



REVIEW ARTICLE

REPRODUCTIVE HEALTH AMONG LOWER ECONOMIC GROUPS WOMEN AT
RAJSHAHI, BANGLADESH: A CASE STUDY

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ABSTRACT

Reproductive health among women of lower economic groups in Bangladesh has significance importance to achieve the targets of SDG goals for the development in Bangladesh. In this study, an attempt has been made to find out the reproductive health status among women of lower economic groups in Rajshahi, Bangladesh. This study also identifies the determinants of contraceptive use, awareness, attitudes and knowledge on several reproductive health indicators such as HIV/AIDS among women. It also investigates the determinants of physical violence and determinants of taking drugs among women of lower economic groups in Rajshahi. For this purpose, data were collected from 200 ever married women who worked in students' mess in Rajshahi City Corporation area through simple random sampling. The results show that, most of the respondents (64.5%) are illiterate and some respondents are literate who attended some classes up to primary and secondary levels and their monthly income is very low. The multivariate logistic regression analysis shows that woman's age has positive significant effect on contraceptive use and monthly income, CEB and other earning members have negative significant effect on contraceptive use. Education and age at first birth have positive significant effect on physical violence and CEB has negative significant effect on physical violence. Age at first birth has positive significant effect on HIV/AIDS knowledge and education and age at marriage have negative significant effect on HIV/AIDS knowledge. This study may help policy makers to take special consideration on reproductive health among lower class women and to execute appropriate program for the vulnerable women to develop their status.

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INTRODUCTION

Reproductive rights are legal rights and freedoms relating to reproduction and reproductive health. The World Health Organization (WHO 2001) defines reproductive rights as, reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence. Reproductive rights may include some or all of the following: the right to legal or safe abortion, the right to birth control, the right to access quality reproductive healthcare, and the right to education and access in order to make free and informed reproductive choices.

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(Measham *et al.*, 1991) Reproductive health and rights are fundamental for sound economic development and poverty alleviation (World Bank, 1995). Women around the world are divided on the question of reproductive rights and on population control. The demands for reproductive rights, the population control programs in the LACAAP (Latin American, Caribbean, African, Asian, and Pacific) countries and the development of new reproductive technologies are intertwined (Akhter *et al.*, 2011). In recent decades, most nations have come to recognize and accept the right of their citizens to reproductive health. Accordingly, they have signed treaties and accords, and endorsed the programs of conferences on population and development. Naturally Bangladesh has not remained isolated from development in these issues. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sexual life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (United Nations; Report of the International Conference on Population and Development, Cairo, 5-13 September 1994. 1st ed. New York: UNFPA,

1995). Bangladesh is struggling to put the exciting and challenging definitions of reproductive health and services into action, Bangladesh has a great success of family planning program which has reached into every corner of Bangladesh (BBS 2015). It has changed the lives of millions of women and their families. It is on this foundation that the nation will build its reproductive health program. The features of any reproductive health program-maternal care or safe motherhood; prevention and services abortion; information and services for RTIs, STDs, HIV/AIDS; the prevention of harmful practices of women are all at different stages of development. Maternal care or safe motherhood is neglected in rural or slum areas. The vast majority of women still deliver their babies at home, often in unhygienic conditions causing needless morbidity and mortality for both mothers and infants they bear.

