

# Maternal & Child Health Care Seeking Behavior of the Rural people of Bangladesh

Catherine S<sup>1</sup>, Afroz S<sup>2</sup>, Zaman F<sup>3</sup>, Biswas K<sup>4</sup>, Begum S<sup>5</sup>

## Abstract

MCH is not a new speciality. It is a method of delivering health care to special group in the population which is especially vulnerable to disease, disability or death. MCH problems cover a broad spectrum. The present study was a cross sectional type of study carried out with the objective of exploring utilization of maternal and child health care services and health care seeking behavior by the rural people at Bhanga. A preformed interview schedule was used to collect data from a purposively selected sample of 120 respondents. It was revealed from the study that majority of the people prefers Government qualified doctors as their first choice of treatment of certain illness. Most of the respondents were aware about immunization programs. About 90% people were found BCG vaccinated, which is a significant one.

Majority of the mothers (61.67%) delivered their last baby at home. It was revealed that people preferred are less motivated about hospital delivery in the study area. As a matter of fact that, pregnant mothers less had TT vaccine of about 40%, which is not too satisfactory.

About family planning, the survey showed that about 80% of the females and 20% males were found practicing family planning methods currently. Most of them preferred oral pill (64.95% females) and condom (78% males), MCH programme should be strengthened to improve the health status of the community particularly for the mother and children in rural areas. There is also need for strong supervision and monitoring of the maternal health care services throughout the country. EOC programme should be implemented to every Upazilla Health Complex as early as possible. It is also necessary that a well-designed community based research should be carried out in rural areas to collect accurate information about the utilization of maternal health care services in rural Bangladesh.

**Key Words:** Maternal & child health problems, MCH services, Care seeking behaviour.

## Introduction

In any community, mothers and children constitute a priority group. In sheer numbers, they comprise approximately 71.14 per cent of the population of the developing countries.

Mothers and children not only constitute a large group, but they are also a "vulnerable" or special-risk group. The risk is connected with child-bearing in the case of women; and growth, development and survival in the case of infants and children. Whereas 50 per cent of all deaths in the developed world are occurring among people over 70, the same proportion of deaths are occurring among children during the first five years of life in the developing world. Global

observations show that in developed regions maternal mortality ratio averages at 13 per 100,000 live births; in developing regions the figure is 440 for the same number of live births. From commonly accepted indices, it is evident that infant, child and maternal mortality rates are high in many developing countries. By improving the health of mothers and children, we contribute to the health of the general population.

The problems affecting the health of mother and child are multifactorial. Despite current efforts, the health of mother and child still constitutes one of the most serious health problems affecting the community, particularly in the developing countries. The present strategy is to provide mother and child health services as an integrated package of "Essential health care", also known as primary health care which is based on the principles of equity, intersectoral coordination and community participation. The primary health care approach combines all elements in the local community necessary to make a positive impact on the health status of the population, including the health of mothers and children.

Mother and child must be considered as one unit. It is because: (1) during the antenatal period, the foetus is part of the mother. The period of development of foetus in mother is about 280 days. During this period, the foetus obtains all the building materials and oxygen from the mother's blood; (2) child health is closely related to maternal health. A healthy mother brings forth a healthy baby; there is less chance for a

1. Dr. Shukti Catherine Baroi, Lecturer, Department of Community Medicine, Diabetic Association Medical College, Faridpur.
2. Dr. Shahana Afroz, Assistant Professor, Department of Community Medicine, Diabetic Association Medical College, Faridpur.
3. Dr. Fouzia Zaman, Lecturer, Department of Community Medicine, Diabetic Association Medical College, Faridpur.
4. Dr. Kowmudi Biswas, Lecturer, Department of Community Medicine, Diabetic Association Medical College, Faridpur.
5. Dr. Sultana Begum Lipi, Pathologist, General Hospital, Faridpur.

## Address of correspondence:

Dr. Shukti Catherine Baroi; MBBS, MPH, Lecturer, Department of Community Medicine, Diabetic Association Medical College, Faridpur.

premature birth, stillbirth or abortion; (3) certain diseases and conditions of the mother during pregnancy (e.g., syphilis, German measles, drug intake) are likely to have their effects upon the foetus; (4) after birth, the child is dependent upon the mother. At least up to the age of 6 to 9 months, the child is completely dependent on the mother for feeding<sup>4</sup>.

