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Knowledge attitude and behaviour concerning pregnancy: Study from a rural village of Bangladesh

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ABSTRACT: "Pregnancy is special, let's make it safe" was the slogan of the 1998 world health day. This worldwide focus on safe motherhood comes as the safe motherhood initiative, launched in 1987, starts into its second decade. According to UNFPA (State of population 2010) 360 mothers per 1000 die of pregnancy in Bangladesh, against 420 in India and 500 in Pakistan due to pregnancy and its related complications .The women are inferior by nature and motherhood, with its domestic role in the family, is their natural place is upheld by strong cultural and mythological and religious beliefs. These beliefs are very strong in Bangladesh. In our society women opinion about pregnancy and child birth is recognized by his family as well as the society .She is not controller of her own body. Despite fertility transition and impressive success of the immunization campaign, the other health indicators are still remaining behind. 67 % of pregnant mothers do not receive antenatal care, 92 % of deliveries take place at home and only 12 % deliveries are attended by trained personnel. This situation cannot allow to be continued. The intervention that make the motherhood safe are known and the resources needed are obtainable .The necessary services are neither sophisticated nor very expensive and reducing maternal mortality is one of the cost effective strategies available in the area of public health. This study was conducted among mothers who had children or were currently pregnant with the objective is to examine the possible association between certain socio-economic, cultural and some other background variables of conception in order to understand more clearly how important these factors are in explaining the observed levels of Reproductive Health status.

KEYWORDS: Knowledge, attitude, behaviour, pregnancy, rural village, Bangladesh.

INTRODUCTION

Around the world, people celebrate the birth of a new baby. Societies expect women to bear children, and being honored for their role as mothers. Pregnancy and childbirth are the special events in women's lives and, indeed, in the lives of their families. This can be a great time of hope and joyful anticipation. It can also be a time of fear sufferings and even death. Although pregnancy is not a disease but a normal physiological process, it is associated with certain risks to health and to survival for the women and the infant she bears. These risks are presents in every society and even every setting. In developed countries they have largely over come because every pregnant woman has the access to especial care during pregnancy and childbirth. But this is not the case of many developing countries like Bangladesh where each pregnancy represents a journey into the unknown from which all too many women never return.

Women, particularly rural women in Bangladesh are generally deprived of different amenities and facilities compared to men. Male domination and women's subordination is distinct feature in our cultural discriminatory attitudes and practices. The sexual and reproductive health for women in Bangladesh is poor than other countries. In Bangladesh 26000 women die in every year due to causes related to pregnancy and childbirth. The risk of maternal mortality is 160 greater than developed countries (http/www. country profile. net). Therefore, maternal mortality represents the end point in a lifetime experience of

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gender discrimination, neglect and deprivation. Its high rate also represents the failure of the health system for women. Apart from poor and inadequate health care facilities and services, cultural practices (such as "purdah") lack of health knowledge, almost absence of regular medical check-ups, concealing health problems-all these coupled with Reproductive Health make the women of Bangladesh more vulnerable to health problems. This situation observed primarily due to the existing patriarchal social system that prevails quite strongly in our society. In addition to this modern values and ideas are yet to penetrate among the larger population of the country, particularly rural population (Hossain, 2002:52). In our society women opinion about pregnancy and child birth is recognized by his family as well as the society .She is not controller of her own body. The women are inferior by nature and motherhood, with its domestic role in the family, is their natural place is upheld by strong cultural and mythological and religious beliefs. These beliefs are very strong in Bangladesh

In rural Bangladesh women's perceptions about physiological function is unclear. A clearer understanding of how our women conceive reproductive functions and what is the current level of knowledge and beliefs regarding those could help promotional and educational strategies accordingly. The deep-rooted beliefs, views, perception and attitude of any society is initially relate to the female Reproductive Health in rural areas. Therefore, in this study entitled **"Knowledge and attitude concerning pregnancy: Study from a rural village of Bangladesh"** the status of rural women's perceptions/knowledge and practices on various pregnancy related issues are explored.

OBJECTIVES OF THE STUDY

- To make public the beliefs, attitudes and values of rural people regarding women's reproductive physiology in their cultural background.
- To collect information about beliefs, rituals and practices related to pregnancy.
- To determine the health care seeking behavioral pattern related to pregnancy of rural women.

RESEARCH METHOD

The study topic pregnancy is an ordinary phenomenon in Bangladesh. At last but not at the least; in this study pregnancy was described from real life context. It is part of everyday life of the people of Bangladesh. This indicates that the present study can best be handled by ethnographic method. Ethnography involves observation of the wider context of people lives and interested in the native point of view.

The beliefs about pregnancy and child birth may therefore be examined by analyzing its nature and ingredients in the perspective of cultural changes those are continuously taking place. The component of methodological mixes included participation observation, and survey method. The case study method was also followed for in-depth analysis.

