

Demographic Variables on Women's Awareness about Reproductive Healthcare: A Study on a Rural Community

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Abstract: *The present study has dealt with the rural women's awareness about some objects of reproductive healthcare like food, disease, special care, exercise and rest, medical test and check-up, delivering, breast feeding, and so on. It has assessed the impact of certain demographic variables, like age, education, income, occupation, and so on, on women's awareness in this respect. It has been found that some demographic variables exert significant impact on women's awareness about reproductive healthcare. At the same time, certain familial and social variables have some impact on women's awareness. The study reveals that with a gradual expansion of healthcare activities and social modernization the rural women's awareness about reproductive healthcare is also gradually increasing.*

Introduction:

Bangladesh has gained substantial progress in the field of health particularly women's reproductive health during the last three decades despite infant and maternal mortality rate continue to be unacceptably high compared to many other developing countries. While access to family planning is increasing, access to three other pillar of safe motherhood namely antenatal care, clean and safe delivery and essential obstetric care remain largely unfulfilled. Maternal and child mortality takes place because of a number of causes and conditions prevailing in Bangladesh. Of all, illiteracy and lack of awareness is the most significant. Not only for pregnant and delivered women but awareness should be increased among their husbands and family members also. Antenatal, prenatal and postnatal or neonatal all these three stages are almost equally important. Awareness should be increased at these three stages about food and nutritious food, exercise, medicare facilities, urine test, weight test, pregnancy related diseases and their prevention, and other factors related to pregnancy.

Despite some progress in certain areas of life, the status of women still remains low in Bangladesh. Women in Bangladesh have to continue their fight for basic rights and equal status in terms of education, healthcare specially reproductive and sexual health, labor force participation, mobility, food security, freedom from violence and the recognition and respect for their sexuality. For this purpose, awareness is very significant.

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Particularly the rural women's awareness about reproductive healthcare is so crucial that a healthy Bangladesh cannot be built up without it. Therefore, the rural women's awareness about some objects of reproductive healthcare has been investigated and analyzed in this study. At the same time, how and to what extent women's awareness about reproductive healthcare is influenced and determined by certain demographic variables has also been investigated and analyzed in the study.

Objectives of the Study:

The study has been designed to focus on the conditions of knowledge, attitude and practices of women's healthcare mainly reproductive healthcare in rural Bangladesh; and how these are influenced and determined by demographic factors of the individuals. The objectives of the study may be stated clearly in the following ways:

1. To investigate and analyze women's awareness regarding reproductive healthcare in rural Bangladesh;
2. To investigate and analyze women's attitude and belief regarding reproductive healthcare in rural Bangladesh;
3. To investigate and analyze the practices and behavior related to women's reproductive healthcare;
4. To investigate and analyze how and to what extent women's awareness about reproductive healthcare is influenced by demographic factors.

Methodology:

The data and information for this study has been collected mainly from the primary source, i.e. the research area. As the research area of the study, four typical villages named Mirertek, Diabari, Noaddar and Mohanpur of Pathlia Union under Savar Thana of Dhaka District have been selected. In the research area, we have found a total 724 mothers who have given birth of children at least once. They are the population of this research. We have randomly (following random number table method) chosen 310 samples out of the total population. In addition, we have interviewed a number of male members particularly husbands and heads of the family in order to realize males' attitude toward the matter. The chosen samples have been interviewed through a questionnaire made

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for this purpose. By nature it is a structured questionnaire with both open-ended and close-ended. But there are some unstructured and semi-structured questions. Before finalizing the questionnaire, it has been pre-tested several times.

Analysis of the Study

In Bangladesh, a total of 12,000 women, mostly from the poor segment of the population, die every year due to maternity complications including deliveries. The women are attacked by various pregnancy related diseases like pani laga, anaemia, mental sickness and eclampsia. Sometimes they even cannot identify the diseases and cannot understand their physical problems during pregnancy. Of all those diseases, pani laga, anaemia, mental sickness and eclampsia during pregnancy and after delivery are remarkable.

Most of the rural women do/cannot go to the doctor during pregnancy. They even do not know that they have been attacked by pani laga, anaemia, mental sickness and eclampsia and other diseases. These diseases have different symptoms and need modern professional medicare. But this type of medicare is hardly available in the rural areas and most of the rural women have not the capacity to avail this medicare during pregnancy. As a result, most of them refrain themselves from taking any sort of medicare, some take popular or folk medicare available in the rural areas. Understanding those diseases and patients' behavior during those diseases is important to understand women's reproductive health, awareness about reproductive health and healthcare. Women's awareness is significantly influenced and determined by one's demographic conditions. Following discussions and analyses are on these subject matters:

Food: Nutrition and More Food

Nutritious Food: Nutritious food is essential for pregnant women and their children in the womb. Same is true for delivered women. Nutritious food makes people healthy and prevents diseases. So, awareness should be grown up among pregnant of delivered women and their family members about nutritious food. Except nutritious food, pregnant women become weak and their children in the womb cannot get nutrition and cannot grow up, and various diseases can easily attack them.

