

# Bangladesh Sociological Studies

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### ARTICLES

Do Female University Students Use Burkha Only to Maintain Purdah?  
A Case Study of Burkha User Students of Rajshahi University

*Nilufar Sultana*  
*Wardatul Akmam*  
*Md. Fakrul Islam*

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of the Women in Rural Bangladesh

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Social Aspects of Water Management Engineering  
with Particular Reference to Bangladesh

*Khurshed Alam*



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## Postpartum Complications and Care Seeking Behavior of the Women in Rural Bangladesh

Md. Abdul Jabbar\*

*Although women play multiple roles in family and society, their reproductive health status is vulnerable in rural Bangladesh. Studies have showed that a large number of Bangladeshi women suffer from different postpartum complications. This is a serious threat to maternal health as these complications may even lead to maternal death if not treated properly. Studies focused on nature, causes and consequences of postpartum complications are available. However, care seeking behavior of the rural Bangladeshi women facing postpartum complications has seldom studied. This article focused on extent of care seeking behavior and identified key factors affecting care seeking behavior of rural Bangladeshi women. Data were collected from 196 Bangladeshi mothers faced postpartum complications. It is found that a considerable proportion of women are not seeking care during postpartum complications risking their life. Factors like education, occupation, ownership of land and nutritional status of the women were found significant in terms of care seeking behavior during postpartum complications. As care seeking against postpartum complications is vital for maternal health, it is recommended that rural Bangladeshi mothers should be motivated to seek care in case of postpartum complications and necessary medical care for the purpose should be ensured.*

### Introduction

Postpartum complication is a vital component of maternal health. Hence, postpartum complication is treated as an important issue in both developed and developing countries of the world. Postpartum period is considered up to 6 weeks after childbirth - a period vulnerable to health hazards (WHO 2004, Ronstman *et al.* 2001). During this period some complications like hemorrhage, puerperal sepsis, urinary infection, acute prolapsed of the cervix and puerperal psychiatric sickness arise due to vulnerable physical condition more prone to infections and so on (Islam 2003). Soon after delivery, many women feel slightly depressed, scared and experience mood swings. Besides, irritability, difficulty in sleeping, feeling of uncertainty and loneliness are some other problems that the women sometimes go through during the postpartum period. Postpartum

complications are important causes of morbidity among postpartum women in developing countries (Silva 2004). Every year, at global level, some eight million women suffer pregnancy related complications and over half a million die, 99 per cent of them in developing countries (WHO 2004). Postpartum complications could have a profound impact on the well-being of a mother, a new born infant and a family in general. Among the postpartum complications, hemorrhage remains a potentially life-threatening complication of both vaginal and cesarean delivery (Wainscott 2006). Nearly 50 per cent death in Indonesia and over 30 per cent of maternal deaths in India are caused by postpartum hemorrhage (Islam 2000).

Without access to modern medical institutions and non-availability of trained health care providers, women do not receive proper treatment and management advices during postpartum complications in Bangladesh (Akhter *et al.* 2001). Only 9.3 per cent of the births in Bangladesh occur at health centers. The other 90.7 per cent occur at home by female relatives, indigenous midwives and untrained traditional birth attendants (NIPORT, 2005). Probably, for this reason, postpartum complications are increasing at an alarming rate in rural Bangladesh. Available data indicate that currently 33.7 per cent of the women experience postpartum complications in Bangladesh (NIPORT 2005). Akhter, Chowdhury and Sen (1996) found that among all of their 6,493 respondents, 17.5 per cent reported excessive bleeding, 1.5 per cent of the women reported fits or convulsion, 16.6 per cent reported fever having more than 3 days, 4.5 per cent reported shock or loss of consciousness and 10.3 per cent of the women reported foul discharge. Among other complications, prevalence of lower abdominal pain was reported by 49 per cent women. NIPORT (2003) showed that the most commonly reported complication was one or more symptoms of pre-eclampsia, (41 per cent) followed by mal presentation or prolonged/ obstructed labor (22 per cent). Excessive vaginal bleeding is 10 per cent. Among reported complications, almost one-half (46 per cent) were perceived as potentially life threatening, with this proportion ranging from 75 per cent for retained placenta to 55 per cent for excessive vaginal bleeding to 31 per cent for symptoms of pre-eclampsia.