DATA COLLECTION PROCEDURE

In the present study the data was collected through direct Participant Observation with the 100 adult female population of the village those are married and currently pregnant. Participation with them provided information about belief system and their level of knowledge. The Participation Observation proceeded by survey about population household, socio-economic life of women and Reproductive Health situation of the village women by the face-to -face formal interviews. Questionnaires were prepared to collect the general and specific information from the respondent. It has already mentioned that the study was mainly a micro study through an analysis of empirical data obtained from survey by a structured questioner. Besides this, the techniques of collecting data were informal interview and Focus Group Discussion. For ensuring the reliability of information the researcher selected some key informants

DATA ANALYSIS: BELIEFS REGARDING CONCEPTION AND PREGNANCY

Every society has its own traditional beliefs and practices related to health care. Beliefs in supernatural powers, i.e. God, beliefs in holy rituals, salvation, offerings and sacrifices are applied at different stages of life from birth to death. Pregnancy in the case of a woman is the midpoint of life and death. Therefore, there are many such practices; rituals, beliefs and offerings which are meant to protect a mother from influences of evil spirits and supernatural powers. Food taboos are also common during pregnancy in Bangladesh. People have taken pleasure in using traditional beliefs and practices for a long time and got used to it. Thus it can be made easily accept something that has been given by the faith healer to the community. Some practices are effective whereas others may be harmful or ineffective. These beliefs and practices are linked to culture,

environment and education. Everybody must have concern for the community's cultural values and beliefs so that they can utilize the harmless practices for effective use as well as eliminate harmful practices.

Present study tries to cover this area by trying to get the Muslim views and attitudes regarding above-mentioned variables in Muslim community. The findings of the present study would be revealing in light of the fact that in the lower socio-economic group of Muslim community leaders wield a lot of influencing power. Keeping the objectives in mind data that collected from married women are analyzed below:

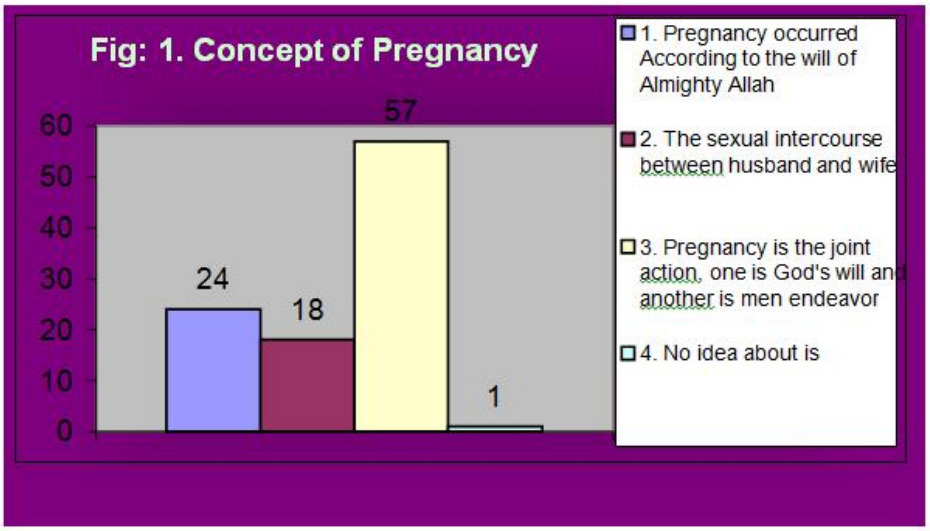


Figure 1: Concept of Pregnancy

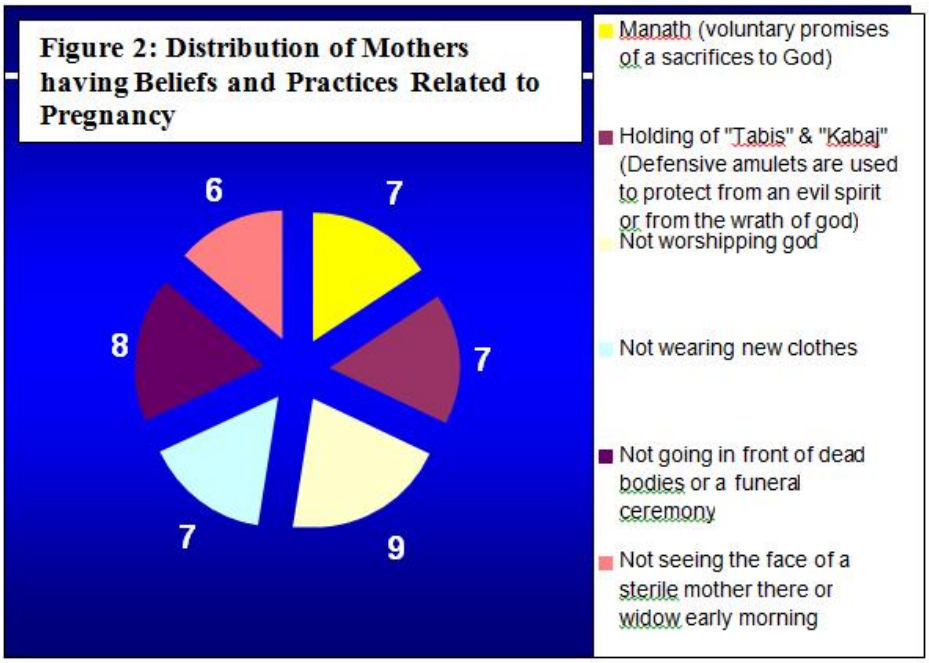
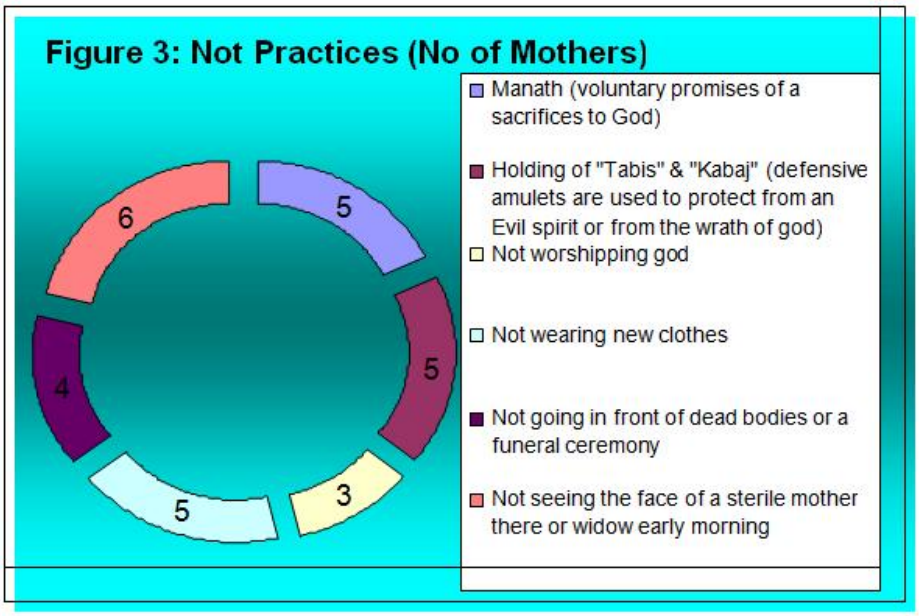


