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Reproductive Health Risks of Divorced Poor Women And Its Consequences: A Study in Dhaka City

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Abstract: *The health and well-being of women is critical to the country's future development, although the surrounding reproductive health (RH) still remain a cultural taboo, especially for divorced poor women who have vulnerable stabilities in managing their reproductive health. Women in Bangladesh too often enter their reproductive years poorly informed about RH issues. A significant number of divorced poor women are deprived the reproductive health services in rural and urban areas. The key aim of this study was to identify the factors of reproductive health risks of the divorced poor women in Dhaka city. The divorced poor women have been studied in this research as they belong to one of the neglected communities of Bangladesh. The study was conducted during July to December 2017. The data were collected by using semi-structured questionnaire. A majority (88.0%) of the respondents suffered from complications during their pregnancy. In their last pregnancy, 60.0% of them confessed lack of frequent medical checkups and balanced diet. 78.0% of the respondents lived in an unhygienic condition with 60.0% of them had insufficient light and air flow access in home. Overwhelming majority of the respondents suffered from complications during their delivery. About half of the respondents suffered from uterus complications with more than three-quarter of respondents identified residential environment as affecting factor on their reproductive health.*

Keywords: *Divorced Poor Women, Reproductive Health, Delivery Complications, Balanced Diet, Pregnancy*

Introduction:

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so[1]. About 800 women die per day due to preventable causes associated with reproductive health concerns[2]. Addressing the reproductive health needs of women is a prerequisite to achieving gender equalitybut despite international commitments; actual progress on this front has been slow and leaves a lot to be desired. Improving reproductive health outcomes and gender equality outcomes are inextricably linked[3].

Prior studies reported thatindividuals with reproductive health issues are more likely to experience physical and mental disturbancesalong with mobility problems. A psychosomatic dysfunctional relationship is certainly the most terrible situation for a woman that results into an intra-emotional setback. Poverty is often accompanied by unemployment, malnutrition, illiteracy, low status of women, exposure to environmental risks and limited access to social and health services, including reproductive health services[4].

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The daunting challenge now is the health of poor people living in urban areas. Massive and rapid urbanization is occurring, with rural populations moving to cities in huge numbers, driven by poverty, climate change, and the promise of better economic opportunities[5]. Improving the reproductive health of women around the world is vitally important not just for the health benefits that will ensue but also for the substantial social and economic benefits, for women, their families, and their communities[4].

There are cases to measure on somatic symptoms, anxiety and insomnia and social dysfunction as the study revealed that only 5.5% divorced women are normal due to proper attention of their family members. Almost all (94.5%) divorced women had alienation problem. The researcher drawn two hypotheses firstly, divorced women who are working are psychologically depressed than that the women who are not. Secondly, women who are divorced by their spouses experienced greater sense of alienation compared to self-divorcees[6].

Dhaka, the capital of Bangladesh, represents the second highest rate of divorce within the country and the majority of the divorces were also initiated by women[7]. Per 1000 population, in rural areas age specific mean women divorce rate 2.2 and in urban area it is 1.3. In Dhaka division the rate of women initiateddivorce is 1.5 with women's crude divorce rate being 0.8 % and general divorce rate 2.1 %. Most importantly, the divorced women are measured 32.7% at the age group of 20-24 [7]. It's evident that in urban areas specifically in Dhaka city the divorced poor women are the majority to experience the complications of their reproductive health issues. The major objective of the study is to identify the factors of reproductive health risk of the divorces poor women in Dhaka city as not many research works have been done in this field. The study is also aimed to explore the knowledge, scarcity of relevant health awareness and care for the target population.

Materials and Methods

This study was a cross-sectional descriptive in nature following a quantitative approaches. The setting of this study was mainly the slums and suburbs of Dhaka city where divorced poor women are concentrated. Divorcee women of reproductive age, physically able and willing to participate were included in this study. On the other hand, sick women and unable to participate were excluded. The study duration was six months (July to December 2017). Before actual field data collection from the respondents an enumeration checklist had been developed to identify the target population through some local authorized health centers and hospitals of sample areas and then systematic sampling approach was used. Quantitative data were collected from household level by using semi-structured questionnaire. The questionnaire was pre-tested to get feedback on the suitability, appropriateness of the questions. The pre-test was conducted in a non-sample site with draft Bangla version of the instruments. The face-to-face interview technique was used to collect information from women. Finally, the data was analyzed using a Statistical Package for Social Science (SPSS) software.

Results

Socio-demographic Characteristics of the Respondents (n=424)

Table 1 showed that the majority (79.0) of the targeted divorced poor women were between 21 to 35 years. Almost half of the respondents were illiterate along with their husbands (46.0% and 43.0% respectively), about 33.0% of the respondents were housemaids and the lowest category (1.0%) were involved in business or unemployed. However about 10.0% of the respondents' husbands were unemployed. 23.0% of the respondents were day laborers with their husbands sharing the same profession (59.0%). Exactly seven-tenths (70.0%) of the respondents earned less than 5000 BDT in a month, and 26.0% of them were earning between 5000-10000 BDT in a month. It's evident that husbands had a higher income status compared to their spouses.

