*IOSR Journal of Humanities And Social Science (IOSR-JHSS)*
*Volume 25, Issue 10, Series 10 (October. 2020) 05-16*
*e-ISSN: 2279-0837, p-ISSN: 2279-0845.*
*www.iosrjournals.org*

# Reproductive Health Status and Rights of Married Women at Slums in Urban Bangladesh

Musammat Mahzebin[1], Prof. Dr. Md. Abdul jabbar[2]
[1](*Department of Humanities, Khulna University of Engineering and Technology, Bangladesh)*
[2](*Sociology Department, Khulna University, Bangladesh)*

**Abstract:**
**Background**: Reproductive health and rights is one of the major priorities of global health issues but in our country due to cultural values, religious prejudice and lack of female education, most of the women are not aware of this matter especially in slum areas.
**Materials and Methods**: For this purpose, data were collected from 171 women of three distinct slums in Khulna City Corporation area of Bangladesh. Findings reveal that most of the respondents belong to the age group of 40 to 45 years.43.3 percent of the respondents' age at marriage was 14 to 16 and among them 45.0 percent gave birth to their first child at the age of 17 to 19 years. This study has also found that 34.6 percent respondents had 3 to 4 pregnancy and 35.9 percent have 3 to 4 living children. About 63.7 percent respondents were forced by their husbands to sexual union and only 12.1 percent of the respondents took the decision about using the contraceptive method. Among the respondents, 70.8 percent had an abortion and 52.0 percent faced abortion-related complications. 83.0 percent of the respondents faced pregnancy-related complications. Findings of the study also depict that majority of the respondents (64.7%) had no knowledge about reproductive rights as a basic human right.
**Results**: To improve the study, however, has conclusively identified number of pregnancy (p<.000), educational status (p<.000), distance of hospital (p<.000) as the important reproductive health status and rights.
**Conclusion:** To improve the reproductive health status and rights, it is necessary to empower women through proper education and encourage different Govt. and NGOs to initiate programs for increasing awareness among married women of slums.
**Key Word**: Reproductive Health; Reproductive Rights.

---

Date of Submission: 17-10-2020 Date of Acceptance: 02-11-2020

---

## I. INTRODUCTION

The twenty-first century has been a century of unprecedented population growth (Hossain, 2014) and the world is now inhabited seven billion people where fifty-four percent are urban (UN, 2013).Many developing countries of the world are now characterized by rapid population growth that is partly attributed to high fertility rate, high birth rates accompanied by steady declines in death rates, low contraceptive prevalence rate and high but declining mortality rate (Oeydokun, 2007). Bangladesh is one of them with 160 million people squeezed into an area of 147570 square Kilometers (UN, 2013). Over the past few decades the country has been experiencing one of the highest urban population growth rates, five percent in 1971 to twenty-seven percent in 2008 (UNICEF, 2010), including forty-seven million poor and 7.8 million slum people (Hossain, 2014). In addition, it is a low human development country and ranked 147in the HDI score 0.512 (Jahan, 2014). However, the slum population increases in Bangladesh tremendously during 1986 to 2014 periods (BBS, 1988; BBS, 2003; BBS, 2012,CUS *et al.* 2006; Hossain, 2014). In 2014, the number of slum population stood at 7.8 million, which is 839 percent higher than the number of 1986 (BBS, 1999; BDHS, 2005; Hossain, 2014). Globally, slums have been recognized as neglected communities with limited access to services (Hossain, 2012). Slums are run-down areas of a city characterized by substandard housing and squalor and lacking of tenure security (Alam*et al.*,2013) including poor environmental management, such as deficient access to safe drinking water and sanitation, stagnation of water (Hossain, 2011), poor drainage with excessive open sewers, excessive amount of the uncollected amount of rubbish (Tanni *et al.*, 2015). Poor environmental conditions coupled with high population density makes these inhabitants a major reservoir for a wide spectrum of adverse health condition such as under nutrition, gastric pain, dysentery, general weakness, skin diseases, jaundice (Alamgir*et al.*, 2009) and particularly women suffer from anemia, menstrual problems, pregnancy related complications, post-partum morbidity (Spelberg, 2007).Women are more vulnerable than men in the slum area (Alamgir*et al.*, 2009) where they have less education (Camerun, 2010), income (Alamgir*et al.*, 2009), less decision making

power about their family matter even their own health related problem (Begum *et al.*, 2012).One of the most common health hazards of Bangladeshi women is the reproductive health problems which are indicated by the high maternal mortality and morbidity rate (Haque,2010 In the past few years, the issues of reproductive health and rights have been increasingly perceived as a social problem (Akhter, 2007; Alam, 2012), they have emerged as a matter of increasing concern throughout the developed and developing countries (Jahan, 2014). According to the definition of ICPD held in 1994, "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 therefore 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 (Spielberg, 2007). Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provides couples with the best chance of having a healthy infant(Spielberg, 2007; Akhter, 2007).

