

Endline Survey on Maternal & Neonatal Health Initiatives in Bangladesh



Implemented by

Ministry of Health and Family Welfare (MOHFW)

Supported by



Conducted by



Human Development Research Centre

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Dhaka: November 2013

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The Government of Bangladesh (GoB), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), and World Health Organization (WHO) have been working together to implement the project entitled 'Maternal and Neonatal Health Initiative (MNHI)' since 2007. The MNH Initiative targeted 11 districts in two phases, 4 districts (Jamalpur, Moulvibazar, Narail and Thakurgaon) in Phase I and 7 districts (Bagerhat, Panchagarh, Sunamganj, Sirajganj, Barguna, Patuakhali and Rangamati) in Phase II. A baseline survey for the 4 first phasedistricts was carried out in 2008. Recently, UNFPA assigned the Human Development Research Centre (HDRC) to conduct a "Baseline & End-line survey on Maternal & Neonatal Health Initiative in Bangladesh" which is a Baseline in Phase-II districts (7 districts) and an End-line survey in Phase-I districts (4 districts). Reports on Baseline survey in Phase II districts has been submitted in separate to UNFPA, and the accompanying one is report on "End-line survey of Maternal and Neonatal Health Initiative" in Phase I project districts.

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BDHS	Bangladesh Demographic and Health Survey
CSBA	Community Skilled Birth Attendant
DGFP	Directorate General of Family Planning
DHS	Demographic and Health Survey
ELCO	Eligible Couple
EmOC	Emergency Obstetric Care
ENC	Essential Newborn Care
FGD	Focus Group Discussion
FWV	Family Welfare Visitor
GOB	Government of Bangladesh
HDRC	Human Development Centre
HIV	Human Immunodeficiency Virus
KII	Key Informant Interview
MDG	Millennium Development Goal
MIS	Management Information System
MMR	Maternal Mortality Rate
MNH	Maternal and Neonatal Health
MNHIB	Maternal and Neonatal Health Initiative in Bangladesh
MOHFW	Ministry of Health and Family Welfare
MR	Menstrual Regulation
NGO	Non-Governmental Organization
PCA	Principal Component Analysis
PNC	Postnatal Care
RTI	Reproductive Tract Infection
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VDG	Vulnerable Group Development
VGf	Vulnerable Group Feeding
WHO	World Health Organization

Executive Summary

As part of extensive efforts motivated towards reducing maternal and neonatal mortality and morbidity across the country, the Government of Bangladesh and United Nations have launched the First Phase of 'Maternal and Neonatal Health Initiatives in Bangladesh (MNHIB)' in 2007. The Government of Bangladesh, United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), and World Health Organization (WHO) are working together in order to implement the project. MNHIB aims at reduction of maternal and neonatal mortality and morbidity. The project is in the process of implementation in two phases. The accompanying report contains the end-line status of project intervention in Phase-I districts: Jamalpur, Moulvibazar, Narail, and Thakurgaon. The end-line survey has been undertaken to assist MNHIB in evaluating the performance and achievement of the health initiative in Phase-I districts. The prime objective of the end-line survey involved collecting data on the current health-situation, especially maternal and neonatal health indicators that relate to maternal and neonatal health care access, utilization, quality of care, knowledge, source and demand of service in the four Phase-I districts. The survey has used representative sample of women having pregnancy outcome during past one year for each Upazila of each of Phase-I districts. The make the end-line report comparable with baseline, estimates for almost all of the indicators have been made based on live births only.

Demographic and Socioeconomic Characteristics of Respondents

More than four-fifths of the respondents (82.6%) are below 30 years, the prime reproductive age. Average age of the respondents is 24.4 years. Mean age at first marriage at end-line is 17.2 years, which was 16.0 years at baseline. The data indicates high prevalence of teenage marriage among women, although the proportion of respondents who reported being married for the first time before age 18 has gone down to 76.5 percent by the end-line from a level of 87.5 percent during baseline. Average number of live birth has also gone down to 2.1 from 2.3 by this time.

Antenatal Care (ANC), Delivery, and Postnatal Care (PNC)

As compared to 63.5 percent at baseline, any ANC from medically trained providers at end-line is 64.6 percent. However, four ANC from medically trained providers have increased to 28.7 percent at end-line against 20.8 percent at baseline.

Home delivery although is on decrease, it still remains the most popular place of delivery (85.2 percent at baseline and 65.6 percent at the end-line). Conversely, facility delivery has increased to 34.2 percent at end-line which was 14.6 percent at baseline. Deliveries attended by medically trained providers have just doubled by the end-line, as compared to baseline (38.8% vs. 19.4%). Traditional birth attendant (TBA) still remains the most regarded provider (61.2 percent at end-line as compared to 80.6 percent at baseline).

