



# **Men's Knowledge, attitude and practice of maternal health in rural area of Bangladesh: A case study of Kulla village**

*A MSS (Masters) Dissertation*

**By**

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*Submitted to the Department of Journalism and Mass Communication  
Daffodil International University in partial fulfillment of the requirements for the degree of  
Masters of Social Science (MSS)*

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**DATE OF SUBMISSION: 02 May, 2019**

## **Application for Approval of Dissertation**

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**Subject: Application for submission of my dissertation for approval.**

Dear Sir,

I have accomplished my dissertation on ‘Men’s Knowledge, attitude and practice of maternal health in rural area of Bangladesh: A case study of Kulla village’ as a course requirement for my post-graduation programme.

I have tried my level best to work sincerely to cover all aspects regarding the matter which I have been assigned.

I believe that this dissertation has enriched both my knowledge and experience. I hope you will assess my report considering the limitations of the study. I shall be highly grateful if you kindly accept my project. Your kind approval is solicited.

Sincerely yours,  
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## Letter of Approval

This is to certify that Feroz Kabir ID: 182-28-277 has done his dissertation entitled, “Men’s Knowledge, attitude and practice of maternal health in rural area of Bangladesh: A case study of Kulla village” under my supervision and guidance.

The study has been undertaken *in partial fulfillment of the requirements for the degree of Masters in Social Science (MSS)* in Journalism and Mass Communication at Daffodil International University. The study is expected to contribute in the field of Journalism and Mass Communication as well as in further study about ‘Men’s Knowledge, attitude and practice of maternal health in rural area of Bangladesh’.

‘.



.....  
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# Declaration of Authorship

I do hereby declare that the work presented here is, to the best of my knowledge and belief, original and the result of my own investigations, except as acknowledged, and has not been submitted, either in part or whole, for a degree at this or any other University.

Sincerely,

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# Abstract

Men remain an authority in all the aspects of reproductive health from policy making to the grass root level. Present study was conducted to determine the consciousness and contribution of men in maternal health care and to assess their attitude towards their partners. The status of men's knowledge of and awareness to maternal health care are largely unknown in rural area of Bangladesh and the effect of community focused interventions in improving men's knowledge is largely unexplored. This study detects the extent of men's knowledge and consciousness on maternal, neonatal and child health issues between intervention and control groups. The qualitative and quantitative methods of questionnaire survey will be used for collecting and analyzing data in this study where Kulla village of Dhamrai Upazila is selected purposively as a case study area for Men's Knowledge, attitude and practice of maternal health in rural area of Bangladesh. The study shows that most of the men are careless about maternal health and most of them have no idea about some significant matter of maternity. The traditional belief about maternity is still remaining in most of the men which can affect a child and women during pregnancy. The study also reveals that Married men are more knowledgeable than bachelors.

# Chapter One

## Background of the Study

**1.1. Introduction:** Men play an important role in most societies. They still remain an authority in decision making in matters reaching from the size of families to the policy and programme at all stages. Attention to men's participation in reproductive health received an incentive following the "Programmed of action" forged at the 1994 International Session on Population and Development in Cairo.<sup>1</sup> It was assumed that superior efforts should be prepared to accentuate shared responsibility of men and their active connection in accountable parenthood, sexual and reproductive performance, including family planning; prenatal, maternal and child health. Thus the United Nations Population Fund (UNFPA) has actively endorsed male involvement as a key to the accomplishment of maternal health goals and standards of care.

It is now clear that the target of plummeting maternal deaths by 75 per cent by 2015 (Millennium development goals) will not be met without the rigorous determinations of all involved. Men, as partners, fathers, husbands, policymakers and community leaders have a precarious role to play in maintenance the health of women during pregnancy and beyond.

Regrettably there is a much minor body of literature on male participation that specifically examines their role in dropping maternal mortality and safeguarding harmless mother hood. As potential fathers, husbands are likely to be more closely involved in their wife's pregnancy and delivery. Yet we discern little about how involved they are when it comes to comprehensive maternal care. Involving husbands and boosting joint decision making in reproductive and family health may run a significant strategy in achieving maternal health goals. It is, therefore, significant to study the involvement of men in maternal healthcare during pregnancy and childbirth in a emerging country setting like Bangladesh.

**1.2. Rational of the study:** In Bangladesh, mostly a male-controlled society, women's access to social, financial, politico-legal and health care organizations is largely arbitrated by men. Inside the household and in the public province, men control women's sexuality, their choice of marriage partner, their right of entry to labor and other marketplaces and their income and assets. This distresses women's health and health-seeking behavior in numerous ways, initially, by supervisory behaviors and decision-making authority of husbands and elderly members, furthermore, through neglect and low prioritization of women's health issues and finally, because of traditional beliefs that reflect morbidity during pregnancy . Other noticeable obstructions to male involvement in maternal health are social stigma derivative from notions of bad luck (terrible happening connected with women's luck) associated with an abnormal pregnancy or delivery; shyness and awkwardness at having to deal with 'women's matters' publicly; and job responsibilities.

**1.3. Introduction of the village:** Kulla Village, with population of 8450 is one of the most populous village, located in Dhamrai Upazila of Dhaka district. Total geographical area of Kulla village is 6 km<sup>2</sup> and population density of the village is 415 persons per km<sup>2</sup>.



Nearest area of the village is Bara Chandrail and Khatra. The village has its own Union Parishad in its area. Besides there a government school and some mosque available in Kulla village. Among the total population, 51% are male and 49% are female. Total 44% people in the village are literate, among them 26% are male and 18% are female.

#### **1.4. Objectives of the study**

The overall objective of the study comprehend the tendency, knowledge and attitude of men about maternal health in rural area of Bangladesh. The specific objectives of the study include to:

1. To investigate the factors of male involvement in maternal health care.
2. To find out the knowledge of men's about the antenatal care, postnatal care, and neonatal care for the promotion of maternal health.
3. To know the men's practice and behavior during complications of pregnancy.

#### **1.5. Literature review**

Different characteristics and issues of the role of communal based organization to advance maternal health care have been done by lengthy studies. Most of the studies tried to show the socio-economic condition to improve of women maternal health care. Usually the researchers used the different technique of tabular analysis of comparison previous and present condition of health care service of pregnant women. This study focused on Men's Knowledge, attitude and practice of maternal health.

