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Health Care Seeking Practice of Pregnant Women Attending in a Health Complex of Bangladesh.

Shila Rani Das¹, Chinmay Biswas², A K M Maruf Raza³

¹Associate Professor, Dept. of Community Medicine, Z H Sikder Woman's Medical College, Dhaka, Bangladesh.

²Department of Anatomy, Shaheed Suhrawardy Medical Collage and Hospital, Dhaka, Bangladesh.

³Assistant Professor, Department of Pathology, Jahurul Islam Medical College, Kishoregonj, Bangladesh.

Corresponding author: **Dr. Shila Rani Das,**

Associate Professor, Dept of Community Medicine, Z H Sikder Woman's Medical College, Dhaka, Bangladesh. Email:dr.shila@yahoo.com

Abstract

Abstract : Objective: To find out the health care seeking practice of pregnant women attending in the OPD of Dhamrai Upazila Health Complex.

Method and materials : Cross sectional study was carried out in a health complex of Bangladesh from 1st December 2016 to 15th December 2016 with a sample size of

110. Sampling technique was convenience sampling. Data was collected by using semi structured questionnaire and checked and verified and edited with the help of using computer and calculator. Data will be presented in frequency table, bar, pie. as per need.

Results : About (52.73%) of the respondents were from 25 to 30 years of age group (50.73%) gave birth to their first child at the age of 20 – 25 years. About (60.90%) received ANC during last pregnancy, (52.20%) of respondents received 2 antenatal visits and among them (62.73%) received ANC from Dhamrai Health Complex, (72.73%) respondents had knowledge on spacing of child birth. (77.27%) of respondents received TT vaccination and (91.82%) of respondents had knowledge on additional food intake during pregnancy. (59.09%) had last delivery at home, (65.45%) of respondents aware about complications, (46.36%) got information about complication of pregnancy from health worker. Only (13.64%) respondents had medical disease during pregnancy and most of them (69.10%) did not receive medical care. only (12.73%) took post surgical care and among them (100%) received care from hospital.

Conclusion: Maximum pregnant women receive antenatal care but few percentage received government recommended four visits, Majority of women preferred home delivery. However, they were aware about complications of pregnancy but no information regarding complication of pregnancy got from health worker. So awareness program related to complication of pregnancy must be satisfactory level to reduce maternal morbidity and mortality in pregnant women of Bangladesh.

Keywords: Anti natal care (ANC), Health care seeking practice, OPD

Introduction

In rural areas of Bangladesh, people are in a vulnerable situation in terms of health care facilities. The situation is worse for women when it comes to their health care seeking behaviors and the services they receive during pregnancy and after childbirth. Health care seeking behavior is not an isolated event; rather, it is an integral part of a woman's status in her family and community. It is a result of an evolving mix of her personal, familial, social, religious, and economic factors. The process of seeking health care can be too complicated to be described in a straightforward term. A woman's decision to seek a particular health care service is the composite result of her personal needs, social forces, the availability and qualifications of the care providers, and the location of the services. Some factors that might affect women's health care seeking practice during pregnancy in rural areas of Bangladesh are age at marriage, age at childbirth, education level, work status, economic status, location of the residence, and husband's awareness and so on. Another serious problem in this regard is that there are many non-qualified health care providers in Bangladesh. A lack of government monitoring system makes this situation even more dangerous. In most cases, the people who provide services in rural areas do not have formal medical education and a government-issued license for providing medical services. Another serious problem in this regard is that many salespersons at drugstores provide services. It has been noticed that people go to drugstores, explain their illness to a salespersons, and seeks health care services from them. It is a common practice for the salespersons to sell medicine without a prescription from a doctor. Sales persons at drugstores and non-qualified providers make the health care sector very dangerous for the general people. In rural areas of Bangladesh 86 percent of women received health care services from non-qualified health-care providers.¹

Although significant development has been achieved in the area of maternal care over the past several years, the situation deserves further attention and action for improvement. Women are increasingly using antenatal care, and maternal mortality has evidently decreased. However, many women still face one or more life-threatening complications during pregnancy. Only one in three women seeks treatment from a qualified provider. Poor nutrition, inadequate health care and large number of closely spaced pregnancies give the women high maternal mortality. Malnutrition is another common feature among the women in rural