Figure 2: Distribution of Mothers having Beliefs and Practices Related to pregnancy



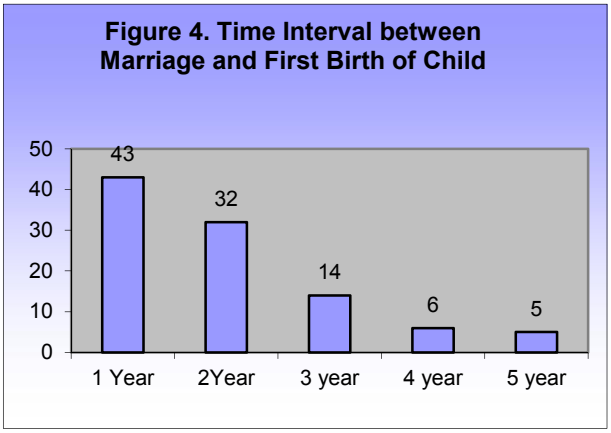


Figure: 4 Time interval between Marriage and the Birth of First Child of the Informants.

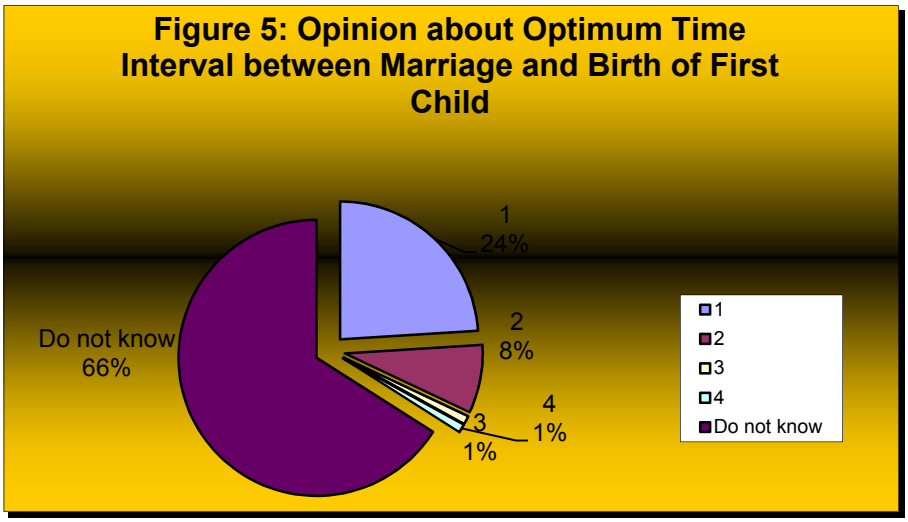


Figure: 5 Opinions about Optimum Time Interval between Marriage and Birth of First Child