Table-1: Distribution of awareness about taking nutritious food during pregnancy and after delivery by education groups

Education	Awareness		Total
	Yes	No	
Illiterate	93	62	155
Class I-V	70	12	82
Class VI-SSC	55	3	58
HSC	12	0	12
Graduate & above	3	0	3
Total	233	77	310

(Source: Field data)

In the research field, we have found that 233 (75%) respondents out of the total 310 reply that they know the necessary of taking nutritious food during pregnancy. But who are the 75% conscious respondent? What are their demographic characteristics? Following analyses deal with this question.

Mass awareness about nutritious food is gradually increasing with the development of healthcare system. Even the rural people are also becoming consciousness. In this perspective, age plays a significant role. The younger respondents are more aware about taking nutritious food than the older respondents. Therefore, awareness about nutritious food for pregnant women seems a recent phenomenon.

There is a close association with education and awareness about taking nutritious food during pregnancy. Because, educated people know more in number about the necessity of nutritious food for health. Table-1 shows that all the respondents belong to higher secondary and above passed group are aware about nutritious food during pregnancy but this figure is only 60% in the illiterate group. Husband's education also exerts significant impact in this respect as well. As an educated husband in most cases he makes his wife conscious cutting the boundary of gender differences although domestic violence is committed by intimate partner like husband.

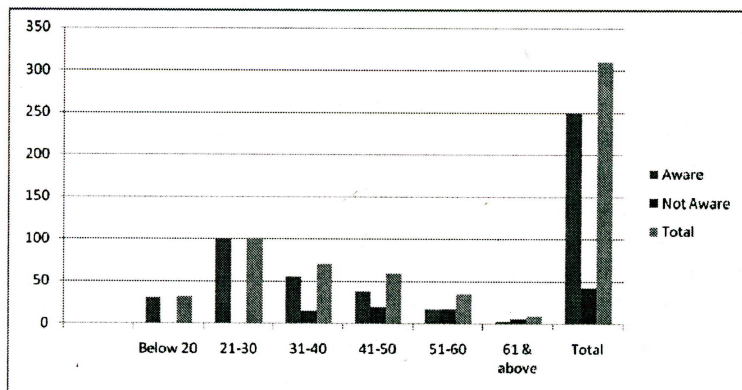
Field data demonstrates that an absolute majority respondents belong to the highest income earning groups are aware about nutritious food during pregnancy. On the other hand, the respondents of lower income group are less conscious about it. Therefore, the higher is the level of husband's income, the higher is the level of awareness about taking nutritious food during pregnancy. Notable that poverty is the main obstacle to healthcare in LDCs. Data also shows that self-income has no visible impact in this

respect; because self-income is hardly used for a woman's own purpose, which would make her aware. In fact, women in the rural society has no control over their respective own income.

Data shows that women who have only one child are more aware about taking nutritious food during pregnancy whereas the women who have 6 or more children are less awareness about it. So, data shows that higher is the number of children, lower is the level of awareness about taking nutritious food during pregnancy. Of course, the women who have lower number of children belong to low-aged and higher education groups that make them more aware about food and health. Similarly, the women who gave birth children after 2000 are more aware about taking nutritious food during pregnancy. This group consists of younger and more educated respondents. Therefore, awareness about nutritious food is a recent phenomenon.

Taking More Food during Pregnancy: During pregnancy, a woman needs more food than normal time and even she needs more food after delivery. A pregnant mother is to feed her wombed baby from her own food. Similarly, after delivery she needs more food for her newborn baby because of breast feeding. Therefore, awareness about taking more food during both periods is required. Graph-1 shows that 249 respondents out of a total 310 are aware about it, and only 20% are not aware.

Graph-1: Distribution of awareness about taking food during pregnancy by age groups



(Source: Field data)

Age is a factor in awareness building about taking more food during pregnancy. The younger respondents are more conscious about more food during pregnancy. On the other hand, old aged women are less aware about it. They are superstitious. They think that taking more food at that period would make the baby of womb big in size. As a result, delivery would be more painful. Similar responses have been found from illiterate women. Like respondent's education, data on husband's education also shows the same results. So, education of both respondents and their husbands has positive relation with awareness.

The nature of profession has partial impact on awareness building about taking more food during pregnancy. But in this respect, which we call modern professions are not so different from traditional ones. In addition, the people of both the professions live in the same region and hold almost same culture. As a result, profession exerts insignificant impact on one's awareness in this respect.

The wives of the husbands who earn the highest money are more aware about taking more food during pregnancy than normal. All the respondents belong to highest income group are aware about it. So, higher income has positive relation with awareness in this respect. This is feasible as well because money can be used in purchasing all the ways of awareness building. In this respect, we have examined the significance of number of children gave birth as well as the year of last childbirth. Examining the data we may reach to a conclusion that younger generation is more aware about it.