Table 1: Distribution Based on Socio-demographic Characteristics of the Respondents (n=424)

Variables	Frequency	Percent
Age Group (years)		
≤20	12	3.0
21-25	102	24.0
26-30	132	31.0
31-35	102	24.0
36-40	28	7.0
41-45	30	7.0
≥46	18	4.0
Wife Educational Status		
Illiterate	197	46.0
Primary	176	42.0
SSC	16	4.0
HSC	35	8.0
Husband Educational Status		
Illiterate	182	43.0
Primary	126	30.0
SSC	63	15.0
HSC	48	11.0
Others	5	1.0
Wife Profession Status		
Housewife	95	22.0
Day laborer	97	23.0
Employee	49	12.0
Business	4	1.0
Unemployed	3	1.0
Students	15	3.0
Housemaid	139	33.0
Others	22	5.0
Husband Profession Status		
Day laborer	251	59.0
Employee	52	12.0
Business	67	16.0
Unemployed	42	10.0
Students	0	0.0
Housemaid	0	0.0
Others	12	3.0
Wife Income Status		
<5000	296	70.0
5001-10000	109	26.0
10001-15000	16	4.0
Husband Income Status		
<5000	158	37.0
5001-10000	196	46.0
10001-15000	67	16.0

Length of conjugal life/married life, Knowledge on reproductive health

Table 2 implies that 26.0% of the respondents had conjugal life duration of 4 – 6 years followed by 21.0% with duration of 10 – 12 years. Another 38.0% of the respondents (19.0% in each age group) had two categories in their conjugal life which is 1 – 3 years and 7 – 9 years with only 10.0% had duration of 16 – 32 years. It was found that about 74.0% of the respondents had knowledge on reproductive health, while 26.0% had no knowledge on this issue.

Table 2: Length of conjugal life/married life and Knowledge on reproductive health (n=424)

Variables	Frequency	Percent
Length of conjugal life / married life		
1 - 3 years	81	19.0
4 – 6	112	26.0
7 – 9	79	19.0
10 – 12	91	21.0
13 – 15	19	4.0
16 – 18	21	5.0
19 – 32	21	5.0
** Multiple responses were considered		
Knowledge on reproductive health		
Yes	314	74.0
No	110	26.0

Suffering from Complication, Types and Reasons of complications during last pregnancy

Table 3 illustrates that overwhelming majority (88.0%) of the respondents suffered from complications during their last pregnancy. 74.0% of the respondents suffered from complications caused by Rheumatic fever during pregnancy, 68.0% of the respondents had Nausea problem. It has been found that 60.0% of the respondents had an aversion of food that led to malnutrition. The study reveals that 38.0% of the respondents had either fear from simple things or lack of attendants. 34.0% of the respondents have vertigo problem that leads them to any unwanted situations. We have found that 8.0% respondents suffered from diabetes and low of hormonal level in blood. 60.0% of the respondents who faced complications were unable to get regular medical checkup and they had lack of balanced diet as well. In addition, 52.0% of the respondents didn't take TT vaccine and had experienced work-related pressure during their pregnancy. Surprisingly, 8.0% of the respondents felt sharing of problems as taboo.

Table 3: Suffering from Complication, Types and Reasons of Complications during last pregnancy (n=424)

Variables	Frequency	Percent
Suffering complications during last pregnancy		
Yes	373	88.0
No	51	12.0
Type of complications during last pregnancy		
Nausea	254	68.0
Epilepsy	182	49.0
Aversion to food	224	60.0
Problem in uterus	84	23.0
Rheumatic fever	275	74.0
Fluid in legs	66	18.0
Fear from simple things	70	19.0
Lack of attendant	70	19.0
Dim vision / blur vision	56	15.0
Vertigo	126	34.0
Constipation	154	41.0
Diabetes	14	4.0
Lack of hormone level in blood	14	4.0
Eclampsia	154	41.0
Becoming senseless	42	11.0
Pain in stomach	126	34.0
Reasons of suffering from complications during last pregnancy		
Lack of husband's assistance	84	23.0
Unable to do regular medical check up	224	60.0
Lack of balanced diet		
Obesity	224	60.0
Not taking TT vaccine	54	14.0
Over working pressure during pregnancy	98	26.0
Wanting of attendant	98	26.0
Lack of health literacy	140	38.0
Thinking of Sharing problem as Taboo	100	27.0
	28	8.0

** Multiple responses were considered

** Multiple responses were considered

Suffering from delivery & post-delivery complications, Types of delivery and post-delivery complications

Table 4 shows that 80.0% of the respondents suffered from complications during their delivery while 91.0% of them suffered from headache. 91.0% suffered from post-delivery complications following 83.0% who had stomach pain. 76.0% of the suffered respondents had post-delivery complications due

to malnutrition and 54.0% of them suffered from weakness. A group of 36.0% respondent's experienced pain in pelvic region and uterus complications. Only 2.0% of the respondents stated that they had their embryo destroyed in womb and lastly another 25.0% reported that they have genetic diseases.

