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To identify the factors affecting antenatal care and postnatal care among reproductive aged women in Chuadanga District of Bangladesh

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Abstract
Antenatal and postnatal care services are the most effective interventions to improve maternal health and prevent maternal and infant deaths. We conducted a cross sectional study in Chuadanga Sadar Hospital, Bangladesh during the period from 10th August 2018 to 15th September 2018. The study aimed to identify the factors affecting antenatal care and postnatal care among reproductive aged women in Chuadanga district of Bangladesh. A total number of 300 ever-married reproductive aged women with at least one child from Chuadanga District of Bangladesh were interviewed through a structured questionnaire using purposive sampling technique. Majority of the respondents were aged between 20-25 years, secondary educated, housewife, Muslim, got married between the ages 16-18 years. Chi-square test reveals that, respondent's age, education, age at first marriage, age at first birth, nutritional status, monthly family income and expenditure, husband's occupation, place of residence and number of child ever born are associated with both of antenatal care and postnatal care. Maternal health services become a national health concern in Bangladesh; however, delivery care and post-natal care are quite low, therefore, the government of Bangladesh should implement interventions to increase awareness and availability of health facilities in order to improve the coverage of maternal health services.

Keywords: interventions, reproductive, antenatal care, postnatal care, identify

1. Introduction
The United Nations Millennium Development Goal (MDG5) for 2015 focuses on improving maternal health by improving quality of life for women in developing countries, including Bangladesh [1]. One of the MDG5 strategic goals is to improve access to prenatal and postpartum programs that effectively reduce the morbidities associated with postpartum maternal health. Specific cultural and socio-economic barriers experienced by women living in Bangladesh that may limit access to maternal services. Bangladeshi women are already at high risk of post-partum disorders such as infection, hemorrhaging, urologic dysfunction and pelvic pain. Maternal health services include effective prenatal and postnatal care, measures to prevent, detect and manage high-risk pregnancies and births particularly those to adolescents and late-parity women, adequate delivery assistance by trained persons, preferably nurses and midwives, but at least by trained birth attendants and management of the complications of unsafe abortion through expanded and improved family planning services. A recent demographic and health survey, carried out in Bangladesh in 2011, found that, about 52% of women received at least one antenatal care (ANC) from medically trained provider during their pregnancy and only 30% women received postnatal care (PNC) from medically trained provider within two days of delivery [2]. Women living in rural Bangladesh are vulnerable to complications (morbidities) during pregnancy and postpartum with over half of women reporting one or more complications, including: preeclampsia, urinary incontinence, urinary tract infection, and other infections. The utilization of maternal health care is one of the important factors to reduce the incidence of such maternal morbidity and mortality. In Bangladesh, the trend for utilization of maternal health services. Internationally, increasing attention given to maternal health has been concentrated in reducing maternal mortality. The tragedy of not preventing these avoidable or treatable deaths resulted in 536,000 maternal deaths worldwide in 2005 [1]. Developing regions accounted for 99% (533,000) of these deaths, with sub-Saharan Africa and Southern Asia accounting for 86% of them [3]. In every minute of each year a woman dies from complications of pregnancy, abortion attempts and childbirth [4]. Millions more women survive but suffer from illness and disability related to pregnancy and childbirth. The Government of Bangladesh (Gob) had undertaken some initiatives to improve maternal health services such as implementation of community health clinic, campaigning to increase awareness, demand side financing etc. Maternal health situation in rural areas are still in a worst condition in Bangladesh although access to health services has increased over the decades. Therefore, this is important to observe the situation of access to maternal health especially antenatal care, delivery and postnatal care in countryside of Bangladesh. It may be helpful for policy makers to develop future programs for increasing the utilization of maternal health services in rural areas of Bangladesh.

2. Objectives

2.1 General objective

- To identify the factors which are affecting antenatal care and postnatal care among reproductive aged women in Chuadanga district of Bangladesh.

