Conclusion: Access to medical care during pregnancy can substantially reduce perinatal mortality among the poor women in the urban slums.

Determinants of Safe Delivery Practices in Rural Bangladesh

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Objective: Investigate the demographic, socioeconomic and cultural factors associated with safe delivery practices in rural Bangladesh.

Methodology: Data were drawn from a cross-sectional survey conducted in six rural subdistricts of Bangladesh in 1994. A sample of 10,368 currently married women of reproductive age was selected, following the multistage random-sampling procedures, they were interviewed using a structured questionnaire to elicit information on various demographic, socioeconomic, cultural and selected programmatic variables, including public health issues, such as maternal health care and delivery practices. In analyzing data, descriptive statistics and multivariate regression methods were employed. In this analysis, the term “safe delivery” refers to a delivery conducted by a qualified person, such as registered physician, paramedic, nurse, or trained traditional birth attendant.

Results: The results of the study showed that almost all deliveries (99%) took place at homes of the women, and most of them (93%) were conducted by the untrained traditional birth attendants, relatives, or neighbours in unsafe and unhygienic conditions. Only 7% of the deliveries (referred to here as “safe deliveries”) were conducted by the qualified persons, such as registered physicians, nurses, paramedics, and traditional birth attendants. The multivariate regression results showed that the younger women and the women with lower parity were significantly more likely to have safe deliveries. Education and exposure to radio and television were significantly associated with the safe delivery practices. The women with five or more years of education, and those who possessed radio or television, were also more likely to have safe delivery.

Conclusion: The results of the study suggest that information, education, and communication (IEC) activities should be strengthened to educate the community, particularly the uneducated and older women on the importance of safe delivery. Pregnant women need greater access to trained providers and facilities providing emergency obstetric care.

Teenage Pregnancy and its Consequences: Evidence from Rural Bangladesh

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Objective: Investigate the factors regarding health of mother and children associated with teenage pregnancy and the consequences of pregnancy for these women who gave birth by their teenage.

Methodology: Data for this study came from a longitudinal Sample Registration System (SRS) in two rural subdistricts under the ICDDR,B Operations Research Project, for a two-year period covering January 1995 to December 1996. A total of 6,508 married women of reproductive age (15-49 years) categorized in two groups: those who had
their first birth under 20 years of age and those 20 years and above. Children belonging to these two groups of women were also covered in the study. Social and economic status, education, contraceptive practice, and healthcare-seeking behaviour of these women and their family were observed. Both bivariate and multivariate analyses were carried out by considering women who got married at an early or later age as the dependent variable.

Results: Preliminary findings indicate that the poor and economically disadvantaged women had their first child earlier compared to the economically advantaged groups. The median age of the women who had their first birth in their teens was 17 years, and for age 20 years and above it was 22. Women who started childbearing early tend to have more children than those who started late. Women who postponed motherhood until after the ten years were more likely to have fewer children and stayed in school longer. Fifty-seven percent of the women who started their child birth before the age of 20 years had experienced at least one child death or pregnancy wastage compared to those who had started child birth at the age of 20 years or later, and 41% had the same experience. Although knowledge of contraceptives was higher among the younger group of women, its practice was higher among the older groups. Delivery attended by trained personnel in both groups of women has substantially increased in the study area compared to the national average, but intention to go to the service facilities for delivery did not change neither of the group. More than 90% of the deliveries still occurred at home, irrespective of age.

Conclusion: This study reveals that most women spend, on an average, 10-21 years of their lives carrying for younger children. Teen-aged mother and her children face increased health risks as well as limited social and economic options when compared with older mothers and their children. Young women should be encouraged to go to school and continue their education, and should be targeted for contraceptive use to delay their first pregnancy until the age of 20 years. Efforts should be made to enforce the legal age of marriage.

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Target-Specific Home-based Motivation: Test Case with Family Planning

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Objective: Develop systematic approach toward targeting of non-users of family planning (FP) methods and provide motivation at their homes, and examine the effects on acceptance of modern FP method.

Methodology: Motivation of non-users of FP method through targeted home visits was carried out as a component of the operations research intervention on Alternative Strategies for Delivery of MCH-FP Services (ASDS) tested in two sites of Dhaka city during January 1996-May 1997. This strategy was experimented to affect focused outreach activities, in place of door-to-door delivery of services, to attain maximum effectiveness within fund constraints. To assess the effects of the approach and acquire insights of the providers’ and clients’ perspectives, an evaluation was conducted during March-May 1997. The service records of the fieldworkers on the non-users of modern FP methods among slum and non-slum households were analyzed; 40 observations of fieldworker-women encounters were made, 48 in-depth interviews of the target clients, and in-depth interviews with the seven fieldworkers of the intervention sites were conducted.

Results: Despite a major change in the two-decade-old conventional service-delivery system relating to withdrawal of home distribution of contraceptives, target-specific home-based motivation resulted in the high acceptance of modern FP methods among the non-users. A third of the non-slum and a fourth of the slum non-users in one intervention area (at Hazaribagh), and little more than a fourth of both non-slum and slum non-users in another (at Gandaria) became acceptors of modern FP methods. The systematic approach of addressing the non-users developed in participatory workshops with the fieldworkers was found effective by both fieldworkers and target clients. The