Bangladeshi women are not all forlorn figures, hidden behind veils under the total domination of the men who are part of their life cycle- their father, husband and son. While many do exist in object social and economic conditions, this picture is fading. A combined set of compelling social forces are both pushing and pulling women into a new status. As is the case in many other parts of the world, women in Bangladesh are relatively disadvantaged in terms of their economic, social and health conditions. The strong patriarchal structure of society has resulted in poor status of women in family and society. This is reflected in restrictions on women's movements, low self-esteem, a culture of acceptance, early marriage, lack of effective community support structure, and inappropriate allocation and utilization of resources which is further aggravated by conservatism and prejudices (UNICEF, 2000). The employment opportunities for women also remain quite restricted in the country (Bangladesh Bureau of Statistics, 1999). Rajshahi is popularly known as an educational city. In spite of these, Rajshahi division is one of the neglected divisions in health sector among eight administrative divisions in Bangladesh. It has an area of 18,174.4 square km and a population at the 2011 Census is 18,329,000 (Preliminary Figures of Census, 2011). In this division, Rajshahi University is one of the renowned institutions. Due to residential problem, many students messes are available surrounding Rajshahi University. Most of the messes have been established in Binodpur because of its location near Rajshahi University. And many students live in different messes according to their ability and capacity of messes. In these messes, the lower class women get opportunities to work, and they are usually called "Khala". They work their only few amounts which is not sufficient for their livelihood. They cook food, wash cloths, and do various works. They are also known as "lower economic class women" and very neglected in society. The socio-economic condition of the women working in the messes is far more miserable than others women in society. They more often live from hand to mouth. They cannot meet the most basic needs, let alone health care. What is more, almost all of them are illiterate. They are not aware of their reproductive health and reproductive rights. The reproductive components such as maternal care, safe motherhood, prevention of unsafe abortion, unwanted births, contraceptive use, using MR, knowledge about MR, HIV/AIDS, RTIS, STDs, etc. are questionable situations. Now, what makes this condition worse is their family life and their life styles and they live in slum areas. Most of the husbands of these women are usually unemployed and some of them are day labour. Although they earn some money by working, they waste much of the money by gambling, taking drugs, etc. So they always suffer from the

lack of money, and put pressure on their wives to give money. Even they torture them physically if the wives refuse to give money. Due to mental pressure, many of the women use drugs, smoke, etc. Considering the above discussion, this study tries to find out the reproductive health status among lower economic group women who are working in different student's messes at Binodpur, in Rajshahi.

Data and Methods

In this study, data has been collected through simple random sampling from Binodpur the selected area at Rajshahi city corporation. Data have been collected from 200 ever-married women using face to face interview. To know the significant effect and determinants factors, the prominent multivariate technique such as logistic regression has been employed.

RESULTS

Table 1 presents the percentage distribution of respondents by demographic characteristics. The variables which depict the demographic status of the respondents are termed as demographic variables. Demographic variables considered in this study are Age of respondents, age at marriage, marital status, age at first birth and children ever born. It plays an important role for the study of lower economic groups.

Table 1. Percentage Distribution of Respondents by Demographic Characteristics

| Background Characteristics | Frequency | Percent (%) |
|----------------------------|-----------|-------------|
| Age of Respondent | | |
| 18-30 | 55 | 27.5 |
| 31-39 | 69 | 34.5 |
| ≥40 | 76 | 38.0 |
| N | 200 | 100.0 |
| Age at Marriage | | |
| <18 | 186 | 93.0 |
| ≥18 | 14 | 7.0 |
| N | 200 | 100.0 |
| Marital Status | | |
| Married | 114 | 57.0 |
| Widowed | 46 | 23.0 |
| Divorced | 40 | 20.0 |
| N | 200 | 100.0 |
| Age at First Birth | | |
| ≤15 | 75 | 37.5 |
| 16-19 | 104 | 52.0 |
| 20+ | 17 | 8.5 |
| Infertile | 4 | 2.0 |
| N | 200 | 100.0 |
| CEB | | |
| ≤2 | 79 | 39.5 |
| >2 | 117 | 58.5 |
| Infertile | 4 | 2.0 |
| N | 200 | 100.0 |

Thus, it is mandatory to handle this type of variables very carefully. Age of respondent is one of the most important demographic variable in case of reproductive health and reproductive rights. It is observed that, about 27.5 percent respondents belong the age group 18-30 years and 69 percent belong to the age group 31-39 years, whereas 76 percent respondents belong to the age above 40 years. 93.0 percent of the respondent's married less than 18 years old and 7.0 percent respondent's married at aged 18 years and more. In this study 57.0 percent of respondents are currently married, whereas 23.0 percent are widowed and 20.0 percent respondents are divorced.