2.2 Specific Objectives

- To assess the initiatives to increase access to antenatal and postnatal care for ultra-poor population of Bangladesh

3. Methodology and Materials

We conducted a cross sectional study in Chuadanga Sadar Hospital during the period from 10th August 2018 to 15th September 2018 The study aimed to identify factors affecting antenatal and postnatal care among reproductive aged women in Chuadanga District of Bangladesh. A total number of 300 ever-married reproductive aged women with at least one child from Chuadanga District of Bangladesh. In this study the method of direct interview was used for data collection. The enumerators were mainly responsible to collect information and recorded them properly. Attention was given to record factual and true statement made by the respondents. In this survey five enumerators were engaged, of whom all were female. Three were the Diploma in Nursing Science and Midwifery final year students and other two were MPH final semester student of the Department of Public Health. They visited several wards and indoor department to collect the data by personal interview. A wide discussion about the coverage and the contents was made with the enumerators. They were given necessary training and instructions regarding ways of collecting data. All concepts and definitions used were clearly explained and also given the field training and instructions regarding ways of collecting data. All concepts and definitions used were clearly explained and also given the field training as well to the enumerators. Before beginning the field work, we have discussed with the In-charge of Chuadanga Sadar Hospital about the importance of this research. Then they were given permission for data collection. The fieldwork was commenced on from 10th August 2018 and was completed 15th September 2018. A total number of 300 ever-married reproductive aged women with at least one child from Chuadanga District of Bangladesh were interviewed through a structured questionnaire using purposive sampling technique.

Inclusion Criteria

- Ever-married and reproductive aged group.
- Age between 20-25 years
- Inhabitant of Chuadanga District of Bangladesh.

Exclusion Criteria

- Age not between 20-25 years
- Not given consent
- Severely ill women

4. Results

In this study we conducted a cross sectional study in Chuadanga Sadar Hospital during the period from 10th August 2018 to 15th September 2018 The study aimed to identify factors affecting antenatal and postnatal care among reproductive aged women in Chuadanga District of Bangladesh. A total number of 300 ever-married reproductive aged women with at least one child from Chuadanga District of Bangladesh. More than half of the respondents (58.3%) were aged 20-25 years, about one-third of the respondents (24.3%) were aged < 20 years and only 17.3% are aged > 25 years (Table 3.1). Majority of the women (59.3%) got married between age 16 to 18 years and 18% of the respondents are get married in their early ages (before age 16 years). The rest 22.7% of respondents got married after age of 18 years. Similarly, more than two-third of respondents gave their first birth before age 21 years, where 34.7% gave first birth even before 18 years of age. Majority of the respondents (61.0%) have at one child, where 31.0% respondents have two children and 8% of respondents have three children. Most of the respondents (96.0%) were from rural areas and only 4.0% of the respondents were from urban areas.

Table 1: Percentage distribution of selected socio-demographic variables. (n=300)

Socio-demographic variable		n	%
Current age	<20 years	73	24.3
	20-25 years	175	58.3
	> 25 years	52	17.3
Age at marriage	<16 years	54	18.0
	16-18 years	178	59.3
	>18 years	68	22.7
Age at first birth	<18 years	104	34.7
	18-20 years	112	37.3
	>20 years	84	28.0
CEB	One child	183	61.0
	Two child	93	31.0
	Three child	24	8.0
Place of residence	Urban	12	4.0
	Rural	288	96.0
Educational status of respondent	No education	16	5.3
	Primary educated	87	29.0
	Secondary educated	183	61.0
	Higher educated	14	4.7
Educational status of respondent husband	No education	33	11.0
	Primary educated	41	13.7
	Secondary educated	176	58.7
	Higher educated	50	16.7

Occupation of respondent husband	Job	33	2.7
	Business	76	33.0
	Farmer	149	20.3
	Day Labor	42	14.0
Monthly income of family	≤ 6000 taka	122	40.7
	6000-8000 taka	126	42.0
	> 8000 taka	52	17.3
Monthly expenditure of family	≤ 6000 taka	124	41.3
	6000-8000 taka	131	43.7
	> 8000 taka	45	15.0

Table 2: Distribution of Selected Health related Variables. (n=300)

Health related variables		**n**	**%**
Body mass index (BMI)	Underweight	30	10.0
	Normal	238	79.3
	Overweight	32	10.3
Currently used contraceptive	Yes	37	12.3
	No	263	87.7
Previously used contraceptive	Yes	222	74.0
	No	78	26.0
Adopted method	Oral pill	102	34.0
	Condom	96	32.0
	IUD	2	0.7
	Injection	22	7.3
	No adopted method	78	26.0
No. of Antenatal Visits	<4 visits	248	82.7
	≥visits	52	17.3
Place of antenatal visits	Hospital	183	61.0
	Clinic	98	32.7
	Community health centre	15	5.0
	NGO	4	1.3
Nature of delivery	Non-caesarean	202	67.3
	Caesarean	98	32.7
Place of delivery	Home	113	37.7
	Hospital/clinic	187	62.3
Delivery assistant	Trained persons	205	68.3
	Untrained persons	95	31.7
Postnatal care	No	246	82.0
	Yes	54	18.0
Breastfeeding	No	21	7.0
	Yes	279	93.0
Total		300	100.0

