



# Delivering Babies in Emergency Situation: Where and Under Which Circumstances

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## EXECUTIVE SUMMARY

1. **The Study:** This study, a pioneering work, sponsored by UNFPA and accomplished by HDRC, was intended to facilitate the policy action of the Government of Bangladesh for improving the conditions of pregnant and lactating women throughout the country during natural calamities like floods and others. The study was designed primarily to make an assessment of the conditions of pregnant and lactating women in 6 of the 12 districts affected by the 2007-floods, which had then received UNFPA support in terms of delivery kits. The purpose was to derive relevant lessons and forward a set of recommendations to MOHFW and UNFPA to improve their preparedness for addressing the basic needs of pregnant and lactating women during crisis situations particularly during floods.
2. **Methodology:** Qualitative methods have been used to explore the experiences of women delivering their babies during the 2007-floods. The study has used two different types of data collection instruments. Qualitative in-depth interviews were conducted with 95 mothers (with, on an average, a bit more than 15 mothers per district) who had to evacuate themselves from their houses and delivered babies during floods. In addition, 45 Key Informant Interviews were conducted covering CSs, DDFPs, UH&FPOs, MO MCWCs, FWVs, FWAs, SBAs, UNOs and UP Chairmen.

This study was carried out in 6 out of the 12 flood-affected districts of the country. The 6 selected districts which were relatively more flood-affected were Gaibandha, Kurigram, Sirajganj, Manikganj, Tangail and Jamalpur. At the second stage, two upazilas per district were selected considering severity of floods and supply of “delivery kits” to respective Upazila Health Complexes (UHCs). Thus, the selected 12 upazilas encompassed 6 UHCs presumably with delivery kits and 6 UHCs presumably without the kits. Thereafter, unions were chosen from corresponding upazilas (one per upazila) up to a total number of 12 which encompassed 6 UH&FWCs presumably supplied with delivery kits and others presumably without the kits.

### 3. **Major Findings of the Study:**

#### 3.1. **Socio-economic characteristics and livelihoods**

Socio-economic characteristics and livelihoods of the delivering mothers and their husbands were as follows:

- Most (93%) of the targeted mothers were within the age bracket of 20-34 years with no regional differences among themselves.
- The mean age of the targeted mothers was 25.6 years.
- Substantial proportion (over 40%) of the mothers and their husbands were illiterate.

- Up to primary level of education, proportion of mothers was higher (34%), compared to their husbands (26%); but the husbands had a clear edge over their wives in education above the primary level.
- Almost all mothers (98%) under this study were housewives, and their husbands were working as day-labourers (35%), agricultural labourers (16%), rickshaw/van-pullers (14%); and the remaining 10% were on salaried jobs.
- 10% of the respondent households could not meet their expenditures, whereas 68% could somehow meet their expenditures, 21% of households could meet the expenditures quite well, and only 2% could make savings after incurring their expenditures.
- Around 34% of the surveyed households could not afford 3 meals a day throughout the year, 29% households could not avail 3 meals a day for some period in a year. On the other hand, 16% could afford three meals round the year and another 20% of the households also could afford three meals a day round the year except during the days of natural calamities.