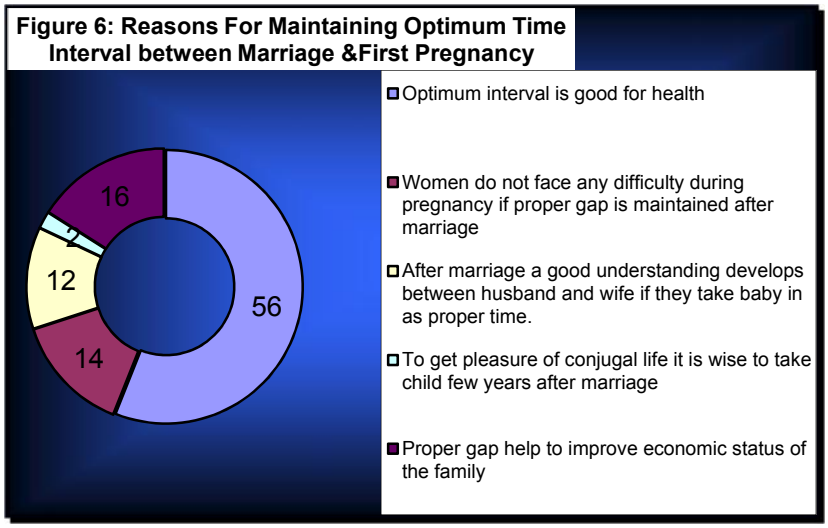


Figure: 6 Reasons for Maintaining Optimum Interval between Marriage and First pregnancy

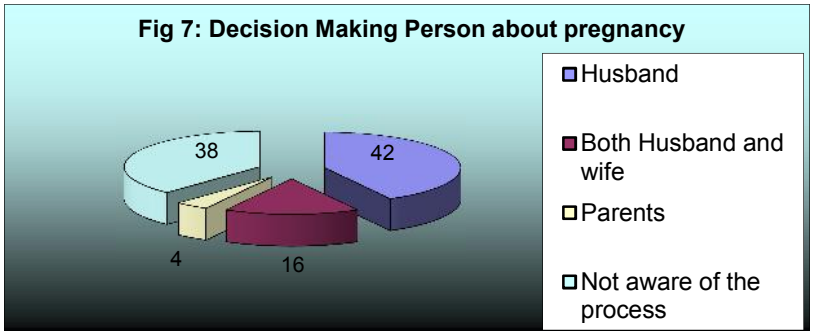


Figure: 7 Decisions Making Process about Pregnancy

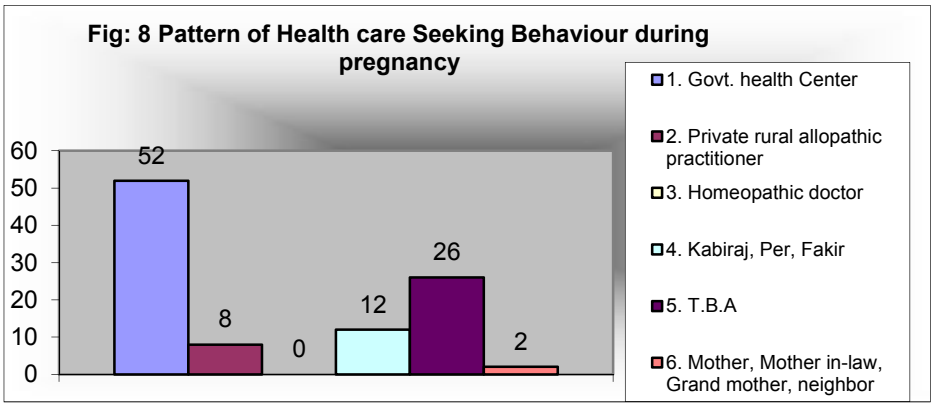


Figure: 8 Pattern of Health Care Seeking Behavior during Pregnancy

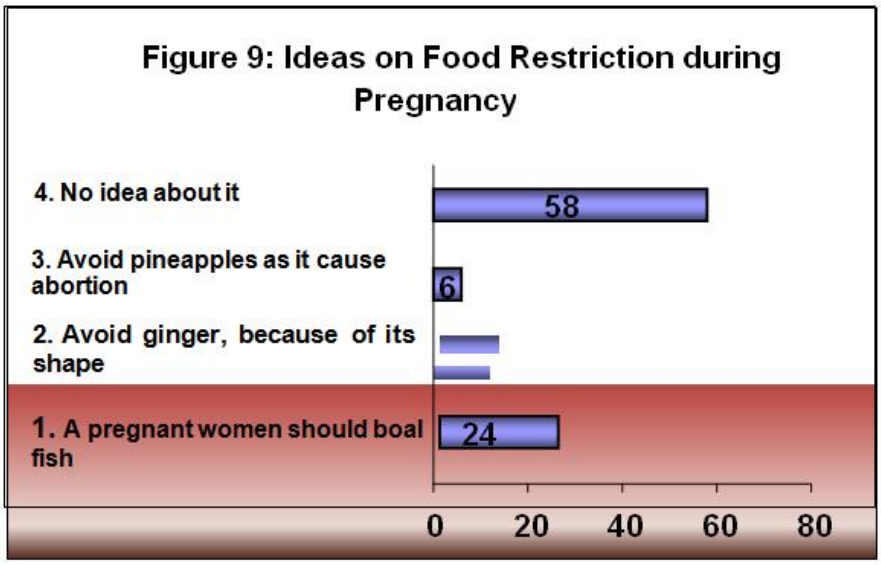


Figure: 9 Knowledge/Beliefs regarding Restrictions on Food Intake during Pregnancy