Taking More Food after Delivery: During pregnancy more food is required than normal time. But it is also necessary to take more food than normal after delivery; because after delivery till six months a baby takes only the food which comes from the body of its mother. Breast feeding is very useful for health both mother and child. Because by breast feeding both mother and child can prevent many diseases and can make them healthy. So taking more food than normal after delivery is necessary for all mothers. It is a positive sign in the reproductive healthcare in rural Bangladesh that 249 respondents (80%) out of a total 310 are aware about taking more food after delivery.

Data demonstrates that all the respondents age below 30 years are more conscious about the necessity of taking more food after delivery. On the other hand, old aged women are less conscious in this regard. Similar impact of education has been explored. We have found that the higher is

the level of education, the higher is the level of awareness. Judging the impact of income, same conclusion can be drawn. On the same way, the respondents who are employed in modern professions have less number of children, given birth of child in recent time is more conscious about the necessity of more food after delivery.

An interesting point is to note here that male respondents normally do not realize the necessity of more food at that time. Rather they think that it is very unnecessary to put emphasis on post-delivery food. At the same time, gender and cost-benefit analysis of healthcare services are important consideration in this respect.⁸ Bakth Mia (66), head of his family, narrates about the post-delivery food of his daughter-in-law in the following way:

My daughter-in-law has given birth of a female child. We have named her China (not wanted). Earlier, she has given birth three more female children. No female children were desired to us. So, how can she deserve more food than normal? Rather she should take less food.

Pani Laga

Pani laga is very common disease of a pregnant woman in rural Bangladesh. It attacks pregnant women usually in their seven months period of pregnancy. This disease is known to most of the respondents (75%). But who are the respondents who know about this disease and who are the respondents who do not know about this common disease are two pertinent questions. In answering these questions, focus has been given on gender and poverty dimensions apart from demographic factors.

Age plays a little role in awareness about pani laga disease. This is a common disease in present Bangladesh and historically it was always present in rural Bangladesh. Respondents of all age groups are almost equally aware of the disease. It may be good news for health planners and workers that 75% respondents are aware of the disease whatever measures they take against the disease are different questions.

Table- 2: Distribution of awareness about pani laga by age groups

Age	Opinion		Total
	Yes	No	
Below 20	23	9	32
21-30	87	15	102
31-40	57	14	71
41-50	36	23	59
51-60	23	13	36
61 & above	7	3	10
Total	233	77	310

(Source: Field data)

Data demonstrates that the level of education of both respondents and their husbands positively correlate with awareness about pani laga disease. But it is very indigenous disease and knowing about it does not depend heavily on education. Rather it has been found that old aged rural women are more familiar with pani laga disease than younger educated women. The rural women can easily identified pani laga and many of them believe that pani laga disease is caused by the position of the moon and tide of rivers.

We have examined all other socio-demographic variables which may have association with awareness in this respect, but found very little positive relation of those variables. Particularly, gender difference, poverty condition and family income have no relation with awareness building about pani laga disease. We have found that all the respondents are almost equally aware of this disease and no factor creates serious variation in this perspective.

Awareness about Causes of Pani Laga: Pani laga is a common disease which affects women during their seven months of pregnancy and most of the rural women suffer from this diseases. But most of them do not know the causes of pani laga. Rural women are mostly engaged in superstitions and they analyze the causes of pani laga from that point of view. It has been found that majority respondents are aware about pani laga but only a very few respondents know the causes of it. It is usual that given the realities in rural Bangladesh a few women should have knowledge of medical science. But who are those respondents who know the causes of pani laga.

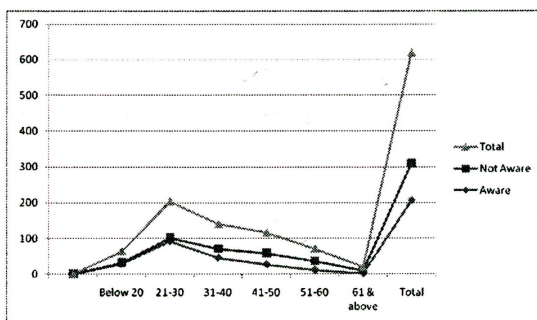
The respondents of young aged groups (20-30 and 30-40) more in number know the causes of pani laga. But this figure is lower in the old aged groups. Similarly, all the respondents of higher education are aware about the cause of pani laga whereas the rate is very low among the respondents who have no formal education. Husband's education also plays positive role in this respect. Therefore, the higher is the level of education, the higher is the level of awareness about the causes of pani laga. Almost in the same way, we have examined the impact of other variables including poverty condition or family income but found a very little relation.

It seems that education is the main element of making one understandable about the causes of pani laga. The other side of this disease is the negative and negligence attitude of male members. Most of the male members think that pani laga is not a harmful disease. Even they do not intend to define it as a disease.