Women's reproductive health is relatively a new area of health intervention in Bangladesh (Alam, 2012). Following the International Conference on Population and Development (ICPD) 1994 in Cairo, much concern has been expressed about the importance of reproductive health and rights (Akhter, 2007) and here for the first time the right of women to have a safe and healthy reproductive environment was placed on the agenda (Jahan and Afsana, 2014). The conference came to involve a paradigm shift within the population discourse from Neo-Malthusianism to what is called a Human Development Approach (Mondal*et al.*, 2010). The Human Development approach's central objectives are reproductive health and the right to reproductive autonomy (Mondal*et al.*, 2010) and its focus is about empowerment and allowing women to make individual decisions (Akhter, 2007). According to Human rights law, reproductive health is a fundamental right for every woman (Mondal*et al.*, 2010; Akhter, 2007; Spielberg, 2007). The Program of Action of the International Conference on Population and Development (ICPD) held in Cairo in 1994, defined reproductive health in a comprehensive manner to encompass physical, mental and social wellbeing in all matters relating to the reproductive system and to its function in consists and of its processes (Alam, 2012). Since 1994 reproductive choice and a women's right to self-determination, sexual pleasure and premarital health have been included in the right to reproductive health (Mondal *et al.*, 2010). By referring to human rights and women's reproductive rights there has been a focus on how to strengthen women's voices within the issue of sexuality and reproductive rights among the women within and outside the child bearing age (Akhter, 2007). The agenda also addressed the importance of transforming women's lack of decision-making in to knowledge and empowerment (Hora, 2014), especially in the sense of negotiating in sexual interaction and contraceptive use (Mondal*et al.*, 2010; Spielberg, 2007). But the implementation of this right is very low (Kabir*et al*, 2014) because women both married and unmarried or adolescents are less aware about their right (Jahan and Afsana, 2014). This leads to early marriage, early pregnancy, STIs, sexual violence (Haslegrave, 2013), unintended pregnancy, unsafe abortion (Hossain*et al.*, 2011).

Since independence, Bangladesh has achieved remarkable progress in important aspects of health and family welfare (MoHFW, 1998). However the overall health status, and in particular the status of reproductive health, remains unsatisfactory (Kabir*et al.*, 2014). Bangladesh still faces alarming obstruction in the path to the goals of reproductive health and rights (Jahan, 2014). In the last decade international, governmental and non-governmental organizations, human rights activists and individual researchers have been speaking about status and measures of reproductive rights (Jahan and Afsana, 2014). Though the common understanding of reproductive right is that women should decide and control their own bodies and reproductive behavior (Spielberg, 2007), a majority of women living in the rural areas and in the poor urban settings are subject to physical, sexual, psychological and human rights violations (Akhter, 2007). Women in slum areas are also less aware about their reproductive health's and rights (Hossain, 2014). Under such circumstances, this study was undertaken to explore the awareness of married women about their reproductive health status and rights living in slum areas in Khulna city of Bangladesh.

## II. MATERIAL AND METHODS

The study was carried out following survey research design during August 2019 to October 2019. The married and working women who belonged to the age group of 20 to 45 years , they had been living with husband for at least five years and must have at least one living child were selected as the unit of analysis .

**Study Design:** Descriptive study

**Study Location**: three slums of 24, 26 and 31 No. Ward of Khulna City Corporation, namely *Custom GhatBastee*,*Rupsha Char Bastee*and*LobonchoraRice Mill Bastee*.

**Study Duration:** August 2019 to October 2019.

**Sample size:** 171 married women.

**Sample size calculation:** A sample of 171(*confidence level 95%, Confidence Interval 5.5*) was selected randomly from a sample frame, consisting of 308 census population conducted by the researcher.
**Subjects & selection method**: The married and working women who belonged to the age group of 20 to 45 years , they had been living with husband for at least five years and must have at least one living child were selected as the unit of analysis from three slums of 24, 26 and 31 No. Ward of Khulna City Corporation, namely *Custom GhatBastee*,*Rupsha Char Bastee*and*LobonchoraRice Mill Bastee*.

**Procedure methodology**

Data were collected with regard to relevant variables through an interview schedule, containing both open and close ended items. In addition, secondary data from relevant sources, as well as, books, journals, periodicals were used to strengthen the rationality of the study and further comprehensive analysis. To give the research a proper logical quantitative ground, descriptive as well as inferential statistics were used for analyzing the data through SPSS program.

**Statistical analysis**

To give the research a proper logical quantitative ground, descriptive as well as inferential statistics were used for analyzing the data through SPSS version 20 (SPSS Inc., Chicago, IL). Chi-square and Fisher exact tests were performed to test for differences in proportions of categorical variables between two or more groups. The level $P < 0.05$ was considered as the cutoff value or significance.

## III. RESULT

**Background information of the respondents:**
Findings suggest that the majority of the respondents (29.2%) belonged to the age group of 40 to 45 years and 22.2 percent of them belonged to the age group of 20 to 24 years. The mean age of the respondents is 33.97 years (Table-1). The respondents were predominantly Muslim (38.0%), followed by 29.2 percent Christian, 21.6 percent Hindu and only 11.1 percent Buddhist.