Two thirds (64 %%) of mothers do not receive pregnancy care that is influencing maternal mortality ratio. 59% urban mothers receive pregnancy care while in rural area is only 28% (NIPORT 2001). Post-natal care is one of the most dangerous stages for occurrence of life frightening complication. The proportion of mother seeking perinatal care from professionally is very low.

Bangladesh Maternal Mortality Survey 2010 (NIPORT 2011) showed that maternal death declined from 322 in 2001 to 194 in 2010 which was showing a 40 percent decline that gives an average percentage of decline of about 3.3 percent per year. The overall proportion of births attended by experienced health employees increased by more than eight-folds in the last two decades, from 5.0 percent in 1991 to 43.5 percent in 2012-2013. The first MDG Progress Report published in 2005, the MMR in 1990 was 575

per 100,000 live childbirths in Bangladesh. However, according to Bangladesh Maternal Mortality Survey (BMMS) 2010 (NIPORT 2011), maternal mortality deteriorated from 322 in 2001 to 194 in 2010, a decline of about 42 percent. The distinctive rate of deterioration was about 3.6 percent per year, compared with the average annual rate of lessening of 3.1 percent required for achieving the MDG in 2015. . According to BDHS 2011, 67.6 percent of women with a birth in the three years earlier the survey received reproductive maintenance at least once from any supplier. Most women (54.6 percent) got care from a medically trained provider, e.g., doctor, nurse, midwife, family welfare visitor (FWV), community skilled birth attendant (CSBA), medical assistant (MA), or sub-assistant community medical officer (SACMO). The urban-rural difference in reproductive care coverage continues to be large: 74.6 percent of urban women receive pregnancy care from a trained provider, compared to only 48.9 percent of rural women. In the public sector, 64 percent of the total workforce is involved in providing health services. Human resources for maternal healthcare include specialist doctors, general physicians, nurses, medical assistants, pharmacists, medical technologists, family welfare visitors, community-based skilled birth attendants, family welfare assistants, and health assistants. Bangladesh, 54 female community health volunteers and 54 female traditional birth attendants have been trained on maternal and newborn care and are doing home visits to pregnant women to educate them on eating nutritious foods, going for antenatal care visits, making birth preparedness plans and watching for danger signs that indicate a need to go to the health facility. These volunteers are currently doing home visits to 3,426 households. 105 casual service providers have been trained to reduce risky practices and to increase appropriate transfers for mothers and newborns.

36 percent of deliveries were attended by SBAs: 22.9 percent at health facilities and 12.5 percent at home. Of the 22.9 percent facility-deliveries, 12.7 percent took place at private facilities, 9.2 percent in government facilities, while only 0.7% was in community based organization facilities. About two thirds

of all distributions took place at home with unskilled birth attendants. Caesarean sections were performed on 10.9 percent of the study population, while 94 percent and 27 percent had at least one antenatal and postnatal care visit respectively. Of all caesarean deliveries, 74 percent took place at private facilities, 14 percent in government services, and the remaining 14 percent were in community-based facilities.

Most of the rural expected women who received pregnancy care, 33 percent had their last visit at government facilities, 17 percent at community clinics, 24.6 percent at private facilities, and the remaining 27.8 percent were at home. By type of service providers, 32.6 percent received their last pregnancy care visit from qualified physicians, 37 percent from community based paramedics (including home-based SBAs), 25.5 percent from government paramedics, and 6.2 percent from casual benefactors (including TBAs and village doctors). Of those who got postnatal care, their mean number of visits was 1.9. Only 5.5 percent of mothers received postnatal care within 48 households and 14 percent within 1 week after giving birth. Even though Community Clinic maternity-care services make up a small proportion of those used by Bangladeshi women, use of maternal health-care services in the homebased Community-Based Organizations areas in Bangladesh is higher than national averages 19 (36% against 14% skilled attendance), and increases with use of pregnancy care. Inequalities in the NGO areas were not equivalent for all needles: they varied by the type and place of services. Higher-level costlier services were more inequitably disseminated than front-line, less-expensive, anticipatory services.

About 82 percent of women deliver at home, and the programme has tried to intensification access through trained community skilled birth attendants (CSBAs) which is a community-based programme. As yet, available data does not enable an analysis of how effective this involvement has been. Only about 43 percent of the projected obligation of 15,000 CSBA has been trained, but the pool of qualified candidates from the public sector is almost shattered

# Chapter Two

## Research Methodology

In this study both the qualitative and quantitative methods will be used for collecting and analyzing data. To gather information and data from both the primary and secondary sources, multiple methodologies will be used in this study. These are as follows:

### 2.1. Sampling Method: Selection of sampling design

Primary data will be collected through personal interview with the respondents. To attain accuracy and reliability of data, care and caution will be taken in data collection. Before interviewing, the aims and objectives of the study will be explained to each and every men. The secondary sources include govt. publications; seminar papers, journals, published a thesis and topic reelected various books, BBS, web sites etc. Kulla village of Dhamrai Upazila is selected purposively as a case study area for Men's Knowledge, attitude and practice of maternal health in rural area of Bangladesh.

**2.2. Population of the research:** The men above the year 18 to 50 in Kulla village will be considered as the population of the research. As time and budget is limited, purposive Sampling will be used here. About 50 men will be selected here as sample.

### 2.3. Survey Method

A Survey is defined as a research method used for collection data from a pre-defined group of respondents to get information and understandings on various topics of interest. Surveys have a diversity of purposes and can be carried out in many techniques contingent on the methodology preferred and the objectives to be achieved. This study is based on survey method is used to collect data from the selected number of men about their Knowledge, attitude and practice of maternal health. Structured, open-ended, closed-ended, contingency questionnaires are used in the study to collect data.

## **2.4. Definition of terms**

**Maternal health:** Maternal health denotes to the health of women during pregnancy, childbirth and the post-delivery period. While motherhood is often a optimistic and satisfying experience, for too many women it is associated with pain, ill-health and even death.