Table 3: Patterns of Antenatal Care Visits According to the Selected Socio-economic, Demographic and Health Related Variables. (n=300)

Characteristics		**No. antenatal visit**			**P-value**	**Significance level of association at 5%**
		< 4 visits	**≥4 visits**	**Total**		
Place of residence	Rural	239(83.0%)	49(17.0%)	288(100.0%)	ρ =.040	Significant
	Urban	9(75.0%)	3(25.0%)	12(100.0%)		
Education of respondent	No education	15(93.8%)	1(6.2%)	16(100.0%)	ρ =.000	Significant
	Primary	77(88.5%)	10(11.5%)	87(100.0%)		
	Secondary	150(82.0%)	33(18.0%)	183(100.0%)		
	Higher	6(42.9%)	8(57.1%)	14(100.0%)		
Education of respondent's husband	No education	26(78.8%)	7(21.2%)	33(100.0%)	ρ =.017	Insignificant
	Primary	34(82.9%)	7(11.5%)	41(100.0%)		
	Secondary	152(93.8%)	24(18.0%)	176(100.0%)		
	Higher	36(72.0%)	14(57.1%)	50(100.0%)		
Occupation of respondent's husband	Job	17(51.5%)	16(48.5%)	33(100.0%)	ρ =.000	Significant
	Business	66(86.8%)	10(13.2%)	76(100.0%)		
	Farmer	134(89.9%)	15(10.1%)	149(100.0%)		
	Day Labor	31(93.4%)	11(26.2%)	42(100.0%)		
Monthly income	< 6000 taka	102(83.6%)	20(21.2%)	122(100.0%)	ρ =.000	Significant
	6000-8000 taka	115(91.3%)	11(21.2%)	126(100.0%)		
	> 8000 taka	31(59.6%)	21(21.2%)	52(100.0%)		
Monthly expenditure	< 6000 taka	102(82.3%)	22(17.7%)	124(100.0%)	ρ =.000	Significant
	6000-8000 taka	121(92.4%)	10(7.6%)	131(100.0%)		
	> 8000 taka	25(55.6%)	20(44.4%)	45(100.0%)		

Types of family	Nuclear	225(86.5%)	35(19.5%)	260(100.0%)	ρ =.000	Significant
	Joint	23(57.5%)	17(42.5%)	40(100.0%)		
Exposure to mass media	Yes	157(82.2%)	34(17.8%)	191(100.0%)	ρ =.043	Significant
	No	91(83.5%)	18(16.5%)	109(100.0%)		
Religion	Muslim	241(82.5%)	51(17.5%)	292(100.0%)	ρ =.043	Significant
	Hindu	7(87.5%)	1(25.0%)	12(100.0%)		
Current Age	≤20 years	59(80.8%)	14(21.2%)	73(100.0%)	ρ =.048	Significant
	20-25 years	147(84.0%)	28(21.2%)	175(100.0%)		
	> 25 years	42(80.8%)	10(21.2%)	52(100.0%)		
Age at first marriage	< 16 years	42(77.8%)	12(21.2%)	54(100.0%)	ρ =.045	Significant
	16-18 years	149(83.7%)	29(21.2%)	178(100.0%)		
	>18 years	57(83.8%)	11(21.2%)	68(100.0%)		
Age at first birth	< 18 years	82(78.8%)	22(21.2%)	104(100.0%)	ρ =.040	Significant
	18-20 years	96(85.7%)	16(14.3%)	112(100.0%)		
	> 20 years	70(83.3%)	14(16.7%)	84(100.0%)		
CEB	One child	152(83.1%)	31(16.9%)	183(100.0%)	ρ =.030	Significant
	Two child	77(82.8%)	16(17.2%)	93(100.0%)		
	Three Child	19(79.2%)	5(20.8%)	24(100.0%)		
BMI	-Underweight	25(83.3%)	5(16.7%)	30(100.0%)	ρ =.020	Significant
	Normal	202(84.9%)	36(15.1%)	238(100.0%)		
	-Overweight	21(65.6%)	11(34.4%)	32(100.0%)		
Total		248(83.7%)	52(17.3%)	300(100.0%)		