Exercise and Rest

For a pregnant woman more and nutritious food, medicare facilities, special care, especially regular exercise and rest is essential. During pregnancy, doctors prescribe for necessary exercises and enough rest for pregnant women. Because exercise makes the woman free from many physical complications during pregnancy and rest helps her child in the womb to grow properly. Rest is particularly important for the rural pregnant woman. Most of the rural women work whole day and take heavy workload even during pregnancy which is very risky and it should be avoided.

Graph-2: Distribution of awareness about the necessity of exercise during pregnancy by age groups



(Source: Field data)

Awareness about the necessity of exercise and rest for good health is gradually increasing with the development of health consciousness. Same can be said about pregnancy related exercise and rest. Data shows that most of the respondents (66%) are aware about the necessity of taking rest during that time. But what are the socio-economic and demographic backgrounds of the respondents who are aware about it?

Data demonstrates that almost all respondents of below 30 years are aware about the necessity of exercise and rest during pregnancy. On the other hand, this rate is very low among the respondents of 60+ age group. Old women lacked many necessary media to be conscious about it which are available in recent years. Similarly all the respondents belong to higher education groups are aware about the necessity of exercise and rest. In this respect, husband's education also plays positive roles. So, education has very positive relation with such awareness.

The woman of the highest income group is more aware about the necessity of exercise and rest during pregnancy. On the other hand, this rate is very low among the women of the poorest income group. So, family income has a very positive relation with the awareness about the necessity of exercise and rest during pregnancy. It is very plausible that higher income earners have easy access to mass media as well as information about physical exercise. Similarly, we have examined the impact of other socio-demographic variables on awareness in this respect but have found a little significance.

Special Care

Joint families are common in rural Bangladesh and kinship ties are also somewhat binding. The tendency to form nuclear families is also growing as a result of increasing landlessness and individualistic economy. Women of nuclear families are found enjoy more independent status both in family and society. Among the landholding households, there is tendency for young couples not to form their own households immediate after marriage because joint property binds them together. When a woman comes to her husband's family she enjoys negligible power and influence. It is the elderly women who have gained power through handing sons and acquiring experience in family as mothers; now exercise control over the young wives. This woman is popularly known as ginni. The structure of the household and the cohesive social network are designed in such a manner that the power of women depends on age, pattern of marriage and the level of education.

During pregnancy, like many other necessary components special care is very necessary. Awareness should be increased among women, their family members and their husbands about special care during pregnancy. Special care is necessary for both the women and the children in the womb; because pregnancy is so complex period for women that any disease or complexity both physical and mental can easily attack the women. So, awareness of all concern about special care is necessary at that time. Data demonstrates that an absolute majority respondent is aware about special care during pregnancy. But who are these respondents? Generally, these respondents are young, educated and belong to higher income groups.

Most of the women below 30 years are aware about special care during pregnancy whereas this figure is lower (68%) among the women of 60+ age group. So, younger respondents are more aware about special care. Education, modern health facilities, TV, newspapers and other media have made the younger respondents more aware which the older women seriously lacked. Similarly, respondent's education as well as husband's education plays significant roles in building awareness about special care during pregnancy. We have examined the impact of other demographic variables on awareness about this matter and found very partial significance.

Poverty conditions have very significant impact on awareness building about health. Data shows that an absolute majority respondent who belongs to the highest income earner group is aware about special care during pregnancy. So, husbands' income plays significant role in this respect. On the other hand, the respondents belong to poor families are very marginal from health awareness point of view.

Helping Role of Husband

During pregnancy, a husband can play the most important helping role since he is the closest person who lives together with his pregnant wife. In addition, there are some internal matters that cannot be disclosed other than to husband. Every pregnant woman as well as her husband should know this role. Data shows that huge majority respondents are aware of this role. It seems that husband's roles in household affairs are gradually increasing. Particularly younger generations are more aware of this role. But in nuclear and single family this role is mostly observed. Younger couples or newly married couples are much aware about it than the older. Old women can hardly expect husbands' roles in this respect.

Educated women are more aware about the helping role of husband during pregnancy. In contrast, this rate of awareness is very among the illiterate women. Based on the discussion with a number of couples it reveals that educated couples are more cooperative to each other than illiterate couples. Since educated makes one more dutiful toward his her family affairs. So educated has a strong relationship with awareness about family affairs including responsibilities towards a pregnant women.

Anemia

Anemia is a serious disease that may be a cause of death of a pregnant woman. Therefore, both the pregnant woman and her family members should have awareness about this disease. Lack of nutritious food and lack of adequate food are the main causes of anemia. But most of the women do not know about these and suffer from anemia.

Awareness about Anemia: Following data demonstrates that 181 (58%) respondents out of a total 310 are aware about anemia disease. But who are they? The respondents of lower age group have much awareness about anemia during pregnancy. This rate is very low among the respondents who are 60 or more year's ages. So, the higher is the level of respondent's age, the lower is the level of awareness about anemia.

