

Reproductive health practices of rural mothers in Bangladesh: Community-based learning experiences for medical students

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Abstract

Reproductive health is an emerging issue in Bangladesh as well as in the world. This was a survey conducted among rural women of the reproductive age group as a part of academic exposure of the medical students in community medicine during the Residential Field Site Training (RFST) program. The study aimed to determine antenatal and natal services, nature of complications during last delivery, and health problems related to the reproductive tract. The study also highlighted the views of the students in various aspects of the RFST program during development and implementation. A descriptive cross-sectional study was carried among 534 married women of reproductive age during December 2012 in different villages of Dhamrai Upazila, Dhaka. Medical students collected the data using a pre-tested questionnaire through face to face interview. The student's feedback was collected through another questionnaire using Likert 5-points scale. The study revealed that the mean age of respondents was 29±7.3 years, 86% were housewives, 58% had 2-4 children and mean age of the respondents at first issue was 19±3.5 years. The study showed that 75.7% and 75.4% respondents received antenatal visits and TT immunization respectively. Among the respondents 48% had hospital delivery and 52% had home delivery, of which 30% were by skilled and 22% were by untrained birth attendants. The common reproductive health problems in relation to delivery were obstructed labor (28%), PPH (22%) and abortion (21%). Other related reproductive health problems included: menstrual disturbance (52%), leucorrhoea (41%) and UTI (35%). In this study, students expressed their satisfaction about the RFST program except duration of program. Medical students should provide opportunities to learn about reproductive health in a community-based setting which helped to increase their skills and confidence.

Keywords: Reproductive health, Rural mothers, RFST program, Students' experiences, Bangladesh.

Introduction

Reproductive health implies that people are able to have a responsible, satisfying and safe sexual life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.¹ In the past few years, the issues of reproductive health have been increasingly perceived as social problem; they have emerged as a matter of increasing concern throughout the developed and developing countries.² The reproductive health approach is concerned not only with pregnancy related health issue, but also with health and human right issues relevant to reproductive and sexuality that arise with health and human rights issues relevant to reproductive and sexuality that arise within and outside the child bearing age.²

Women reproductive health is relatively a new area of health intervention in Bangladesh and recently it emerges as an important issue.¹ Many countries have become increasingly involved in monitoring reproductive rights and use the reporting procedures for international human rights instruments that their governments have ratified.² In Bangladesh, the barriers towards establishment of women's sexual and reproductive health rights are in everlasting difficulty due to malnutrition, illiteracy, and

Practice Points

- The magnitude of women's reproductive health problems in Bangladesh is a serious matter of concern.
- The study shows that 75.6% respondents received antenatal visits, 79% respondents received TT immunization and 52% had home delivery of which 30% were by skilled and 22% were by untrained birth attendants.
- The common reproductive health problems in relation to delivery were obstructed labor (28%), PPH (22%) and abortion (21%). Other related reproductive health problems included: menstrual disturbance leucorrhoea and UTI.
- Medical students expressed their satisfaction about the RFST program except duration of the program.
- Medical students should provide opportunities to learn about reproductive health in community-based settings which helped to increase their skills and confidence.

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higher gender inequality.³ Study on reproductive health rights reveals a wide range of socio-economic and demographic factors which affect women's empowerment, education and reproductive health rights.⁴

The maternal mortality ratio (MGD 5) in Bangladesh is 240, which is one of the highest in the region.⁵ Despite efforts to expand emergency obstetric care by the government and non-governmental organizations, hospital deliveries remain at a low level. There are also concerns about the availability and quality of skilled birth attendance.⁶ The low status of women, poor quality and low uptake of services all add to this problem.¹

According to the 2011 BDHS (Bangladesh Demographic and Health Survey), 26% of women who had a child in the last three years received the recommended four or more antenatal care (ANC) visits and 29% of recent births took place in a health care facility.¹ Motivating more women to utilize public and private health care early in pregnancy is critical to improving maternal and child health.⁷ It was found that women who receive ANC are much more likely to deliver in a facility and to receive postnatal care than women who do not see skilled providers during pregnancy.

