



Community Perceptions of Hypertensive Disorders of Pregnancy, Health-seeking Behaviors and Pathways to Seeking Care in Bangladesh

Kanij Sultana, Rahat Ara Nur, Sharif Hossain
Population Council

BACKGROUND

Globally, 10% of women experience hypertensive disorders of pregnancy (HDP).

PE/E IN BANGLADESH

- Causes 20% of maternal death; second leading cause
- 1,000-1,200 mothers die annually

OBJECTIVES

- Assess community awareness, beliefs and experiences around HDP
- Understand PE/E survivors' experiences
- Understand health-seeking pathways

METHODS

QUALITATIVE APPROACH

Focus Group Discussions

- 4 with married men
- 4 with married women

In-depth Interviews

- 22 with PE/E survivors
- Data analyzed using Atlas-ti



“The mothers of our community think these are general problems during pregnancy and delivery and they also passed through these. So, they don't give much importance on the problems, rather suggest some spiritual and common sense remedies.”

RESULTS

COMMUNITY PERCEPTIONS

HDP

- Myths and misconceptions prevail
- Lack of knowledge on danger signs and high blood pressure

Serious pregnancy problems

- Female: bleeding, convulsion, anemia, abdominal pain, physical weakness, malnutrition, retained placenta, ruptured uterus, and breech presentation
 - Male: physical weakness, retained placenta and bleeding. pregnancy related problems are perceived to be natural and heal over time
- Only 3 women had heard of PE/E
Only 2 men had heard of PE/E

“My husband intends to take [me] to the hospital, but mothers-in-law say...they did not go to the doctor or hospital, so they don't want to take the women to the hospital. But, they take them to the doctor when it is too late.”

HEALTH-SEEKING BEHAVIOR

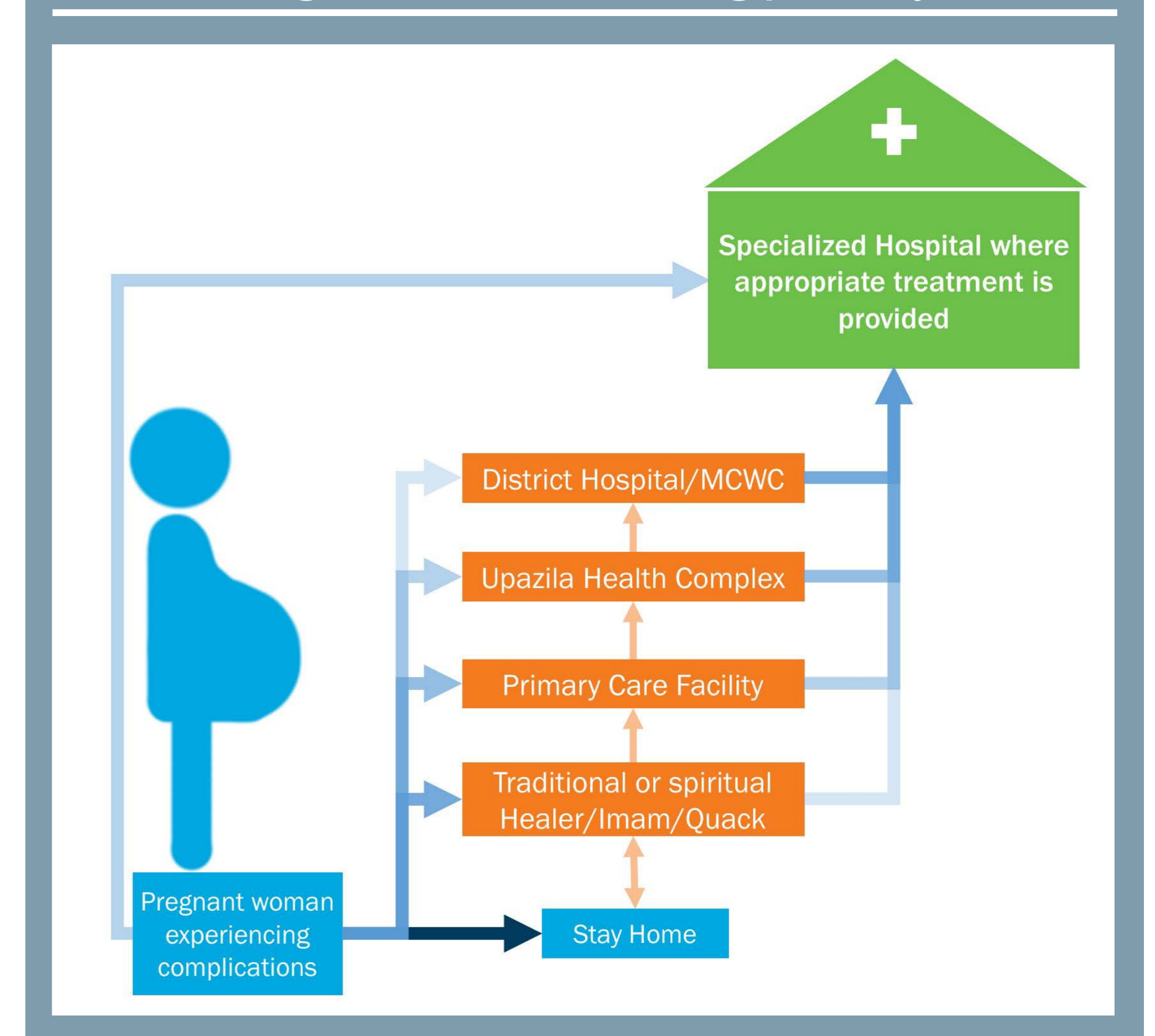
- Mothers-in-law and/or husbands decide for women whether or not to seek care
- Mothers-in-law and/or husbands initially consult with traditional healers, village doctors, or imams on any problems and only visit a facility when a problem becomes very serious



BARRIERS TO SEEKING CARE

- Beliefs in myths and witchcraft
- Restrictions of mothers-in-law and/or husbands
- Financial burden for drugs and transportation to facility
- Distance to hospital
- Poor quality of care at hospital
 - Lack of proper attention at the hospital
 - Lack of qualified providers
 - Distrust of health facilities

Figure 1. Health-seeking pathway



CALL TO ACTION: Changing cultural perceptions and beliefs is not easy, but encouraging early antenatal care visits for detection, prevention, and treatment of PE/E, and creating community mechanisms that reduce barriers can increase healthy birth outcomes for women and their babies.