Table-3: Distribution of awareness about anemia during pregnancy by education groups

Education	Opinion		Total
	Yes	No	
Illiterate	72	83	155
Class I-V	50	32	82
Class VI-SSC	44	14	58
HSC	12	0	12
Graduate & above	3	0	3
Total	181	129	310

(Source: Field data)

Table-3 demonstrates that all the respondents of higher education groups are aware about anemia during pregnancy. But the rate is only 46% among the respondents who are illiterate. Data also demonstrates that husband's education has also positive impact on awareness building about anemia. On the other hand, the rate is low among the wives of illiterate

husbands. Therefore, education exerts significant impact on awareness about anemia.

All the respondents employed in services and businesses are aware about anemia. But this figure is low among the respondents employed in household. Modern professions like service and business help increase awareness about health. So, very positive relation is visible here. Wives of the husbands employed in service wives of the husbands employed in business and wives of the husband employed in self-employment are more aware about anemia during pregnancy. So, positive relation between the two variables is visible here.

Data shows that the wives of highest income earner husbands are more aware about anemia during pregnancy and the rate is very low among the wives of lowest income earner husbands. So, very positive relation is visible between husband's incomes of the respondents as well. Therefore, the higher is the level of poverty the lower is the level of awareness about anemia.

Data shows that the respondents who have only one child are more aware about anemia during pregnancy and its rate is very low among the respondents who have six or more children. So, partial positive relation is visible here. The respondents who have given birth children after 2000 are aware about it and this rate is low among the respondents who have given birth children before 1970. So, positive relation is visible between the year of last childbirth groups and awareness about anemia during pregnancy. Therefore, it seems that awareness about anemia is almost a recent phenomenon.

Awareness about the Causes of Anemia: Anemia is a disease related with blood. Lack of adequate blood is the main cause of anemia. This disease can attack a pregnant woman at any time during her pregnancy. In rural Bangladesh, frequent maternal and infant mortality occur due to anemia. That is why, a pregnant woman should know the causes of anemia so that preventive measures can be taken. Otherwise such a dangerous disease may threaten her life as well as her child's life.

The field data shows that about the fourth respondents of the total know the causes of anemia. But the important matter is who are these respondents and what are their socio-demographic characteristics? At the same time, rest of the respondents can also be identified from demographic points of view.

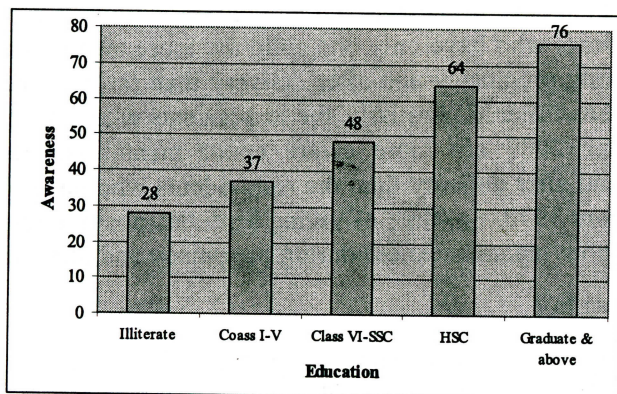
Data shows that younger respondents more in number know about the causes of anemia but the rate is very low among the respondents who belong to 60+ age groups. So, age has positive relation with knowing about the causes of anemia. Similarly, most of the respondents of higher education groups know about the causes of anemia but this rate is very low among the illiterate respondents. Therefore, respondent's education has very positive relation with knowing about the causes of anemia. In the same manner, husbands' education has also significant relation with knowing about the causes of anemia.

All the respondents of higher income earner groups know about the causes of anemia but this rate is very low among the poorest income earner respondents. The wives of highest income earner husbands know more in number about the causes of anemia than the wives of lowest income earner ones. So, a woman's own income as well as husbands income has partial positive relation with knowing about the causes of anemia. Similarly, we have examined the impact of other factors in this respect.

Mental Sickness

Mental sickness or morbidity of a pregnant is one kind of disease though most of the time it is ignored in Bangladesh mainly in the rural areas where patriarchy is a dominant feature of the society. Mental sickness can affect a woman during pregnancy and after delivery and family. Rural women mostly and their family members as well do not know the basic problems and diseases. Previous studies also demonstrate that they cannot identify some mental problem, during pregnancy and after delivery as mental sickness.⁹ Mental sickness should be identified with importance; because it creates many physio-psychological problems and complications. So, women and their family members should be careful about it.

Graph-3: Distribution of awareness about mental sickness during and after delivery by education groups (in %)



(Source: Field data)

In the research field, 173 (56%) respondents have been found who are aware about mental sickness during and after pregnancy. Rest of the respondents are not aware of this disease. But who are these respondents aware about it? What are their socio-demographic characteristics?

Field data shows that most of the respondents of below 30 years age are aware about mental sickness during pregnancy and after delivery; but this rate is low among the respondents of 60+ age groups. So, age has partial relation with this awareness. Graph-3 focus that the respondents of higher education groups are more aware about mental sickness but this figure is lower among the illiterate respondents. Similar results have been found in the case husband's education groups. So, education of both respondents and their husbands has positive relation with awareness about mental sickness.