We can see that, 37.5 percent first birth occurs at less than equal 15 ages, 52.0 percent first birth occurs from 16-19 age groups, 8.5 percent first birth occurs more than 20 years and 2.0 percent women are infertile among the respondents. Among the respondents 39.5 percent had up to 2 children and 58.5 percent respondents had more than 2 children and 2.0 percent respondents had no children i.e. they are infertile women. Table 2 indicates It is found that, about 64.5 percent of the total respondents of the study area have no education i.e. most of the respondents are illiterate and 35.5 percent attended some level of education. 16.5 percent of the respondents have a monthly family income Tk. 500-900, 74.0 percent have Tk. 1000-1800, and 9.5 percent have more than equal to Tk. 2000.

Table 2. Percentage Distribution of Respondents by Socio-economic Characteristics

| Background Characteristics | Frequency | Percent (%) |
|----------------------------|-----------|-------------|
| Women's Education | | |
| Illiterate | 129 | 64.5 |
| Literate | 71 | 35.5 |
| N | 200 | 100.0 |
| Income in Taka | | |
| 500-900 | 33 | 16.5 |
| 1000-1800 | 148 | 74.0 |
| ≥2000 | 19 | 9.5 |
| Total | 200 | 100.0 |
| Expenditure in Taka | | |
| ≤1000 | 17 | 8.5 |
| 1000-1500 | 38 | 19.0 |
| >1500 | 145 | 72.5 |
| N | 200 | 100.0 |
| Husband's Occupation | | |
| Day Labour | 75 | 37.5 |
| Small Business | 12 | 6.0 |
| Unemployed | 27 | 13.5 |
| Have No Husband | 86 | 43.0 |
| N | 200 | 100.0 |
| Contraceptive Use | | |
| Yes | 103 | 51.5 |
| No | 93 | 46.5 |
| Infertile | 4 | 2.0 |
| N | 200 | 100.0 |
| Contraceptive Method | | |
| Pill | 35 | 17.5 |
| Injection | 49 | 24.5 |
| Ligation | 19 | 9.5 |
| Not Using | 93 | 46.5 |
| Infertile | 4 | 2.0 |
| N | 200 | 100.0 |

The monthly income of most of the families belongs to more than Tk.1000-1800. Monthly expenditure depends on the monthly income of the family. Generally the family with higher monthly income has a higher monthly expenditure although they have a monthly savings. From the above table-2, we see that 8.5 percent family have a monthly expenditure less than equal Tk. 1000, 19.0 percent have Tk. 1000-1500, and 72.5 percent have more than Tk. 1500. It shows that, 37.5 percent husbands are day labour, 6.0 percent husbands are involved in small business and 13.5 percent husbands are unemployed. It is note that, in selected study area 43.0 percent women have no husband. 51.5 percent respondents have used contraceptive and 46.5 percent respondents are not using any contraceptive methods. If is worthwhile to mention that 2.0 percent women are declared that, they are infertile. Depicts that, 51.5 percent respondents are using various contraceptive methods such as pill, condom, injection, ligation etc. 17.5 percent respondents are using pill, 24.0 percent respondents are using injection and 9.5 percent respondents are using ligation. Reproductive health related characteristics are presented in Table 3.

It shows that 42.5 percent respondents have planned births and 55.5 percent respondents have unplanned births and 2.0 percent respondents are totally infertile. This table also indicates that, 9.0 percent respondents decided to take children by own, 11.5 percent respondents decided their husbands, 70.0 percent respondents decided both, other family members have decided 2.0 percent to take child, 5.5 percent respondents to take child they have totally misunderstand. The distance between two births less than 2 years adopted 15.0 percent respondents, 72.0 percent respondents give their first and second child greater than equal 2 years and only 2.0 percent are infertile. 47.0 percent respondent husband's have no cohabitation permission with their wife and 53.0 percent respondent husband's have cohabitation permission with their wife. 49.5 percent respondents have taken medical service during pregnancy time and 48.5 percent respondents have not taken medical service during pregnancy time and 2.0 percent respondents are infertile. We observe that, during the pregnancy period 68.0 percent respondents are taking tetanus toxoid (T.T) injection and 30.0 percent respondents are not taking T.T injection. Medicine at the time of pregnancy period is closely related with the reproductive problem.