Bangladesh. Dietary practices are important indicators of pregnant women's care seeking behaviors for safe motherhood.² Although most of the women have awareness of dietary requirements, half of the women in the survey report unchanged or reduced food intake during pregnancy. A large number of women receive last and significantly small shares of foods during mealtimes. Many women in Bangladesh experience life-threatening complications during pregnancy and childbirth. In most cases, they are not aware of the health-care services available for them. A very low rate of utilization of health-care services results in maternal morbidity, mortality, and other complications.³ Education level is the most important determinant for utilization of antenatal care, choice of place of delivery, and types of assistance at delivery. Two other important factors are household wealth index and place of residence. In addition to utilization of health care services, the place of child delivery is an important factor in pregnant women's care seeking behavior. Studies show that a very small proportion of deliveries take place in hospitals where better services are available.⁴ Complications such as maternal morbidity caused by the place of delivery. Most of the deliveries take place at either woman's husband's house or at the parents' house. These deliveries are often assisted by untrained birth attendants or by elderly relatives. Delay in seeking care is another crucial factor in women's maternal health.⁵ Delay in accessing obstetric care facilities is highly related to maternal mortality in rural areas of Bangladesh. Three main reasons for delay, identified in the study, are wait-time for results of informal treatment, inability to understand the seriousness of diseases, and a lack of monetary support. In addition to delay in care seeking, socio-culturally constructed gender roles place various expectations and constraints on women. Gender refers to socio-culturally constructed roles for men and women. It is different from sex, which denotes biological differences between men and women.⁶ Gender imposes certain reproductive roles on women, and thus results in early and excessive childbearing. Gender roles are also responsible for women's lack of power to make decisions about their reproductive behavior and to generate income to become self-dependent and independent decision maker. Thus, gender and socioeconomic inequalities in health-care facilities and services also affect women's care seeking behavior for safe motherhood. Therefore, it is essential to know about the actual health care seeking behavior of women for safe motherhood in rural Bangladesh. Additionally, formulation of policies and their successful implementation have always been a challenge for both government and non-government

organizations. One of the problems in this regard is a lack of correspondence between people's notions of care seeking behavior and the definitions used in maternal health programs.⁷ definitions of care seeking for maternal health complications used by families in rural Bangladesh, and concluded that families generally seek care for complications, but the ways they seek care do not correspond to the definitions used by various health programs. Therefore, it is recommended that local definitions be considered in designing interventions and providing services to people in need.⁸ The importance of safe motherhood to the overall development of a country has already been acknowledged at the highest levels. Without improving women's health care seeking behavior regarding safe motherhood, the overall development of the country will be hindered. This study, therefore, aims to find out the health seeking practice of pregnant women attending in the OPD of Dhamrai Upazila Health Complex. Based on the findings of the study, the report also provides some recommendations which can be crucial to policy formulation and implementation to ensure proper health care in pregnant women of Bangladesh.

Materials and Methods

A cross-sectional descriptive type of observational study was conducted with a sample size 110 from 1st December 2016 to 15th December 2016 in a health complex of Bangladesh. All pregnant women attending the Upazila Health Complex were taken in consideration. Non probability purposive type of sampling technique was followed. All collected data were scrutinized with the help of calculator and computer. For descriptive statistics means, standard deviations and range for numerical data and frequency

was calculated and presented by table, bar and pie diagram.

Results

This cross sectional study to find out the health care seeking practice of pregnant women attending in the OPD of a Upazila Health Complex. A prescribed questionnaire was used to collect the information. It was found that half (52.73%) of the respondents were from 25 to 30 years of age group followed by 20-25 years (21.82%), 15-20 years (13.63%), 35 years and above (2.73%). Muslim were 80% while 20% Hindu. Maximum (56.36%) of respondents were house wife, others (25.54%) and 8.18% were service holder. Only (41.34%) of respondents completed primary level of education followed by completed secondary level education (28%), graduate (13.33%), higher secondary 12% and 5.33% of them were illiterate. About 44% of respondents had a monthly income from Tk 5000 to 10,000 followed by Tk 5000 (39%), Tk 10,000 – 20,000 (10%), only 7% monthly income more than Tk 20,000. Among the respondents 50.73% gave birth to their first child at the age of 20 – 25 years followed by 25-30 years (22.82%), 15-20 years (12.63%), 30 years and above (3.73%). Among the respondents maximum (60.90%) received ANC during last pregnancy and (39.10%) did not receive ANC during last pregnancy. About 52.20% of respondents received 2 antenatal visits followed by 3 visits (15%), 1 visit (22.40%) and 4 visits (10.40%). Among them majority (62.73%) were received ANC from Dhamrai Upazila Health Complex and minimum (37.27%) of respondents were received from other places. Maximum 72.73% respondents had knowledge on spacing of child birth and 27.27% had no knowledge (Table 1).