Data shows that most of the respondents employed in service and business are aware about mental sickness. But the rate is low among housewives. Almost similar results have been found in the case of husband's employment. So, modern professions of both respondents and their husbands have positive relation with awareness about mental sickness.

Data demonstrates that most of the wives of highest income earner husbands are aware about mental sickness but the rate is very low among the wives of lowest income earner husbands. All the respondents of the highest income earner group are more aware about it than the respondents

of lower income groups. So, both self-income and husband's incomes have positive relation with this awareness.

Positive relation has also been found in number of children birth groups. The respondents who have only one child are more aware about mental sickness during pregnancy and after delivery than the respondents who have 6 or more children. Similarly, the respondents who have given birth children after 2000 are more aware about mental sickness during pregnancy and after delivery than the respondents who have given birth children before 1970. So, time of giving birth has positive relation with awareness about mental sickness during pregnancy and after delivery.

Weight Checking

Like other important healthcare, weight checking is also significant during pregnancy. Doctors advise pregnant women to check weight in every month during their pregnancy. By checking weight, the health condition of both mother and child can be understood and measures can be taken accordingly. So, weight checking has importance, and pregnant women and their family members should be aware about it. Data shows that 62% respondents are aware about checking weight during pregnancy. Who are these respondents? What is their demographic characteristic?

Table-4: Distribution of awareness about measuring weight during pregnancy by year of last child birth groups

Year of last child birth	Awareness		Total
	Yes	No	
Before 1960	0	3	3
1961-1970	1	4	5
1971-1980	4	13	22
1981-1990	23	44	67
1991-2000	43	30	73
2001 and above	122	18	140
Total	193	117	310

(Source: Field data)

Data shows that most of the respondents of below 20 years age group aware about checking weight during pregnancy. But this rate is very low among the respondents of 60+ aged group. So there is very close relation between age and awareness about checking weight during pregnancy. It reveals that awareness about checking weight is a recent phenomenon. Similarly, all the respondents of higher education groups are aware about checking weight. But the rate is very low among the illiterate respondents. So, a strong relation exists between education and awareness about it.

The wives of educated husbands are more aware about checking weight during pregnancy. But the rate is significantly lower among the wives of illiterate husbands. The respondents of highest income earner group are more aware about checking weight during pregnancy but this rate is very low among the lowest income earner respondents group. So, one's self-income and family income are closely associated with awareness about it.

We have assessed the impact of other socio-demographic variables on awareness about weight checking. We have found that age, education, profession, income, number of children, year of last child birth and attitude of male members all have positive relation with awareness about checking weight during pregnancy.

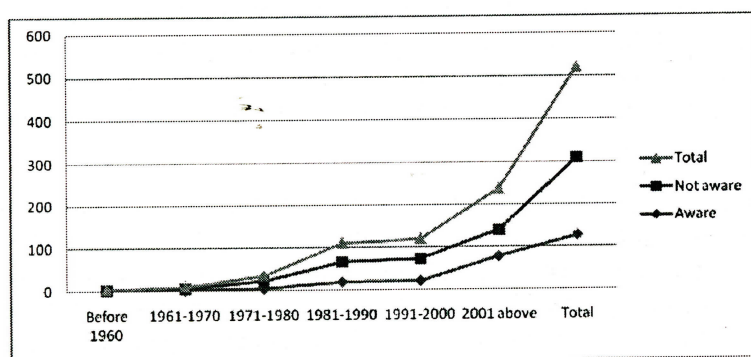
Damage of Child

Damage of child can occur in many ways during pregnancy. Intentionally and unintentionally damage of child can occur in the womb. Damage of child is called abortion. Because of malnutrition, anemia, sudden accident, disease, older age of women and other causes abortion may take place. We know generally that from the very starting point of pregnancy a woman's menstrual period is stopped automatically but after pregnancy blood can come out through vagina and this is the symptoms of abortion and it is called threatened abortion. But the rural women and also the urban women sometimes cannot understand this on time and as a result abortion happens easily. By this threatened abortion, sometimes blood flows heavily and pregnant women may die. So, pregnant women and their family members should be aware about the damage of child and its causes.

Damage of child during pregnancy is much known to the rural women of Bangladesh. But how many respondents are aware about it? How many respondents know the causes of it? This part will deal with such pertinent

questions. At the same time, the respondents' socio-demographic and gender dimensions will be highlighted in order for its intensive analysis.

Graph-4: Distribution of awareness about the causes of damage of child during pregnancy by year of last child birth groups



(Source: Field data)

Young respondents more in number are aware about the damage of child during pregnancy. They also know more in number about the causes of such damage. On the other hand, older women are less aware about the problem and they know less in number about the causes of such damage.

Impact of education on this respect is very crucial. Educated respondents are more aware about the damage of child. They also know the causes of such damage. On the other hand, illiterate women are very less aware about this problem and its causes. Husband's education in this respect has also positive impact. So, education of both husbands and wives has very positive relation with awareness about it.