Every year more than half a million (5,29,000) women in the world dying from causes related to pregnancy & child birth.<sup>1</sup>

In February, 1987, the Safe Motherhood Conference was held in Nairobi, Kenya gave rise to a global programme "Safe Motherhood Initiatives". Its goal is to reduce maternal death to at least half by 2000.<sup>2</sup>

According to census the current population of Bangladesh is estimated at 14, 97, 72, 364.<sup>8</sup> The density of population per sq. km. is 1237.51.<sup>6</sup> In Bangladesh about 24 million are women aged 15 to 49 years. The number of pregnant woman around 3.8 million & currently 21,000 women die every year due to causes related to pregnancy & child birth. Bangladesh is one of the countries having the high level of maternal mortality (3.2 per thousand live births) & infant mortality rate is 52 per thousand live births.<sup>3</sup>

In 2010 TFR & NRR is 2.38 & 1.18 respectively. The bed population ratio has increased from 1:6350 in 1973 to 4:10000 in 2007.<sup>9</sup>

MCH problem cover a broad spectrum, the most advanced countries are concerned with problems such as perinatal problems, congenital malformations, genetic and certain behavioural problems. At the other extreme, in developing countries, the primary concern is reduction of maternal and child mortality and morbidity, spacing of pregnancies, limitation of family size, prevention of communicable diseases, improvement of nutrition and promoting acceptance of health practices. Currently, the main health problems affecting the health of the mother and the child in India, as in other developing countries, revolve round the triad of malnutrition, infection and the consequences of unregulated fertility<sup>4</sup>.

The problems facing the health worker in the developing world are vast and are nowhere more evident than in the field of childcare. The main health problems encountered in the child population comprise the following.

1. Low birth weight
2. Malnutrition
3. Infections and parasitosis
4. Accidents and poisoning
5. Behavioural problems.

At present in Bangladesh among under five children 41.3% are stunted, 15.3% are severely stunted, 36.4% are underweight.<sup>7</sup>

The MCH services encompass the curative, preventive and social aspects of obstetrics, paediatrics, family welfare,

nutrition, child development and health education.

The specific objectives of MCH are:

- (a) reduction of maternal, perinatal, infant and childhood mortality and morbidity
- (b) promotion of reproductive health
- (c) promotion of the physical and psychological development of the child and adolescent within the family. The ultimate objective of MCH services is life-long health.<sup>4</sup>

Maternal and child health status is assessed through measurements of mortality, morbidity and, growth and development. The commonly used mortality indicators of MCH care are:

1. Maternal mortality rate
2. Mortality in infancy and childhood
  - a. Perinatal mortality rate
  - b. Neonatal mortality rate
  - c. Post-neonatal mortality rate
  - d. Infant mortality rate
  - e. 1-4 year mortality rate
  - f. Under 5 mortality rate
  - g. Child survival rate.

At the union level, the first level of static health facilities, are the union subcentres (USC) and family welfare centres (FWC).

At the upazila level, the MCH units at the thana health complexes provide care for pregnant women and the under-five children.

At district level, there are two sets of facilities which cater for pregnant women and children. One of these is the maternal and child welfare centre (MCWC).

At the national level, all hospitals attached to medical colleges provide obstetric and paediatric services, and the family planning model clinics provide contraceptive services to the incoming clients.

By improving the health of mothers and children, we contribute to the health of the general population.<sup>5</sup>

## Methods

It was a cross sectional type of study with the objective of finding out maternal and child health care seeking behavior by the rural people.

The survey was carried out in different villages in Bhanga, Upazilla, Faridpur.

People of Goladi Union of Bhanga Upazilla were chosen to constitute the study population.

For the present study the sample size was 120.

A non-random purposive sampling technique was adopted to select the respondents from the study population to collect information. Resident people of a village community was chosen as respondent for the present study. Respondents were chosen purposively and convenience of the data collector was given priority during survey.

Data were collected from the respondents by face to face formal interview.

A pre-formed interview schedule (Questionnaire) was used as the instrument of data collection for the proposed study.

At first the interview schedules were rechecked to reduce the errors if any. Secondly necessary corrections were made. Thirdly the respondents were coded adequately. Fourthly a master sheet was prepared based on variables used in the study. Finally necessary tabulations were prepared from the master sheet.

### Results

The study was intended to observe maternal & child health care seeking behavior of the rural people. The study revealed that, 61.7% of the respondents prefer home delivery & rest 38.33% were seen to prefer hospital delivery. About to receive primary health care, most people preferred Government qualified doctors (76.67%). It was revealed that few respondents about 38.33% had taken TT vaccination, 87.50% children had been BCG vaccination by their parents. The study findings show that 80.83% females & 19.17% males are using family planning methods currently.