NIPORT (2005) mentioned that the most common postpartum complication was prolonged labor of over 12 hours, associated with one in six live births. For 11 per cent of the births, the mothers experienced excessive bleeding and 3 per cent had convulsions. Two other problems, high fever with foul discharge and baby's hands or feet coming first, were reported for 5 per cent and 1 per cent of births respectively. Akhter *et al.* (2001) mentioned that women's understanding on the ways of child birth affect a mother's health and of wear and tear they suffer from included profuse bleeding reported by one-third, weakness and anemia

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(29 per cent), perineal tear (8 per cent), prolapsed (7 per cent), tetanus, other infections(4.1 per cent). These types of complications inevitably create high rate of maternal morbidities and mortality in Bangladesh.

Postpartum complications may be reduced through minimizing the factors contributing to it. However, it might be a lengthy process. Immediately, it is important that the women having postpartum complications seek appropriate medical care. However, caused by social stigma and social and cultural adverse conditions along with acute poverty a significant proportion of women having postpartum complications do not seek care from appropriate places. This is disastrous and contributing to high maternal mortality and other maternal complications. Available studies on maternal health did not focus on the affecting factors of care seeking behavior of the women who experienced postpartum complications which is very important to reduce maternal mortality and to improve the child and maternal health. This article mainly focused on care seeking behavior of the rural Bangladeshi mothers and identifies the major factors that influence their care seeking behavior against postpartum complications.

### Methods and Materials

Data were collected using survey method from three purposively selected villages of *Kataroa Upazila* under *Sathkira* district of Bangladesh. To construct a sampling frame, first, a household survey was conducted to identify the women who had a live birth during last five years and experienced, at least, one complication during postpartum period (determined through asking them). 1074 such women were found in the three study villages. From the list of these 1074 women, 196 women were selected as sample using simple random method. It may be mentioned here that 196 is the required sample size, allowing an error tolerance of 0.05 at 95 per cent level of confidence (Cole, 1980). Data were collected through face to face interviews by the researcher himself using a questionnaire containing both open-ended and close-ended items during January to April 2008.

### Results and Discussion

#### Socio-economic and Demographic Background of the Respondents

##### Age

In consideration of the reproductive span of the women (15-45 years) the women included in this study belonged to the middle range of their

reproductive span as more than 80 per cent of them aged between 20-34 years with an average age of 27.97 years (Table-1).

##### Education

Education is likely to contribute positively to reproductive behavior of the women as it creates health consciousness and hence reduces the postpartum complications. Most (62.2 per cent) of the respondents of this study were illiterate. Rest 18.4 per cent of the women had 1 to 5 years of schooling and only 9.7 per cent had 10 to 12 years of schooling. The average year of schooling is 2.3 Years (Table-1).

**Table 1.** Background Information of the Respondents

Variable	Category	Percentage	Average
Age (Years)	15-19	6.1	27.97
	20-24	26.0	
	25-29	24.0	
	30-34	30.1	
	35-39	13.8	
Education (Years of Schooling)	0	62.2	2.3
	1-5	18.4	
	6-9	9.7	
	10-12	9.7	
Occupation	Housewives	82.1	-
	Self-employed	13.8	
	Teaching	4.1	
Ownership of Land	Yes	82.1	-
	No	17.9	
Age at First Marriage (Years)	10-13	8.2	16.83
	14-17	56.6	
	18-21	29.1	
	22-25	6.1	
Fertility (Number of Children Born)	One Child	4.1	3.4
	Two Children	16.3	
	Three Children	29.6	
	Four Children	38.8	
	Five Children	8.2	
	Six Children	3.1	
Contraceptive Use	Yes	52.6	-
	No	47.4	
Nutritional Status	Third Degree Malnutrition	4.1	-
	Second Degree Malnutrition	11.7	
	First Degree Malnutrition	28.1	
	Normal	47.9	
	Obese	8.2	
	Place of Delivery	At Home	
Hospitals/Clinics	6.1		