**Maternal morbidity:** Maternal morbidity is an overarching period that mentions to any physical or mental illness or incapacity directly related to pregnancy or childbirth.

**Men's knowledge:** Men's Knowledge refers to awareness and understanding of maternal health.

**Attitude:** A predilection or a tendency to respond positively or negatively on maternal health.

**Practice:** Practice is the "repeated performance or systematic exercise of men for the purpose of acquiring skill or proficiency about maternity.

**Neonatal:** Neonatal is relating to newborn children



# Chapter Three

## Discussion of findings

The study was conducted on the basis of four objectives: i.e. to investigate the factors of male involvement in maternal health care and finding out the knowledge of men's about the antenatal care, postnatal care, and neonatal care for the promotion of maternal health, to know the men's practice and behavior during complications of pregnancy. The findings derived from the survey method have been presented against the stated object of the study:

**3.1. Men's perception about maternal health care:** The survey shows that, 100% of the total respondents seem very positive and conscious about the maternal care of women. They expressed that a pregnant women obviously needs to be careful about their health during pregnancy. They also added that men should take responsible for women care during pregnancy period. (Table-01)

*Table 1: Do you think a pregnant woman needs to be careful about their health?*

Response	No. of Respondents	Percent
Yes	50	100%
No	00	00%
Total	50	100%

**3.2. The reason for pregnant women to be cared for health:** The survey revealed that out of total 50 respondents, most of them think that “to give birth of healthy new born baby” is the main

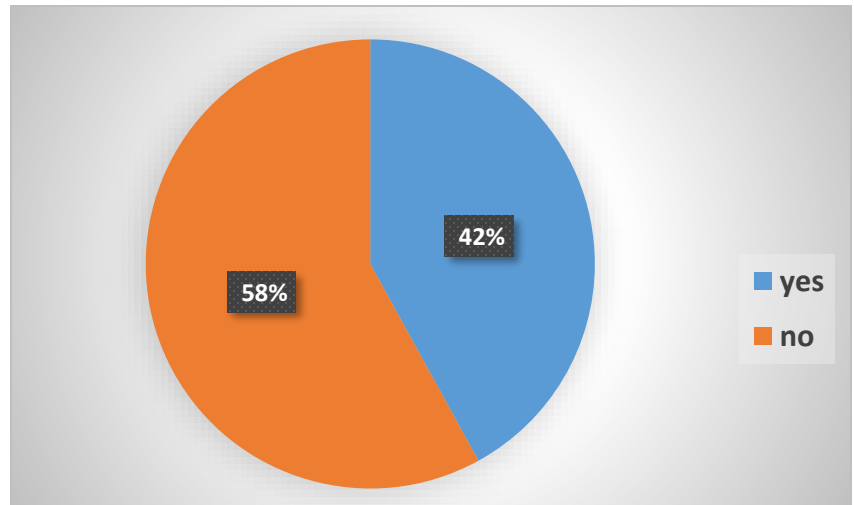
reason for pregnant women to be very careful about their health. Then 20% respondents mentioned about “to avoid maternal risk for both mother and new born baby” as the reason. The remaining percentage of respondents told about “for ensuring good health of pregnant women” as another reason having the rate of 16%. (Table-02)

***Table 2: Why does a women need to be careful about their heath?***

<b>Response</b>	<b>No. of Respondents</b>	<b>Percent</b>
For ensuring good health of pregnant women	08	16%
To give birth of healthy new born baby	27	54%
To avoid maternal risk for both mother and new born baby	10	20%
Others	05	10%
Total	50	100%

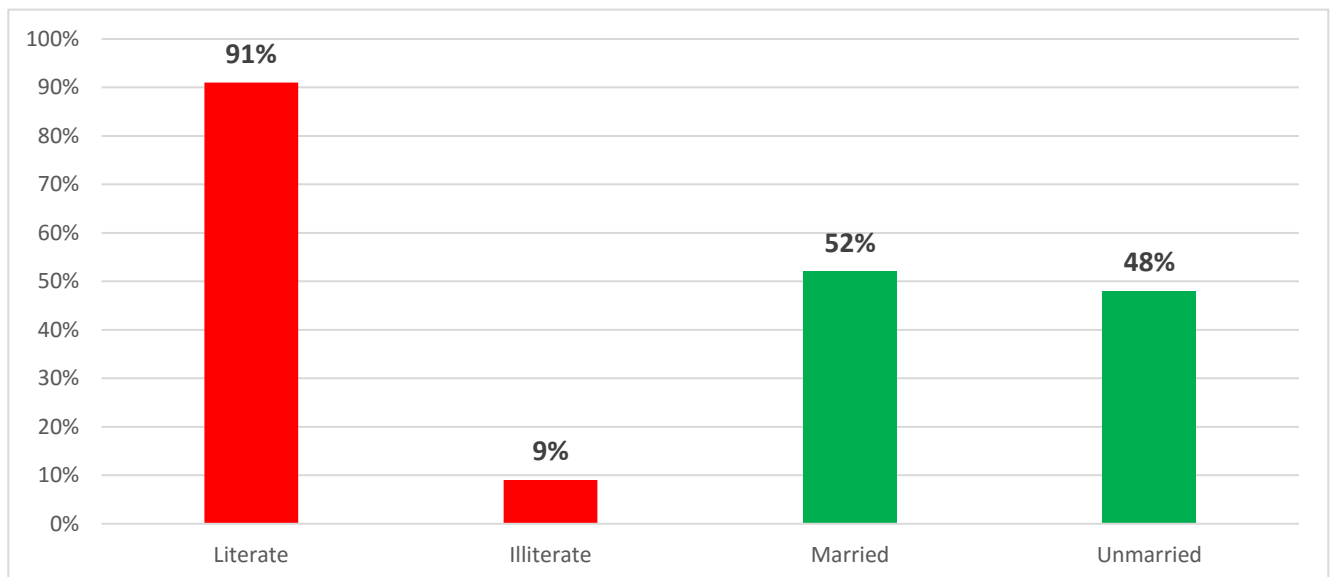
### 3.3. Men's knowledge about balanced diet: Balanced diet is a vital food element for pregnant

women. This food can fulfill all the needs of nutrition. In the study, it is found that most of the men do not know what is balanced diet actually. Even they don't know the importance and essentiality of this food. Off the total respondents only 42% people know about balanced diet and its usefulness for pregnant



*Figure 1: Do you know about balanced diet?*

women.(Graph-1). Among the positive respondents, most of the educated and married men knows about balanced diet. From the findings, it reveals that 91% educated men have more idea of balanced diet where 52% respondents are married. (Graph-02).

