

## Pattern of Birth of Babies Conducted in a Selected Rural Area in Bangladesh

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### Abstract

**Background:** *Maternal mortality and under 5 mortality are the public health burden in the developing countries as well as Bangladesh. It reflexes on the standard life of those countries population. Safe delivery plays a central goal to reduce the maternal and child (under 5) mortality rate.*

**Objective:** *To find out the pattern of delivery in a selected rural areas. Methods: A cross sectional was conducted in rural community from January 2009 to July 2009 in the village Mohespur in Kahaloo upazilla of Bogra district in Bangladesh. Study population were 30 mothers who gave birth child in 2008. A semi structured questionnaire was used to collect data with face to face interview.*

**Results:** *The study found age group of bellow 25 years was 53.33%. Majority of them were Muslims (83.33%), no formal education, less than secondary education and  $\geq$  secondary education were 26.67%, 43.33% and 30% respectively. Cent percentage of the study subjects were house wife (86.67%). Monthly family income was less than 2000 BDT of 40% respondent. Delivery occurred at home, hospital and clinic were 63.33%, 33.33% and 3.33% respectively. Regarding the attending during delivery time physician 36.67%, SBA 6.67%, TBA 16.67% and relatives were 40%. Delivery conducting by unskilled attendance due to financial constraints 33.33%, lack of transport facilities 30%, lack of awareness 30%, fear on caesarian operation 23.33%, feeling better at home with TBA & relatives 16.67% and family problems 13.33%.*

**Conclusion:** *People should make more aware about need for safe delivery and more Skilled Birth Attendance should be trained.*

*Communication facilities should be developed and emergency obstetric care should be more accessible and affordable.*

**Key words:** Pattern of Delivery, Skilled Birth Attendance, Unskilled Birth Attendance, Trained Birth Attendance.

## **INTRODUCTION**

Many countries have set under-5 mortality and maternal mortality reduction as their key development goal, as suggested by international conferences such as the World Summit for Children in 1990, the United Nations Millennium Declaration and the United Nations Special Session on Children in 2002.<sup>1</sup> A safe delivery is a pre requisite to attain these goal. But in developing countries, 63% of deliveries take place at home.<sup>2</sup> In rural area of Bangladesh, this proportion is about 93.6%.<sup>3</sup> To reduce maternal mortality ratio, increase the percentage of deliveries attended by skilled birth attendance is necessary. Deliveries conducted by unskilled birth attendance are responsible for many complications causing increased maternal mortality and morbidity such as perineal tear, fistulas, prolapsed of the uterus.<sup>4</sup> It is a tragic situation as these mortalities and morbidities are not caused by diseases but occurred during or after a natural process and specially because most of them are preventable. In our country, most deliveries take place at home without the services of the trained midwifery personnel. There is a inverse relationship between life-time risk of maternal death and the availability of the trained health worker during pregnancy and at the time of delivery.<sup>5</sup> If we look at the causes of maternal deaths we will see that the single most common cause accounting for a quarter of maternal death is obstetric haemorrhage which can rapidly lead to death in the absence of prompt live saving care. Another cause, puerperal sepsis which is again a consequence of poor hygiene during delivery account for 15% of maternal mortality.

Around 7% of maternal deaths occur as a result of prolonged or obstructed labour.<sup>6</sup> Now, it is quite evident that all these maternal deaths are preventable if only deliveries are attended by skilled personnel with appropriate facilities.<sup>7</sup> In this connection, if we consider the causes of stillbirths and neonatal deaths, a great percentage of deaths are directly and indirectly related to complications of childbirth. If deliveries are conducted in hospitals, if not, at least, if the deliveries are conducted by skilled birth attendance who can identify obstetric emergencies immediately can save a lot of lives.<sup>8</sup> The lack of knowledge about coupled with reluctance of referring women during obstetric emergencies by unskilled birth attendance is not only responsible for increased perinatal deaths also causes perinatal asphyxia which affect growth and development of a child in later life.<sup>9</sup> In our country, there is a tendency to conduct delivery at home and most of the time by unskilled birth attendance which as we already discussed can lead to many complications and loss of lives of many mother and child. My study will try to give an insight about the prevailing childbirth situation in a rural setting and try to find out the reasons for preference for home delivery among the people of my village. To reduce these complications we need to know the causes for the preference of the people for home delivery by unskilled birth attendance so that we can address these problems.

## **METHODS AND MATERIALS:**

A cross sectional was conducted in rural community from January 2009 to July 2009 in the village Mohespur in Kahaloo upazilla of Bogra district in Bangladesh. Study population were 30 mothers who gave birth child in 2008. A format was developed to collect the information from the register books which included total number of deliveries and the number of deliveries conducted at hospital and at home. Study subjects were selected purposively and interviews were taken face to

face with semi structured questionnaire. Data were entered and analyzed using SPSS software 16 version.