PNC from medically trained providers has risen to 36.8 percent at the end-line, as compared to 23.4 percent at the baseline. PNC within 2 days of delivery from medically trained providers is 13 percentage points higher at end-line (31.5%) as compared to 18.5 percent at baseline. Furthermore, seeking postnatal check-up for their babies from medically trained providers within 2 days of birth is 30.6 percent at end-line as compared to 17.0 percent at baseline during last childbirth.

As compared to the baseline, overall rate of ANC, delivery care and PNC from medically trained providers have increased to a large extent at end-line than so were in baseline. However, in both the periods, respondents in lower wealth quintiles have less access to medically trained providers in receiving ANC, delivery care and PNC than their counterparts in higher quintiles.

Quality of Care

Quality of care in MNH services is important, as proper uses of these services are mostly dependent on it to a large extent. Major proportion of women goes to government hospitals and clinics, followed by private hospitals and clinics for treatment of obstetrical complications. Use of both government and private hospitals and clinics has increased with massive decrease in use of doctor’s chamber for this purpose. Satisfaction with receipt of ANC and PNC services shows slight increase, and it was already at the level of saturation during the baseline. As part of quality of care, the women receiving antenatal care from a trained provider during the year preceding the survey were asked whether they were counseled on delivery preparations, breastfeeding and danger signs of delivery. Percentage of women reporting being counseled on delivery preparations shows a slight decrease. However, counseling on both breastfeeding and danger signs of delivery shows certain increase to reach 58.8 percent and 33.6 percent respectively by the end-line. There has been an increase by 2.5 folds for women being counseled on two danger signs during ANC from a level of 11.6 percent during baseline. Proportion of women having delivery within last one year receiving iron tablets or syrup during their pregnancy has increased by 5 percentage point from a level of 52.7 percent. Receipt of two doses of tetanus toxoid (TT) during pregnancy for the most recent birth has also increased by 6.5 percentage points from a level of 28.7 percent. Vitamin A coverage among post-partum mothers also shows slight increase over the last 5 years.

Knowledge of Danger Signs of Pregnancy, Delivery, and Post-partum Period

In terms of awareness of danger signs during pregnancy and delivery, baseline statistics are slightly higher than those of end-line. Respondents aware of at least two danger signs during pregnancy constitute 46 percent in end-line, in comparison to 49 percent in baseline. About 63 percent are aware of at least two danger signs of delivery in end-line, which was 68 percent in baseline. In terms of awareness of danger signs of post-partum period, the corresponding figure is 58 percent and 48 percent respectively in end-line and baseline, suggesting a modest improvement. As compared to overall awareness of danger signs during pregnancy, specific awareness shows noticeable improvement in almost all of the indicators. End-line statistics for those aware of different danger signs account for 57 percent for convulsion/eclampsia, 49 percent for excessive vaginal bleeding, 37 percent for severe headache with blurry vision, and 34 percent for pre-eclampsia. Awareness about danger signs during delivery is relatively higher in end-line for convulsion/eclampsia (35% vs. 27%), excessive vaginal bleeding (41% vs. 14%), and retained placenta (35% vs. 13%). For other indicators, end-line statistics are lower than baseline. With regard to the danger signs of post-partum, end-line figure is lower than baseline for retained placenta (47% vs. 52%). However, for convulsion/eclampsia, vaginal bleeding, and tetanus, end-line figures are higher than those of the baseline (36% vs. 25%, 35% vs. 30%, and 22% vs. 19% respectively).

A remarkable decline is observed with respect to the overall awareness of danger signs in newborn, 71 percent in end-line from 96 percent in baseline. As compared to baseline, awareness about the danger signs like, inability to pass urine (67% vs. 2%), jaundice (37% vs. 16%), and convulsion (21% vs. 7%) shows significant improvement. However, it shows drastic decline in case of difficulty in breathing (36% in end-line vs. 51% in baseline), fever

(31% vs. 63%), cough (22% vs. 36%), rapid breathing (14% vs. 34%), diarrhea (14% vs. 50%), and tetanus (zero vs. 11%).

Overall, 86 percent respondents in end-line, as against 96 percent in baseline, are aware of the EOC services provided by the public sector. Awareness about private medical facilities has increased in end-line (53% vs. 21%), while the same about the NGO sector facilities has remained stable at a very low level (5%).