Table 3. Percentage Distribution of Respondents by Reproductive Health Related Characteristics

| Background characteristics | Frequency | Percent (%) |
|----------------------------------|-----------|-------------|
| Unplanned Pregnancy | | |
| Planned | 85 | 42.5 |
| Unplanned | 111 | 55.5 |
| Infertile | 4 | 2.0 |
| N | 200 | 100.0 |
| Decision about Children | | |
| Own | 18 | 9.0 |
| Husband | 23 | 11.5 |
| Both | 140 | 70.0 |
| Others | 4 | 2.0 |
| Misunderstand | 11 | 5.5 |
| Infertile | 4 | 2.0 |
| N | 200 | 100.0 |
| Distance between Births | | |
| <2 | 52 | 26.0 |
| ≥2 | 144 | 72.0 |
| Infertile | 4 | 4.0 |
| N | 200 | 100.0 |
| Cohabitation Permission | | |
| Yes | 94 | 47.0 |
| No | 106 | 53.0 |
| N | 200 | 100.0 |
| Service During Pregnancy | | |
| Yes | 99 | 49.5 |
| No | 97 | 48.5 |
| Infertile | 4 | 2.0 |
| N | 200 | 100.0 |
| TT Injection | | |
| Yes | 136 | 68.0 |
| No | 60 | 30.0 |
| Infertile | 4 | 2.0 |
| N | 200 | 100.0 |
| Taking Medicine During Pregnancy | | |
| Yes | 109 | 54.5 |
| No | 87 | 43.5 |
| Infertile | 4 | 2.0 |
| N | 200 | 100.0 |
| Physical Violence | | |
| Yes | 101 | 50.5 |
| No | 99 | 49.5 |
| N | 200 | 100.0 |
| Cesarean Delivery | | |
| Non cesarean | 191 | 95.5 |
| Cesarean | 5 | 2.5 |
| Infertile | 4 | 2.0 |
| N | 200 | 100.0 |

From the table 3 we see that, 54.5 percent respondents are taking medicine during pregnancy period, 43.5 percent respondents are not taking medicine during pregnancy period and 2.0 percent respondents are infertile. 50.5 percent respondent husband's are occurs physical violence by various type and 49.5 percent respondent husband's are not physical violence. 95.5 percent respondents are non cesarean delivery and only 2.5 percent respondents are cesarean delivery and 2.0 percent respondents are infertile. Table 4 indicates knowledge and attitudes towards reproductive health. There are some knowledge related variables which are closely related with reproductive health and health seeking behavior.

Table 4. Percentage Distribution of Respondents by Knowledge and Attitude Regarding Reproductive Health

| Background Characteristics | Frequency | Percent (%) |
|----------------------------|-----------|-------------|
| Heard MR | | |
| Yes | 165 | 82.5 |
| No | 35 | 17.5 |
| N | 200 | 100.0 |
| Ever use MR | | |
| Yes | 10 | 5.0 |
| No | 155 | 77.5 |
| Not hearing | 35 | 17.5 |
| N | 200 | 100.0 |
| Heard HIV/AIDS | | |
| Yes | 121 | 60.5 |
| No | 79 | 39.5 |
| N | 200 | 100.0 |
| Heard STDs | | |
| Yes | 50 | 25.0 |
| No | 150 | 75.0 |
| N | 200 | 100.0 |

We have selected some variables which are knowledge of Menstruation Regulation (MR), knowledge on HIV/AIDS and Sexual Transmitted Disease (STD) etc. It shows that 82.5 percent respondents have knowledge in MR and 17.5 percent have no knowledge in MR.