**Table 1. (Continued)**

Types of Care during Pregnancy	Regular	9.2	
	Irregular	16.8	
	Not at All	74.0	
Birth Attendant	Untrained TBA	91.3	
	Trained TBA	2.6	
	Doctors and Nurses	6.1	

#### *Occupation and Income*

Usually, women of the rural Bangladesh are involved in unpaid household activities and a few of them are involved in income earning activities. Majority of the respondents were housewives (82.1 per cent) and only 17.9 per cent women were involved in income earning activities such as self-employed (13.8 per cent) and teaching (4.1 per cent). The women who were involved in income earning activities earned on an average BDT 800 to 5000 monthly.

#### *Land Ownership*

Land ownership promotes the socio-economic status of the women which, in turn, increases women empowerment. Findings of the present study indicate that majority of the women (83.3 per cent) did not own any landed property. Only 11.7 per cent of the sampled women had the ownership of landed property.

#### *Age at First Marriage*

Although, by law, woman can not marry before 18 years of age, till now, early marriage is widespread in rural Bangladesh. In our sample 64.8 per cent of the women were married before 18 years of age and the rest 35.2 per cent women were married at the age of 18+ years.

#### *Fertility*

Findings of the present study reveal that about 79.6 per cent of the women had three or more children. The mean fertility is 3.4 which, obviously, indicate the high fertility rate. The reasons for high fertility include low level of socio-economic status, low level of literacy and strong preference for sons, high level of infant mortality and traditional subservient role of women in a patriarchal society of Bangladesh (Hamid, 1996).

#### *Contraceptive Prevalence Rate*

In Bangladesh the contraceptive prevalence rate among currently married women is 58 per cent. But the findings of the present study show that about 52.6 per cent of the women used contraceptives at the time of interviewing and 47.4 per cent did not use any contraceptives for birth control.

#### *Nutritional Status*

Women have a unique biological role as reproducers and much of their poor health and nutritional situation is related to the long reproductive stage of their lives (Haider, 1995). Nutrition of the women is very essential to conceive and sound reproductive health. Malnutrition decreases the possibility of conception and sometimes it creates postpartum complications too. To measure the nutritional status of the women, BMI (Body Mass Index) method was used. This measure has been shown empirically to be the best simple and quantitative anthropometric indicator of body composition and thus nutritional status (Joshi, 2003). The following cut off points was used to determine different level of nutritional status of the women. BMI below 16.00 = Third Degree Malnutrition; BMI 16-17 = Second Degree Malnutrition; BMI 17.00-18.5 = First Degree Malnutrition; BMI 18.50-25 = Normal; BMI 25 and above = Obese (Joshi, 2003). Table-1 indicates that 43.9 per cent of the women of the present study were malnourished and 56.1 per cent of the women were properly nourished.

#### *Cares during Pregnancy and Delivery*

##### *Care during Pregnancy*

Care during pregnancy is very important for both mother and fetus. Although FWA, FWV and Mass Medias specially, electronic Medias are informing the women for the proper care during pregnancy a few of them were seldom aware and sought care of that due to poor socio-economic status and cultural norms and values. Table-1 reveals a disappointing condition as only 9.2 per cent of the sampled women had regular check up during their last pregnancy, and 16.5 per cent of the women had irregular check up during their last pregnancy. Majority of the women (about 74 per cent) did not have any check up at all during their last pregnancy.

