Mortality Pattern of Women of Reproductive Age in Rural Bangladesh

Shamim A Khan, Andres de Francisco, and J Chakraborty

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

Therese Juncker and Parveen Akhter

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.

Conclusions: Pregnancy remains a major health risk for the women in many developing countries. Deaths and sufferings can be prevented by timely referral to hospital. Women in Bangladesh rely very much on services provided by trained or untrained persons in their neighbourhood. Knowledge of the signs of emergency, requiring timely and adequate services, is lacking in the community. Cost of services and behaviour of hospital staff are also important issues that influence the decision-making process. These findings will help design interventions to reduce the delay between the onset of complications and the arrival at the hospital, and improve quality of care at the THC level.

Presence of a Daughter in the Family and Old-Age Survival of Mothers in Matlab, Bangladesh

Golam Mostafa, Santosh Chandra Sutradhar, and Mizanur Rahman

Objective: Examine if having a daughter in the household improves the survival of older women in Bangladesh.

Methods: Data for this study came from the ICDDR,B's Demographic Surveillance System (DSS) which records all vital events in Matlab, a rural area of Bangladesh. A cohort of more than 4,500 women aged 60 years and over in the 1982 DSS census of Matlab was followed up for ten years to record survival, marital status, and presence of sons and daughters in the family. The effect of these variables on survival was modelled by using discrete-time hazards regression. Independent variables, obtained from the DSS database, were included in the models as time-varying covariates.

Results: A woman with at least one son living with the family had 17% lower risk of mortality than a woman with no son present. Living with a daughter reduced the risk of mortality by about 24%. The positive effects of living with a son or daughter on old-age survival are similar for both married and widowed women. A woman who is married, household head, literate, Muslim, or who lives in the intervention area (where maternal and child health services are provided) has lower risk of mortality than a woman who is a widow, not a household head, illiterate, Hindu, or lives in the comparison area (where normal government health services are provided).

Conclusions: Previous studies have shown that Bangladeshi parents have a preference for sons, and that a widow living with her adult son has better survival chances. Research has also shown that parents desire at least one daughter. Our findings that women living with daughters have a higher survival probability provide a justification of parents' preference for having at least one daughter. Since preference for a son has a negative effect on contraceptive use, the family planning programme could use our findings to show parents that a daughter can provide the same old-age security as a son can. This may reduce preference for sons and thereby enhance the pace of fertility decline.

Prevention of Diarrhoea in Rural Bangladesh: Evaluation of an Intervention for Hygiene Behaviour Change

O Massee Bateman, Sushila Zeitlyn, Sumana Brahman*, and Raquiba A Jahan*

Objective: Evaluate the SAFE Pilot Project, an intervention to change hygiene behaviour implemented by CARE Bangladesh.

Methods: This intervention took place in rural Chittagong, southeastern Bangladesh. Priorities and interventions were developed for hygiene behaviour change based on initial quantitative and qualitative studies. Two models of