Among 82.5 percent respondents 5.0 percent are ever use MR. The whole world is deeply concerned with HIV/AIDS. Human Immunodeficiency Virus (HIV) is a retrovirus that is the cause of the disease known as AIDS (Acquired Immunodeficiency Syndrome). HIV primarily infects vital components of the human immune system. HIV is transmitted through direct contact of a mucous membrane with a bodily fluid containing HIV, such as blood, semen vaginal fluid pre-seminal fluid or breast milk. From the above table 3.4 we see that, 60.5 percent respondents have knowledge about HIV/AIDS and 39.5 percent respondents have no knowledge about HIV/AIDS. We see that, 25.0 percent respondents have knowledge about sexual disease and 75.0 percent respondents have no knowledge about sexual disease. The results of logistic regression analysis which depict the effects of different variables on reproductive health behaviors through contraceptive use are presented in Table 5. The result shows that for age of respondent in age group 31-39 years, the regression coefficient and odds ratio are 1.266 and 3.547 (CI of odds ratio=1.428-8.812) respectively. This means that, age of respondent has positively significant effects on contraceptive use. The risk of contraceptive use for age group 40 and over is about 3.056 times higher than 18-30 years age groups. For education of respondent the regression coefficient and odds ratio are -.501 and .606 (CI of odds ratio=.306-1.202) respectively.

This means that, the education of respondent has negatively insignificant effects on contraceptive use. The risk of contraceptive use for literate women is .606 times lower than illiterate women. In case of monthly income the regression coefficient and odds ratio are -.540 and .583 (CI of odds ratio=.303-1.122) respectively. This means that, monthly income has negatively significant on contraceptive use. The risk of contraceptive use for monthly income ≥ 1500 are .583 times lower than < 1500 . The estimated regression coefficients and odds ratio for age at marriage are -.468 and .626 (CI of odds ratio=.148-2.648) respectively.

Table 5. Results of Logistic Regression Estimates for the Effects of Socio-economic and Demographic Characteristic on Contraceptive Use

| Characteristic | Co-efficient β | S.E of β | Significant | Odd ratio Exp(β) | CI | |
|----------------------|----------------------|----------------|-------------|--------------------------|-------|-------|
| | | | | | lower | upper |
| Respondents age | | | | | | |
| 18-30 (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| 31-39 | 1.266 | .464 | .006 | 3.547 | 1.428 | 8.812 |
| ≥ 40 | 1.117 | .392 | .004 | 3.056 | 1.417 | 6.593 |
| Education | | | | | | |
| Illiterate (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| Literate | -.501 | .349 | .152 | .606 | .306 | 1.202 |
| Monthly income | | | | | | |
| < 1500 (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| ≥ 1500 | -.540 | .334 | .106 | .583 | .303 | 1.122 |
| Age at marriage | | | | | | |
| < 18 (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| ≥ 18 | -.468 | .736 | .525 | .626 | .148 | 2.648 |
| Husband's occupation | | | | | | |
| Day labour (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| Unemployed | .337 | .492 | .493 | 1.401 | .534 | 3.674 |
| Children ever born | | | | | | |
| ≤ 2 (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| > 2 | -.671 | .362 | .064 | .511 | .251 | 1.040 |
| Age at first birth | | | | | | |
| < 18 (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| ≥ 18 | -.244 | .415 | .556 | .783 | .347 | 1.766 |
| ther earning members | | | | | | |
| No (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| Yes | -1.155 | .345 | .001 | .315 | .160 | .619 |
| Constant | 1.313 | .758 | .083 | 3.716 | | |

5% and 10% significant levels are considered in this analysis

Note: "RC" within parenthesis indicates the reference category

Table 6. Results of Logistic Regression Estimates for the Effects of Socio-economic and Demographic Characteristic on Physical Violence