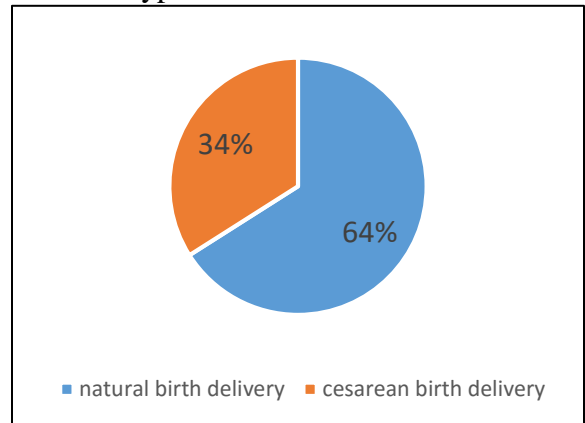


*Figure 2: Cross tabulation who knows about balanced diet*

### 3.4. Preferable child birth method of men:

There are two types of childbirth method which are natural delivery and another one is cesarean delivery.

The study shows that most of the men prefer natural child birth method than the cesarean method. Of the total respondents, about 75% respondents expressing their interest on normal child birth system whereas only 25% respondents prefer cesarean method (Graph-03).



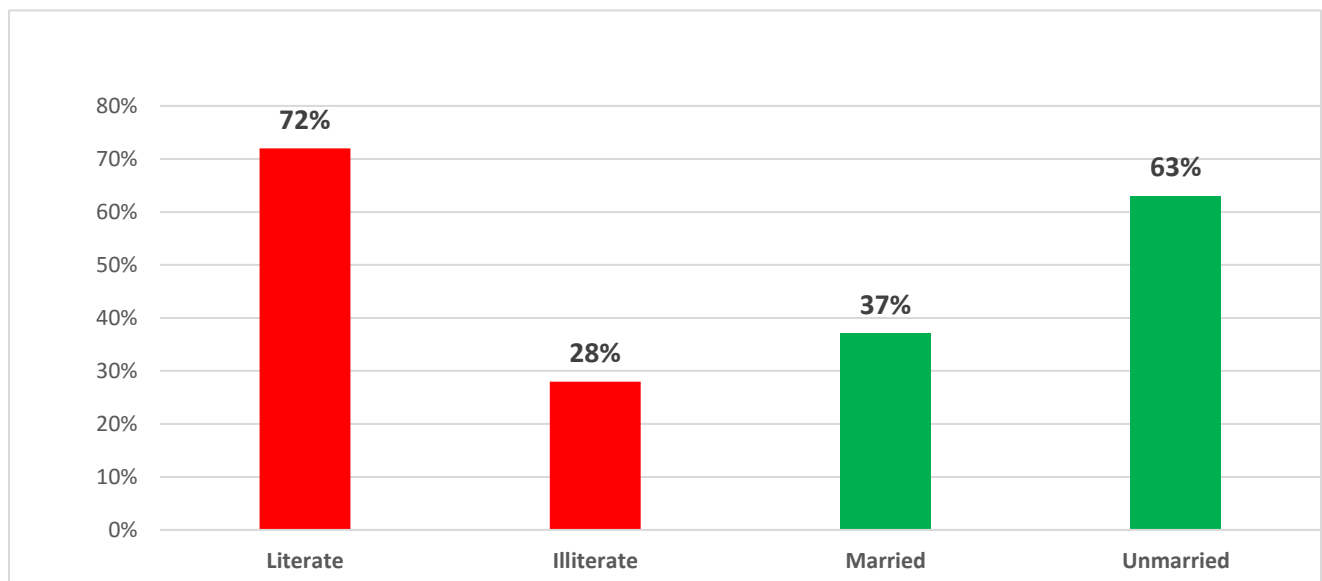
*Figure 3: Which method do you prefer to give birth?*

In the cross tabulation the study shows that most of the

educated people are interested in cesarean method where illiterate people prefer natural delivery method.

Unmarried men also show their interest on cesarean method where married men have less interest on it.

(Graph-04)



*Figure 4: Cross tabulation on cesarean method*

**3.5. The reason for preferring Cesarean method:** From the total of 50 respondents, 17 people have answered this question. At present times, Cesarean delivery is a common matter in Bangladesh and there has many reasons for that. The highest percentage of 47% respondents think that there is no risk in this method. 30% respondents prefer Cesarean delivery because it is less painful for mother. Then 18% respondents from 17 men think Cesarean method is a easy way for childbirth. (Table-03)

*Table 3: Why do you prefer Cesarean delivery?*

<b>Response</b>	<b>No. of Respondents</b>	<b>Percent</b>
It is an easy way for childbirth	03	18%
There is no risk in this method	08	47%
Cesarean delivery is less painful for mother	05	30%
Others	01	5%
Total	17	100%

**3.6. The reason for preferring natural childbirth method:** Before some years, most of the children's gave birth on the normal delivery process. Maximum respondents agreed that the cost of natural delivery is less than cesarean delivery. Experts said that if the condition is good then natural

delivery is acceptable. 14% respondents said that natural delivery cost is less than cesarean delivery and 6% said that it avoid surgery problems and no side effects. (Table-04)

***Table 4: Why do you prefer natural delivery?***

<b>Response</b>	<b>No. of Respondents</b>	<b>Percent</b>
Both mother and child are healthy in natural delivery	10	30%
The cost of natural delivery is less than cesarean delivery	14	42%
True motherhood lies in natural delivery	03	10%
Natural delivery avoids surgery problems and no side effects	06	18%
Total	33	100%