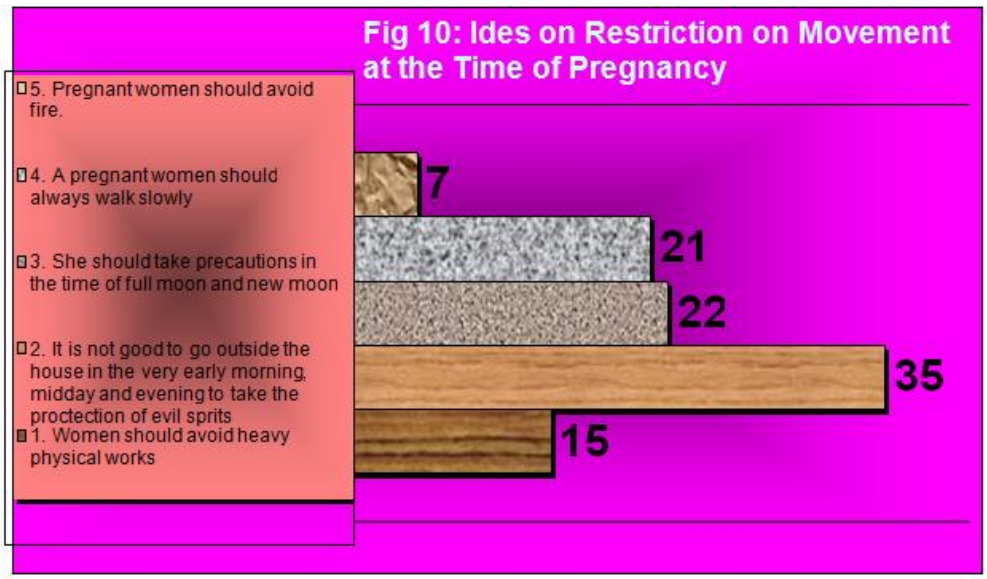


Figure: 10 Ideas on Restriction on Movement and Activities during Pregnancy

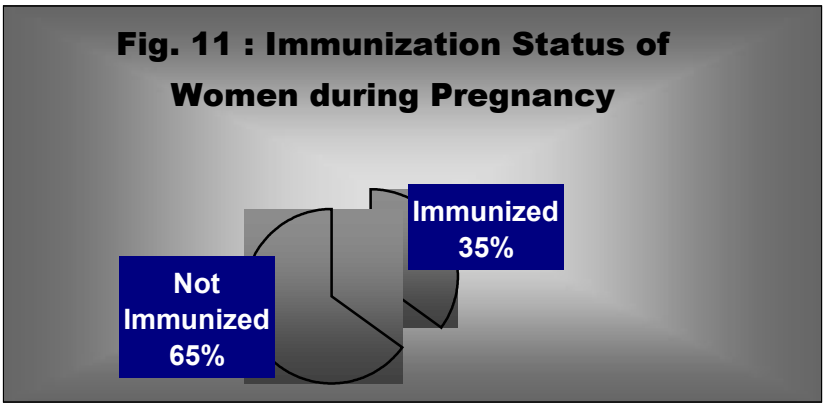


Figure: 11 Immunization Status of Women during Pregnancy

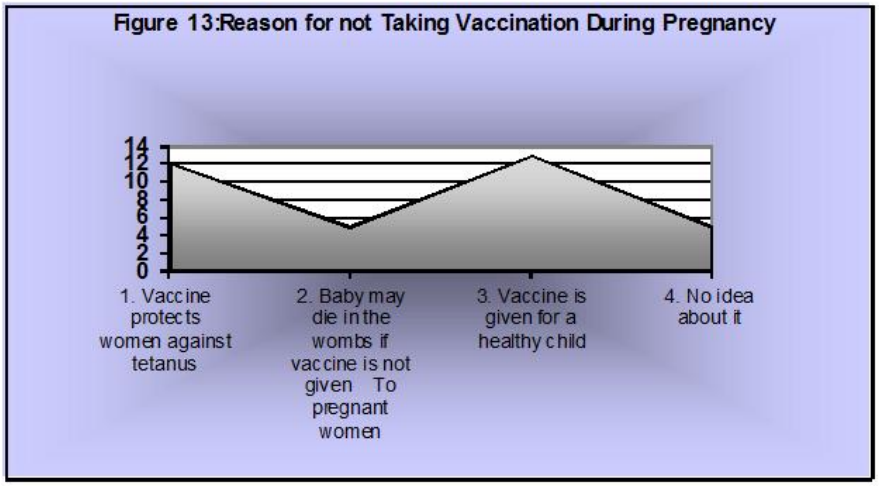


Figure: 13 Reason for taking and not taking Vaccination during Pregnancy

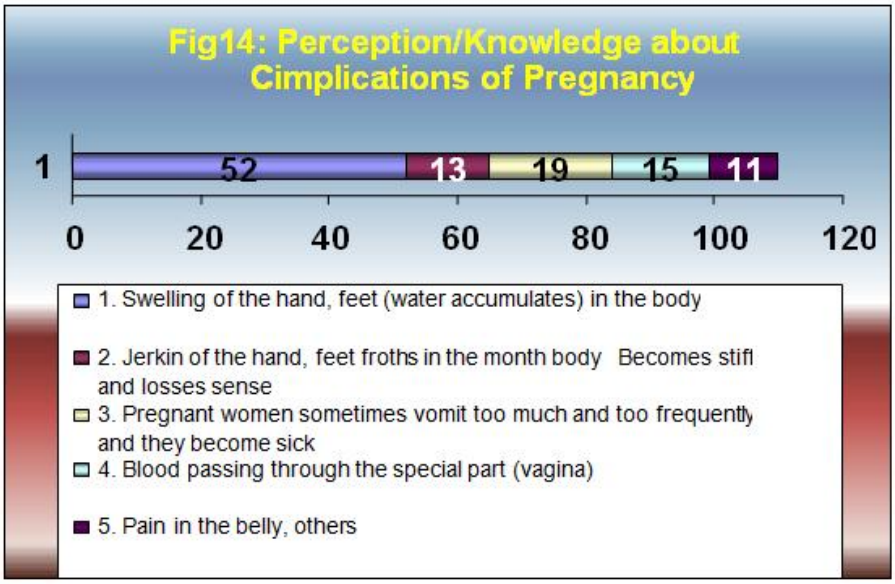


Figure: 14 Complications during Pregnancy

KNOWLEDGE AND PRACTICES REGARDING PREGNANCY

In this country, lack of proper medical attention and hygienic conditions during delivery leads to the risk, complications and infections