### Place of Delivery

Place of delivery is very sensitive for both mother and new born baby. Unhygienic place of delivery may affect both of them and cause postpartum complications. Although modern medical care regarding the delivery is being developed, very few of the women seek this opportunity to deliver their babies. Table-1 indicates that an overwhelming majority (93.9 per cent) of the women was delivered at home. A mere 6.1 per cent of the women were delivered in Hospitals/ Clinics.

### Birth Attendants

Majority of the deliveries (91.3 per cent) was carried out by untrained traditional birth attendants (TBA) and a mere 2.6 per cent of the delivery was conducted by trained TBA. Only 6.1 per cent of the women were delivered by doctors and nurses.

### Nature and Extent of Postpartum Complications

As women face more than one complication during their postpartum period, multiple responses had been recorded. 467 responses had been reported by 196 respondents. Data of Table-2 show that the extent of postpartum complications is considerably high. More than 80 per cent of the mothers experienced more than one postpartum complication. Highest 38.8 per cent mothers experienced two complications; followed by 35.2 per cent three, 16.3 per cent one and 9.7 per cent four. The average number of complications reported by the mothers is 2.38.

**Table 2.** Number of Complications Faced by the Women

Postpartum Complications	Number of Women	Percentage
1	32	16.3
2	76	38.8
3	69	35.2
4	19	9.7
<b>Total</b>	<b>196</b>	<b>100.0</b>

These 467 responses have been classified into three broad categories, i.e., life threatening, high risk and others and presented in Table-3. It is seen that highest proportion (64.8 per cent) of the women reported abdominal pain, followed by 47.4 per cent excessive bleeding. As a high risk complication, fever was reported by 33.7 per cent of the women. 9.2 per cent of the women reported convulsion, and shock was reported by 10.7 per cent of the women. Foul discharge was reported by 22.4 per cent

of the respondents. Besides, breast abscess was reported by 8.7 per cent and urinary problems were reported by 32.1 per cent of the women. Mild depression and severe depression were reported by 6.1 and 3.1 per cent of the women respectively.

**Table 3.** Nature of Postpartum Complications of the Women

Types of Complications	Number of Responses	Percentage
Life Threatening		
Excessive Bleeding	93	47.4
Convulsion	18	9.2
<b>Total</b>	<b>111</b>	<b>23.8</b>
High Risk		
Fever (>3 Days)	66	33.7
Shock	21	10.7
Foul Discharge	44	22.4
<b>Total</b>	<b>131</b>	<b>28.1</b>
Others		
Lower Abdominal Pain	127	64.8
Breast abscess	17	8.7
Urinary Problems	63	32.1
Mild Depression(<2 Weeks)	12	6.1
Severe Depression(>2 Weeks)	6	3.1
<b>Total</b>	<b>225</b>	<b>48.2</b>
<b>Grand Total</b>	<b>467 (N=196)</b>	<b>-</b>

*Note:* Multiple responses.

### Care Seeking Behavior against the Postpartum Complications

Care seeking behavior of the postpartum complications entails multidimensional socio-economic status and cultural norms. Among them beliefs of the women and the members of the family regarding the care and management of the complications is an important factor. Both of them believe that the postpartum complications are a biological process and it will be cured naturally. For this reason, most of them did not seek proper care during postpartum complications. For example: excessive bleeding is a life threatening postpartum complications. It is seen however, that majority of the women (62.4 per cent) did not seek any care in case of excessive bleeding. Among the rest 37.6 per cent who sought care, only 8.6 per cent sought care from recognized place, i.e., Doctors/Hospitals. Rest 29.0 per cent sought care from traditional sources such as village doctors, homeopath and other, which are unreliable. For convulsion, 33.3 per cent women did not seek any care. 16.3 per cent went to Doctors/ Hospitals. 38.9 per cent went to village doctors and 11.1 per cent sought other cares. For fever, most of the

women (42.4 per cent) took recourse to village doctors and 31.8 per cent of the women did not seek any care during fever.