**Table no 1:** Background information of the Respondents.

| **Age (in Year)** | **Number of the Respondents** | **Percent** |
|---|---|---|
| 20-24 | 28 | 16.4 |
| 25-29 | 25 | 14.6 |
| 30-34 | 29 | 17.0 |
| 35-39 | 39 | 22.8 |
| 40-45 | 50 | 29.2 |
| Total | 171 | 100.0 |
| **Mean** 33.97 **and Std. Deviation**7.695 | | |
| **Religion of the Respondents'** | **Number of the Respondents** | **Percent** |
| Islam | 65 | 38.0 |
| Hinduism | 37 | 21.6 |
| Christianity | 50 | 29.2 |
| Buddhism | 19 | 11.1 |
| Total | 171 | 100.0 |
| **Educational Status of the Respondents** | **Number of the Respondents** | **Percent** |
| Illiterate | 46 | 27.9 |
| Primary | 53 | 29.1 |
| Incomplete secondary | 34 | 19.0 |
| Secondary | 38 | 24.0 |
| Total | 171 | 100.0 |
| **Occupation of Respondents** | **Number of the Respondents** | **Percent** |
| Cook | 30 | 17.5 |
| House maid | 29 | 17.0 |
| Paid day labor | 37 | 21.0 |
| Crafts woman/Weaver | 27 | 15.8 |
| Shrimp fry collector | 16 | 9.4 |
| Jute mill worker | 14 | 8.2 |

| | | |
|---|---|---|
| Rice mill worker | 18 | 10.5 |
| Total | 171 | 100.0 |
| **Monthly Income (In BDT)** | **Number of the Respondents** | **Percent** |
| 500-1000 | 16 | 9.4 |
| 1000-1500 | 48 | 28.1 |
| 1500-2000 | 74 | 43.3 |
| 2000-2500 | 33 | 19.3 |
| Total | 171 | 100.0 |
| **Age at Marriage of the Respondents** | **Number of the Respondents** | **Percent** |
| 11-13 | 45 | 26.3 |
| 14-16 | 74 | 43.3 |
| 17-19 | 52 | 30.4 |
| Total | 171 | 100 |
| **Mean** 15.04 **and Std. Deviation**2.268 | | |
| **Number of Pregnancy** | **Number of the Respondents** | **Percentage** |
| 1-2 | 58 | 34.4 |
| 3-4 | 59 | 34.6 |
| 5-6 | 54 | 31.0 |
| Total | 171 | 100 |
| **Mean** 3.36 and **Std. Deviation**1.287 | | |
| **Number of Living Children** | **Number of the Respondents** | **Percentage** |
| 1-2 | 59 | 35.1 |
| 3-4 | 63 | 35.9 |
| 5-6 | 49 | 29.0 |
| Total | 171 | 100 |
| **Mean**2.12 and **Std. Deviation** 0.871 | | |
| **Respondents' Family Type** | **Number of the Respondents** | **Percentage** |
| Nuclear | 69 | 40.4 |
| Extended | 102 | 59.6 |
| Total | 171 | 100.0 |
| **Respondents' Family Size** | **Number of the Respondents** | **Percent** |
| <5 | 70 | 40.9 |
| 6-10 | 96 | 56.1 |
| 11> | 5 | 2.9 |
| Total | 171 | 100 |
| **Mean** 6.34 and **Std. Deviation**2.183 | | |
| **Household Head** | **Number of the Respondents** | **Percentage** |
| Husband | 66 | 38.5 |
| Myself | 49 | 28.7 |
| Parent-in-law | 56 | 32.8 |
| Total | 171 | 100.0 |

Among the respondents, 27.9 percent of women are categorized to be illiterate, 29.1 percent respondents have completed their primary education. 24.0 percent have secondary education. The findings of the study show that significant portion of the respondent (17.5%) was the cook. On the other hand, 17.0 percent of them were house maid, 15.8 percent women were weaver, 10.5 percent were rice mill worker, 21.0 percent were paid day laborer and 8.2 percent were jute mill worker. Most of the respondents (43.3%) lived under the poverty line with an income level of BDT 1500-2000. 19.3 percent of them had a monthly income of BDT 2000 to 2500 whereas 9.4 percent of the respondents had a monthly income level of BDT 500 to 1000. The mean income of the respondents is BDT 2070.18.The majority of the women (43.3%) were married off at their teenage while 30.4 percent were married off at the early twenties and the rest 26.3 percent were married off between the ages

of 11 to 13 years. The mean age of marriage is 15.04. 34.6 percent respondents had 3 to 4 times pregnancy and 31.0 percent had 5 to 6 times pregnancy in their marital life. The mean number of pregnancy was 3.36 and among the respondents 94.2 % have 1 to 3 children. On the other hand, only 5.8 percent parents have 4 to 6 children. The family types of the respondents show that extended family has become most popular and accepted by most of the people. Among the respondents, 59.6 percent of the total possessed the extended type of family and 40.4 percent respondents have come from the nuclear family. Among the respondents majority (56.1 percent) had the family member of 6 to 10, while 40.9 percent of them had the family member less than 5. On the other hand, only 2.9 percent households contained more than 11members.38.5 percent households were headed by husbands while 28.7 percent of the respondents' families were headed by respondents themselves.