The Ministry of Health and Family Welfare, Bangladesh adopted the Health and Population Sector Strategy (HPSS) in 1998 to provide a package of essential health care services for the people of Bangladesh and to slow down population growth.⁸ 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.⁸

The present study was among rural women of reproductive age group as a part of academic exposure of the medical students in community medicine during Residential Field Site Training (RFST) program. The study aimed to determine antenatal and natal services, nature of complications during last delivery, and health problems related to reproductive tract. The study also highlighted the views of the students in various aspects of the RFST program during development and implementation

Materials and Methods

This was a descriptive cross-sectional study carried among 534 married women of reproductive age during December 2012 in different villages of Dhamrai Upazila, Dhaka. The selection of sample was purposive in nature. The data were collected by a pre-tested structured questionnaire through face to face interview. Thirty five 4th year MBBS students of Anwer Khan Modern Medical College (Dhanmondi, Dhaka) as a part of their RFST training interviewed the rural women. The women filled up a consent form and signed by the respondent as a part of ethical consideration. The student's feedback was collected through Likert 5 points scale. The feedback were mostly on various aspects of

the program starting from survey protocol development, their involvement in implementation as well as acquisition of certain general competencies, and over all opportunities in practicing multi-dimensional skills in particular.

Results

Reproductive health practices among rural women

The detailed socio-economic characteristics of the respondents are shown in Table 1. The mean age of the women was 29 years and most of them were housewives (86%). Table 2 shows that about 75.7% respondents received antenatal visits and 75.4% respondent received TT immunization

The study also found that 48% respondents had their last delivery conducted by qualified doctors and about 30% and 22% had their last delivery conducted by skilled birth attendants and untrained birth attendants respectively. The common reproductive health problems in relation to delivery were obstructed labor (28%), post partum hemorrhage (22%) and abortion (21%). Other related health problems included: menstrual disturbance (52%), leucorrhoea (41%) and UTI (35%).

Students views on RFST program

Table 3 shows the detailed view of the students who attended the RFST program and interviewed the women. All of the students agreed that they were well aware about the objectives of the RFST program, involved in group activities, and got the opportunity in practicing interview skills. However, approximately

Table 1: Socio-demographic variables of the respondents

Variables	Findings (n=534)
<i>Age (in years)</i> Mean age (\pm SD)=	29 \pm 7.33
<i>Religion</i> Muslims	91%
<i>Education</i> Literate	85%
<i>Occupation</i> Housewife	86%
<i>Monthly income (BDTK)</i> >9000	48%
<i>Marital status</i> Married	99%
<i>Number of children</i> 1-2 Child \geq 4-Child	88% 6%
<i>Age (years) at first issue</i> Mean age (\pm SD)	19 \pm 3.5

Table 2: Antenatal visits and care provided to mothers

Attributes	Yes	No	Total
Antenatal visits	404 (75.7%)	130 (24.4%)	534
TT immunization	403 (75.4%)	131 (24.5%)	534

Table 3: Medical student views on RFST program (n=35)

Statements	SA	A	UD	D	SD
Well aware about the objectives of RFST program in conducting a survey	30 (85.7%)	5 (14.3%)	-	-	-
Satisfied with the duration of RFST program	5 (14.3%)	4 (11.4%)	3 (8.6%)	7 (20%)	16 (45.7%)
Actively participated in the program to work in community setting	29 (82.9%)	3 (8.6%)	2 (5.7%)	-	-
Opportunity to explore health problems in the community	24 (68.6%)	8 (22.9%)	2 (5.7%)	1 (2.8%)	-
Involved in group activities during development of survey protocol	28 (80%)	7 (20%)	-	-	-
Opportunity in practicing interview skills during survey	26 (74.3%)	9 (25.7%)	-	-	-
Exposed to health care delivery system at the rural setting	21 (60%)	9 (25.7%)	2 (5.7%)	-	3 (8.6%)
Involved in handling data to prepare a report for dissemination	17 (48.6%)	16 (45.7%)	-	-	2 (5.7%)
Good practice of time management during RFST program	24 (68.6%)	10 (28.6%)	1 (2.8%)	-	-
Opportunity of developing stress bearing capabilities to work in out campus settings	20 (57.2%)	12 (34.4%)	1 (2.8%)	1 (2.8%)	1 (2.8%)
Opportunities for practicing multi-dimensional skills	14 (40%)	18 (51.5%)	2 (5.7%)	-	1 (2.8%)
Opportunities of dealing health problems in a holistic way	12 (34.4%)	17 (48.6%)	4 (11.4%)	1 (2.8%)	1 (2.8%)