### 3.2. Flood and Shelter

- More than 45% of the people in the surveyed areas had to shift from their own houses for shelter- but in case of riverine belts of Kurigram and Sirajganj, more than 80% had to move out from their houses to take shelter elsewhere.
- Non-availability of transport in and around all flood-affected areas and disruption of communication seriously hindered delivering mothers' access to the health centre.
- Paternal houses were most preferred for shelter of the delivering mothers (39%), followed by 18% mothers who took shelter in nearby health centres, MCWCs and UHCs, about 17% took shelter in schools, colleges and Union Parishad Offices, 14% took shelter on '*Beribandh*' (dams) and alongside the highways/roads, 9% in nearby neighbours' and relatives' houses, and the remaining 3% on *maachaan* (makeshift cots/beds above the floodwater level).
- Regarding **choice of shelters**, 33% had chosen shelters based on **mutual decisions** by family members, 20% on husband's decisions, 13% on decisions by both husbands and wives, 12% on neighbour's decisions, 10% on decisions by pregnant mothers, 6% on midwives'/FWVs' decisions, and 2% on UP Chairmen's decisions.
- In all flood shelters, a myriad of problems made life miserable for the helpless people- particularly children, pregnant women and older people. Privacy was the least respected with no separate place for delivery and no separate toilets for women.
- There was dearth of skilled/experienced personnel to assist delivery of babies.
- In '*Beribandh*' or in road-side shelters, the situation was the most unacceptable. These places were dirty and unhygienic. People co-existed with livestock, and there was no place for child delivery, excepting open spaces under the cover of "sharee"/bed-sheet for the purpose.

### **3.3. Flood and Distribution of Relief**

- Relief reached the affected areas after a lapse of 15-20 days causing unbearable hardship of displaced persons.
- Relief materials were distributed mainly in flood shelter (at schools, colleges, *madrasahs* etc.).
- Flood victims, especially the pregnant women and lactating mothers, had to wait for long on the queues for receiving flood relief.
- In general, respondents reported relief goods as 'inadequate'. However, some respondents of Gaibandha, Jamalpur, Kurigram and Manikganj districts had expressed satisfaction over relief goods.
- None of the pregnant women and lactating mothers received any relief related to reproductive care.
- A number of NGOs had carried out relief operations during the 2007-floods in the study areas, but their relief materials and services were meant for beneficiaries of their respective organizations (NGOs).
- Food items, particularly, rice was deemed as the most useful by all respondents. In addition, cash was in high demand and deemed most useful.
- Civil Surgeons and UNOs viewed ORS, emergency medicines, and safe drinking water as most useful relief items.

### **3.4. Status of Pregnant Women at Third Trimester and Delivering Babies**

- Around 25% of the respondent mothers had their 'first children' born during the 2007-floods.
- Around 36% of the mothers delivered their babies either at parental or own homes. Another 16% delivered their children at their neighbours'/relatives' homes.
- Delivery at the shelters spots was relatively less (6%). However, deliveries were remarkably higher (12%) at open places.
- Twenty-eight percent of the childbirths took place at health centres.
- Hospitals were considered the most suitable place, followed by parental houses.
- Twenty-seven percent of the cases of delivery were attended by medically competent personnel (doctors, nurses, midwives, SBAs), and 68% by medically non-competent personnel. Besides, 5% of the respondent mothers were unattended, and they had to deliver their children in open spaces or on boats.
- In 98% cases, babies were born live. Reported stillbirths occurred in two cases.
- A notable proportion of mothers (16%) experienced prolonged abdominal pain after childbirth.
- A total of 10 mothers suffered from excessive vaginal bleeding.

- Forty-two percent husbands bore the brunt of financial liabilities to meet up expenses related to child delivery.
- Ten cases of spontaneous abortion were reported in one particular upazila (in Sirajganj district), and there was one case of premature birth.

### **3.5. Delivery Kits: An Assessment**

UNFPA-Bangladesh decided to supply 'delivery kits' to the existing health facilities of flood-affected districts for ensuring safe-delivery of the pregnant mothers who were at their final trimesters of pregnancy. Due to unavoidable circumstances, kits were distributed to the health centres some 4-5 months after the floods.