**RESULTS:**

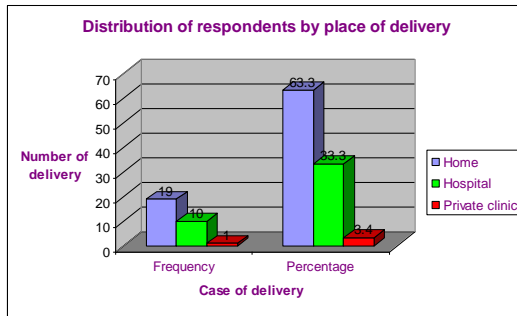
**Table 1: Socio-Demographic Characteristics of the Respondents (n=30).**

Socio-demographic characteristics	Total	
	Frequency	Percentage
<b>Maternal age</b>		
< 25 years	16	53.33%
≥25 years	14	46.60%
<b>Religion</b>		
Islam	25	83.33%
Hindu	5	16.67%
<b>Education</b>		
No formal education	8	26.67%
<Secondary School	13	43.33%
≥Secondary School	9	30%
<b>Occupation</b>		
House wife	26	86.67%
Others	4	13.34%
<b>Monthly family income</b>		
<2000 BDT	12	40%
≥2000 BDT	18	60%
<b>Total</b>		<b>100%</b>

The study found more than fifty percentage (53.33%) of the respondents were the age group of bellow 25 years of age. Maximum of them (83.33%) were Muslims and Hindu was 16.67%. Among them 26.67% was no formal education, less than secondary school certificate 43.33% and secondary school certificate and more was 30%. Cent percentage (86.67%) of them were house wife and monthly family income of the 40% respondent was less than 2000 BDT.

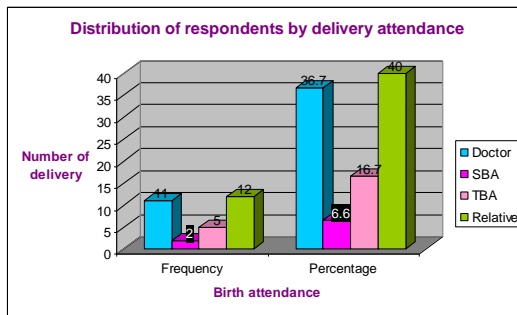
**Figure 1: Distribution of the Respondents regarding the Place of Delivery (n=30).**

The study shows most of the deliveries (63.33%) took place at home, 33.33% in hospital and only 3.33% in private clinic.



**Figure: Distribution of delivery by place.**

**Figure-2: Distribution of respondents by delivery attendance (n=30).**



**Figure: Distribution by delivery attendance**

The study revealed that most of the deliveries (56.67%) were conducted by relatives and 43.33% deliveries occurred by skilled attendance. Among them 36.67% attended by physician and 6.67% was by skilled attendances (Nurse, skilled birth attendance).

**Table 2: Distribution of respondents by reasons to conduct deliveries by unskilled birth attendance (n=30).**

Variables	Frequency	Percentage
Financial constraints	10	33.33%
Lack of transport facility	9	30%
Lack of awareness	9	30%
Fear on operation (CO)	7	23.33%
Feel better at home with TBAs & relatives	5	16.67%
Family problems	4	13.33%

❖ Multiple response

Table 2 showed for the financial problems most of the women (33.33%) who conducted delivery by unskilled birth attendance (UBA). Lack of transport facilities and lack of awareness both are equally (30%) responsible for delivery by unskilled birth attendance. Fear on operation (CO), feeling better at home with TBAs & relatives and family problems were responsible 23.33%, 16.67% and 13.33% respectively for delivery by unskilled birth attendance.

## DISCUSSION

The child and maternal mortality can reflect on the standard life expectancy. Safe delivery plays a major role to reduce the child and maternal mortality and morbidity. The study found more than fifty percentage (53.33%) of the respondents were the age group of bellow 25 years of age. Maximum of them (83.33%) were Muslims and Hindu was 16.67%. Among them 26.67% was no formal education, less than secondary school certificate 43.33% and secondary school certificate and more was 30%. Cent percentage (86.67%) of them were house wife and monthly family income of the 40% respondent was less than 2000 BDT. The study shows most of the deliveries (63.33%) took place at home, 33.33% in hospital and only 3.33% in private clinic. The study revealed that most of the deliveries (56.67%) were conducted by relatives and 43.33% deliveries

occurred by skilled attendance. Among them 36.67% attended by physician and 6.67% was by skilled attendances (Nurse, skilled birth attendance). This result differ from the another study that showed 93.6% deliveries take place at home, among them 48% by midwives and 37.1% by relatives.<sup>10</sup> Lack of transport facilities and lack of awareness both are equally (30%) responsible for delivery by unskilled birth attendance. Fear on operation (CO), feeling better at home with trained birth attendant (TBA)s & relatives and family problems were responsible 23.33%, 16.67% and 13.33% respectively for delivery by unskilled birth attendance for the financial problems most of the women (33.33%) who conducted delivery by unskilled birth.

## **CONCLUSION:**

To reduce maternal and child mortality and morbidity safe delivery practices is an absolute pre-requisite which is very much neglected in our country specially in our rural areas. The communication problems, lack of transport facility, financial constraints are our national problems. The community also should be motivated for seeking timely and proper care during deliveries with the assistance of skilled personnel.

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