that cause, death or serious illness for the mother and the newborn or both. Although government health facilities are available down to union level, more than 90% deliveries are conducted at home. The reproductive morbidities diminish women's fertility, productivity and quality of life, as well as the health and survival of the next generation. They also become social outcasts in some cases – turned out of homes and rejected by their husbands and families.

The data found from field study are analyzed below:

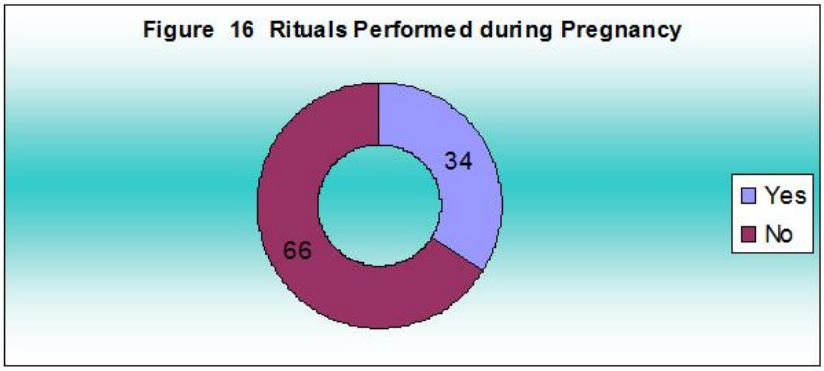
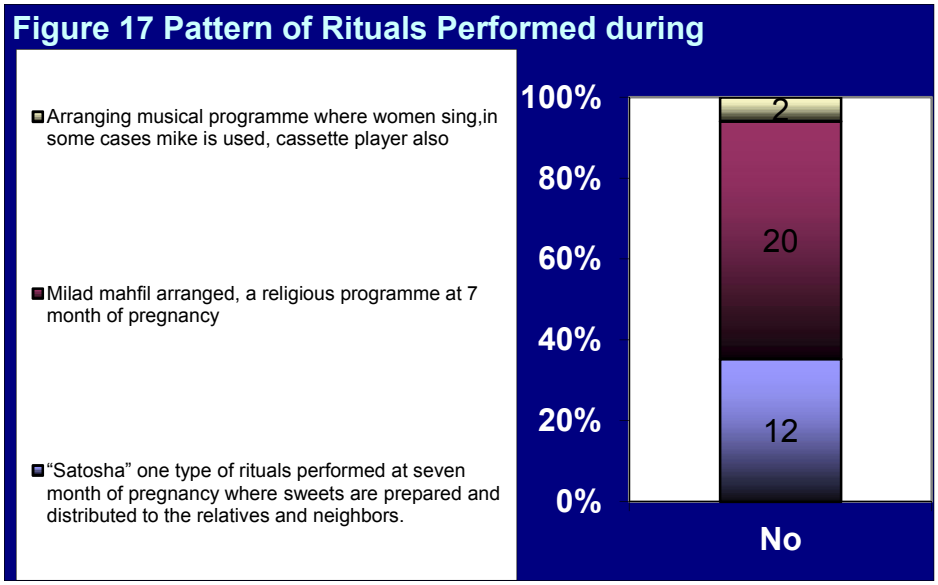


