BASELINE STUDY ON INCREASING ACCESS TO MATERNAL HEALTH SERVICES FOR POOR WOMEN IN RURAL BANGLADESH

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EXECUTIVE SUMMARY

Background

Bangladesh has attained impressive programmatic achievements in the fields of maternal and child health including family planning during the past decades, such as dramatic increase in use of contraceptive, halving of fertility levels, immunization coverage of children, reduction of child and maternal mortality, etc. However, health indicators suggest that the country need to undertake substantial efforts in the crucial area of reproductive health including the safe motherhood. Two out of five pregnant mothers do not have a single antenatal care visit, and nine out of ten births still occur at home and usually assisted by medically non-competent persons. Bangladesh still depicts one of the highest maternal mortalities in the world. Around two mothers die every hour as a result of complications related to pregnancy and childbirth; and 16,000 women die in pregnancy and childbirth.

Early marriage, early pregnancy is common among female adolescents in Bangladesh. The average age of first pregnancy is 18 years. Pregnancy and motherhood occur to adolescents before they are well developed physically, which exposes them to particularly acute health risks during pregnancy and childbirth. The high risks associated with teenage pregnancies are also pronounced in Bangladesh. The more a woman is exposed to pregnancies the more are the risks associated with childbirth. Most pregnancy and childbirth complications cannot be predicted, and therefore, the continuum of care, particularly skilled care at every birth, is crucial to save lives.

In response to the current deplorable maternal mortality and morbidity scenarios in Bangladesh and especially in Chittagong and Sylhet divisions, the Family Planning Association of Bangladesh (FPAB) has initiated a project titled "*Working Towards Safe Motherhood in South Asia: Increasing Access to Maternal Health Services for Poor Women in Rural Bangladesh*" commonly known as SMP project with the funding support from the European Commission. The project areas are: Dharmapasha (Shunamganj), Kaptai (Rangamati), Naniarchar (Rangamati), Rangamati Sadar (Rangamati), Noakhali Sadar (Noakhali) and Sylhet Sadar (Sylhet).

In order to effectively implement the project activities, FPAB has initiated the current study for collecting the baseline information from the agencies providing sexual and reproductive health (SRH) services, community and other stakeholders. The purpose of this study is to prepare the benchmark data to evaluate the impact of the project at the end of the project period in the implementation locations.

Objectives and Methodology

The overall objective of the study was to conduct a baseline study on access to sexual and reproductive health and maternal health services for the poor women in the Safe Motherhood Project area.

The specific objectives of the baseline study as specified were: (i) to map the SRH service agencies and assess their infrastructure, facilities and service provision, (ii) to find out the knowledge, attitude and practices among SRH service providers and community members, (iii) to get the opinions of stakeholders, leaders and various community members on sexual and reproductive health issues, and (iv) to map the agencies providing skill training for Traditional Birth Attendants (TBAs) and to assess the socio-economic-cultural background, workload and practices of TBAs.

The total research design has been split into three broad segments namely, quantitative survey, qualitative study (including FGD and KII), and PRA (deprivation ranking) with a sample of 754 respondents.

The prime purpose of the deprivation ranking exercise was to identify the most deprived households in the rural community of Bangladesh. Since the opposite to 'most deprived' is 'not most deprived' including the rich, a comparative scale of deprivation has been worked out. Therefore, the exercise provides an attempt to identify the most deprived, deprived, moderately deprived and not-deprived out of all households with the help of rural people in the community of the sample area.

From the most deprived and deprived households, in each sample area, twenty (20) women of reproductive age were selected for interview in the knowledge, attitude and perception (KAP) survey. In total, 100 'deprived poor' women were identified and interviewed as 'destitute' in the survey. The participants for Focus Group Discussion (FGD) with deprived group were also identified from most deprived and not-deprived households.

There was an attempt to find out poor from among women in the KAP survey (except 100 destitute women) using the to criteria of deprivation ranking. Among the socio-economic characteristics, sufficient condition of being 'equivalent poor' is being a VGD card holder and the necessary conditions are all landless who either a. a female headed household or b. the household head is divorced/widowed/separated or c. the household who do not have financial capability to send children six and above years of age to school.