The study revealed that, 64.17% women became pregnant in last 12 month. 61.67% were found as Home delivery and rest 38.33% were seen to prefer Hospital delivery ,it indicates that the rural people here still prefer home delivery than hospital.

**Table 1:** Place of delivery

Place of delivery	Number	Percentage (%)
Home	74	61.67
Hospital	46	38.33
Total	120	100.00

About Place of delivery, it was found that out of 120 respondents, majority [74(61.67%)] of them delivered child in Home and the rest[46 (38.33%)] of them delivered child in Hospital (Table 1).

**Table 2:** Preference of initial contact when any one of the family become ill

	Govt. Qualified	Un-qualified	Others (Kobir)	Total
Number	92	23	5	120
%	76.57%	19.17%	4.6%	100

About the preference of initial contact when any one of the family become ill the result showing out of 120 respondents, majority [92(76.67%)] of them went to Govt. qualified doctors, then [23(19.17%)] went to un-qualified doctors and the rest [5(4.16%)] went to the Kobiraz.(Table 2)

**Table 3:** Immunization status (BCG)

Status	N	(%)
Taken	105	87.50
Not-taken	15	12.5
Total	120	100

Immunization status (BCG) showing that most of the people [105(87.50%)] are immunized by BCG and rest of them [15(12.5%)] are not immunized by BCG. (Table 3)

**Table 4:** Immunization status (TT)

Status	N	(%)	Status	N
Taken	46	38.33	Taken	46
Not-taken	74	61.67	Not-taken	74
Total	120	100	Total	120

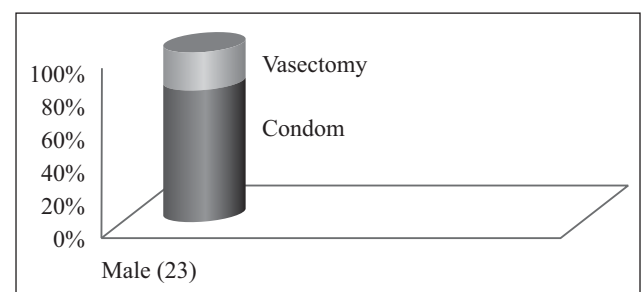
Immunization status (TT) showing that most of the people [74(61.67%)] are not immunized by TT and rest of them [46(38.33%)] are immunized by TT. (Table 4)

**Table 5:** Distribution of respondents regarding using family planning

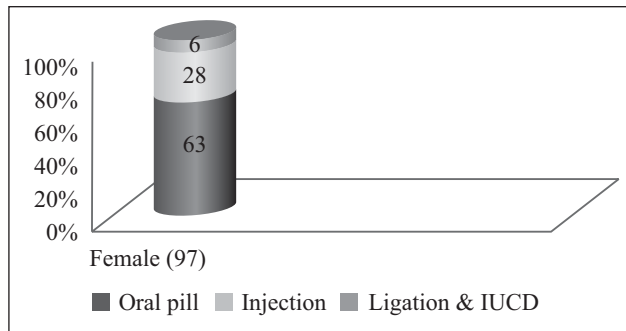
Respondents	Number	(%)
Male	23	19.17
Female	97	80.83
Total	120	100

About the preference frequency of respondents of using family planning the result showing out of 120 respondents, majority [97(80.83%)] of them were female who used the family planning, then [23(19.17%)] were male.(Table 5)

**Chart 1:** Methods of family planning (Male)



**Chart 2: Methods of family planning (Female)**



Regarding family planning status, 23 males were found responsive of which 18 used condom, 5 used vasectomy as family planning methods. On the other hand, 97 females were found responsive for family planning where 63 used oral pills, 28 used injection, 6 used Ligation & IUCD as family planning method preference.

## Discussion

It was revealed that 16.67% people belonged to 30-34 years of age group. About 55.85% respondents were in the age group above 40 years. The result shows that majority of the respondents were middle aged. The study showed that most [107(89.17%)] of the respondents were Muslim. In Bhanga the community was predominant by the Muslims. This finding is more or less similar to other parts of the country. Literacy rate of rural people of Bhanga was higher. The results indicate that the people were at least primary level passed. In rural areas the parents became aware of the needs for education. Besides these, HSC passed followed by Graduated people were also found in a significant number. The result showed that majority (44.68%) of the families in the study area had monthly income Taka 10000- 20000 and only few families had good income. So, the findings suggest that majority of the people in Bhanga live under mid socio-economic condition. The finding regarding economical status of the study area is comparatively similar to other rural areas in Bangladesh.

