using barrier method or condom. They are also not keen in permanent methods. So, women have to bear the responsibility of family planning with the available contraceptive methods." – Dr. Rehana Sultana, Physician

"Husband and wife both take decision in urban area. Many of them don't know from where to take this service. But the free family planning methods available at the city health complexes by the Government's initiative is encouraging couples to adopt family planning." – Tahera Begum, Councilor

The study reveals that the women of urban area of Bangladesh have little decisional power which is deeply rooted in the socio-cultural norms of this region. Husbands have a dominant role in decision-making regarding the married woman's health (place of delivery, PNC) followed by mother-in-law (ANC), which is more or less consistent with Southeast Asian countries[16,27]. Joint decision-making is positively associated with better utilization of maternal health services[28]. Family size determination (50.0%) in urban area and family planning (52.8%) is decided mutually. Women are seen to take own decisions for accessing PNC (38.9%) and adopting contraception for family planning (30.6%) is encouraging in urban area.

Limitations

The main limitation of this study is the number of key informants. Due to its small number, some views might not have been addressed by the key informants. As the study only deals with the perceptions of informants, the views might have biases and not reflect the actual situation. An in-depth study is suggested along with quantitative analysis for a concrete result.

Conclusion

It is evident from the respondent's view and relevant studies that the role of husband and mother-in-law is pivotal in a woman's life. Teamwork by the couple, family support and healthcare service providers can elevate the current situation and pave the road towards achievement of Sustainable Development Goals for Bangladesh. Involvement of both partners in the decision-making process along with the guidance of health professionals regarding woman's reproductive healthcare and family planning should be encouraged through social education and awareness.

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