Table 1 : Information related to ANC and birth spacing

ANC received during last pregnancy	Frequency	Percentage (%)
Yes	67	60.90
No	43	39.10
Number of ANC visits		
1 visit	15	22.40
2 visit	35	52.20
3 visit	10	15.00
4 visit	7	10.40
Place of receiving ANC		
Dhamrai Health Complex	42	62.73
Other place	25	37.27
knowledge on spacing of child birth		
Yes	80	72.73
No	30	27.27

Maximum 77.27% of respondents received TT vaccination and minimum 22.73% of respondents did not receive (Figure 1). Most of the 91.82% of respondents had knowledge on additional food intake

during pregnancy and minimum 8.18% of respondents had no knowledge.(Figure 2). About 59.10% of respondents had last delivery at home and 40.90% of respondents had delivered at the hospital (Figure 3).

Figure 1 : Information about TT vaccine received (n=110)

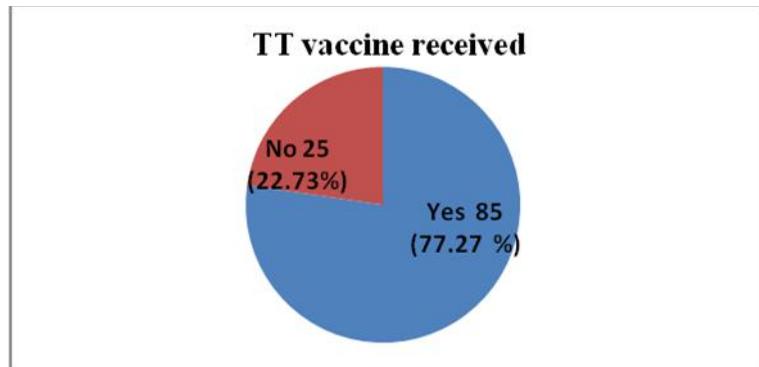


Figure 2 : Information regarding knowledge on additional food intake during pregnancy

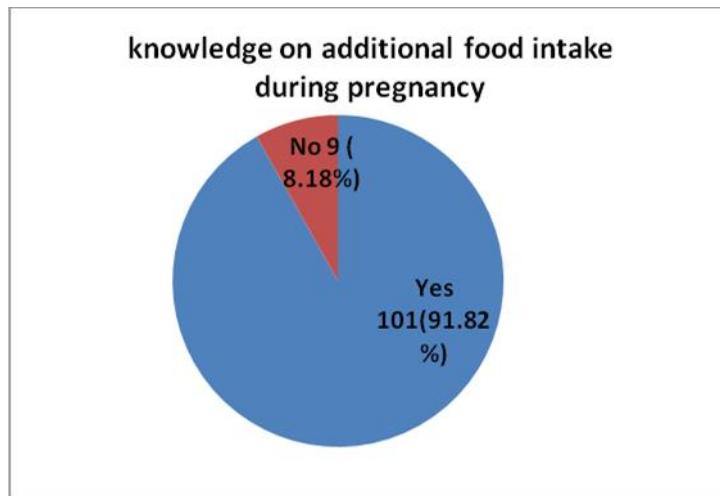
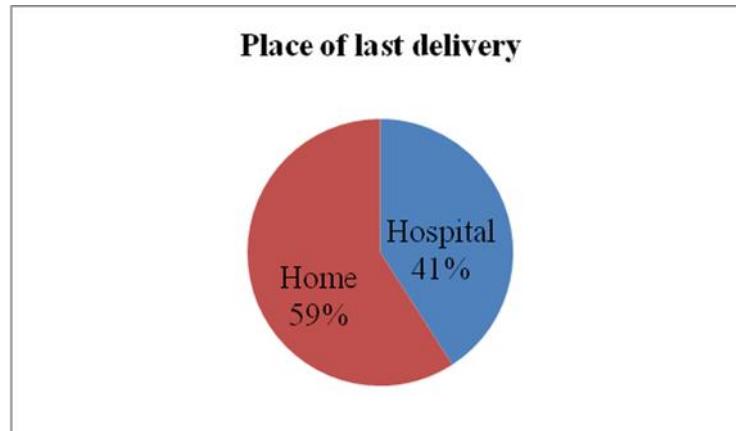


Figure3: Information related to place of last delivery



It was found that 65.50% of respondents aware about complications and 34.50% of the respondents did not aware. About (46.36%) got information about complication of pregnancy from health worker followed by from health complex (35.45%), media (13.65%), self (4.54%). Maximum 86.36% of the respondents did not have any medical disease during

pregnancy, and only 13.64% respondents had medical disease but most of them (69.10%) did not receive medical Care. Maximum (87.27%) did not take any post surgical care and only 12.73% took post surgical care (100%) received post surgical care from hospital (Table 3).