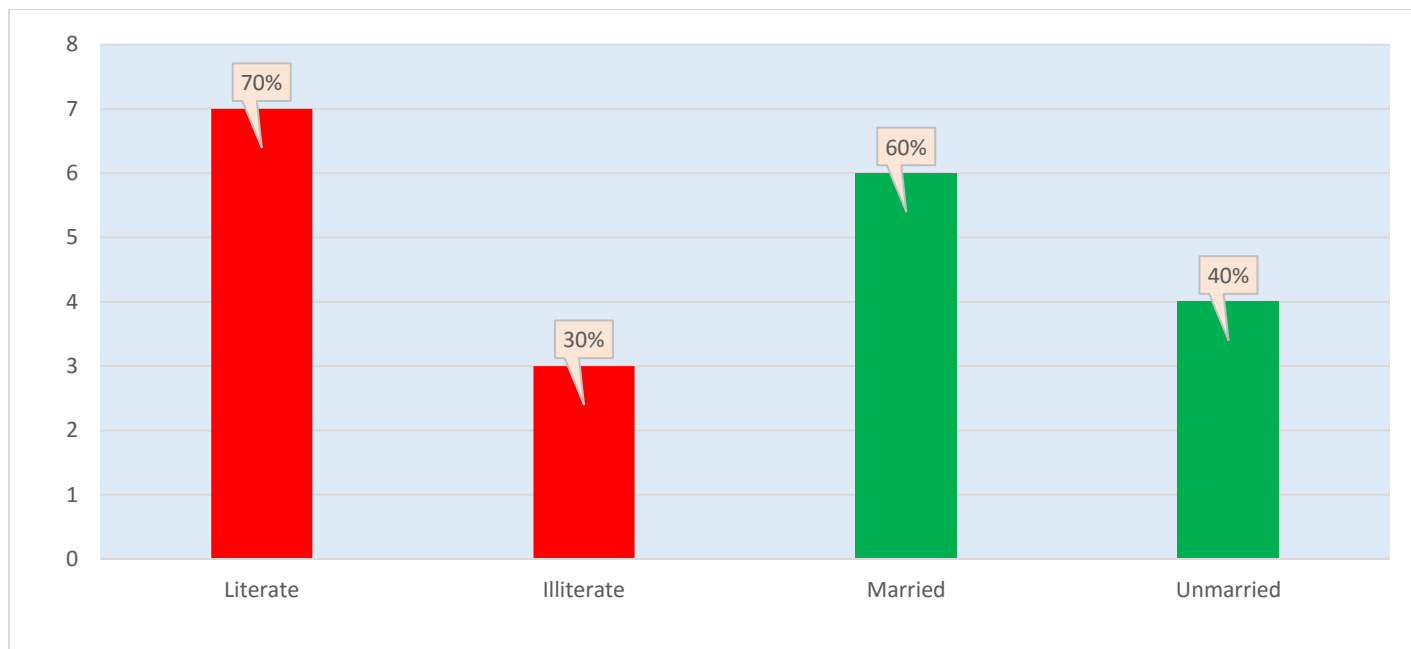
**3.7. Check-ups during pregnancy:** In the pregnancy period, every woman needs minimum 4 times check in health care center. Medical checkup is necessary for a pregnant woman to know their health update in day to day time. Regular checkup help women to keep away from danger in pregnancy period. Of the total respondents, 22% think that two times a woman needs to check up three times during pregnancy. Maximum respondents having 44% revealed that women should need to check up only two times in pregnancy period. About 20% percent people talked about the necessary of checkup for four

times whereas 8% people said only one time. The lowest number of respondents is 6% who told about the necessity of checks up more than 4 times. (Table-05)

***Table 5: At least how many times a woman needs to check up at the health center during pregnancy?***

Response	No. of Respondents	Percent
1 time	4	8%
2 times	22	44%
3 times	11	22%
4 times	10	20%
More than 4 times	03	6%

From the findings, it shows that only 10 people can give correct answer of this question. Among the 10 correct respondents, educated men have corrected more answer and the rate is 70%. Most of the illiterate men have no idea about minimum checkup during pregnancy which can be understood by seeing their 30% rate from the graph. Married men are ahead about this knowledge than unmarried. About 60% men who got married can give correct answer of this question whereas the rate of unmarried men is 40%. (Graph-:05)



***Figure 5: Cross tabulation of giving correct answer on check up***

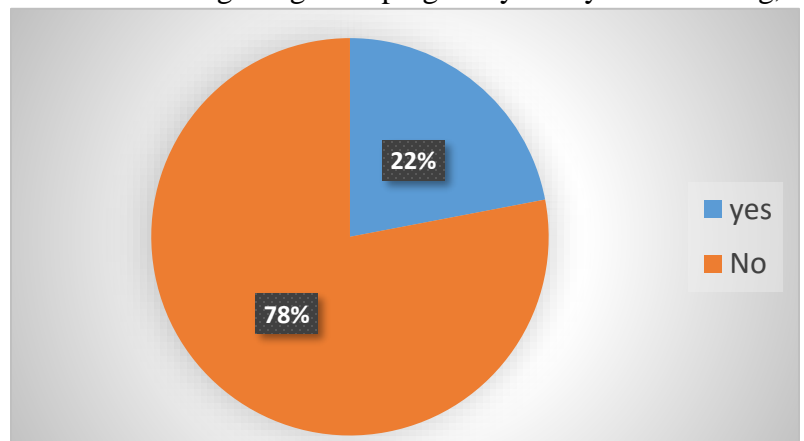
**3.8. Daily times of taking meal for pregnant women:** In the pregnancy period, A woman should eat their meals five times in day. But the study shows that 42% men think, women should take meal four times in day. More than four times should eat their meal per day. Then second highest number of percentage is 26% who told about 3 times meal per day. Only 24% respondents gave the correct answer. For a pregnant woman, nutrition is too much needed because child depends on mother. If mother does not get proper nutrition, the child will be suffer many problems in future. (Table-06)



**Table 6 : At least how many times a woman needs to check up at the health center during pregnancy?**

Response	No. of Respondents	Percent
1 time	00	0%
2 times	00	0%
3 times	13	26%
4 times	21	42%
5 times	12	24%
More than 5 times	04	8%
Total	50	100%

**3.9. Danger signs of pregnancy:** There are five danger signs in pregnancy. They are Bleeding, Severe Nausea and Vomiting, Baby's Activity Level Significantly Declines, Water breaks and headache. In the study, Most of the respondents do not know about danger signs of pregnancy. Of the total respondents, only 22% people told that they know about it.