**Table 4.** Care Seeking Behavior of Women by Nature of Postpartum Complications

Complications	Sought Care and Place of Care (per cent)				Sought No Care (per cent)	Number of Women Reported Complications
	Doctors/Hospitals	Village Doctors	Homeopath	Others		
<b>Life Threatening</b>						
Excessive Bleeding	8.6	17.2	7.5	4.3	62.4	93
Convulsion	16.7	38.9	-	11.1	33.3	18
<b>High Risk</b>						
Fever above 3 Days	10.6	42.4	6.1	9.1	31.8	66
Shock	9.5	28.6	9.5	9.5	42.9	21
Foul Discharge	6.8	20.5	6.8	4.5	61.4	44
<b>Others</b>						
Lower Abdominal Pain	7.1	26.8	5.5	8.7	52	127
Breast Abscess	5.9	17.6	11.8	11.8	52.9	17
Urinary Problems	9.5	22.2	3.2	4.8	60.3	63
Mild Discharge	-	25	-	-	75	12
Severe Discharge	-	33.3	-	-	66.7	6
<b>Total</b>	-	-	-	-	-	467(N=196)

For shock, 9.5 per cent of the women went to homeopathic doctors and 42.9 per cent did not seek any care. Regarding the foul discharge, it was found that 20.5 per cent of the women went to village doctors for its care and 61.4 per cent did not seek any care. Only 6.8 per cent of the women sought for Doctors/Hospitals for the treatment of foul discharge. For lower abdominal pain, 52.0 per cent women did not seek any care and 26.8 per cent sought for village doctors for treatment. For the care of breast abscess, 52.9 per cent of the women did not seek any care and 17.6 per cent of the women went to village doctors. Regarding the urinary problems it was found that 60.3 per cent of the women did not seek any care and only 9.5 per cent consulted Doctors/ Hospitals. For mild depression, 75.0 per cent of the women did not seek any care. On the other hand, for severe depression 66.7 per cent of the women did not seek any care as postpartum complications. Rest 25 and 33.3 per cent of the women consulted village doctors for mild and severe depression respectively.

Akhter, Chowdhury and Sen (1996) found that those women who reported excessive bleeding during postpartum period, 49 per cent did not seek care, 33 per cent went to village doctor, 11.6 per cent went to doctor/nurse/govt. facilities and 4 per cent sought care from homeopath or other types of providers. For fits or convulsion, 23 per cent did not

seek any care, 48 per cent sought care from village doctors and 23 per cent sought care from doctor/nurse/govt. facilities. Although majority of those who sought care for high risk morbidities went to village doctors (47 per cent for fever >3 days, for shock 38 per cent and for foul discharge 16 per cent) relatively smaller proportion went to doctor/nurse. For other morbidities, highest proportion sought care from village doctor i.e. 42 per cent for lower abdominal pain, 29 per cent for breast abscess and 23 per cent for urinary problem.

NIPORT (2003) showed that among the most recent reference complication, treatment was sought for 62 per cent of those complications which were perceived as life threatening compared to 42 per cent of those perceived as non life threatening. Among perceived life threatening cases, treatment was sought for 77 per cent of convulsion cases, 57 per cent of cases of mal presentation or prolonged/ obstructed labor and 39 per cent of cases of retained placenta. NIPORT (2005) mentioned that treatment was sought from medically trained provider for only 29 per cent of the cases that had maternal complications around delivery. Another one third sought assistance from a medically unqualified provider, like traditional birth attendants, unqualified doctors and others. The rest (38 per cent) did not seek any care for complications. Treatment-seeking from a medically trained provider varied somewhat by type of complications; it was highest for convulsion (41 per cent) and lowest for excessive bleeding (27 per cent). In brief, it may be mentioned that proportion of women sought care against postpartum complications which is unexpected and contributed to high proportion of maternal mortality in Bangladesh.