Table 3: Information related to medical and surgical problem during pregnancy

Awareness about complication of pregnancy	Frequency	Percentage
Yes	72	65.50%
No	38	34.50%
Source of getting information about complication of pregnancy		
Health complex	39	35.45%
Health worker	51	46.36%
Media	15	13.65%
Self	5	4.54%
Medical disease during pregnancy		
Yes	15	13.64%
No	95	86.36%
Medical Care received		
Yes	5	30.90%
No	10	69.10%
Place of receiving post surgical care		
Yes	14	12.73%
No	96	87.27%
Place of receiving post surgical care		
Hospital	14	100%
Home	0	0

Discussion

Maternal mortality is the outcome of a complex web of causal factors that include social, economic, educational, political and cultural causes as well as issues such as gender inequity, state of physical infrastructure, geographic terrain and the health system. Evidence from parts of India and elsewhere demonstrates that it is possible to substantially reduce maternal mortality by addressing health factors alone to ensure that all women have access to safe delivery services.⁹

Age of a woman during pregnancy plays a very vital role in determining the health of both mother and the child. In our study about 52.73% of women were in 25-30 age group which is an ideal age for pregnancy and 2.73% of women were in age group above 35. In study by Rajesh Garg in rural Punjab among 1000

respondent 42.3% were in age group of 26-35 and 4.5% were above 55 years.¹⁰

Our study revealed that Only (41.34%) of respondents completed primary level of education followed by (28%) completed secondary level education, graduate (13.33%), higher secondary (12%), (5.33%) of them were illiterate. Which was not similar to another study where t (95.4%) were at the level of primary education, (4%) receive secondary education and only (0.4%) and (0.2%) had highest education level.¹¹ Muslim were (80%) and (56.36%) of respondents were house wife, others (25.54%) and 8.18% were service holder. Another study revealed (68.2%) of them were housewives while 155(31%) of them worked as Petty business and only 4(0.8%) worked at the public work.¹¹

About 44% of respondents had a monthly income from 5000 to 10,000 Tk followed by 5000 Tk (39%), 10,000 – 20,000 Tk (10%), only 7% monthly income more than 20,000 Tk. Among the respondents 50.73% gave birth to their first child at the age of 20 – 25 years followed by 25-30 years (22.82%), 15-20 years (12.63%), 30 years and above (3.73%).

About (60.90%) received ANC during last pregnancy and (39.10%) did not receive Which was dissimilar to Another study where all most all (96.67%) women used to go for Antenatal Care for their baby's good health and safe delivery.¹²

About 52.20% of respondents received 2 antenatal visits followed by 1 visits (22.40%), 3 visits (15%) and 4 visits (10.40%). Among them(62.73%) were received ANC from Dhamrai Health Complex and minimum (37.27%) of respondents were received ANC form other places. Which was not similar to another study where Antenatal checkup had done more than 3 times and doctors conducted the Antenatal check up.¹² Maximum 77.27% of respondents received TT vaccination and minimum 22.73% of respondents did not receive. Another study showed that majority had taken adequate doses of T.T vaccines but only a few knew its importance.¹²

Maximum 91.82% of respondents had knowledge on additional food intake during pregnancy and minimum 8.18% of respondents had no knowledge. Another study showed majority of mothers had increased their diet and frequency of eating in order to feed the baby well.¹²

About 59.90% of respondents had last delivery at home and 40.10% of respondents had delivered at the hospital. It was found that 65.50% of respondents aware about complications and 34.50% of the respondents did not aware. Another study showed that about (39.8%) of the women didn't know the complication.¹¹

About (46.36%) got information about complication of pregnancy from health worker followed by from health complex (35.45%), Media (13.65%), self (4.54%). Mass media plays a strong role by creating awareness about complication that may occur during maternal delivery and improve the future health of mother and new born babies.¹³

Maximum 86.36% of the respondents did not have any medical disease during pregnancy, and 13.64% respondents had medical disease and 69.10% of the

respondents had received medical care and 30.90% did not received medical care. Which was not similar to other study where the respondents described a variety of problems and symptoms experienced during their pregnancies which included heartburn, tiredness, varicose veins, vaginal bleeding, painful legs, lung infection, turning pains, headaches, insomnia and constipation? And received care from clinic, a pharmacy, a private doctor or followed d self-healing practices.¹⁴ Maximum 87.27% did not take post surgical care and only 12.73% took but 100% received post surgical care from hospital. Another study showed (15.6%) of them had experienced episode of eclampsia, (47%) had episode of involved with perineal tear.¹¹

Conclusion

Maximum pregnant women receive antenatal care but few percentage received government recommended four visits, Majority of women preferred home delivery. However, they were aware about complications of pregnancy but no information regarding complication of pregnancy got from health worker. So awareness program related to complication of pregnancy must be satisfactory level to reduce maternal morbidity and mortality in pregnant women of Bangladesh.

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