Mortality Pattern of Women of Reproductive Age in Rural Bangladesh

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Objective: Analyze the causes of death of women of reproductive age in rural Bangladesh and interpret results in the light of the contraceptive prevalence rate.

Methods: Causes of death for all women dying between January 1976 and December 1990 were determined by verbal autopsy and detailed interviews in the Demographic Surveillance System in Matlab. Data on contraceptive use came from service statistics collected by the MCH-FP Project area, and from the surveys conducted in the remaining comparison area which receives normal government health care services.

Results: A total of 1,526 women aged 15 to 44 years died in the 15-year period from 1976 to 1990. Of these, 742 (49%) died in the MCH-FP Project area and 784 (51%) in the comparison area giving mortality rates of 2.3 and 2.7 per 1000 women respectively. Direct obstetric causes accounted for a diminishing proportion of all adult female deaths in both areas during this period. The most common causes of death were direct obstetric complications (including abortion), injuries, intestinal infectious diseases, and diseases of the respiratory system. Contraceptive use among married women aged 15-44 years in the MCH-FP Project area increased from 5% in 1975 to 39% in 1984 and to 57% in 1990; in the comparison area, it increased from 5% to 16% and to 27% during the same years (Fauveau 1994). Deaths possibly associated with contraceptive use (cardiovascular diseases, peptic ulcer, diseases of the genitourinary tract, and malignant neoplasms of breast and uterus) accounted for 3% of all deaths in both MCH-FP Project area and the comparison area, indicating no relationship between increased contraceptive use and these causes.

Conclusions: Adult female mortality due to direct obstetric causes and abortion has declined in the MCH-FP Project area during a time when the use of contraceptives has increased. However, there may be other factors accounting for mortality differences over time and between the two areas. Moreover, the prevalence of some diseases possibly associated with contraceptive use were similar in both areas. Further study is needed to evaluate the relationship between specific contraceptive methods and their health consequences.

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A Qualitative Study of the Problem-Solving Process in Obstetric Complications: the Gap Between Home and Hospital

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Objective: Investigate the health care-seeking process in case of obstetric complications, referring to the sequence of events prior to admission in the hospital, and assess the clients' satisfaction with hospital services.

Methods: Twenty-two subjects were selected from the list of women with serious obstetrical complications who came to the Thana Health Complex (THC) of Abhoynagar, a thana in Bangladesh with over 200,000 people. In-depth interviews were conducted within four weeks after the women left the hospital. The study period was January through September 1992.

Results: Most of the patients sought help from several types of qualified or unqualified people before going to the THC. Recourse to hospital was seen among many as the last resort after a delay ranging from few hours to seven days. The decision to go to the hospital was made mainly by the patient's relatives or by the woman herself, but it was greatly influenced by the advice of "quack" (village doctor), traditional birth attendant, or paramedic. The cost for transport, medicines, and hospital services ranged from Tk 300 to over Tk 4,500 (US$ 7.50 to 112). The vast majority of the patients had to borrow money to cover their expenses. There were mixed feelings about satisfaction with the services provided at the hospital. Reasons for satisfaction and dissatisfaction were investigated. The cost of hospital services and the behaviour of hospital staff discouraged women from going to hospital.