

## **Do male care about reproductive health of their female partners in Bangladesh**

### **Extended Abstract**

All over the world maternal health remains a concern for program managers. The maternal mortality ratio is not merely an indicator of maternal health, but considered to be an important indicator of the health status and well being of a nation. Maternal mortality ratio remains high in Bangladesh, which is 322 in 2004 in spite of strong programmatic interventions. Like in most developing countries, the existing public health care facilities available to the women are inadequate, both in terms of quality and quantity. In general, women in Bangladesh have poor reproductive health knowledge and suffer from various RH problems including RTIs/STIs. They do not perceive the need of health care from a qualified service provider. Most of the women seek treatment from unqualified service providers. In addition, women need to depend on men decision to seek care. Bangladesh society is a male dominating and most of the head of household is male. Women has less involvement in decision making process.

Utilization of materiality care provided by skillet professional during and after delivery is alarmingly low in Bangladesh. About half of the pregnant women do not seek any antenatal care. The reduce the life threats for mother and children, it is important to increase deliveries by trained providers. Yet delivery remains almost universal all over the country. Women, as well as men, play key roles in improving women's reproductive health, including family planning. Men's awareness of potentially life-threatening conditions during pregnancy, delivery and after delivery is lower in Bangladesh than many other developing countries. In addition, men perceived this is an women's issue.

Several social, religious and economic constraints prevented women from seeking services from health facilities (Rahman et al. 2006; Rob et al. 2006). The most cited reasons for not delivering at a facility are the perceived absence of need (68%) followed by cost of treatment (18%), poor quality of service (10%) and transportation (6%) (NIPORT et al. 2003). Only 21 percent of the mothers received any checkups from trained providers within 42 days of delivery. The main reason for not receiving postnatal care (PNC) is the perceived absence of need and cost of treatment. To achieve the Millennium Development Goal of reducing maternal mortality to 143 by the year 2015, it is necessary to make a significant change in men attitude towards women health care seeking behavior.

Bangladesh health and family planning program has been successful in increasing contraceptive use among females but has failed to reach males. Condom use has remained low at four percent despite the collective effort by the national family planning program, private company and NGOs. Findings suggest that about 21 percent of currently married women and 32 percent of currently married men ever used condom, while more than 90 percent of couples have heard about the method. It is also found that one-fourth of the non-users do not intend to use any contraceptive method in future. Among those who intend to use, only nine percent of men mentioned male methods including 4.3 percent condom. Interpersonal communication is an important intermediate step to along the path to eventual adoption and sustained use of contraception. Study shows that half of the couple did not discussed about family planning among themselves.

To improve the RH status of women in Bangladesh it is important to understand the various factors that contribute to maternal health. This may be helpful in explaining the reproductive health status of women. Male partners decision in using contraception or maternal health care could influence the maternal health overall. This study examines the men's attitude towards women RH health status and health care seeking.

The 2000 and 2004 Bangladesh Demographic and Health Survey (BDHS) male data set was used in the analysis. The BDHS was conducted among a nationally representative sample of married men and women of reproductive age. With the aim of collecting information on marriage and sexual activity, RH care utilization, Attitude towards women reproductive health and empowerment, HIV/AIDS and sexually transmitted diseases and domestic violence 3000 male in 2000 and 4400 male in 2004 age 15-54 were interviewed.

It is observed that most of the households in Bangladesh are headed by males. Regarding women's decision making autonomy, 48 percent respondents determined whether his female partner will go for health care, which has increase over the period. Almost half of the respondents justified beating his wife if she goes out of house without his permission which was less in the earlier surveys. Family planning acceptance rate among male is also very low. In majority of the cases, males do not accompany their wives for antenatal and post-natal care or for the management of contraceptive side-effect. Findings suggest that more male involvement in reproductive health is needed to improve reproductive health women.