

**Original article:**

## **Reproductive Health status of Women in few villages of Bangladesh**

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### **Abstract:**

Women are particularly vulnerable and also have lack of knowledge regarding reproductive health (RH) in Bangladesh. Reproductive health of women consists of all reproduction related health events in whole life of a woman including safe sex, family planning, safe pregnancy and motherhood, infertility, sexually transmitted diseases, HIV/AIDS, abnormality in menstrual cycle and infant nutrition status. In last few decades, reproductive health status was improved in some aspects, but still large number women are suffering and facing reproductive health related problems in Bangladesh. The aim of the current study to check the present reproductive health status and knowledges among the Bangladeshi females residing in rural area. The paper describes about the present situation of women in case of general reproductive health issues as well their knowledges in reproductive health. The study highlighted that 80% female got married before age 20 and 42% women studied up to primary level. 80% women had contraceptive knowledge and among married women 70% were taken oral contraceptive pill, 20% taken injection and 10% Sterilization. Many of them suffers different types reproductive related issues. We found a large number woman still facing problem to get services and seek health care during reproductive health related problems.

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### **Introduction:**

Reproductive health services enable people to have safe and responsible sexual life, and well-being through maternal and infant health as well as preventing and solving reproductive health problems [1-4]. Reproductive health including regulate fertility and make women to go through pregnancy and child birth safely and improve the outcome in terms of infant survival as well as mother health is considered most important specially in developing countries [5, 6]. Knowledge of reproductive health also make couple more responsible by controlling and sexual disease and to have fear free sexual relationship [7]. The condition of reproductive health especially South Asia has become a social problem [8-10]. A large number of women still die every year due to reproductive related complication in developing countries [11]. In Bangladesh, female population is

almost half of total population and among married female 52% reproductive age group [12-14]. The reproductive health care should be given more emphasis and need to be more quality care not only in pregnancy related problem but also reproductive and sexuality related human rights and health related matters [15]. The countries in south Asia such as Bangladesh has large scarcity of reproductive health services due to huge population, lack of infrastructure, malnutrition, lack of gender equality, illiteracy and other issues are the main barrier for women's sexual health and reproductive care [16, 17]. Although a wide range services like family planning, obstetric care, post-natal care, unwanted pregnancy and abortion related care and counselling support for planning reproduction but still many women are facing reproductive issues which has direct impact on

maternal mortality and morbidity rates, which are still very high[18-20].

The current study was carried out to find out the present reproductive health status in terms of reproductive problems, health care services and knowledges about STDs and contraceptives among the females of few villages of Bangladesh.

#### Methods and Duration:

The duration of the current study to check reproductive health status, was a period of four

months from February to July 2016 in Thakurgaon (Haripur and Akhanagar) area located in northern part of Bangladesh. The study was a cross sectional and total sample was 50 and information were collected via interview and questionnaire and the age variation was shown in table 1 and data were analysed by multivariate to find out relationship among the variables[17, 21]. SPSS 11 software was used throughout the experiment to perform data's mean, chi-square and find out p value.

Groupings		Percentage (%)
Mean age ( $\pm$ STDEV)	18 $\pm$ 4	50% (25)
	28 $\pm$ 5	32% (16)
	37 $\pm$ 3	18% (9)
Religious	Muslim	94% (47)
	Hindu	6% (3)
Marriage status (45)	$\leq 20$	80% (p<0.05)
	$\geq 20$	20%
Literacy	Primary	42% (p<0.01)
	Secondary	45% (p<0.03)
	Higher secondary	13% (p<0.015)
<b>Table 1: Demographic characteristics (50)</b>		

#### Result and Discussion

Total 50 females were taken in the study among them 50% age between 14 to 22 and 32 % between 23 to 33. Out of 50 women 45 were married and most of the women married before age 20 (Table 1). 42 % women were completed primary education

and 45% secondary and only 13% were studying or completed higher secondary education. Among 45 married women 80% have one or more children. The total number of women taking and have knowledge about different types contraceptive 35 and 80% respectively (Table 2 and Figure 1).

Category		Percentage (%)
Contraceptivetaken (35)	OCP	70%
	Injection	20%
	Sterilization	10%
Contraceptive knowledge	Yes	80% (40)
	No	20%(10)
Source of knowledge	Health care provider	60%
	Relative	20%
	Media	20%
Table 2: Reproductive approach knowledge (50)		

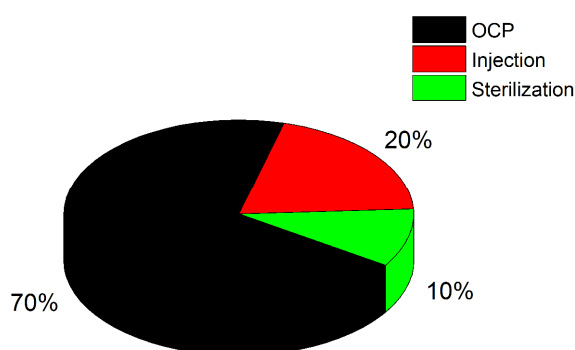


Figure 1: contraceptive methods used (Total 35 women)

10 women have lack of idea or perhaps no idea about contraceptives (Table 2). 40 women out of 50 had no Menstrual problems and 10 had sometimes problem related menstrual cycle. During pregnancy or any other reproductive problem 85% women facing problem to get service. Most of women get information about reproductive issues from Health care service provider, media and also from relatives. Only few knew about reproductive things from school or college study. 60% delivery still happened in home and 40% cases delivery happen in hospitals and clinics by Caesar or normally. Only 40% women had knowledge about STDs and 90% cost needed to bear during any types of

reproductive health related cost and only 10% cost covered or service getting free from government health care providers (Table 3). The results revealed that still large number of females got married at age less than 20 years and many of them have only primary level education [22, 23]. They are still facing difficulty to get access to health services either from government organization or private. Unfortunately, still some of them do not know or lack of knowledge in contraceptives or sexually transmitted diseases. Only few percentage of women received service free from Govt. or NGO but most of cases they had to pay that increased their financial burden.

<b>RH related things</b>		<b>Percentage (%)</b>
Menstrual problem	Present	20%
	Absent	80%
Getting service	Problem	85%
	No Problem	15%
Source of knowledge	Health care provider	60%
	Family member and relatives	20%
	Media	20%
Delivery	Hospital	40%
	Home	60%
Sexually transmitted disease knowledge	Yes	40%
	No	60%
Cost of services	Self-paid	90%
	Govt service	10%
Table 3: Reproductive services status and problem (50)		

**Conclusion:**

As reproductive issue is still major problem in Bangladesh. The study reported some basic things of reproductive issues in few rural areas. Based on the information we got about reproductive health services and problems, reproductive health status still was not satisfactory. To overcome and improve the situation reproductive health care facility

should be expanded, service from Government and NGO should be emphasized on reproductive health, reproductive health status literacy and knowledge among women will be helpful. As the current study was only performed with small population in a small village further regular monitoring large number of women reproductive health to identify exact reproductive health status.

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