Six teams consisting of one Field Supervisor and seven Enumerators were deployed in each of the study locations for a period of ten working days. The fieldwork (including quantitative survey, inventory of available SRH services, social mapping and deprivation ranking, conduction of FGDs and KII) was completed in two calendar weeks.

Data were entered into computers, and analyzed using SPSS. Before producing output tables, proper range checks and checks of internal consistencies were done.

Key Findings

The SRH services situation in almost all the project areas is deplorable. The quality SRH service is not accessible to a large portion of the population living in SMP areas. The pertinent key findings are:

In most of the areas, the number of medically competent and/or skilled health personnel is inadequate to provide quality sexual and reproductive health services. Altogether there are 62 facilities with only 109 Doctors, 126 paramedics and 205 Nurses providing SRH services in the project area to serve 1.8 million populations.

Whatever SRH services are available, large discrepancies are there by upazilas. Moreover, the service coverage is also low in the facilities at upazila level and below. People in Naniarchar has access to only two components of SRH services (ANC and FP). In Dharmapasha, the EOC first aid service is available. Although, Sylhet Sadar and Noakhali Sadar upazilas are in a privileged position compared to other upazilas, the coverage of delivery, EOC, MR, and infertility care component in facilities at union level is low.

Most of the referral service delivery facilities in the project areas are far away. Almost one in three such centers are at a distance of more than 20 miles. Similar proportion of centers are located at a distance between 6 to 20 miles.

The training facilities for providing basic training to TBAs is available only in Sylhet. In Sylhet Sadar, Rangamati Sadar, and Noakhali Sadar Upazilas FPAB use to organize short training (orientation program) for TBA. In rest of the upazilas, training facilities for TBA are not available.

While knowledge level of most service providers at union and below on certain primary issues of SRH is more or less satisfactory, knowledge gaps on delivery, EOC, MR, STI and referral are found highly pronounced.

The service providers are not aware about various components of SRH services. About 10% of the service providers are found not aware about ANC, 49% safe delivery and 17% PNC. Only 17% of the service providers are found to be aware about all of the three components of obstetric first aid. Only 15% of the service providers could name cesarean section and blood transfusion as component of comprehensive EOC. About 24% service providers reported that they are not actively involved in prevention of STI/HIV through the promotion of BCC at the community level.

In total there are 31 service providers in 6 study areas who were able to perform caesarean section. Ten of these providers are in Sylhet Medical College Hospital. Here the doctors providing anesthesia are also included as caesarean section service provider.

About 29% of the service providers do not know prevention of unsafe abortion. Forty two percent of the service providers are involved in IEC on adolescent care. Seven percent service providers are not involved with health education of mother on neonatal care, and 18% service providers could not mention one or two name of the facilities having EOC services in their locality.

About 14% of the service providers are not aware of “client’s right to choose contraceptive methods and get information of its side effects/complication”.

About 14% service providers do not know at least one complication/side effect of any of the seven FP methods asked to them. The counseling for STIs is not a common practice among the service providers. Fourteen percent of all providers are still engaged in unsafe practice of referring STI cases to traditional healers. About 70% of the providers are not familiar with the best time for MR procedure.

The estimated knowledge (skill) score (coefficient) shows a large extent of overall skill gap (0.4). Thoughtfully formulated policy for skill improvement will enable the project to strengthen access to quality SRH services including safe delivery and EOC services.

The knowledge, attitude and practice of the WRAs about sexual and reproductive health in the project areas are unacceptably low. The WRAs in the project areas are less informed about the FP methods compared to knowledge level in the country. Only 58.3% reported of ever using FP methods and 42.5% currently practicing family planning. The respective national rates are 74.5% and 58.1%. Only 24.9% of the WRAs reported that the service provider informed about other RH service while providing FP service. More than one in two of the WRAs perceive that having ‘Talisman’, and/or visiting ‘Kabiraj’ can cure couples suffering from infertility. About one in two of the WRAs across the SMP project areas do not know sexually transmitted infections/diseases (STI/STD). Both the destitute and equivalent poor are more vulnerable in this regard. About 52% of the WRAs do not have any information about how the people get STD/HIV/AIDS. Only 2% of those who knew about STD/HIV/AIDS reported that they have received information on the same disseminated by the health workers including staff of developmental organization.