**Figure 6: Do you know about the danger signs of pregnancy?**

**3.10. Men's knowledge about danger signs:** Maximum respondents do not know about danger signs of the pregnancy period. From the total number of 11 people, 55% people know about two signs whereas 36% people know only one sign. The remaining number have the knowledge about 3 signs. Nobody could not tell about five signs. (Table-07)

*Table 7 : If 'yes', how many danger signs do you know?*

Response	No. of Respondents	Percent
1 sign	4	36%
2 signs	6	55%
3 signs	1	9%
4 signs	0	0%
5 signs	0	0%
Total	11	100%

**3.11. Men's attitude during danger signs occurred:** Of the total respondents, 84 said they will take pregnant woman to the hospital if the five dangers signs occurs before delivery. Only 16% said that they brought village mid wife in his house. It is very good that maximum peoples want to take women to hospital for delivery. (Table-08)

***Table 8: What do you do if the five dangers signs occurs before delivery?***

Response	No. of Respondents	Percent
I shall take her to the hospital	42	84%
I shall take her to the village Fakir	00	0%
I shall brought village mid wife to my home	8	16%
Others	0	0%
Total	50	100%

**3.12. Men's knowledge about TT vaccines for pregnant women:** TT vaccine is also known as tetanus toxoid (TT), is a vaccine used to prevent tetanus. During childhood five doses are recommended, with a sixth given during adolescence. According to the medical science, pregnant women should receive a dose of the Tdap vaccines during each pregnancy, preferably between weeks 27 and 36, to allow antibody transfer to the fetus. All postnatal women who have not previously received Tdap vaccine are suggested to receive Tdap prior to release after delivery. It is suggested for pregnant women who have not ever received the tetanus to receive a series of three Td vaccinations starting during

pregnancy to safeguard protection against maternal and neonatal tetanus. The study shows that 32% respondents think that a woman should need four doses TT vaccines where 22% thinks three about three dose. About 10%, 12% and 8% respondents told about more than five doses, two doses and one dose respectively. Only 16% men can give the correct answer.( Table-09)

***Table 9 : How many TT vaccines a woman should take?***

Response	No. of Respondents	Percent
One dose	4	8%
Two doses	6	12%
Three doses	11	22%
Four doses	16	32%
Five doses	8	16%
More than five doses	5	10%
Total	50	100%

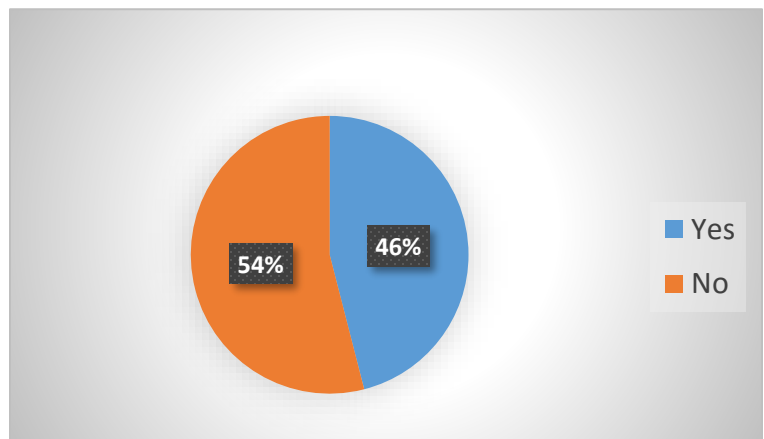
**3.13. Men's knowledge about taking rest of pregnant women:** Normally people should have to sleep 8 in a day. But a pregnant woman should take rest more and the level is minimum 10 hours. But in the study, highest number of people having 52% respondents think that a pregnant woman should have to sleep 8 hours whereas only 18% answered about 9 hours. The remaining number of respondents having 8% and 12% revealed about 6 hours and 9 hours sleeping time. Only 10% men of the total respondents can give correct answer. (Table-10)

**Table 10: How many hours in a day a pregnant woman should have to sleep?**

Response	No. of Respondents	Percent
6 hours	4	8%
7 hours	9	18%
8 hours	26	52%
9 hours	6	12%
10 hours	5	10%
More than 10 hours	0	00
Total	50	100%

### 3.14. Men's knowledge about maternity period preparation: Maternity period preparation

means to manage every before delivery for reduce any kind of unwanted risk. The study shows that 54% people have no idea about maternity period preparation where only 46% people knows about it. (Graph-04)



**Figure 7: Do you have any idea about maternity period preparation?**

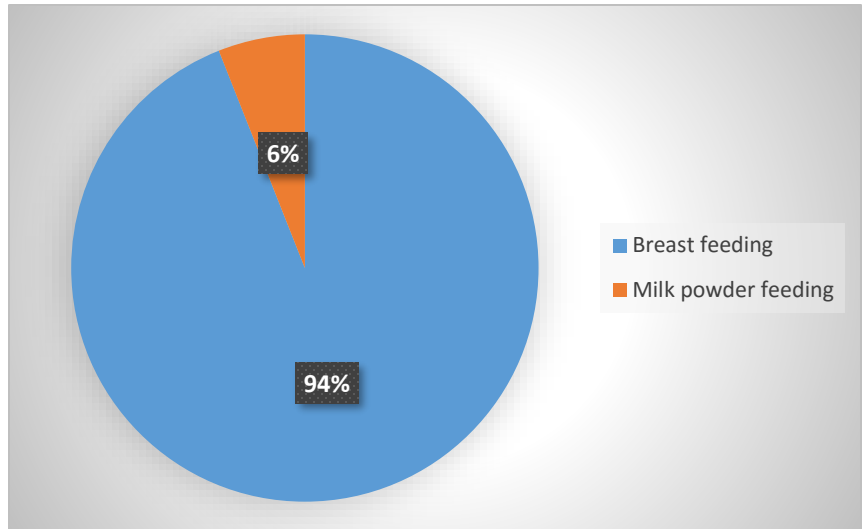
**3.15. The name of maternity period preparations:** In the maternity period, money needs for handling everything properly. The study shows that 48% respondents said they have to save money for delivery period where 26% respondents said to select hospital and doctor before delivery period. Only 13% think they have to pre-book the emergency vehicle for delivery period.