We have examined the impact of profession on awareness of both wife and husband, family as well as personal income, number of children, year of last child birth, and so on. From the data and information, we have got impression that most of the women know about the damage of child as they have seen it in their everyday life, but they don't take the matter seriously. As the pregnant person is a woman who cannot get equal treatment with men in all spheres of life and the other one is an infant child who is not always desired (female is not desired) by this patriarchic system. As a result, damage of child in pregnancy is given little attention.

Urine Test

During pregnancy, urine test is essential. By this test, pregnancy can be confirmed, health condition and disease of both mother and child can be understood and necessary measures can be taken accordingly. Awareness about the essentiality of urine test is gradually growing with the development of modern medicare system. When a woman thinks herself as conceived, she consults with a doctor, and at first the doctor prescribes to test her urine to be confirmed about her pregnancy. So, urine test is necessary and women and their family members should be aware about it. It has been found in our research area that 203 (65%) respondents out of the total 310 are aware about the essentiality of urine test.

Table- 5: Distribution of awareness about the essentiality of urine test during pregnancy by age groups

Age	Opinion		Total
	Yes	No	
Below 20	30	2	32
21-30	98	4	102
31-40	47	24	71
41-50	18	41	59
51-60	10	26	36
61 and above	0	10	10
Total	203	107	310

(Source: Field data)

Awareness about the essentiality of urine test should be built up among pregnant women and their family members. Data shows that 94% respondents below 20 years are aware about the essentiality of urine test during pregnancy but this figure is zero among the respondents of 61 years and above age group very positive relation between age and awareness about the essentiality of urine test. In addition to age, we have examined the impact of number of children and time of pregnancy. All these factors lead us to conclude that urine test is a recent phenomenon.

All the educated respondents are found aware about the essentiality of urine test during pregnancy. But this rate is very low among illiterate respondents. Some facts have been observed in husband's education groups. All the wives of the husbands of high school passed and also

higher secondary passed are aware about the essentiality of urine test. But this figure is low among the wives of illiterate husband. So, education of both the respondents and their husbands has significant positive relation with this awareness.

We have found that the respondents engaged in service and business is more aware about the essentiality of urine test. But the rate is low among the wives of the husbands employed in peasantry. So, both respondent's and their husband's professions have positive effect on awareness building. Because the people employed in modern professions like service and business are more conscious than the people employed in traditional professions like peasantry and householding.

It has been found that most of the wives of the highest income earners group are aware about the essentiality of urine test. But the rate is very low among the wives of lowest income earner husbands. Similarly, a wife's income has also positive relation in this respect. So, both respondent's and their husband's income has positive relation with awareness about it. Therefore, the higher is the level of income, the higher is the level of awareness about the essentiality of urine test during pregnancy.

Delivery

Delivery or prenatal stage is the most dangerous stage of reproduction. Risk of death at this stage is very high. In Bangladesh, because of high blood flowing, birth reproductive materials of midwives, untrained midwives, lengthy delivery pain or labor pain, and so on, every year thousands of women die during delivery. Therefore, delivery should be done by an expert doctor/nurse/ midwife. But rural Bangladesh lacks these type of skilled and experienced persons. As a result, delivery related death rate is higher in the rural areas than urban. Therefore, pregnant women and their family members should be aware of these matters. Field data demonstrates that 262 (84%) respondents are aware about delivery should be done by trained midwives, nurse and doctors. It is a good sign that huge majority pregnant women have been aware about such a dangerous stage of reproduction.

Table-6: Distribution of awareness about delivery should be done by skilled and experienced persons by education groups

Education	Opinion		Total
	Yes	No	
Illiterate	116	39	155
Class I-V	77	5	82
Class VI – SSC	54	4	58
HSC	12	0	12
Graduate and above	3	0	3
Total	262	48	310

(Source: Field data)

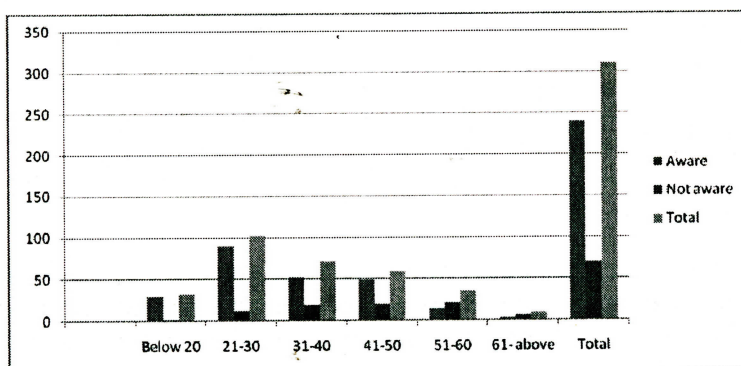
Most of the respondents of below 30 years age are aware about delivery should be done by skilled and experienced persons and the rate is very low among the respondents of 60 years or more old. So, age has a positive relation here. Since young women than old women are more aware about delivery because of the access of medical services to the rural people since last few couple of decades. Such awareness is determined by one's level of education to a great extent. Table-6 shows that the higher is the level of education, the higher is the level of awareness in this respect. The wives of higher educated husbands are also more aware about these matters. Therefore, education of both respondents and their husbands has significant positive relation with awareness about delivery should be done by trained persons. On this regard, we have examined all other factors those may have impact on awareness building. But we have found that all these factors other than family income have no visible relation in the respect.