- Of the six sample UH&FWCs supplied with delivery kit, delivery kits were received in three UH&FWCs. None of them were found to use the 'kits' for delivery purpose as the conduction of normal delivery was not a common practice there. Moreover, they did not know the use of the kits.
- Most (80%) of the UHCs have been using delivery kits for normal delivery, but some items like gauze and bandage were being used for general patients. But the Caesarian kits were not being used by the UHCs, because they lack skills to handle Caesarean cases.
- Except Civil Surgeons, local authorities (namely, UNOs, UP Chairmen) and DDFP were not aware of the supply of delivery-kits to their UHCs and UH&FWCs. The UNOs, UP Chairmen were unaware of even the content and purpose of such delivery kits.
- DDFP of the Sirajganj district emphasized supply of delivery kits to MCWCs.
- Civil Surgeons and DDFPs suggested extra supply of IV fluid, antibiotics, blades, thread, gauze, cotton, vaginal pads, globes, soap and antiseptic lotion (e.g., *Savlon, Dettol* etc.).
- Supply of delivery kits to the existing health centres were considered most appropriate by the Civil Surgeons, DDFPs and UH&FPOs. It was mentioned that as these kits contain medical supplies, these should be handled by medical personnel for their optimal use. On the other hand, UNOs, UP Chairmen as well as health service providers at lower tiers expressed their concerns about the benefits of delivery kits at domiciliary level during floods.
- NGO representatives suggested that they should be involved in distribution, training and follow-up of supply and use of delivery kits during floods.

### **3.6. Reported Cases of Gender Violence**

The occurrences of gender-based violence have been reported by pregnant women and TBAs. But such violences are usually not reported by the victims for fear of backlash.

- Largely, young adolescent girls and pregnant women were subjected to torture – physical, psychological and social. One girl was gang-raped by hoodlums.

- Husbands and mothers-in-law deprived the pregnant women from food throughout the year, and particularly during disasters.
- Pregnant women standing in queues for relief materials during the 2007-floods were teased by men– by use of abusive words, and physically pushing them away. In a few cases, men snatched away relief materials from women.

#### **4. Recommendations for MOHFW and UNFPA:**

- The number of temporary flood shelters should be increased, especially with separate accommodations for the pregnant mothers. At least one room should be earmarked for child delivery.
- Medical services for the pregnant women and lactating mothers should be introduced along with those against diarrhoea and other common diseases during floods. Mothers and the newborn should be considered as single unit, and all integrated approaches should be directed accordingly.
- Speedy (least time-gap between the onset of flood and the beginning of relief efforts) and effective post-flood management system should be developed to ensure fair distribution of relief materials to the flood victims equally and timely. In designing such relief operations, particular needs of the pregnant women and lactating mothers should be taken into account with highest emphasis.
- SBAs, UH&FWCs, UHCs and MCWCs should be strengthened in terms of both technical matters as well as other resources, and the availability of complementary services of delivery care during floods should be publicized all over the flood-affected areas.
- Transportation arrangements should be made for pregnant and child-delivering mothers for them to go to hospitals/clinics timely and safely during floods. Motorized country boats should be arranged for the health centres in flood-prone locations together with mobile services of ‘boat hospitals’ equipped with all related facilities for child delivery to ease the access of water-logged delivering mothers for safe motherhood.
- Flood-time support to rural pregnant mothers, especially during the third trimesters, should be augmented in lower terrain areas, e.g., in the Gaibandha and Kurigram districts.
- Special schemes for distribution of emergency cash to distressed pregnant women for reproductive healthcare should be taken up in all flood-prone districts.
- The DDFPs, Upazilla Nirbahi Officers, UP Chairmen and Members, and local NGOs should be involved in optimal use of the kits to deliver babies during the disasters.
- Enlistment with possible change of addresses of all poor and vulnerable women of the flood-prone areas should be ensured, so that subsequent tracing of victims and relief distribution is made easy prior to the onslaught of flood or other disasters every year.

- Steps should be taken to raise the frequency of hospital-based child delivery during emergencies like floods from current 28% to 85%.
- A crash motivational training programme on attitude and behavioural practices targeting pregnant and lactating mothers should be designed for the mothers-in-law, sisters-in-law and husbands as soon as possible.
- In order to reduce violence against women in the relief centres, there should be separate queues for women and girls during relief distribution, together with strict vigilance of the UP chairmen and members.
- Victims of violence during floods should be counseled and socially rehabilitated at the initiative of Union Parishad Chairmen and Members.