Community Involvement in Health Activities

Overall about 85 percent of the respondents are found aware about MNH-related community activities which were slightly over 78 percent at the baseline. About awareness of functional community activities related to MNH, about 92 percent of the respondents reports of having such activities in their respective unions. Existence of such functional community activities were reported by 80 percent of the respondents during the baseline. Relatively higher proportion of respondents reported knowing about the available functional centers in end-line, as compared to that of the baseline. Despite high level of awareness about functional community MNH activities and their services, only 26 percent of the respondents have ever participated in such activities in their community by the end-line. Participation in community MNH activities during the baseline was only 9 percent. An 83 percent of the respondents report that there are some set mechanisms or system in their locality to identify the pregnant women and provide healthcare services to them. Existence of such systems was reported by 71 percent of the respondents during the baseline survey. About availability of any transport facility under the community activities to carry the pregnant women or newborn to the nearby health facility for treatment is extremely low. Only 13 percent of the respondents during the end-line survey report having funds under community activities to support the pregnant women for MNH related complications. It was 8 percent during the baseline. Only 5 percent of the respondents acknowledge receiving assistance from such funds. Existence of blood donation clubs is found almost rare. About 68 percent of the respondents have had exposure to MNH related messages from different sources during preceding 3 months of the end-line survey. Exposure to such messages has increased by 10 percentage points since the baseline. The most frequently received messages are on oral polio vaccination for children, children’s vaccination against the fatal diphtheria and exclusive breastfeeding to the newborn for six months, etc. Taking measures based on MNH related messages was better during the baseline.

Women’s Rights in Decision Making

Discussion with husband regarding family size has increased as compared to 67.6 percent at baseline, to a level of 75.8 percent at the end-line. Positive response to agreement with husband regarding desired number of children has also increased to 96.9 percent in the end-line, as compared to 93.6 percent at the baseline.

Post Abortion Care

The proportion of non-live birth outcome (abortion, still birth, miscarriage and MR) has decreased at end-line to 8.8 percent from 16.3 percent at baseline. Post-abortion complications have also reduced substantially in all four districts from 40.3 percent at baseline to 31.6 percent at end-line. Overall, rate of treatment seeking for post-abortion complications has been decreased at 80.5 percent in the end-line, which was 85.1 percent during the baseline. The rate of receiving counseling among respondents having a pregnancy ending with miscarriage, abortion, MR or still birth has increased in end-line from a level of 29.1 percent (in baseline) to 47.3 percent. Use of family planning methods among non-live

birth outcome has increased from 20.2 percent in baseline to 40.7 percent in end-line. A large proportion of the respondents (59.3%) do not use any FP method after having an abortion.

Family Planning Use and Desire for another Child

Around 50 percent respondents at end-line and 44.2 percent at baseline used family planning method before the last pregnancy. Oral contraceptive pill was the most acceptable family planning method at both the periods, followed by injectables. Once started, 56.8 respondents at baseline and 55.3 percent at end-line used the method continuously for more than one year. The most common reason for discontinuation of family planning method was to become pregnant reported both in baseline (52.9%) and in end-line (60.8%). Post-partum use of modern method of family planning method has increased from 28.1 percent at baseline to 40.7 percent at end-line. Although the use of traditional method is somewhat higher at end-line, it is less than 5 percent at both the periods. Oral pill is the most popular family planning method (22.9% at end-line and 16.6% at baseline), followed by injectables used after last child birth. As compared to 26.3 percent respondents at baseline, 49.3 percent respondents at end-line have started using family planning method within 7 months of last childbirth. Majority of the respondents reported using oral pill, with a difference of two folds between baseline (15.5%) and end-line (33.2%).

Overall 46.3 percent of the respondents at end-line as compared to 40.2 percent respondents at baseline desired to take another child. As compared to preference of son at baseline, majority of respondents at end-line preferred to get a daughter in their next term. Some, 8.4 percent at baseline and over two-thirds (35.5%) at end-line had no such specific preference.

Breastfeeding

As compared to 38.0 percent at baseline, initiation of breastfeeding within one hour after birth has increased more than two times (86.8%) at end-line. As a result, as compared to 47.4 percent at baseline, initiation of breastfeeding after one hour to within six hours of birth is merely 7.3 percent at end-line. Overall, 52.8 percent of the respondents at end-line reported exclusive breastfeeding to their baby up to 6 months, which was as low as 1.7 percent at baseline.

Awareness of HIV/AIDS

Two-thirds of respondents (66.7%) reports heard of HIV/AIDS at end-line, while at baseline it was 56.6 percent. As source of information about HIV/AIDS, radio/television (59.9%) has most commonly been mentioned at end-line, followed by friend/neighbor/relative (32%), newspaper/magazine (16.2%), doctor/health worker (9.1%), peer educator/NGO worker (6.9%) and billboard/poster (3.9%). The sequence of source of information on HIV/AIDS was almost the same as that was in the baseline, although the proportion has increased remarkably. Knowledge of respondents about correct modes of transmission of HIV/AIDS also shows increase at end-line, as compared to baseline. The most known mode of transmission of HIV/AIDS reported is sexual intercourse by 65 percent at end-line, which was reported by 60 percent at baseline. The second most known modes of transmission of HIV/AIDS reported by them during end-line is sharing needles or blades (35.4%), followed by blood transfusion (25.4%), sex with homosexuals (5.1%), breastfeeding (3.4%), and from mother to fetus (3%).

Constraint Indicators

The commonly pronounced constraints regarding receipt of MNH care are inadequacy of awareness and clear perception about health/physical condition of women during pregnancy, delivery and post-partum period as well as inadequate perception about newborn care.