Breast Feeding

For public health, the government, NGOs and other organizations circulate various advertisements in favor of breast feeding. As it is good for health both for mother and newborn baby. They circulate these types of advertisement: Meyer dudher kono bikolpo nei (there is no alternative to breast feeding), Apner shishuke buker dudh din (ensure breast feeding to your child). As a result, awareness has grown among the rural women about breast feeding. Now, the rural women know about the necessity of breast feeding. Field data shows that about 77% of the total respondents know the usefulness of breast feeding and they do it. Though breast feeding is the first and only food for newborn baby till its six months, awareness should be grown up about the usefulness of breast feeding. But

few women ignore this because of fear about their own health. They do not know that breast feeding is good for mother health as well.

Graph-5: Distribution of awareness about the usefulness of breast feeding for both newborn baby and mother by age groups



(Source: Field data)

Data shows that 94% respondents of 20 years and below age are aware about the usefulness of breast feeding for both newborn baby and mother. But this figure only 40% among respondents of 60+ age group. So, significant positive relation exists between lower age and higher awareness about breast feeding. Similarly, education of both respondents and their husbands has positive impact in this respect. But awareness about it does not depend on merely education rather all women irrespective of their levels of education can get the message about it through popular mass media.

Like education, profession of both respondents and their husbands has also little relation with awareness about breast feeding. Rather all women irrespective of the nature of profession employed in can get the message about it through radio, television and pictogram. Family income has also impact in this respect. Data demonstrates that the wives of highest income earner husbands are more aware about breast feeding. All the respondents of highest income earner group are aware about it and this rate is low among the respondents of the lower income groups. The highest income groups can consume more mass media that makes them aware about their health.

Huge majority respondents who have only one child are more aware about breast feeding than the respondents who have six or more children. In this respect, positive relation is observed between awareness and number of children. Older women are accustomed to breast feeding traditionally, but they do not know the usefulness about it. Therefore, breast feeding always does not indicate awareness about it. Similarly, the respondents who have given birth children after 2000 are more aware about breast feeding than the respondents who have given birth children before 1960. Therefore, it seems that awareness about breast feeding is a recent phenomenon.

Findings of the Study:

The study concludes that demographic characteristics exert significant impact on women's awareness about reproductive healthcare. Findings of the study in particular cases may be illustrated in the following ways:

1. Age exerts significant impact on women's awareness about reproductive health and healthcare. The respondents belong to lower age groups are more aware about reproductive healthcare than old aged women.
2. The study reveals that educated women are more aware about reproductive healthcare than uneducated and/or less educated ones.
3. The respondents belong to rich family are more aware about reproductive healthcare than poor ones. In reality, a poor family cannot avail of nutritious food and medicare facilities which are essential for a good reproductive healthcare.
4. Occupations also correlate with awareness about reproductive healthcare. The respondents employed in modern occupations like service and business are more aware than the respondents employed in traditional occupation like household.
5. The study explores that not only the demographic characteristics of women rather of their husbands exert impact on women's awareness about reproductive healthcare. Impacts on dependent women are more serious than self-reliant ones.
6. The study tends to conclude that women's awareness about reproductive healthcare in the rural areas is gradually increasing with social modernization and progress.

Conclusion:

Demographic approach to dealing with women's awareness about reproductive healthcare seems very useful. It explores the determinants of women's awareness about healthcare. It reveals from the analysis that age, education, income, profession play significant roles in shaping ones awareness. It is usual that education makes one conscious in many ways and makes room to be conscious about ones surroundings including reproductive healthcare. Similarly, higher income and modern profession make one conscious in many ways. Of course, higher education, higher income and modern profession in most cases coincide. As the rural women are heavily influenced and in many cases they are controlled by their respective family members particularly husbands, as a result, women's awareness is also influenced by their husbands' demographic characteristics. Data demonstrates that the demographic characteristics of the rural women are not very conducive to be aware of reproductive healthcare. In particular, illiterate, old aged and poor women are more backward and less conscious. Despite the facts, a significant trend has been observed that with the expansion of modern medicare system, education, mass media and modern employment opportunities awareness situation among the rural women is gradually improving. As a result, women's reproductive healthcare condition to a great extent has been a better position reducing maternal and infant mortality rate to a significant number and expanding healthcare facilities for rural mothers and newborn babies.

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The research area has been selected purposively. Although the selected villages are located in Savar, a peri-urban, but they possess the characteristics of the rural community from almost all considerations.