**Reproductive Behavior of the Respondents:**

Women living in slum areas have less decision making power about their family matters even their health issues. They do not have sufficient knowledge about Sexually Transmitted Diseases, Reproductive Tract Infection and HIV (Haslegrave, 2013).The findings (Table 2) suggest that majority (45.0%) had first sexual union at the age of 17 to 19 years and only 3.5 percent had it between20 to 22 years. On the other hand, 37.5 percent had their first sexual union at the age of 14 to 16 and 14.0 percent at the age of 11 to 13 years. A countable part of total respondents (63.7 %) had no decision-making power about the sexual union and their husbands mainly took decision about this. 11.1 percent of respondents had the power to take decision and in case of 25.1 percent both husband and wife took decision about sexual union.

**Table 2:** Reproductive Behavior of the Respondents

| **Age at First Sexual Intercourse** | **Number of the Respondents** | **Percentage** |
|---|---|---|
| 11-13 | 24 | 14.0 |
| 14-16 | 70 | 37.5 |
| 17-19 | 77 | 45.0 |
| 20-22 | 6 | 3.5 |
| Total | 171 | 100.0 |
| **Decision about Sexual Union** | **Number of the Respondents** | **Percent** |
| Self | 19 | 11.1 |
| Husband | 109 | 63.7 |
| Both Husband and Wife | 43 | 25.1 |
| Total | 171 | 100.0 |
| **Forced Sex with Husband** | **Number of the Respondents** | **Percent** |
| Yes | 109 | 63.7 |
| No | 62 | 36.3 |
| Total | 171 | 100.0 |
| **Tortured by Husband for Forced Sex** | **Number of the Respondents** | **Percent** |
| Mentally | 33 | 19.3 |
| Physically | 45 | 26.3 |
| Both | 31 | 18.1 |
| Total | 109 | 63.7 |
| **Menstruation Management** | **Number of the Respondents** | **Percent** |
| Sanitary Napkin | 35 | 20.5 |
| Traditional Old Clothes | 111 | 64.9 |
| Tissue Paper | 25 | 14.6 |
| Total | 171 | 100.0 |
| **Facing Irregular Menstruation Problem** | **Number of the Respondents** | **Percent** |
| Yes | 104 | 60.8 |
| No | 67 | 39.2 |
| Total | 171 | 100.0 |
| **Knowledge about STD and STI of the Respondents** | **Number of the Respondents** | **Percent** |
| Yes | 59 | 33.6 |
| No | 112 | 66.4 |
| Total | 171 | 100.0 |
| **Respondents' Knowledge about** | **Number of the Respondents** | **Percent** |

| **Preventing STD and RTI** | | |
|---|---|---|
| Maintaining Personal Hygiene | 28 | 16.4 |
| Abstinence | 16 | 10.0 |
| Avoidance of Multiple Partner | 36 | 20.5 |
| Use of Condom | 32 | 18.7 |
| Don't Know | 59 | 33.6 |
| Total | 171 | 100.0 |

More than half of the respondents (63.7%) were forced to sex with their husbands where 26.3 percent respondents were tortured physically, 19.3 percent were mentally and 18.1 percent were tortured both physically and mentally by their husbands for forced sex. Most of the women in Bangladesh use old clothes during menstruation and they reuse them without washing it properly and drying thoroughly. More than half of the respondents (64.9%) used traditional old clothes, 20.5 percent used the sanitary napkin and only 14.6 percent used tissue paper during menstruation period. Among the respondents, the majority (60.8%) were facing irregular menstruation problem and 39.2 percent were free from this problem.33.6 percent of the respondents had knowledge about STD and RTI where 66.4 percent respondents had no knowledge about STD and RTI. The findings of the study suggest that 16.4 percent of the respondents think RTI and STI can be prevented by maintaining personal hygiene, 33.6 percent of women have no knowledge about how to prevent it and 20.5 percent of women think that avoidance of multiple partners is the way of preventing STD and RTI.

**Fertility and Family Planning Behavior**

The findings clearly suggest that Most of the respondents (41.3%) delivered their first child at the age of 15 to 17 years, 38.6 percent respondents were the age group of 18 to 20 years and only 20.1 percent respondents delivered their first child at the age of 21 to 23 years. Majority of the respondents, (60.8%) had no power to participate in their child conception, where only 39.2 percent respondents participated in their child conception. In the case of right to decision making on child conception, majority (77.2%) of the respondents did not exercise their right to decision-making on the family size or spacing of children. On the other hand, only 22.8 percent of the respondents exercised their right about this.

