

Determinants of Child Mortality in Rural Areas in Bangladesh

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Abstract

The main purpose of this study is to explore the determinants of child mortality in rural areas of Bangladesh. A mixed method has been employed to carry out the result for this study. The study has been conducted in the rural areas of Narail district in Bangladesh on 101 women who have at least an under-5 child. The study revealed that 27.86% of the child bearing mothers who are housewife have lost their child compared to 35.71% of the respondents who work as agricultural labor. The analysis showed that child mortality significantly varies depending on socio-demographic determinants of child-bearing mother in rural area in Bangladesh. The correlation test disclosed that presence of Trained Birth Attendant during pregnancy, place of delivery and mother's belief on fate had no significant relationship with child mortality. But age, occupation, religion, media exposure, educational attainment and family food security had significant relationship on child mortality. The study concluded that various social and religious rituals during ANC, delivery and PNC care might increase under-5 mortality rate in rural areas in Bangladesh. Mothers age during pregnancy, transportation to nearest medical center are still a concern in rural Bangladesh. Thus, the study suggested for a long-term program among rural women for creating awareness regarding pregnancy care, antenatal care, child caring, and malnutrition to reduce child mortality.

Keywords: Socio-demographic determinants, child-bearing mother, ANC care, delivery care and child mortality.

Method of Investigation

The study has been carried out from three villages of Kalara Union of Narail Sadar Thana under Narail district of Bangladesh. Among the three villages, Agdia is the largest village in terms of area and population. From the study area *Paribarik Sachtho Clinic* (Family Health Clinic) which is popular known as 'Sabuj Chata Kendra' is located about 5 km. way and Sadar Hospital (govt. hospital) is located nearly 12 km. way. BRAK, one of the biggest Non-Government Organization (NGO) in Bangladesh is working in these villages for various awareness and action programs related to mother health, child care and education.

The study population of the study is all the under-5 child bearing mothers of the targeted villages. It is estimated that the total study population is 349. The study unit of the study was each mother who has at least one under-5 child. Purposive sampling has been performed to select 101 child-bearing mothers from these three villages. The main reasons behind the selection of purposive sampling are (1) it is easy to select; (2) cost-effective method; (3) save time and (4) there was no sample frame.

The present study has been used both types of instrument (quantitative and qualitative) to assess the socio-demographic determinants affecting child mortality in rural Bangladesh. Both types of qualitative and quantitative data collection techniques have been used. One stage pre-test has been done by the researcher for survey questionnaire. Two female data collectors have been hired to collect data. Data collection has been done by female as the questionnaire consisted of some sensitive issues relating to pregnancy, delivery and postnatal care of the child bearing mother.

Objective and Hypothesis:

Objective:

To distinguish socio-economic and demographic determinants are still affect child mortality significantly in rural area in Bangladesh.

Hypothesis:

1. The more presence of untrained birth attendant during delivery, the more chance of child mortality in rural area.
2. Educational attainment of the child bearing mothers has a negative association with child mortality.
3. Media exposure of the child-bearing mother in rural area is associated child mortality.
4. There is a positive correlation between place of birth and child mortality in rural area.

Relationship among the Variables

Hypothesis	Chi-Squared Test= χ^2 Phi-Coefficient Test = $r\phi$	df	P Value
Relationship between the age of the child bearing mother and child mortality	$r\phi= 00.673$	3	p=.000
Association between child-bearing mother live with husband or others and child mortality	$r\phi=00.606$	3	p=.000
Relation between occupation of the respondent and child mortality	$r\phi=00.769$	3	p=.000
Association between religion of the respondent and child mortality	$r\phi=00.415$	3	p=.000
Relationship with regularly listening radio of the respondent and child mortality	$\chi^2=11.42$	3	p=.001
Relationship with regularly watching television of the respondent and child mortality	$\chi^2=24.33$	3	P=.048
Association between place of birth of child and child mortality	$r\phi= -00.098$	3	p=.809
Relation between the presence of Untrained Birth Attendant during delivery and child mortality	$r\phi= -.246$	3	p=.047
Relation between the presence of Trained Birth Attendance during delivery and child mortality	$r\phi= -0.007$	3	p=.920
Relationship between the dependency on fate of the respondents and child mortality	$\chi^2=.035$	3	p=.853
Family ever faced problem to provide food for mother and the child and child mortality.	$\chi^2= 6.16$	3	P=.013
Educational attainment of the child-bearing mother (at least primary) and child mortality.	$\chi^2= 4.17$	3	P=.041
Relationship between the age of the child bearing mother and child mortality	$r\phi= 00.673$	3	p=.000
Association between child-bearing mother live with husband or others and child mortality	$r\phi=00.606$	3	p=.000
Relation between occupation of the respondent and child mortality	$r\phi=00.769$	3	p=.000
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Relation between the presence of Untrained Birth Attendant during delivery and child mortality	$r\phi= -.246$	3	p=.047