***Table 11: If answer is ‘Yes’, what are the ideas of your maternity period preparation?***

Response	No. of Respondents	Percent
We have to save money for delivery period	11	48%
We will select hospital and doctor before delivery period	06	26%
The emergency vehicle has to be pre-booked for delivery period	03	13%
Others	03	13%
Total	23	100%

### 3.16. Feeding methods for newborn: The study shows that most of people prefer breast feeding

method for newborn baby. Of the total respondents, about 94% people think that breast feeding method is much better and beneficial than milk powder feeding. In the study, about 6% people support milk powder feeding method. (Graph-05)



**Figure 8: Which method is better for feeding newborns?**

**3.17. Men's knowledge about minimum breast feeding time for newborn:** The World Health Organization recommends exclusive breastfeeding for six months and then continued breastfeeding combined with solid foods for 2 years or as long as mother and baby desire. The study shows that most of the respondents have less idea about this knowledge. Only 24% respondents can give correct answer where remaining percentage gave various wrong answer. (Table-12)

**Table 12: How long will a baby have to breastfeed Only?**

Response	No. of Respondents	Percent
One month	0	0%
Two months	4	8%
Three months	7	14%
Four months	10	20%
Five months	11	22%

Six months	12	24%
More than six months	6	12%
Total	50	100%

Doctors said, during 6 months, only breastfeed is enough for a baby. In this time, outer food can be harmed for baby. 24% respondents think that six months should have give breastfeed to a baby. 22% think five months and 20% think only four months should have give breastfeed to baby. Breastfeeding can be continued more than two years.

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# Analysis of findings

**3.18. Lack of knowledge about maternal health:** The study shows that most of the men are careless about maternal health. Most of them have no idea about some significant matter of maternity. They have the lack of knowledge of balanced diet food, danger signs during pregnancy, minimum sleeping hour for pregnant women, necessary vaccines in pregnancy time, neonatal care etc. From the study, it shows that nobody can give correct answer about danger signs of pregnancy. It's really a major factor in our country for huge number of maternity death. The knowledge of men on minimum breast feeding time is not satisfactory. Only 12% men have accurate idea about minimum breast feeding time. Other respondents gave sporadic answer of this question. The lack of knowledge on this issue created the nutrition problem of children health. The respondents has also the lack of knowledge about minimum sleeping time of women. The study shows that only 10% men gave correct answer of this question. Most of them talked about 8 hours and 7 hours sleep in a large number. We have another questions to them about TT vaccines. But it is a matter of regret that only 16% men know the correct answer. The other respondents said that they have heard about TT vaccines before but do not know how many dose TT vaccines should be given to women. This lacking of knowledge causes tetanus of women and children in future. Another findings also show that almost half the men have no idea about balanced diet food which is very vital during pregnancy for women. Only 42% have heard the name of balanced diet food and its usefulness for pregnant women.

**3.19. Traditional belief is still reaming in maternity:** One popular belief in rural area of Bangladesh is that women is responsible to give birth a boy or a girl. Most of the men is also thinks so. In the study it shows that still 16% people are still unaware during the dangers signs in pregnancy. They told that

village midwife will can handle the situation rather than taking to hospital. In another findings. Another findings show that most of the men are very careless about vaccines and health checkup during pregnancy. They do not take it as a serious problem. The study also reveals that during pregnancy mothers are instructed to avoid watching anything frightening, bad or negative. This practice is very common in many cultures of Bangladesh rural area. The belief is that mothers should not expose themselves to anything undesirable or nerve-wracking as this may affect their baby. The anxious mother is always stimulated to be surrounded by beautiful images and a comforting atmosphere to channel positive energy to the baby.

**3.20. Married men are more knowledgeable than bachelors:** The findings show that married men are more conscious and knowledgeable than bachelor. The reason is here that the married men have experienced and faced all these issues related with maternity whereas the bachelor men have not these experience. But it is not satisfactory news because if the bachelor have less idea about maternal health, it will affect their future wife and children. The maternity death and crisis will grow up continue. So it urgent to teach the huge group of bachelor about maternity and neonatal health.

**3.21. Educated men are more knowledgeable than illiterate:** The study shows that educated men have more idea and knowledge about maternity. The educated respondents said that they have been taught about maternity in their academic lesson which keeps them ahead than uneducated men. But some unsatisfactory results come from the study which reveals that most of the educated people are still not aware of maternity. Though they are more knowledgeable than uneducated man, many of the educated respondents have no clear idea and knowledge about maternity. So it is truly a disappointing news for the development country like Bangladesh.

# **Chapter Four**

## **Conclusion and Recommendation**

This study aimed to explore men's knowledge on maternal health issues. The study affords evidence that men have to learn and improve their awareness. With improved communication interference a perilous mass of men can be built up, who are aware of what can be done to improve women's and children's health mostly in relation to delivery, essential newborn and postpartum care. This survey shows where men assemble for social relations. Programme involvements should be directed to informal situations such as fair, market places and tea stalls in order to reach as many men as possible. In response to these findings multimedia messages through electronic media like television and radio could be utilized as these media are often available in such locations. In terms of the content of behaviour change communication messages, we accomplish that shortages are likely to exist in men's knowledge of two crucial and life saving components, birth preparation and newborn care. Anyway, the government should take necessary steps to introduce these components among the all classes of people as early as possible and then we expect to see the improvement in men's knowledge in future.

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# Appendix

The photo of taking interview





## Questionnaire

### মাতৃত্বকালীন স্বাস্থ্য সম্পর্কে পুরুষদের জ্ঞান, মনোভাব এবং আচরণ বিষয়ক সমীক্ষা

নামঃ  
পেশাঃ

বয়সঃ  
আয়ঃ

শিক্ষাগত যোগ্যতাঃ  
বৈবাহিক অবস্থাঃ

প্রশ্ন-১০ঃ একজন গর্ভবতী মহিলার স্বাস্থ্যের প্রতি যত্নবান হওয়া দরকার বলে আপনি মনে করেন?