**Table 3**: Fertility and Family Planning Behavior

| **Age at Delivery of First Child (year)** | **Number of the Respondents** | **Percent** |
|---|---|---|
| 15-17 | 74 | 41.3 |
| 18-20 | 66 | 38.6 |
| 21-23 | 31 | 20.1 |
| Total | 171 | 100.0 |
| **Mean 33.56 and Std. Deviation 7.59** | | |
| **Participation in the Decision of Child Conception** | **Number of the Respondents** | **Percent** |
| Yes | 67 | 39.2 |
| No | 104 | 60.8 |
| Total | 171 | 100.0 |
| **Right to Decision-making on Family Size or Spacing of Children** | **Number of the Respondents** | **Percent** |
| Yes | 39 | 22.8 |
| No | 132 | 77.2 |
| Total | 171 | 100.0 |
| **Using Contraceptive Method** | **Number of the Respondents** | **Percent** |
| Yes | 101 | 59.1 |
| No | 70 | 40.9 |
| Total | 171 | 100.0 |
| **Decision to Use Contraceptive** | **Number of the Respondents** | **Percent** |

| | | |
|---|---|---|
| Self | 39 | 26.4 |
| Husband | 62 | 32.7 |
| Total | 101 | 59.1 |
| **Having Abortion of the Respondents** | **Number of the Respondents** | **Percent** |
| Yes | 121 | 70.8 |
| No | 50 | 29.2 |
| Total | 171 | 100.0 |
| **Facing Complications after Abortion** | **Number of the Respondents** | **Percent** |
| Yes | 89 | 52.0 |
| No | 22 | 12.9 |
| Total | 121 | 70.8 |

Findings reveal that majority (59.1%) used contraceptives and 40.9 percent did not use contraceptives where husbands of 32.7 percent respondents took the decision about using the contraceptive. On the other hand, only 26.4 percent respondents took decision about it. The majority of the respondents (70.8%) had an abortion where most of the respondents (52.0%) faced abortion-related complications. On the other hand, 12.9 percent did not face any problem related to abortion.26.5percent faced Uterus infection after abortion. Women especially slum areas at any age still face a high risk of post-partum complications which deteriorate their reproductive health. Findings suggest that 21.9 percent women suffered from bleeding and 22.3 percent women suffered from anemia.

***Pregnancy Management and Health-seeking Behavior***

Women in slum areas find very easy check-up during pregnancy. Various Government and NGO facilities make it available and sometimes provide at free cost.

Findings suggest that more than half of the respondents (56.7) got regular check-up and majority (40.9%) went to other health care services like NGOs hospital, Urban Health Care services.

**Table 4:** Pregnancy Management and Health-seeking Behavior

| **Regular Check-up during Pregnancy** | **Number of the Respondents** | **Percent** |
|---|---|---|
| Yes | 97 | 56.7 |
| No | 74 | 43.3 |
| Total | 171 | 100.0 |
| **Place of Check-up during Pregnancy** | **Number of the Respondents** | **Percent** |
| Govt.Hospital | 27 | 15.8 |
| Other Health Care Services | 70 | 40.9 |
| Total | 97 | 56.7 |
| **Torture by Husband during Pregnancy** | **Number of the Respondents** | **Percent** |
| Burning and Kicking | 54 | 36.3 |
| Aggression and Constant Humiliation | 27 | 17.3 |
| Battering and Rebuking | 39 | 22.4 |
| Verbal Aggression and Slapping | 24 | 14.0 |
| Denial of Food and Basic Needs | 26 | 10.0 |
| Total | 171 | 100.0 |
| **Facing Pregnancy Related Complications** | **Number of the Respondents** | **Percent** |
| Yes | 142 | 83.0 |
| No | 29 | 17.0 |
| Total | 171 | 100.0 |
| **Consult with Medical Professionals for Pregnancy Related Complications** | **Number of the Respondents** | **Percent** |
| Doctor | 50 | 29.0 |

| | | |
|---|---|---|
| Trained Birth Attendant | 41 | 24.2 |
| Untrained Birth Attendant | 51 | 29.8 |
| Total | 142 | 83.0 |
| **Delivery Personnel of the Respondents** | **Number of the Respondents** | **Percent** |
| Doctor | 45 | 25.4 |
| Trained Birth Attendant | 39 | 22.7 |
| Un-trained Birth Attendant | 87 | 51.9 |
| Total | 171 | 100.0 |

The data suggest that 36.3 percent were burnt and kicked by husband and 22.4 percent were battered and rebuked by their husband during pregnancy. The women in Bangladesh suffer from various pregnancies related complications but they are less aware about this problem. Findings reveal that most of the respondents (83.0%) faced pregnancy related complications and for these problems only 29.0 percent respondents went to doctor. Maximum respondents' (51.9%) delivery was conducted by the un-trained birth attendants and 25.4 percent was by the doctors.

**Knowledge about Reproductive Rights of Married Women :**

Most of the slum women still don't know that they have an equal right as men in every sphere of life. The findings clearly suggest that the majority of the respondents (61.1%) had no knowledge about equal right as men. only 35.3 percent of the respondents had knowledge about reproductive health and rights.