#### Factors Affecting Care Seeking Behavior against Postpartum Complications

It is evident that a large number of women of Bangladesh suffer from different postpartum complications. However, a few of them seek care against these complications. The negligible care seeking behavior against high rate of postpartum complications may lead to high rate of maternal mortality and other diseases of the women. Hence, it is imperative to take necessary steps to reduce postpartum complications by providing proper maternal health care. It is likely that different socio-economic factors affect the care seeking behavior of postpartum complications of the mothers. Difference in care seeking behavior considering some selected socio-economic variables have been examined and presented in this section. But to find out whether different socio-economic factors affect the care seeking behavior against the postpartum complications or not some postpartum complications like convulsion, shock, breast abscess,

mild depression and severe depression were not considered as not having enough number for cross tabulation.

#### Education and Care Seeking Behavior

A positive relationship was found between literacy and care seeking behavior against postpartum complications among the rural Bangladeshi mothers. In general, more proportions of the literate mothers sought care compared to the illiterate mothers in case of postpartum complications (Table-5). The influence of literacy on care seeking behavior, however, varies with types of postpartum complications. It is statistically significant for excessive bleeding, foul discharge, and lower abdominal pain. In case of other complications too more literate mothers sought care compared to illiterate mothers. However, these were not statistically significant. In case of excessive bleeding 75.7 per cent of the literate mothers sought care compared to only 12.5 per cent of the illiterate mothers. Among the literate mothers who suffered from foul discharge, 64.3 per cent sought care compared to only 26.7 per cent of the illiterate mothers. Lower abdominal pain has been found most frequently reported postpartum complications. 127 of 196 mothers included in this study reported that they faced this complication. In this case too 61.5 per cent of the literate mothers sought care compared to 42.0 per cent of the illiterate mothers. Findings indicate that education played a positive role in seeking care in case of postpartum complications.

**Table 5.** Education and Care Seeking Behavior by Some Selected Postpartum Complications

Type of Postpartum Complications	Education						Total	Chi-Square Significance
	Illiterate			Literate				
	Sought Care	Sought no Care	Total	Sought Care	Sought no Care	Total		
Excessive Bleeding	12.5% (7)	87.5% (49)	100% (56)	75.7% (28)	24.3% (9)	100% (37)	93	*
Fever above 3 Days	63.2% (24)	36.8% (14)	100% (38)	75% (21)	25% (7)	100% (28)	66	
Foul Discharge	26.7% (8)	73.3% (22)	100% (30)	64.3% (9)	35.7% (5)	100% (14)	44	**
Lower Abdominal Pain	42.0% (37)	58.0% (51)	100% (88)	61.5% (24)	38.5% (15)	100% (39)	127	**
Urinary Problem	37.8% (14)	62.2% (23)	100% (37)	42.3% (11)	57.7% (15)	100% (26)	63	

Note: Figures in parentheses indicate number of mother

- \* Significant at 0.01 level  
 \*\* Significant at 0.05 level

#### Occupation and Care Seeking Behavior

Table 6 reveals that involvement in income earning activities had an impact on care seeking behavior of the women against postpartum complications. For example, in case of excessive bleeding it was observed that 70.5 per cent of the housewife did not seek any care where as 80 per cent of the earners sought care of the complication. It is statistically significant for excessive bleeding and lower abdominal pain.

**Table 6.** Occupation and Care Seeking Behavior by Some Selected Postpartum

Type of Postpartum Complications	Housewife			Earner			Total	Chi-Square Significance
	Sought Care	Sought no Care	Total	Sought Care	Sought no Care	Total		
Excessive Bleeding	29.5% (23)	70.5% (55)	100% (78)	80% (12)	20% (3)	100% (15)	93	*
Fever above 3 Days	64.2% (34)	35.8% (19)	100% (53)	84.6% (11)	15.4% (2)	100% (13)	66	
Foul Discharge	32.4% (11)	67.6% (23)	100% (34)	60% (6)	40% (4)	100% (10)	44	
Lower Abdominal Pain	44.5% (49)	55.5% (61)	100% (110)	70.6% (12)	29.4% (5)	100% (17)	127	**
Urinary Problem	34.7% (17)	65.3% (32)	100% (49)	57.1% (8)	42.9% (6)	100% (14)	63	

