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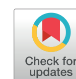
Determinants of adolescent maternal healthcare utilization in Bangladesh



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ABSTRACT

Objectives: To identify the factors associated with adolescent maternal healthcare utilization in Bangladesh.

Study design: A secondary analysis was undertaken using the latest data set from the Bangladesh Demographic and Health Survey (2014). Data were collected from the cross-sectional survey carried out from June to mid November 2014. In total, 17,863 ever-married women aged 15–49 years were interviewed. According to the definition of the World Health Organization, 2029 of these women were adolescents and therefore eligible for inclusion in this study.

Methods: Both bivariate and multivariate logistic regression models were used to determine the factors influencing adolescent pregnancy, use of contraception, use of antenatal care services, facility-based delivery and presence of a skilled birth attendant at the last birth. The results are presented in terms of adjusted odds ratio (OR) with 95% confidence interval (CI), at a significance level of 5%.

Results: Maternal age, education, knowledge of menstrual regulations i.e. any procedure which disrupts the intra uterine environment, awareness of community clinic, household size, socio-economic status and administrative division were found to have a significant effect on adolescent pregnancy in Bangladesh. Sexual knowledge has a significant positive role in the use of modern contraceptives. Adolescents of low socio-economic status are significantly more likely to deliver at home compared with adolescents in the richest quintile (OR 0.26, 95% CI 0.15–0.47; $P < 0.001$). The likelihood of delivering at a health facility was higher among adolescents who had knowledge about sexually transmitted infections (OR 1.84, 95% CI 1.28–2.65; $P < 0.001$) and menstrual regulations (OR 1.41, 95% CI 1.04–1.91; $P < 0.05$).

Conclusions: Adolescent maternal healthcare utilization was associated with a number of factors including low socio-economic status, limited reproductive knowledge (e.g. menstrual regulations, sexually transmitted infections) and geographical region. The study findings will serve to inform policy and would be beneficial for introducing need-based

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adolescent maternal health programmes by targeting a range of maternal health services and opportunities that contribute to better health and development for adolescent mothers in Bangladesh.

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Introduction

In 2015, approximately 1.3 million adolescents died worldwide, and most of these deaths were due to pregnancy- and childbirth-related complications which were preventable and treatable. Complications in pregnancy and childbirth have been ranked as the second leading cause of death for 15- to 19-year-old girls globally, and the third leading cause of disability-adjusted life years.[1] Complications in pregnancy and childbirth are the most important cause of death among adolescent girls in lower–middle-income countries.[2] Worldwide, it is estimated that 11% of all births occur in females aged 15–19 years, and the vast majority are in low- and middle-income countries, including Bangladesh.[1] According to the World Health Organization (WHO), adolescents are defined as young people between the ages of 10 and 19 years, and adolescence is often divided into early (10–13 years), middle (14–16 years) and late (17–19 years) adolescence.[3] Early marriage has a long tradition in Bangladesh which is associated with adolescent pregnancy, pregnancy-related complications and mortality.[4] Despite substantial progress in reducing maternal mortality in Bangladesh, approximately 52% of girls get married before the legal age (18 years), and 18% are married before 15 years of age.[5] Thirty-five percent of females in Bangladesh experience their first marital pregnancy during adolescence.[6] Adolescent pregnancy has an adverse impact on maternal outcome, such as maternal malnutrition, eclampsia, puerperal endometritis, systemic infections, low birth weight, preterm birth, perinatal death and even maternal death.[7–9] According to the core concept of universal health coverage, all people who need health services should receive health services (including prevention, promotion, treatment and rehabilitation) without undue financial hardship. However, adolescent health problems are often neglected as this age group is perceived as healthy, and those scenarios are common from the Bangladeshi perspective.[4,10–12] However, globally, adolescent healthcare services are often highly fragmented and poorly coordinated in both high- and low-income countries.[13–15]

In the light of universal health coverage, it is important to identify all adolescents, especially adolescent females, who are not receiving the necessary health services. According to the latest report, there were approximately 17.5 million adolescent females in Bangladesh in 2016, but maternal health problems faced by this group in Bangladesh are rarely examined.[16] Furthermore, decision-making autonomy is limited for adolescent females in Bangladesh, and they often feel uncomfortable communicating with their family members, even their husbands.[12,17] Therefore, it is important for policy makers and healthcare providers, and even for adolescents and their parents, to distinguish the factors associated with care-seeking behaviour and utilization of maternal healthcare, and to know the capacity of the health system for improving adolescent health. The aim of this study is to determine the factors associated with adolescent maternal healthcare utilization in Bangladesh. The latest Bangladesh Demographic and Health Survey data (2014) were analysed to identify the factors associated with adolescent pregnancy, use of modern contraceptive methods, recommended antenatal care (at least four visits), facility-based delivery, and presence of a skilled birth attendant at the last birth, which are important for improving the health of adolescents in Bangladesh.

Methods

Data source

This study analysed the latest data from the Bangladesh Demographic and Health Survey (2014), which was executed by the National Institute of Population Research and Training of the Ministry of Health and Family Welfare.[18] A multistage cluster sampling technique was used by the Bangladesh Bureau of Statistics to obtain a nationally representative sample of households. The detailed methods and sampling frame have been described elsewhere.[18] A structured questionnaire was administered at household level to capture socio-economic and demographic information, along with maternal healthcare utilization of women of varying age. The survey was conducted from June to mid November 2014. Trained data collectors interviewed a total of 17,863 ever-married women aged 15–49 years (98% response rate).[18] In total, 2029 adolescent women (aged 10–19 years according to the WHO definition) were analysed in this study.[3] The sample for the Bangladesh Demographic and Health Survey (2014) is nationally representative and covers the entire population residing in non-institutional dwellings in Bangladesh.

Outcome variables

The outcome variables of the study were ‘adolescent pregnancy’, ‘use of modern contraceptive methods’, ‘recommended antenatal care (at least four visits)’, ‘facility-based delivery’ and ‘presence of a skilled birth attendant at the last birth’. Current pregnancy and living children were considered when assessing adolescent pregnancy, recoded as ‘0’ if no and ‘1’ if yes. Use of modern contraceptive methods, recommended antenatal care, facility-based delivery and presence of a skilled birth attendant at the last birth were coded as ‘1’ if yes and ‘0’ if no. A number of independent variables, such as adolescent age, maternal education, working status, knowledge about family planning, region and wealth index, were considered. Adolescent age was

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