**Table 5:** Knowledge about Reproductive Rights of Married Women

| **Knowledge about Equal Rights** | **Number of the Respondents** | **Percent** |
|---|---|---|
| Yes | 69 | 38.7 |
| No | 102 | 61.1 |
| Total | 171 | 100.0 |
| **Knowledge about Reproductive Health and Rights** | **Number of the Respondents** | **Percent** |
| Yes | 55 | 35.3 |
| No | 116 | 64.7 |
| Total | 171 | 100.0 |
| **Factors Affecting Women's Reproductive Decision Independently** | **Number of the Respondents** | **Percent** |
| Illiteracy | 20 | 11.7 |
| Religious Prejudices | 30 | 17.5 |
| Lack of Knowledge and Information on Reproductive Issues | 33 | 19.3 |
| Lack of Husband's Cooperation | 27 | 15.8 |
| Economic Dependency | 21 | 12.3 |
| Social Dishonor | 40 | 23.4 |
| Total | 171 | 100.0 |

Data show 23.4 percent of the respondents believed social dishonor, 11.7 percent believed illiteracy, 15.8 percent believed the lack of husband's cooperation and 19.3 percent thought Lack of Knowledge and Information on Reproductive Issues affected women's decision making independently about their reproductive health.

**Covariates of Reproductive Health Status and Rights of Married women:**

Number of pregnancy is one of the factor which influence pregnancy related complications. The data show that women who had more pregnancy were more likely suffered from pregnancy related complications (Table 6)than women had less pregnancy. The differences are statistically significant ($p$<.000). Educational status determines

women's knowledge about STD and RTI. The data illuminate that women from lower educational background has few or no knowledge about STD and RTI compared to higher educational background ($p$<.001) and this difference also revealed in maintaining hygiene during menstruation ($p$<.001).The data show that distance of hospital from residence influence women for going to check-up during pregnancy period. When hospital was near to residence, women went to check-up for more time than others. On the other hand, when hospitals was far from respondents house, they went to check-up less time during pregnancy period and the differences are statistically significant($p$<.000).

**Table 6:** Reproductive Health Status and Rights of Married women and its Covariates

| **Variables** | **Reproductive Health Care-seeking Behavior** | | | | | **Pearson's $X^2$** | **Fisher's Exact Test** | ***p*** |
|---|---|---|---|---|---|---|---|---|
| **Number ofPregnancy** | **Post-Partum Complications** | | | | | | | |
| | **Uterus infection** | **Bleeding** | **Anemia** | **Lower abdominal pain** | **Fever more than three days** | 99.615 | 70.433 | .000* |
| 1-2 | 11 (7.9) | 14 (8.9) | 12 (7.1) | 7 (3.4) | 10 (3.7) | | | |
| 3-4 | 14(10.4) | 10(4.9) | 14(7.9) | 10(4.9) | 11(6.5) | | | |
| 5-6 | 9(2.9) | 13(8.1) | 13(7.3) | 12(5.3) | 11(10.8) | | | |
| **Knowledge about STD and STI** | **Educational Status of Respondent** | | | | | | | |
| | **Illiterate** | **Primary** | **Incomplete Secondary** | **Secondary** | | 394.912 | 237.377 | .000* |
| Yes | 8(4.6) | 9(4.9) | 20(11.9) | 22(12.1) | | | | |
| No | 38(18.0) | 44(21.1) | 14(12.1) | 16(13.9) | | | | |
| **Practice of Hygiene during Menstruation** | **Educational Status of Respondent** | | | | | | | |
| | **Illiterate** | **Primary** | **Incomplete Secondary** | **Secondary** | | 282.869 | 148.132 | .000* |
| Yes | 11(7.4) | 13(7.6) | 21(10.1) | 28(11.1) | | | | |
| No | 35(20.5) | 40(22.8) | 13(8.9) | 10(11.6) | | | | |
| **Time to Visit for Check-up during Pregnancy Period** | **Distance of Hospital from Residence** | | | | | | | |
| | **Less than 1 Km.** | **1 to 2 Km.** | **3 to 4 Km.** | **4 to 5 Km.** | **More than 5 Km.** | 437.783 | 244.256 | .000* |
| Once | 14(6.8) | 10(6.1) | 7(5.2) | 6(3.0) | 6(3.2) | | | |
| Twice | 9(5.9) | 7(5.6) | 6(4.5) | 7(3.3) | 6(2.3) | | | |
| Thrice | 14(6.9) | 11(6.3) | 9(6.7) | 8(3.8) | 6(4.1) | | | |
| More than Thrice | 12(6.7) | 9(5.9) | 9(6.5) | 8(3.6) | 7(3.6) | | | |

Values in Parenthesis are Percentages
Significant at 5% Level of Confidence

## IV. DISCUSSION

Most of the respondents belonged to the age group of 40 to 45 years with an average age of 29.2 years and they were predominantly Muslims. The respondents were relatively less educated and most of them did not complete primary education. It is important to notice that a large portion of the respondents' age at marriage was 14 to 16 years which leads to early conception and more children. Bangladesh is still facing the immense pressure of bursting population and most of the respondents (56.1%) had a family consisting of 6 to 10 members and headed by husband. Majority of the respondents' have three to four children. The occupation of the respondents is also a key factor of determining their reproductive health status but most of them involve vulnerable or no permanent job with poor income. However, their monthly income rarely crossed over BDT 2000 to 2500, which is insufficient to live with a family.