\* Significant at 0.01 level

\*\* Significant at 0.05 level

Note: Figures in parentheses indicate number of mother

#### Nutrition and Care Seeking Behavior

Table 7 indicates that there is a relationship between nutritional status of the mother and care seeking behavior of the postpartum complications. For example, in case of foul discharge it was observed that 66.7 per cent of the nourished sought care of that and 19.2 per cent of the malnourished sought care of the complications. The influence of nutritional status on care seeking behavior, however, varies with types of postpartum complications. It is statistically significant for excessive bleeding, foul discharge, lower abdominal pain and urinary problem. Nourished mothers, therefore, sought care more compared to malnourished mothers, hence indicates their health consciousness.



**Table 7.** Nutritional Status and Care Seeking Behavior by Some Selected Postpartum Complications

Postpartum Complications	Nutritional Status						Total	Chi-Square Significance
	Nourished			Malnourished				
	Sought Care	Sought no Care	Total	Sought Care	Sought no Care	Total		
Excessive Bleeding	54.3% (19)	45.7% (16)	100% (35)	27.6% (16)	72.4% (42)	100% (58)	93	*
Fever above 3 Days	73.1% (19)	26.9% (7)	100% (26)	65% (26)	35% (14)	100% (40)	66	
Foul Discharge	66.7% (12)	33.3% (6)	100% (18)	19.2% (5)	80.8% (21)	100% (26)	44	*
Lower Abdominal Pain	66% (33)	34% (17)	100% (50)	36.4% (28)	63.6% (49)	100% (77)	127	*
Urinary Problem	59.3% (16)	40.7% (11)	100% (27)	25% (9)	75% (27)	100% (36)	63	**

\* Significant at 0.01 level

\*\* Significant at 0.05 level

Note: Figures in parentheses indicate number of mother

*Ownership of Land and Care Seeking Behavior*

Ownership of land indicates the socio-economic condition of a family. It is likely to have impact on care seeking behavior of the women during postpartum complications. It is seen that for the postpartum complications more proportions of the mothers who had the ownership of land sought care compared to the women who had no landed property (Table 8). For example, in case of excessive bleeding 58.3 per cent of the mothers who had the ownership of land sought care compared to the women (34.6 per cent) who had no landed property. Ownership of land and care seeking behavior against the postpartum complications are statistically significant especially, in the case of lower abdominal pain and urinary problem. Indeed, ownership of land influences the care seeking behavior against the postpartum complications.

**Table 8.** Ownership of Land and Care Seeking Behavior by Some Selected Postpartum Complications

Postpartum Complication	Ownership of Land						Total	Chi-Square Significance
	Had Landed Property			Had Not Landed Property				
	Sought Care	Sought no Care	Total	Sought Care	Sought no Care	Total		
Excessive Bleeding	58.3% (7)	41.7% (5)	100% (12)	34.6% (28)	65.4% (53)	100% (81)	93	
Fever above 3 Days	86.7% (13)	13.3% (2)	100% (15)	62.7% (32)	37.3% (19)	100% (51)	66	
Foul Discharge	55.6% (5)	44.4% (4)	100% (9)	34.3% (12)	65.7% (23)	100% (35)	44	
Lower Abdominal Pain	81.8% (9)	18.2% (2)	100% (11)	44.8% (52)	55.2% (64)	100% (116)	127	**
Urinary Problem	45.5% (5)	54.5% (6)	100% (11)	38.5% (20)	61.5% (32)	100% (52)	63	*

\* Significant at 0.01 level

\*\* Significant at 0.05 level

Note: Figures in parentheses indicate number of mother

**Conclusion**

Postpartum phase is a vital period in the life cycle of women. It is imperative to take proper medical care, i.e., seeking care, and management during postpartum period. But, after childbirth, women/mothers do not get special attention, necessary care and nutrition during this period in rural Bangladesh. For this reason, they are vulnerable to various postpartum complications. Nowadays, members of the family do not get proper attention for the care of the women against postpartum complications. They believe that the postpartum complications are natural biological events and it will be cured naturally. However, in many cases they do not seek any care from recognized place, i.e., Doctors/Hospitals. As a result, postpartum complications are increasing at an alarming rate among the women in rural Bangladesh and have been posing serious threat to maternal health.