Keys: SA: strongly agree, A: agree, UD: undecided, D: disagree, SD: strongly disagree

66% of the students showed their dissatisfaction with duration of the program. More than 80% of the students actively participated in program, explored the community health problems, exposed to health care delivery system at the rural setting, involved in data analysis and report writing, provided opportunities of practicing multi-dimensional skills in dealing health problems in a holistic way.

Discussion

The magnitude of women's reproductive health problems in Bangladesh is a serious matter of concern.¹ Among the reproductive health indicators, ANC and safe delivery have important implications as these are directly related with maternal morbidity and mortality.² The study found that three-quarters of the rural mothers received antenatal visits and TT immunization and 52% experienced home delivery of which 30% by skilled and 22% by untrained birth attendants. A recent study conducted in rural Bangladesh by Shahjahan *et al.*⁹ found that 62.5% of the mothers received ANC services from health centers and 55% of the mothers had at least one or two visits, and 45% had recommended four and above ANC visits. The BDHS 2011¹ showed that 55% of women with a birth in the three years preceding the survey received ANC at least once and more than half (55%) of the women received care from a medically-trained providers.

The present study also found that 85% of the mothers were literate and almost half of them had high family income which may be cause of higher ANC and visits. Studies from Bangladesh⁹ and Indonesia¹⁰ which showed that literacy of mothers had a significant

association with the use of ANC services and care. High family income of mothers had the highest percentage use of ANC services as reported by studies from Bangladesh,¹¹ Tamil Nadu (India)¹² and Indonesia.¹⁰

In Bangladesh, about 12,000 women in die due to pregnancy-related complications.¹³ These complications can be managed and treated if timely and appropriate care is sought from facilities with necessary skilled care providers.¹³ It is important to note that Bangladesh has made a significant improvement towards achieving the Millennium Development Goal (MDG) target the 5 of 75% reduction in the MMR between 1990 and 2015.¹⁴ A recent study¹⁵ published in the Lancet reported that MMR in Bangladesh fell from 322 deaths per 100,000 live births in 1998-2001 to 194 deaths per 100,000 live births in 2007-10, an annual rate of decrease of 5-6%. The study highlighted that key contribution to this decrease was a drop in mortality risk mainly due to improved access to and use of health facilities and recommended to provide provisions for high quality facilities for maternal complications and safe delivery services in Bangladesh and elsewhere.

Residential field site training (RFST) is an approach to community based education in undergraduate medical curriculum in Bangladesh.¹⁶⁻¹⁸ Hospital-based education is no longer the only place to train doctors for the 21st century as it fails to develop generic skills of doctors.¹⁹ More exposure to community and its health problems is needed for students to produce competent doctors for the country.¹⁶⁻¹⁸ In this study, students expressed their satisfaction about the RFST program except duration of the program. Administrators and policy makers should review the program based on the student feedback.

Conclusion

Reproductive health is an emerging issue in Bangladesh as well as in the world. The study concludes that acceptance of antenatal check up during last pregnancy have the greatest potentiality to enhance the women reproductive health behavior. Medical students had the opportunities to learn about reproductive health in a community-based setting which helped to increase their skills and confidence. Students found the program effective and hence duration of the program should be increased to provide adequate exposure to community health problems.

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