The findings also explicate that majority of the respondents husband took decision about sexual union and forced by their husbands for the sexual union even in their menstruation period or illness. For this reason, they also tortured mentally and physically. Most of the respondents were not aware about menstruation management. They used traditional old clothes during menstruation. They were not aware of maintaining hygiene but educated women were more conscious about it than others. Knowledge about STD and RTI and it also depends on the educational status of the respondents. In the case of knowledge about preventing STD and RTI, a number of respondents were believed that avoidance of multiple partners is necessary and majority of the respondents had no knowledge about this.

Findings imply that most of the respondents (41.3%) delivered their first child at the age of 15 to 17 years.60.8 percent of them did not participate in the decision of their child conception. On the other hand, majority of the respondents had no right to decision making on number and space of their children or family size. The data reveals that most of the respondents were use contraceptives but the decision to take contraceptive was also taken by husbands. It is important to notice that majority of the respondents had an abortion and faced abortion related complications.

The findings also explicate that most of the respondents went to regular check-up during their pregnancy period and it was also found that their frequency of check-up and place of check-up depended on their income, distance of the hospital, education and husbands' wish. Tortured by husband during pregnancy was very common in slum area which could create serious health risk of the respondents. Data also reveal that majority of the respondents faced pregnancy related complications and very few respondents were preferred to going to doctor for these problems.

The findings of the study also illuminate that most of the respondents were not aware of their reproductive rights even human rights. They think man has the supreme power to control over the family and his wife. In the question of knowledge about equal right, the majority of the respondents answered that they had no knowledge about it. Most of the respondents never heard about reproductive health and rights of women. To discuss factors that affect reproductive health and rights of women, respondents claimed that many factors like social dishonor, illiteracy, lack of knowledge, information on reproductive issues were responsible for this. The preceding discussions indicate that women in slum areas were not aware of their reproductive health and rights.

## V. CONCLUSION

In Bangladesh, a majority of women live in poor health conditions. The highest percentage of women in our country has no idea that 'reproductive health' is a basic human right. The study has depicted a number of findings that women's reproductive health and rights are directly related to women's education, number of pregnancy, distance of hospital from respondents' house. In the slum areas, from the analysis of data, it becomes clear that most of the respondents got married at a very early age. As a result, they became pregnant at an early age and this created a health hazard for them. They still practice the traditional ways of behavior in exercising their reproductive lives. Most of them do not have proper knowledge about hygienic menstrual management and as a result many of them suffer from a number of ailments, such as, RTI, severe abdominal pain, excessive bleeding etc. Most of the women's income is very low and they do not have the ability to buy disposal sanitary napkins. A large portion of the respondents were forced by their husbands to sexual union. Even a number of respondents had to face physical and mental torture for sexual union. Birth control was implemented to them and in case of taking decision of birth control method their opinion was ignored. In the pregnancy period, most of them did not go to medical professionals and did not get proper food and sanitation facilities. Food-taboos were also imposed on them and these made them weak and caused to breed malnourished children. In slum areas of Bangladesh there is still insecurity in many steps of the reproductive life of women. Though women in our country have experienced vast improvements in their health during the past few decades, the health condition of slum women has not improved so much. Therefore, the government and non-government organizations, along with civil societies, must work together to improve the current reproductive health status of women and to ensure their rights in slum areas.

## REFERENCES


[1]. Bangladesh Bureau of Statistics (BBS), Ministry of Planning, Dhaka , 1999 ,Census of Slum Areas and Floating Population 1997, Volume1.

[2]. Bangladesh Bureau of Statistics (BBS), Ministry of Planning, Dhaka, 2003, Bangladesh Population Census 2001.

[3]. Bangladesh Bureau of Statistics (BBS), Ministry of Planning, Dhaka, 2012, Bangladesh Population and Household Census 2011 .

[4]. Bangladesh Demographic and Household Survey (BDHS), Ministry of Planning, Dhaka, 2005, Bangladesh Population Census 2005.

[5]. Center for Urban Studies (CUS), National Institute of Population Research and Training (NIPORT) and Measure Evaluation, Dhaka, 2006, Slums in Urban Bangladesh: Mapping and Census 2005.

[6]. United Nations, Economic and Social Commission for Asia and the Pacific (ESCAP), UN, 2013, Urbanization and Socio- economic Developmentin Asia and the Pacific. Asian Population Studies Series No. 122.

[7]. Ministry of Health and Family Welfare of Bangladesh (MoHFW), South Asia Conference on Adolescents, UNFPA, Dehli, Adolescent's Health and Development: Issues and strategies: Empowering Adolescent Girls for Sustainable Human Development, Bangladesh Country Report 1998.