Table 4: Patterns of Postnatal Care Visits According to the Selected Socio-economic, Demographic and Health Related Variables. (n=300)

Characteristics		**Medical Checkup after delivery**			**P-value**	**Significance level of association at 5%**
		No	**Yes**	**Total**		
Place of residence	Rural	240(83.3%)	48(16.7%)	288(100.0%)	ρ =.003	Significant
	Urban	6(50.0%)	6(50%)	12(100.0%)		
Education of respondent	No education	11(68.8%)	5(31.2%)	16(100.0%)	ρ =.000	Significant
	Primary	72(82.8%)	15(17.2%)	87(100.0%)		
	Secondary	152(83.1%)	31(16.9%)	183(100.0%)		
	Higher	11(78.6%)	3(21.4%)	14(100.0%)		
Education of respondent's husband	No education	27(81.8%)	6(18.2%)	33(100.0%)	ρ =.049	Insignificant
	Primary	32(82.9%)	9(22.0%)	41(100.0%)		
	Secondary	148(84.1%)	28(15.9%)	176(100.0%)		
	Higher	39(78.0%)	11(22.0%)	50(100.0%)		
Occupation of respondents husband	Job	21(63.6%)	12(36.4%)	33(100.0%)	ρ =.000	Significant
	Business	65(85.5%)	11(14.5%)	76(100.0%)		
	Farmer	127(85.2%)	22(14.8%)	149(100.0%)		
	Day Labor	33(78.0%)	9(21.4%)	42(100.0%)		
Monthly income	< 6000 taka	103(84.4%)	19(15.6%)	122(100.0%)	ρ =.000	Significant
	6000-8000 taka	108(85.7%)	18(14.3%)	126(100.0%)		
	> 8000 taka	35(67.3%)	17(32.7%)	52(100.0%)		
Monthly expenditure	< 6000 taka	103(83.1%)	21(16.9%)	124(100.0%)	ρ =.000	Significant
	6000-8000 taka	110(84.0%)	21(16.0%)	131(100.0%)		
	> 8000 taka	33(73.3%)	12(26.7%)	45(100.0%)		
Types of family	Nuclear	216(83.1%)	44(16.9%)	260(100.0%)	ρ =.000	
	Joint	30(75.0%)	10(25.0%)	40(100.0%)		
Exposure to mass media	Yes	164(85.9%)	27(14.1%)	191(100.0%)	ρ =.021	Significant
	No	82(75.2%)	27(24.8%)	109(100.0%)		
Religion	Muslim	239(81.8%)	53(18.2%)	292(100.0%)	ρ =.043	Significant
	Hindu	7(87.5%)	1(25.0%)	12(100.0%)		
Current Age	≤20years	60(82.2%)	13(17.8%)	73(100.0%)	ρ =.034	Significant
	20-25 years	146(83.4%)	29(16.6%)	175(100.0%)		
	> 25 years	40(76.9%)	12(23.1%)	52(100.0%)		
Age at marriage	< 16 years	40(74.1%)	14(25.9%)	54(100.0%)	ρ =.049	Significant
	16-18 years	153(86.0%)	25(14.0%)	178(100.0%)		
	>18 years	53(77.9%)	15(22.1%)	68(100.0%)		
Age at first birth	< 18 years	83(79.8%)	21(20.2%)	104(100.0%)	ρ =.043	Significant
	18-20 years	99(88.4%)	13(11.6%)	112(100.0%)		
	> 20 years	64(76.2%)	20(23.8%)	84(100.0%)		
CEB	One child	157(85.8%)	26(14.2%)	183(100.0%)	ρ =.037	Significant
	Two child	72(77.4%)	21(22.6%)	93(100.0%)		
	Three Child	17(70.8%)	7(29.2%)	24(100.0%)		
BMI	-Underweight	22(73.3%)	8(26.7%)	30(100.0%)	ρ =.003	Significant
	Normal	(83.6%)	39(16.4%)	238(100.0%)		
	-Overweight	25(78.1%)	7(21.9%)	32(100.0%)		