| Characteristic | Co-efficient β | S.E of β | Significant | Odd ratio Exp(β) | CI | |
|-----------------------|----------------------|----------------|-------------|--------------------------|-------|-------|
| | | | | | lower | upper |
| Respondents age | | | | | | |
| 18-30 (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| 31-39 | 1.104 | .443 | .013 | 3.017 | 1.267 | 7.185 |
| ≥ 40 | .587 | .371 | .113 | 1.799 | .870 | 3.722 |
| Education | | | | | | |
| Illiterate (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| Literate | .371 | .333 | .044 | 1.450 | .465 | .869 |
| Monthly income | | | | | | |
| <1500 (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| ≥ 1500 | -.254 | .317 | .423 | .776 | .417 | 1.444 |
| Age at marriage | | | | | | |
| <18 (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| ≥ 18 | .226 | .719 | .753 | 1.253 | .306 | 5.126 |
| Husband's occupation | | | | | | |
| Day labour (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| Unemployed | .541 | .465 | .245 | 1.718 | .690 | 5.126 |
| Children ever born | | | | | | |
| ≤ 2 (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| > 2 | -.686 | .345 | .047 | .504 | .256 | .990 |
| Age at first birth | | | | | | |
| <18 (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| ≥ 18 | .753 | .401 | .060 | 2.123 | .968 | 4.656 |
| Other earning members | | | | | | |
| No (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| Yes | .319 | .326 | .328 | 1.375 | .726 | 2.605 |
| Constant | -1.282 | .371 | .080 | .278 | | |

5% and 10% significant levels are considered in this analysis

Note: "RC" within parenthesis indicates the reference category

This means that, age at marriage has negatively insignificant on contraceptive use. The risk of contraceptive use for age at marriage ≥ 18 are .626 times lower than <18 age. The result shows that husband's occupation has positively insignificant effects on contraceptive use. The risk of contraceptive use for unemployed is 1.401 times higher than day labour. CEB has negatively significant effects on contraceptive use. The risk of contraceptive use for > 2 are .511 times lower than ≤ 2 . Age at first birth is negatively significant. The risk of contraceptive use for other earning members is .315 times lower than not earning member in family. The results of logistic regression analysis which depict the effects of different variables on reproductive health behaviors through physical violence are presented in Table 6. Result of logistic regression showed that, for age of respondent in age group 31-39, the regression coefficient and odds ratio are 1.104 and 3.017 (CI of odds ratio=1.267-7.185) respectively. This means that, age of respondent has positively significant effects on physical violence. The risk of physical violence for age group 31-39 is 3.017 times higher than 18-30 age groups. Again in age ≥ 40 , the regression coefficient and odds ratio are .587 and 1.799 (CI of odds ratio=.870-3.722) respectively. This means that, age of respondent has positively insignificant effects on contraceptive use. The risk of contraceptive use in > 40 is 1.799 times higher than 18-30 age groups. Education of respondent has positively significant effects on physical violence. The risk of physical violence for literate women is 1.450 times higher than illiterate women.

Physical violence has negatively insignificant on physical violence. The risk of physical violence for monthly income ≥ 1500 Tk. are .776 times lower than <1500 Tk. Mmarriage has positively insignificant on physical violence. The risk of physical violence for age at marriage ≥ 18 are 1.253 times greater than <18 age. Husband's occupation has positively insignificant effects on physical violence. The risk of physical violence for unemployed is 1.718 times higher than day labour. CEB has negatively significant effects on physical violence. The risk of physical violence for > 2 are .504 times lower than ≤ 2 . Age at first birth is positively significant. The risk of physical violence for ≥ 18 are 2.123 times higher than <18 years. The risk of physical violence for other earning members is 1.375 times greater than not earning member in family. The results of logistic regression analysis which depict the effects of different variables on reproductive health behaviors through knowledge on HIV/AIDS are presented in Table 7. Age of respondent has positively in significant effects on knowledge on HIV/AIDS. The risk of knowledge on HIV/AIDS for age group 31-39 is 1.509 times higher than 18-30 age groups. Age of respondent has positively insignificant effects on knowledge on HIV/AIDS. The risk of knowledge on HIV/AIDS in ≥ 40 is 1.131 times higher than 18-30 age groups. Education of respondent has negatively significant effects on knowledge on HIV/AIDS. The risk of knowledge on HIV/AIDS for literate women is .570 times lower than illiterate women. Knowledge on HIV/AIDS has negatively insignificant knowledge on HIV/AIDS. The risk of knowledge on HIV/AIDS for monthly income ≥ 1500 Tk. are .560 times lower than <1500 Tk.