- (ক) হ্যা (খ) না (গ) জানি না
- প্রশ্ন-২০ঃ উত্তর হ্যা হলে, কেনো দরকার বলে আপনি মনে করেন?
- (ক) গর্ভবতী মায়ের সুস্থ থাকার জন্য  
(খ) সুস্থ শিশুর জন্ম দেওয়ার জন্য  
(গ) অনান্য
- প্রশ্ন-৩০ঃ একজন গর্ভবতী মহিলার সু-স্বাস্থ্যের জন্য সুষম খাবার প্রয়োজন। আপনি কি সুষম খাবার সম্পর্কে জানেন?
- (ক) হ্যা (খ) না
- প্রশ্ন-৪০ঃ সন্তান প্রসবের জন্য নিচের কোন পদ্ধতিকে আপনি ভালো মনে করেন?
- (ক) সিজার (খ) নরমাল ডেলিভারি
- প্রশ্ন-৫০ঃ উত্তর "সিজার" হলে, কেনো ভাল মনে করেন?
- (ক) সন্তান প্রসবের জন্য সহজ পদ্ধতি  
(খ) এই পদ্ধতিতে কোন ঝুঁকি নেই  
(গ) এই পদ্ধতিতে মায়ের কষ্ট কম হয় ও শিশু নিরাপদ থাকে  
(ঘ) অনান্য
- প্রশ্ন-৬০ঃ উত্তর "নরমাল" হলে কেনো ভাল মনে করেন?
- (ক) নরমাল ডেলিভারিতে মা ও সন্তান উভয়েই সুস্থ থাকে  
(খ) সিজারের তুলনায় নরমাল ডেলিভারিতে খরচ অনেক কম  
(গ) অনান্য
- প্রশ্ন-৭০ঃ আপনি কি জানেন, গর্ভকালীন সময়ে একজন মহিলার স্বাস্থ্যকেন্দ্র কমপক্ষে কতোবার চেক-আপ করানো প্রয়োজন?
- (ক) ১বার (খ) ২ বার (গ) ৩ বার (ঘ) ৪ বার
- প্রশ্ন-৮০ঃ একজন গর্ভবতী মহিলাকে দিনে কমপক্ষে কয়বেলা খাবার দিতে হবে?
- (ক) ২ বেলা (খ) ৩ বেলা (গ) ৪ বেলা (ঘ) ৫ বেলা
- প্রশ্ন-৯০ঃ গর্ভবতী একজন নারীর প্রসবকালীন সময়ে বিপদ চিহ্ন সম্পর্কে জানেন কি?
- (ক) হ্যা (খ) না (গ) মোটামোটি
- প্রশ্ন-১০০ঃ উত্তর 'ক ও গ' হলে, কয়টি বিপদ চিহ্ন সম্পর্কে জানেন?
- (ক) ১টি (খ) ২টি (গ) ৩ টি (ঘ) ৪টি (ঙ) ৫ টি (চ) একটিও না
- প্রশ্ন-১১০ঃ যদি প্রসবকালীন সময়ে ৫টি জটিল অবস্থার কোন একটিও দেখা দেয়, তাহলে কি করবেন বা কোথায় নিয়ে যাবেন?
- (ক) স্বাস্থ্যকেন্দ্রে নিয়ে যাবেন (খ) ফকিরের কাছে নিয়ে যাবেন  
(গ) গ্রামের কোন দাইকে বাসায় নিয়ে আসবেন (ঘ) অনান্য
- প্রশ্ন-১২০ঃ গর্ভবতী নারীকে সুস্থ ও ভবিষ্যতে ঝুঁকি এড়ানোর জন্য কয়টি টিকা দিতে হয়?
- (ক) ১ টি (খ) ২টি (গ) ৩ টি (ঘ) ৪টি (ঙ) ৫টি
- প্রশ্ন-১৩০ঃ গর্ভকালীন সময়ে নারীদের কি কি কাজ করতে দেওয়া যাবেনা?
- (ক) \_\_\_\_\_  
(খ) \_\_\_\_\_



(গ) \_\_\_\_\_

প্রশ্ন-১৪ঃ একজন গর্ভবতী নারীর প্রতিদিন কমপক্ষে কত ঘন্টা বিশ্রাম নেওয়া উচিত বলে আপনি মনে করেন?

(ক) ৬ ঘন্টা (খ) ৭ ঘন্টা (গ) ৮ ঘন্টা (ঘ) ৯ ঘন্টা (ঙ) ১০ ঘন্টা (চ) ১১ ঘন্টা

প্রশ্ন-১৫ঃ প্রসবকালীন প্রস্তুতি সম্পর্কে আপনার ধারণা আছে?

(ক) হ্যাঁ (খ) না (গ) মোটামোটি

প্রশ্ন-১৬ঃ উত্তর 'ক ও গ' হলে, কি কি ধারণা আছে বলুন?

(ক) \_\_\_\_\_

(খ) \_\_\_\_\_

(গ) \_\_\_\_\_

প্রশ্ন-১৭ঃ শিশু জন্মের সাথে সাথে শিশুকে কি খাওয়াতে হবে?

(ক) শাল দুধ (খ) মধু ও চিনির পানি (গ) বাজারের প্যাকেটজাত দুধ (ঘ) অন্যান্য

প্রশ্ন-১৮ঃ শালদুধ খাওয়ালে কি শিশু ও মায়ের কোন উপকার হয়?

(ক) হ্যাঁ (খ) না

প্রশ্ন-১৯ঃ উত্তর "হ্যাঁ" হলে, কি কি উপকার হয় বলুন?

(ক) \_\_\_\_\_

(খ) \_\_\_\_\_

(গ) \_\_\_\_\_

প্রশ্ন-২০ঃ একটা শিশু জন্মের পর তাকে কয়মাস পর্যন্ত দুধ খাওয়াতে হবে?

(ক) ১মাস (খ) ২মাস (গ) ৩ মাস (ঘ) ৪মাস (ঙ) ৫মাস (চ) ৬মাস (ছ) ৬মাসের অধিক