[8]. United Nations Children's Fund (UNICEF), Bangladesh, 2010. Understanding Urban Inequalities in Bangladesh: A Prerequisite for Achieving Vision 2021.

[9]. Akhter S. Knowledge, Attitudes and Practices on Reproductive Health and Rights of Urban and Rural Women in Bangladesh. Journal of Family and Reproductive Health. 2007; 6(4): 67-75.

[10]. Alam M.D., Zahanggir R.M.D., Alinur F.M.D. and Abdullah M.D. Water Supply and Sanitation Facilities in Urban Slums: A Case Study of Rajshahi City Corporation Slums. American Journal of Civil Engineering and Architecture. 2013; 1(1): 1-6.

[11]. Alam M. R. Impact of Socio-Economic, Demographic and Health Related Factors on Reproductive Health Behavior among Ever Married Rural Women: A Study from Bogra SadarUpazila, Bangladesh. Online Journal of Social Sciences Research. 2012; 1(2): 69-77.

[12]. Alamgir M. S., Jabbar M.A. and Islam S. A. Assessing the Livelihood of Slum Dwellers in Dhaka City. Journal of. Bangladesh Agricultural University. 2009; 7(2): 373–380.

[13]. Begum H., Sayem A. M., and Nili N. Differentials in Place of Delivery and Delivery Assistance in Urban Slum Areas, Bangladesh. Journal of Family and Reproductive Health. 2012; 6(2), 49-58.

[14]. Cameron S. Access to and Exclusion from Primary Education in Slums of Dhaka, Bangladesh. Global Disclosure of Economics and Business. 2010;3(32):2307-9592.

[15]. Haque D. M. Knowledge of Reproductive Health.Social Awareness Journal of Armed Forces Medical College, Bangladesh. 2010; 6(2): 2-4.

[16]. Hora E.A. Factors that Affect Women Participation in Leadership and Decision Making Position. Asian Journal of Humanity,Art and Literature. 2014; 4(1): 97-117.

[17]. Hossain S. Urban Poverty in Bangladesh: Slum Communities, Migration and Social Integration I.B.Tauris and Co .Ltd. 2011. London.

[18]. Hossain A., Maddow-Zimet I., Singh S.and Remez, L.Menstrual Regulation, Unsafe Abortion and Maternal Health in Bangladesh. Issues in Brief (Alan Guttmacher Institute). 2012. 4(3): 1-8.

[19]. Hossain B. Do the Slum Dwellers Enjoy the Basic Constitutional and Economic Rights as a Citizen in Bangladesh?. Journal of Economics and Sustainable Development.2014; 5(22): 82-89.

[20]. Hossain B. Poverty Reduction during 1971-2013 Periods: Success and its Recent Trends in Bangladesh. Global Journal of Human-Social Science: E-Economics.2014; 14(5):39-47.

[21]. Hossain M. K., Mondal M. N. I. and Akter M. N. Reproductive Health Rights of Women in the Rrural areas of MeherpurDistrict in Bangladesh. Journal of Reproduction and Infertility. 2011; 12(1): 23.

[22]. Haslegrave M. Ensuring the Inclusion of Sexual and Reproductive Health and Rights under a Sustainable Development Goal on Health in the Post-2015 Human Rights Framework for Development. Reproductive Health Matters.2o13; 21(42): 61-73.

[23]. Jahan N. Factors Influencing Women's Reproductive Health. ABC Journal of Advanced Research.2014; 3(2), 38-46.

[24]. Jahan R. and Afsana K. 2014. Commentary: Sustaining Progress towards Comprehensive Reproductive Health Services in Bangladesh. Global Public Health, (ahead-of-print).2014; 4(2): 1-3.

[25]. Kabir H, Saha, NC, Wirtz AL. and Gazi R.Treatment-seeking for Selected Reproductive Health Problems: Behaviors of Unmarried Female Adolescents in two Low-performing Areas of Bangladesh. Reproductive Health. 2014; 11(1): 54.

[26]. Mondal MNI, Hossain MK and Akter MSN.Reproductive Health Rights of Women in the Rural Area of Meherpur District in Bangladesh.Journalof Reproductive Health and Infertility.2010; 12(1): 23-32.

[27]. Oyedokun AO. Determinants of Contraceptive Usage: Lessons from Women in OsunState,Nigeria. Journal of Humanities and Social Science. 2007; 1(2):12-14.
[28]. Spielberg LA. Reproductive Health Part 1: Introduction to Reproductive Health & Safe Motherhood, Global Health Education Consortium and Collaborating Partners.Dartmouth Medical School. USA.2007.
[29]. Tanni T T.Hasan MJ, Azad AK. and Bakali B. State of the Environment in Slum Area: A Case Study on Khora Slum, Khulna. Journal of Environmental Science and Natural Resources.2015; 7(1): 295-304.

Musammat Mahzebin, et. al. "Reproductive Health Status and Rights of Married Women at Slums in Urban Bangladesh.'' *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 25(10), 2020, pp. 05-16.