Table 4: Suffering from delivery & post-delivery complications, Types of delivery and post-delivery complications (n=424)

Variables	Frequency	Percent
Suffering from delivery complications		
Yes	339	80.0
No	85	20.0
Type of complications during delivery period		
Headache	310	91.0
Sweating	112	33.0
Aversion to food	120	35.0
Fluid in hands and legs	112	33.0
Nausea	182	54.0
Physical diseases/ illness	182	54.0
Weakness	126	37.0
Pain in stomach	280	83.0
Problem in uterus	70	21.0
Palmar erythema	56	17.0
Anxiety	42	12.0
Watering discharge	42	12.0
Delivery complications	70	21.0
Epilepsy	70	21.0
Malnutrition	182	54.0
Eclampsia and bleeding	234	69.0
Embryo destroyed in womb	28	8.0
Insomnia	70	21.0
Fluid in whole body	86	25.0
** Multiple responses were considered		
Suffering from post-delivery complications		
Yes	386	91.0
No	38	9.0
Types of suffering from post-delivery complications		
Pain in pelvic region	140	36.0
Waist pain	84	22.0
Uterus complications	140	36.0
Malnutrition	294	76.0
Genetic diseases	98	25.0
Weakness	210	54.0
Epilepsy	112	29.0

** Multiple responses were considered

The Condition and Effect of the Respondents' Residence to their Reproductive Health

Hygienic residence is one of the most important factors of maintaining a good reproductive health. Table 5 depicted that 78.0% were living in unhygienic residence and 60.0% of the respondents did not have sufficient

light and air flow access in their residence. About 82.0% of respondents, caused identified residential environment as an influencing factor on their reproductive health as the rest of the 18.0% did not agree.

Table 5: The Condition and Effect of the Respondents' Residence to their Reproductive Health (n=424)

Variables	Frequency	Percent
The residential condition of the respondents		
Hygienic	93	22.0
Unhygienic	331	78.0
The condition of light and air flow in respondents' residence		
Yes	170	40.0
No	254	60.0
The Effect of residential environment on reproductive health		
Yes	348	82.0
No	76	18.0

One fact is very clear and alarming that almost four-fifths (80%) of the women suffered from delivery complications and it's then quite understandable that they were not aware and neglected their reproductive health premeasures.

Discussion

In the present study, majority (88.0%) of the respondents had suffered from complications during their last pregnancy, 74.0% suffered from complications during pregnancy due to Rheumatic fever as 68.0% of the respondents had Nausea problem. In regards with that, in UNFPA report shows 67.0% of women who need care each year for complications of pregnancy and delivery, such as hypertension or obstructed labor, do not receive it. Likewise, 68.0% of newborns do not receive needed care for major health complications during or soon after birth[8]. It has been found in this study that 60.0% of the respondents had an aversion of food which leads to malnutrition. The study reveals that 38.0% of the respondents had either fear from simple things or lack of attendants. More than three-tenths of the respondents had vertigo problem that leads them to any unwanted situations.

In comparison with that the unmet need for reproductive health services is heavily concentrated among the poor. Outside of Eastern Asia and Oceania, just 32.0% of women from the poorest households deliver their babies in a health facility, compared to the 92.0% of women from the wealthiest households[8]. In another report of UNFPA shows that of the 74 million women who give birth each year in Asia, many do not receive the minimum of four antenatal checkups (42.0%) or deliver in a health facility (30.0%)—two strategies recommended by the World Health Organization (WHO) for ensuring the well-being of women and their babies[8].

However, in this study we have confirmed that there are much closer affected issues about reproductive health that convince us in any situation that we have to be more focused for the reproductive health risk of our divorced poor women. In the pregnancy category, the majority of the studies focused on dietary recommendations and behavioral taboos. As it has been shown earlier that lack of interest in vaccination and introversion of the divorced poor women has been practising for ages it is quite a hard job for them to come into the modern life-style of self preservation rather than being a dominated community in our society. For the childbirth category, many articles examined beliefs and practices that helped to explain women's aversion to institutional births, such as preference for traditional birth positions, and fear of medical interventions[9].

This study explores that highly expensive treatment and financial crisis of the respondent's act as an obstacle to get health service for them. The ultimate goal of this study is to identify the causes of the vulnerable women's reproductive health issues inseparably linked with the familial socio-economic condition they possess, their form of occurrences, influencing factors and their consequences upon the women's health and livelihood as well as to seek policy level recommendations for counteractive measures through implementing appropriate interventions.

Conclusion and Recommendation

Majority of the divorced poor women suffered from complications during their pregnancy, delivery and post-delivery complications due to ignorance. Almost three-quarter of them had knowledge on reproductive health. Specifically, the study has some recommendations:

i) As divorced poor women's reproductive health risk has a burden on collective national health development, in order to increase the access of reproductive health services from government, NGOs and private sector initiatives should be taken.
ii) Findings of the significant outcomes lead to step forward to implication of urgent reproduction health intervention concentrating to the divorced poor women.
iii) However, the present study looks into the new formulation of hypothesis for further study and recommendations for improving the present situation of the reproductive health risk of divorced poor women in the context of Bangladesh and elsewhere in the world.

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