In this article postpartum complications faced by the rural Bangladeshi mothers were categorized into three major classes, i.e., *life threatening* includes 'excessive bleeding and 'convulsion'; *high risk* includes fever more than three days, shock or loss of consciousness and foul discharge; and *others* include lower abdominal pain, breast abscess, urinary problem, mild depression and severe depression. Among the

complications life threatening are reported as 23.8 per cent and high risk complications are reported as 28.1 per cent. Findings showed that rural Bangladeshi women do not seek care in the case of post partum complications due to poor socio-economic status, lack of consciousness about their reproductive health and non-availability of health care facilities and providers. It is evident that different socio-economic factors significantly affect the care seeking behavior in the case of postpartum complications of the mothers. Findings reveal that care seeking behaviors against the postpartum complications are statistically significant in terms of education, occupation, ownership of land and nutritional status of the women. It may, therefore, be concluded that care seeking behavior against the postpartum complications of the women in rural Bangladesh is positively related to their socio-economic status. After all, inadequate treatment and management of postpartum complications may lead to high rate of maternal mortality and other diseases of women in rural Bangladesh. Immediate measures should be taken to reduce postpartum complications and proper care to improve the maternal health.

## REFERENCES

- Akhter, Halida Hanum and Tabassum Ferdous Khan. 1997. *Reproductive Health Elements and Interventions*. Dhaka: BIRPERHT.
- Akhter, Halida Hanum, Mahbub Elahi, K. Chowdhury, and Arindom Sen. 1996. *A Cross Sectional Study on Maternal Morbidity in Bangladesh*. Dhaka: BIRPERHT.
- Akhter, Halida Hanum, Mahbubur Rashid, Yasmin Siddiqua, and Mohsena Akhter. 2001. *Assessment of Knowledge, Attitude, Practice and Perspectives for Postpartum Health Care among the Clients*. Dhaka: BIRPERHT.
- Cole, Richard L. 1980. *Introduction to Political Inquiry*. New York: Macmillan Publishing Co. Inc.
- Haider, Raana. 1995. *A Perspective in Development: Gender Focus*. Dhaka: University Press Limited.
- Hamid, Shamim. 1996. *Why Women Count*. Dhaka: University Press Limited.
- Islam, Sirajul, ed. 2003. *Banglapedia National Encyclopedia of Bangladesh*. Dhaka: Asiatic Society of Bangladesh.
- Islam, Zahirul. 2000. *Vitamin D, Iron, Calcium and Overall Nutritional Status in Premenopausal Women in Two Region of Bangladesh*. Helsinki: Yliopistopaino.
- NIPORT. 2003. *Bangladesh Maternal Health Services and Maternal Mortality 2001*. Dhaka: NIPORT.
- NIPORT. 2005. *Bangladesh Demographic and Health Survey*. Dhaka: NIPORT.
- Ronsman, C, M. Khat, B. Kodio, M Ba, L. De Bernis, and Jf. Etard. 2001. "Evidence for a Healthy Pregnant Women Effect in Niakhar, Senegal." *International Journal of Epidemiology* 30: 467-473.
- Silva, W. and Indralal De. 2004. "Symptoms of Ill Health and Health Seeking Behavior of Srilankan Mothers during the Puerperium." *Working Paper Series*, No. 33. National University of Singapore, Asia Research Institute.
- Wainscott, Michael P. 2006. "Pregnancy, Postpartum Hemorrhage." *Medicine*.
- WHO. 2004. *Beyond the Number*. Geneva: WHO.