The result indicates that proportionately nuclear family (50.35%) was higher than that of joint family (49.65%) [Table no. 6]. People prefer to live in nuclear families now a day. It may be due to influence of modern culture and change of social norms and values.

The study revealed that, 64.17% women became pregnant in last 12 month. 61.67% were found as Home delivery and rest 38.33% were seen to prefer Hospital delivery, it indicates that the rural people here still prefer home delivery than hospital.

About receive of Primary Health care, most people preferred Government Qualified doctors (76.67%). It indicates that people are highly motivated about their basic Health care facility. It also reflects the sincerity of the grass root health and family planning workers about the motivational activities regarding health care in the study

area. About TT vaccination, it was revealed that few (38.33%) of the female respondents had taken it. The finding is not too encouraging and indicates that the rural women were aware about the need for TT vaccination. It also shows that the health workers could not successfully motivated the rural people about the importance of TT vaccination. It is also a fact that, mothers having home delivery didn't prefer TT vaccine after birth.

However, Tetanus is an infectious disease. It is one of the 10 vaccine preventable diseases. This disease commonly affects the mother during delivery and the child due to unsafe cutting and stumping of umbilical cord. So it indicates that people should be conscious about the importance of vaccination. On the other hand, preference of BCG vaccination was significant. 87.50% children had been BCG vaccinated by their parents.

In Bangladesh contraceptive prevalence rate is currently about more than 50.0%. The study findings show that 80.83% females and 19.17% males were using family planning methods currently. It is quite satisfactory in rural areas like Bhanga. It reflects that the people are well motivated about the need for practice of family planning methods in order to control the population size. This might be due to high literacy rate at Bhanga and also the family planning workers as well as other NGOs are working efficiently in the study area.

The study showed that about sixty percent (64.95%) females were using oral pill as contraceptive method and only 78% males were practicing condom. It indicates that female method is widely used by the couples and males are encouraged to use their method. The adverse effects of oral pill can be overcome by using male condom method which is also highly effective in control of STD.

In this regard, family planning workers need to work hard for the promotion of male family planning methods. Duration of use of family planning methods is associated with the control of fertility among the people. It increases the interval between successive births of children. Short duration of practice of any method might cause discontinuation of contraception and brings about unwanted birth to a family.

## Conclusion

Traditionally two groups in every society have been considered worthy of receiving particular attention, women during the period of pregnancies & children particularly during their infancy. Special care of a pregnant woman have double health benefits, first to her as an adult member of the society, second for the offspring.

The survey showed that 80.83% females 19.17% males of the people were found practicing family planning methods currently. Most of them preferred oral pill 64.83% & injectable one 28.87%. 62% of the respondents had received TT vaccine, 87.50% took the service of BCG vaccine for their children. It also showed out of 120 respondents, majority

61.67% of them delivered child at home & the rest 38.33% of them delivered child in hospital. About the preference of initial contact when any one of the mother & child become ill majority, 76.67% of them went to govt. qualified doctors, the 19.17% went to unqualified doctors & the rest 4.16% went to kabiraj.

We hope that govt. will take initiative to reduce the gap & to plan more effective service as well as to give importance to improve the MCH care seeking behavior among the rural people in very near future. Govt. will also need the support from national & international NGOs & doing by so it is possible to reduce maternal & child mortality & morbidity rate in Bangladesh.

## References

1. Maternal Mortality: the Global Fact book. The global picture. Geneva. WHO 1991 6-10.
2. Safe Motherhood from Advocacy to Action. Finance and Development, issue 7, Nov 1991.
3. Statistical pocket book of Bangladesh 2006 (BBS)
4. K.Park, Park's Textbook of Preventive and Social Medicine, 20<sup>th</sup> edition, India, MIS Banarsidas Bhaont Publishers,2009.
5. K.M. Rashid, Mahmudur Rahman, Sayeed Hyder, Rashid, Khabir, Hyder's Textbook of Community Medicine and Public Health, 4<sup>th</sup> edition, Dhaka, RMH Publishers, 2007.
6. CIA World fact book 2012)
7. Banladesh Demographic and Healty Suevey-2011
8. Population and Housing Census 2011 Bangladesh.
9. www.wikipedia.com( the free encyclopedia).