No. of antenatal visit	< 4 visit	211(85.1%)	37(14.9%)	248(100.0%)	ρ =.000	Significant
	≥ 4 visit	35(67.3%)	17(32.7%)	52(100.0%)		
Place of antenatal visit	Hospital	152(83.1%)	31(16.9%)	183(100.0%)	ρ =.000	Significant
	Clinic	78(79.6%)	20(20.4%)	98(100.0%)		
	Community health cen.	12(80.0%)	3(20.0%)	15(100.0%)		
	NGO	4(100.0%)	0(0.0%)	4(100.0%)		
Nature of delivery	Non-caesarean	163(80.7%)	39(19.3%)	202(100.0%)	ρ =.000	Significant
	Caesarean	83(84.7%)	15(15.3%)	98(100.0%)		
Place of delivery	Home	84(74.3%)	29(25.7%)	113(100.0%)	ρ =.003	Significant
	Hospital/Clinic	162(86.6%)	25(13.4%)	187(100.0%)		
Delivery assistant	Trained persons	176(85.9%)	29(14.1%)	205(100.0%)	ρ =.001	Significant
	Untrained persons	70(73.7%)	25(26.3%)	95(100.0%)		
Total		246(82.0%)	54(18.0%)	300(100.0%)		

Table 5: Category of the different variables for logistic regression.

Independent variables	Category
Education of respondent	0= illiterate, 1= literate
Education of respondent husband	0= illiterate, 1= literate
Occupation of respondent husband	0= Non-profession, 1= profession
Monthly income	0= less than equal 5000, 1= greater than 5000
Exposure to mass media	0= no, 1 = yes
Current age	0= less than equal 20, 1= greater than 20
BMI	1= underweight, 2= Normal weight, 3= overweight
Nature of delivery	0= Non-caesarian, 1=caesarian
Place of delivery	1= Home, 2 = Hospital/clinic
Dependent variables	Category
Four antenatal visits	0= no (< 4 visits), 1= yes ($\geq$ 4 visits)
Postnatal care	0= no, 1 = yes

5. Discussion

This study is an attempt to investigate the influencing factors of antenatal care, and postnatal care of mother through different methods in accordance with some selected socio-demographic and health related factors. The data were collected from Chuadanga district through purposive sampling. A total of 300 data have collected for this study through personal interview. To carry out these objectives of the study, it has been developed an analytical framework which is based on widely used of statistical techniques like univariate analysis, bivariate analysis, and binary logistic regression analysis. The principle objective of the present chapter is to summarize the major findings of this study and to represent some conclusion, recommendation and policy implications. In this study, the majority of respondents live in rural area which is 96.0%. The educational background of the respondents is concerned that respondents have the secondary level of education (61.0%) and respondent's husbands have secondary level of education (58.7%). So, it can be mentioned that a big number of respondents has at least the secondary level of education under their belt. We see that all respondents of our study are housewives and maximum respondent's husband are farmer. Most of respondent's (42.0%) monthly family income is 6000-8000 taka and 97.3% respondents are Muslim. The majority (58.3%) of respondents' is 20-25 years of age and 59.3% respondent's age at first marriage belong to age group 16-18 years. Respondents have previously used contraceptive (74.0%). Among them 34.0% respondent adopted oral pill. Majority of respondent antenatal visits <4 time, which is 82.7% and also 61.0% respondents having antenatal visits in hospital. Large number (82.7%) of respondent's antenatal visit <4 times and also 61.0% respondent antenatal visit in hospital. For the case of caesarean and non-caesarean delivery, we observe that the last child birth of non-caesarian is 67.3% and caesarian is only 32.7%. Among the total respondent for last child delivery is taking help in hospital/clinic 62.3% and 37.7% at home. In case of postnatal care, 80.0% respondent doesn't get postnatal care and only 18.0% respondent get postnatal care. Place of residence is one of the most important Socio-economic determinants of antenatal care. In a study on postnatal care [5] found that place of residence were significantly (ρ=0.0001) associated with antenatal care and postnatal care in Nigeria. From our results, we see that 25.0% urban, and 17.0% rural persons have >4 times antenatal visit, and 50.0% urban, 16.7% rural persons have postnatal care. Education of respondent is another important Socio-economic determinant of antenatal care, delivery care and postnatal care[6].And[7] demonstrated that respondents' level of education (ρ < 0.05) were significantly associated with antenatal care and postnatal care in Nigeria. We see that 6.2% illiterate, 11.5% primary educated, 18.0% secondary educated and 57.1% higher educated persons have >4 times antenatal visit, and 31.2% illiterate, 17.2% primary educated, 16.9% secondary educated, and 21.4% higher educated persons have postnatal care. Occupation of respondent's husband is important socio-economic determinant of antenatal care, delivery care and postnatal care. The study shows that, 48.5% service holder, 13.2% businessman, 10.1% farmer, and 26.2%-day labor husband`s wives have postnatal care. Age of respondent is also most important demographic determinant of antenatal care, delivery care and postnatal care. This study shows that, 19.2% respondent age ≤ 20 years, 16.0% respondent age 20-25 years, and 19.2% respondent age >25 years have >4 times antenatal visit and 17.8% respondent age ≤ 20 years, 16.6% respondent age 20-25 years, and 23.1% respondent