Figure 16: Pattern of Rituals Performed during Pregnancy



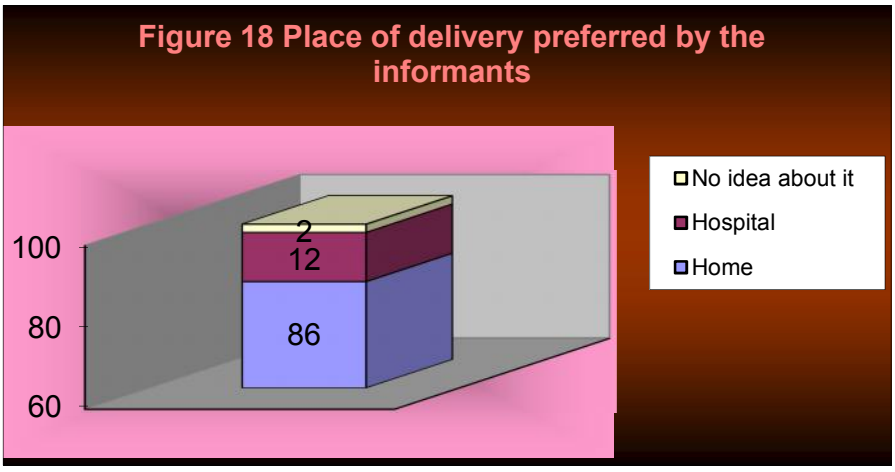


Figure: 18: Place of delivery

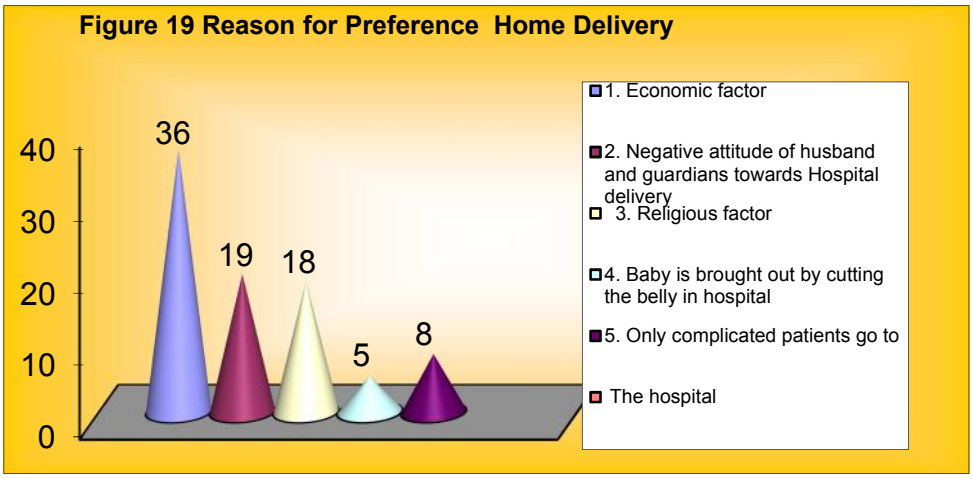


Figure: 19 Reason for Preference of Home Delivery

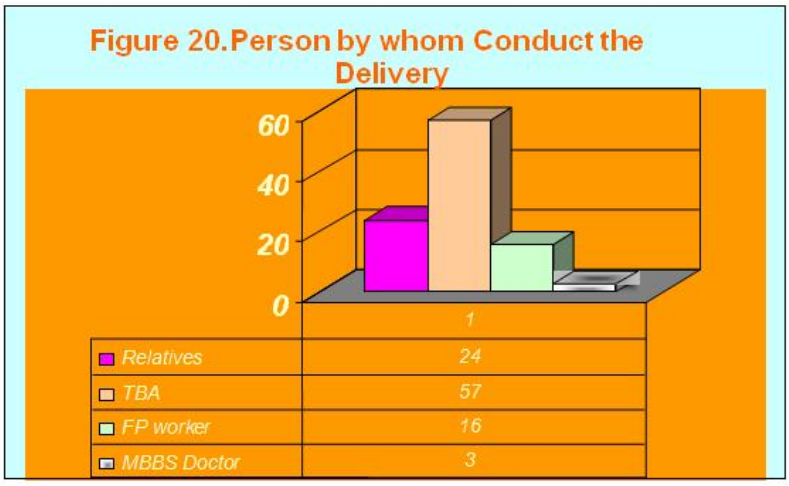


Figure20: Person Attended the Delivery

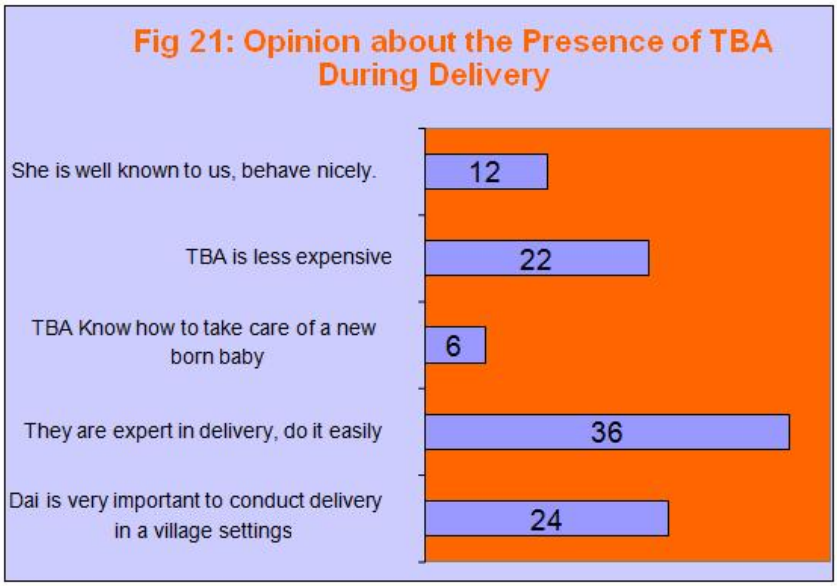


Figure: 21 Opinion about the presence of TBA during Delivery

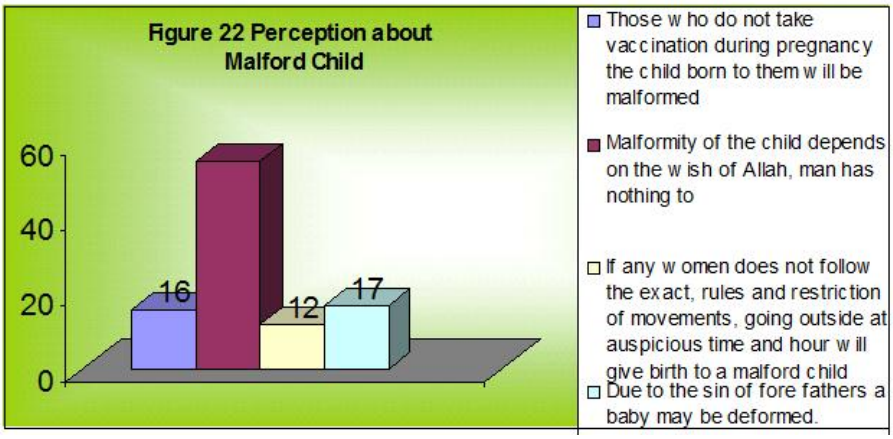


Figure 22: Perception about Malford Child

DISCUSSIONS:

This study was carried out as an attempt to assess the beliefs and rituals concerning pregnancy in the village Badarpur. The findings of this study are:

In the village Badarpur, there is a mixed type of beliefs that pregnancy not only the result of sexual intercourse between husband and wife. It happens when Almighty Allah wishes to give child to those couples. This belief system in study area regarding pregnancy is consistent with the classical analogy that women in the land and man its cultivator's, so that the womb is a field to be planted with male semen.

It was not expected from the informants that they would have good knowledge on the exact mechanism of conception in human reproduction. The beliefs, views regarding pregnancy revealed that conception occurs by the will of God but sexual intercourse plays a vital role in this regard.

Considering the time interval between marriage and birth of 1st child, the people are well experienced and well informed that just after marriage; pregnancy should be avoided for various reasons. The optimum time interval between marriage and birth of first child should be maintained by the newly married couple with the idea of keeping the health of women in a good condition. The mean time interval was 2.50 years in this study area. Most of the informants failed to maintain this interval in married life. Attitude towards delaying the first pregnancy is observed but the practice is un-thinking. So the interval is not an expected level. This type of gap between attitude and practices are observed in other health related issues also.

The study revealed that in majority cases husband take decision prior to pregnancy.There is an increase realization for joint decision about pregnancy, which indicates a good husband-wife communication developed in the study area.

The health care seeking behaviour of rural people depends on the perception of the cause of disease, gender issue, social class, availability of health services in that locality. So during pregnancy, village people prefer to consult with *Dai* (TBA), *Fakir, Kabiraj*. Husband sometimes consult with the *polli chikitsaks* about their wives problem related to pregnancy. But pregnant women rarely get opportunity to consult the male practitioner in this village.