Table 7. Results of Logistic Regression Estimates for the Effects of Socio-economic and Demographic Characteristic on Knowledge on HIV/AIDS

| Characteristic | Co-efficient β | S.E of β | Significant | Odd ratio Exp(β) | CI | |
|-----------------------|----------------------|----------------|-------------|--------------------------|-------|-------|
| | | | | | lower | upper |
| Respondents age | | | | | | |
| 18-30 (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| 31-39 | .412 | .442 | .351 | 1.509 | .635 | 3.587 |
| ≥ 40 | .123 | .369 | .738 | 1.131 | .549 | 2.331 |
| Education | | | | | | |
| Illiterate (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| Literate | -.563 | .345 | .091 | .570 | .290 | .897 |
| Monthly income | | | | | | |
| <1500 (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| ≥ 1500 | -.580 | .329 | .708 | .560 | .294 | 1.067 |
| Age at marriage | | | | | | |
| <18 (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| ≥ 18 | -1.402 | .719 | .051 | .246 | .060 | 1.008 |
| Husband's occupation | | | | | | |
| Day labour (RC) | | | | | | |
| Unemployed | ..... | ..... | ..... | 1.000 | ..... | ..... |
| | .123 | .476 | .796 | 1.131 | .445 | 2.874 |
| Children ever born | | | | | | |
| ≤ 2 (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| > 2 | -.142 | .343 | .679 | .867 | .442 | 1.701 |
| Age at first birth | | | | | | |
| <18 (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| ≥ 18 | .892 | .398 | .025 | 2.440 | 1.118 | 5.326 |
| Other members earning | | | | | | |
| No (RC) | ..... | ..... | ..... | 1.000 | ..... | ..... |
| Yes | -.109 | .329 | .740 | .897 | .470 | 1.709 |
| Constant | 1.749 | .749 | .020 | 5.750 | | |

5% and 10% significant levels are considered in this analysis

Note: "RC" within parenthesis indicates the reference category

Marriage has negatively significant on knowledge on HIV/AIDS. The risk of knowledge on HIV/AIDS for age at marriage ≥ 18 are .246 times lower than < 18 age. Knowledge on HIV/AIDS for unemployed is 1.131 times higher than day labour. CEB has negatively insignificant effects knowledge on HIV/AIDS. The risk of knowledge on HIV/AIDS for > 2 are .867 times lower than ≤ 2 . Age at first birth is positively significant. The risk of knowledge on HIV/AIDS for ≥ 18 years is 2.440 times higher than < 18 . The risk of knowledge on HIV/AIDS for other earning members is .897 times lower than not earning member in family.

Conclusion

This study has some policy implications and recommendations. The various initiative programs should be taken about vulnerable lower class women especially women of lower economic groups about their reproductive health and to increase their awareness regarding various reproductive components such as HIV/AIDS, STDs, physical violence. The early marriage i.e., before 18 years of women should be discouraged. Government should strictly apply the marriage rule for the lower class women and also slum dwellers. Early pregnancy should be discouraged by more publicity through mass media, health center, health workers etc. Adolescent pregnancy should be avoided to save women's life and welfare of the women's health. Various programs should be taken to educate lower class women so that they can realize their life, reproductive health matters, reproductive health rights, human rights, etc.

In that case, Government and NGOs should take initiatives. The family planning program of the government and private sector should be designed for the lower class women and their contribution can get the program more effective and successful. Knowledge about contraception may raise the higher user rate. Make the reproductive health services available for lower class women in a culturally accepted manner (arranging for privacy, providing maternity care by female health personal, adjusting clinic times etc.) and improve the quality of care and management. Promoting awareness among women about sex, reproduction and related risks; female rights, equality and access to education; child health and diseases etc. Mass media through TV, Newspaper, Radio etc. should play an important role.

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