The attitude of most of the service providers about the legal right of women to MR and safe abortion is negative. Only 2.4% poor women and 7.3% non-poor women reported that the service provider ever told them about the right to MR.

About 46% of WRAs have reported that they have received ANC service during last pregnancy. Only 27% mothers in Naniarchar and 36% mothers in Rangamati Sadar have the opportunity to have antenatal check-ups during last pragnency. Only 8% of the WRAs have reported that they have received 3 antenatal checkups. The condition of destitute mothers are deplorable (5%) in this respect. Only 21% of mothers who have ANC reported of having pregnancy test.

About all deliveries occurred at home. Among the poor, 88% deliveries occurred at home. Untrained traditional birth attendants assisted 52% of deliveries, and only 9% deliveries were attended by doctors, nurses, midwives and FWVs. About 13% deliveries were assisted by relatives, friends or neighbors. Only 12% mothers in SMP areas have postnatal check-ups. Among the destitute mothers, only 8% have the same. About 90% of the WRAs reported that they didn't receive any checkup for their last newborn.

The knowledge of the WRAs about EOC complication is low. Only 23% of the WRAs could name 'haemorrhage', 35% 'Eclampsia', 55% 'prolonged/obstructed labor', 44% 'retained placenta' and 37% 'abnormal presentation of foetal parts'.

About 20% of the WRAs had complications around the time of delivery [prolonged labour / obstructed labour (20%), eclampsia (7%), retained placenta (3.2%), abnormal presentation of foetal parts (2.6%)]. Among the women who had experienced maternal complications 30% were treated in the hospital/clinic/health centres, and 35.5% at home.

The present scenario on gender, women's empowerment and violence against women (VAW) issues in the project areas is quite shocking. FGD female participants have reported that use of contraceptive is only for the women. They have to bear the risk and responsibility of fertility but have little role in decision-making and choice. The wife is blamed for infertility. Husband and mother-in-law blame the wives for infertility. Infertility sometimes ends in divorce or remarriage of the husband. In case of infertility, women usually go to village quack. The society does not take it seriously to send infertile women to the hospitals for treatment. The service providers in almost all cases misbehave with the women when they go for abortion/MR.

Women don't have the right of decision-making in their family matters. Males are prime decision makers about the treatment of the family members. Only 20% women in project areas can decide about use of FP method to avoid pregnancy, 14% can seek treatment for a sick family member. Mobility of women in the project areas is restricted. About half of the women cannot go alone to any part of the village and/or to a health center. Limited amount of women's empowerment activities are observed in the project areas. These activities are mostly centered around income generation activities through micro-credit from NGOs.

High degree of violence against women is reported in the project areas. About 80% of the WRAs reported verbal abuse, 70% battering, 73% intimidation at workplace, 22% sexual abuse and 74% rape. Almost all of the WRA's don't know about any supportive service available for the women victims of VAW in the locality.

Recommendations

Based on analysis of findings, the following four major recommendations having programmatic implications emerge. These are:

i) Mount up innovative programs to promote and encourage women's access to sexual and reproductive health information and education.
ii) Strengthen access to quality sexual and reproductive health services including safe delivery and EOC services.
iii) Promote women's right to safe motherhood services as a matter of social justice and human rights.
iv) Sponsor augmented innovative approaches for maternal health service delivery targeting poor communities.

The project needs to put untiring efforts on these issues for achieving (a) increased access at community level to sexual and reproductive health and maternal health information and education; (b) improved access to quality integrated sexual and reproductive health services including safe delivery services and emergency obstetric care; and (c) recognition of and commitment to the rights of women to access safe motherhood and quality health services as a human right.