In Badarpur, still there is a strong belief regarding restrictions of food intake and movement during pregnancy. The behavioral pattern regarding restrictions and perceptions of belief systems about human reproduction relates it with the body mechanism to mature.

Regarding immunization it is revealed that .34% was vaccinated during pregnancy. Again majority were not vaccinated. A good number of female were vaccinated but had no idea why they got it.

The reason for not taking vaccines revealed from the study that female informed their refusal to take vaccines was due to fear. This reflects the perception about modern medicines and non-reliability on modern health care facility.

Various types of rituals are observed during pregnancy in a traditional society of Bangladesh. But the study revealed that only a few persons reported that they observed rituals at pregnancy. Majority informants told that they did not perform any rituals, due to constant of economic hardship faced by the family. Majority of the people cannot observe the rituals though they know different rituals to be observed during pregnancy. Those who observed rituals informed that majority of them performed “Satosha”. It also indicates sharing the feelings of the pregnant women by relatives for welcoming the baby.

The study revealed that the risk of pregnancy and complications are known to the informants but they explained in their own way of perceptions. Most of them blamed the evil spirits, not following the restrictions of movements during pregnancy, sin done by the couple or forefather etc.

Home delivery is common in Bangladesh, especially in rural area. In this village majority of the informants pointed out that home delivery requires less amount of money. They also preferred home delivery because they think hospitals are for rich urban people and their husband had a negative attitude towards hospitals delivery.

CONCLUSION

Making motherhood a safer time in women's lives requires commitment at all levels: in the home, in the community, in the clinic, in the country, and at the international level. This is a commitment to reducing inequities, improving women's autonomy, and ensuring that motherhood is a safe, joyful, and rewarding experience. Good quality maternal health care is the single most important intervention to prevent maternal and newborn mortality and morbidity. Maternal health services, including essential obstetric care for complications, must be made available to all women during pregnancy. Families and communities have critical roles to play in ensuring that safe motherhood is achieved. Public education programs, at national and community levels, should focus on the following supportive actions: improving nutrition for girls and women; facilitating women's access to maternal health care during and after pregnancy and delivery; educating women and families to recognize and respond to emergency situations; and ensuring that women get the rest they need during pregnancy and after delivery.