age >25 years have postnatal care. The same results were found [6, 8, 9]. From contingency analysis, we observe that place of residence, educations of respondent, occupation of respondent's husband, monthly income and expenditure of family, types of family, exposure to mass media, religion, current age, age at first birth, CEB, and BMI are significantly related with number of antenatal visit (Table 4.1). Again, place of residence, educations of respondent, occupation of respondent's husband, monthly income and expenditure of family, types of family, exposure of mass media, religion, current age, age at first marriage, age at first birth, CEB, BMI, number of antenatal visit, place of antenatal visit, nature of delivery, delivery assistant and place of delivery are significantly related with postnatal care. It is found that, the education of respondent would increase with the respondent's number of antenatal visit also increase. In case of respondent education has a positively significant effect on no. of antenatal visit. The risks of no. of antenatal visit for literate persons are 12.975 times higher than rural people. The monthly income has positively significant effect on medical checkup during pregnancy. The risks of medical checkup during pregnancy for monthly income >6000 taka are 29.232 times higher than ≤ 6000 taka. In case of body mass index have positively significant effects on no. of antenatal visit. The risks of no. of antenatal visit for underweight are 0.850 times lower than normal weight and the risks of no. of antenatal visit for overweight are 0.746 times lower than normal weight. Education respondent has a positively significant effect on postnatal care. The risks of postnatal care for literate persons are 18.975 times higher than illiterate persons. Respondent's husband occupation is important factor of postnatal care. The occupation of respondent's husband has positively significant effects on postnatal care. The risks of postnatal care for profession persons are 2.086 times higher than non-profession persons. In case of, current age of respondent has positively significant effect on postnatal care. The risks of postnatal care for >20 years are 0.495 times lower than ≤20 years. Again, body mass index has positively significant effects on postnatal care. The risks of postnatal care for underweight are 0.872 times lower than normal weight. Also again, the type of delivery has positively significant effect on postnatal care. The risks of postnatal care for caesarian case are 1.788 times higher than non-caesarian case. For place of delivery has a positively significant effect on postnatal care. The risks of postnatal care for clinic/hospital delivery persons are 7.807 times more than home delivery persons.

6. Limitations of the study

It was based on respondent's personal report or satisfaction. So the results might not reflect the actual scenarios of the community.

7. Conclusion and recommendations

Improvement of maternal death care services especially antenatal and postnatal care are regarded as an important component for achieving targets of MDGs by the year 2015. Assessment of overall health facilities of a society as well as a country like Bangladesh, maternal morbidity and maternal health seeking behaviors' are powerful indicator which influenced by various socio-demographic factors. Therefore, proper investigations are to be needed for identifying the most important factors and implicating policy against those factors. In this study, it has been found that education of respondent and occupation of husband has strong association with antenatal care, and postnatal care. Thus, we can say that respondent`s education and occupation of husband are two most important factor for reducing morbidity as well as improvement of maternal health. The evidence from this study suggests that public health policies aimed at reducing maternal morbidities and mortalities in Bangladesh should include strategies that will improve maternal health care service (MHCS) through: Increasing maternal education in all regions especially rural areas. Health campaigns against early marriage and awareness program to inform adolescent and young women about the consequences of early pregnancy may play vital role. Income generating work opportunities should be increased for women so that they can be financially independent to seek better health care services. Initiatives to increase access to antenatal and postnatal care for ultra-poor population. Availability of health care facilities and skilled health professionals need to be ensured in the rural areas of Bangladesh so that women do not seek care from non-qualified unskilled doctors, pharmacy or traditional healers.

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