

Preconception care is an important part of a woman's overall reproductive health. The main goal of preconception care is to provide health promotion, screening and intervention of woman of reproductive age to reduce risk factors that might affect future pregnancies. It is a set of intervention, which includes both prevention and management, emphasizing health issues that require action before pregnancy. The goal put forwarded by American Academy of Family Physicians and American College of Obstetricians and Gynecologists, is to provide : a) screening for risks, b) health promotion and education and c) intervention to address identified risks.

The literature and reports documented the practice of preconception care has long been found in the western and developed nations (CDC, USA). Like other developing nations, preconception care is not commonly sought in Bangladesh. Women seek care if there is some complication in getting conception or in the case of infertility. The existing program focuses mere intervention before conception. There is growing concern of sexually transmitted diseases where Bangladesh is at high risk [population council, 2001]. Wider preconception health intervention with higher effort may open new window of solution to manage few of the risky maternal diseases. This would be beneficial to the women herself, child and her family.

## **2. Pattern of Preconception Care**

Preconception or intra-conception care is sought partially in Bangladesh. There is growing concern of STD/STI in recent years. The country has low HIV prevalence with the high risk. Preconception care can determine the risks of these pre-existing medical conditions for better health and also better pregnancy outcomes. Post marriage counseling before conception is limited to specific interventions in particular, contraception use, birth planning, behaviour change communication on sanitation and nutrition to women at the domiciliary level by the health worker. One-third women consulted health personnel before last conception in Dhaka district [Table-3.3.1]. The level of care is lower in the rural areas compared to urban counterpart. Forty-three percent women from the Dhaka city sought preconception care. Half of the Graduate women and 54% women from higher income group are seeking this care. Education and work-status of women have positive impact in taking care. Decision making autonomy also plays significant role in

seeking preconception care. In patriarchal society like Bangladesh, usually head of the household has the final say in any decision making within family. The figures reveal that 77% husbands (who are also the heads of the family) take decision relating to health care. So the education and occupational status of husband/ head of the household definitely matters in seeking preconception care. The data shows that almost half of women seek preconception care whose heads of the family are working in tertiary sector and have graduate level of education. But women from other categories of families had not consulted doctors before conception as much (around 20%). Women having earlier pregnancy complications and high risk childbearing (in terms of age, birth space and birth order) are likely to seek more preconception care compared to other women.

**Table –1: Level of Preconception Care by Selected Characteristics, 2005.**

Characteristics	Percent	Characteristics	Percent
<b>Place of Residence **</b>		<b>Standard of Living **</b>	
Rural	27.3	Low	29.9
Urban	15.5	Medium	24.8
Dhaka City	42.5	High	53.9
Total	34.9	<b>Education of Head of the HH**</b>	
<b>Education of Women**</b>		No Education	21.1
No Education	22.2	HSC or Less	38.4
HSC or Less	36.5	Graduate and above	49.0
Graduate and above	51.6	<b>Occupation of Head of the HH**</b>	
<b>Occupation of Women *</b>		Primary Sector	16.5
Non-working/House Wife	33.9	Secondary sector	32.6
Working	50.0	Tertiary Sector	49.0
<b>Decision Making Autonomy</b>		<b>High-Risk Childbearing</b>	
No Autonomy	32.1	Not in any risk Category	31.5
One Decision Making	33.6	Risk associated with first birth (19<age<35)	39.0
Two Decision Making	37.7	Single high-risk Category	29.5
Three Decision Making	34.8	Multiple high-risk Category	37.0

\* P-Value<=.05 ; \*\* P-Value<=.01 (Chi-square) Source: Field Survey, 2005.

The IEC contained in preconception care are knowledge of risk factors of early pregnancy, contraception, nutrition and sanitation, family planning etc. The level of IEC received though preconception care varies from 50 to 75%.

The pattern of preconception care by residence shows in Figure-3.3.1. Govt. and traditional services are more utilized by the rural women compared to the urban women. On the other hand, private services and Health workers/Nurse/ Midwife are more used by the urban women. Private service is the dominating source of care for both urban and rural women. Hence, two-third women prefer to get services from institutional services (private and public) and the urban-rural gap of institutional care is not much.