Salient Findings: Baseline Study on Increasing Access to Maternal Health Services for Poor Women in Rural Bangladesh

Indicators	Project Upazilas						All
	Dharmapasha	Kaptai	Naniarchar	Rangamati Sadar	Noakhali Sadar	Sylhet Sadar	
General Information							
Population (in 000)	183	70	48	99	765	682	1848
Area (sq. Km.)	496.0	259.0	393.7	546.5	1071.6	517.4	3284.2
Density per sq. Km.	369	272	97	182	714	1,318	562
WRA (in 000)	41	17	9	23	182	152	425
Literacy (age 7+)	47.4	63.5	63.8	58.0	86.4	86.1	72.4
Demographic and Economic Features (Sample respondents)							
Mean age: WRA (years)	28.9	28.0	28.6	30.5	29.1	29.5	29.1
Mean # of living children	3.0	2.2	2.8	2.8	2.3	3.2	2.7
Mean HH size	5.8	4.3	4.9	4.4	5.1	6.1	5.2
Landless (%)	70.7	90.9	60.6	66.1	83.8	87.1	79.8
Mean monthly HH income (Tk.)	2564	4930	3492	3203	6224	6942	5047
Female headed HH (%)	8.5	22.1	3.0	10.2	12.3	3.0	10.5
Family Planning and Unmet Need							
CPR MWRA (%)							
Any method	29.2	42.2	32.1	42.3	45.8	35.2	42.6
Modern method	27.8	41.3	28.9	41.0	43.1	33.1	37.6
Intenders (%)	39.0	19.5	18.2	8.5	23.4	36.6	25.9
Safe Motherhood							
Advised for ANC (during last pregnancy)	63.4	53.2	39.4	35.6	64.9	74.3	59.7
Had ANC (during last pregnancy)	46.3	40.3	27.3	35.6	44.8	61.4	45.5
# of ANC received							
1	17.1	15.6	6.1	13.6	20.1	21.8	17.6
2	13.4	14.3	12.1	11.9	15.6	27.7	16.8
3	11.0	7.8	9.1	6.8	6.5	8.9	8.1
3+	4.9	2.6	-	3.4	2.6	3.0	3.0
Mean # of ANC received (those who received)	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Mean # of month during 1st ANC (those who received)	5	4	3	5	3	5	5
Received TT during last pregnancy (those who received)	41.5	35.1	21.2	16.9	40.3	56.4	38.9
Had pregnancy test during last pregnancy (those who received)	2.4	31.2	3.0	3.4	20.1	45.5	20.9
Place of delivery							
Home	91.5	85.7	87.9	89.8	85.1	83.2	86.6
Institutional	2.4	5.2	3.0	6.8	5.8	11.9	6.3
Delivery assisted by:							
Medically competent persons	4.9	5.2	3.0	6.8	12.3	14.9	9.3
TTBA	7.3	9.1	3.0	6.8	10.2	10.9	8.3
Had PNC	11.0	11.7	6.1	5.1	15.6	14.9	12.3
Had check-up for newborn	8.5	9.1	-	3.4	13.0	12.9	9.7
Husband's role during pregnancy							
Advised eating more	53.7	75.3	69.7	69.5	74.7	74.3	70.4
Found ANC provider	24.4	53.2	45.5	32.2	40.9	44.6	40.1
Accompanied to ANC provider	18.3	48.1	33.3	20.3	33.8	34.7	32.0
Arranged transport to go for ANC	14.6	39.0	30.3	10.2	27.9	20.8	24.1
Found delivery personnel	20.7	39.0	57.6	52.5	37.0	47.5	39.9
Pre-arranged transport during labour	13.4	27.3	24.2	10.2	28.6	18.8	21.5
Pre-arranged money needed for delivery	22.0	42.9	36.4	25.4	61.0	66.3	47.2
Was at home during labour	42.7	54.5	69.7	62.7	61.7	64.4	58.7
Arranged delivery related all materials	29.3	40.3	63.6	27.1	54.5	53.5	45.5
Assisted in going for delivery	6.1	26.0	3.0	8.5	19.5	11.9	14.4
Information about availability of Other RH services							
Service provider informed about the availability of other reproductive health service	18.3	13.0	30.3	31.2	23.7	28.7	24.9
Knowledge about MR/Abortion							
Heard about MR/Abortion	40.2	45.5	36.4	37.3	53.2	60.4	48.4
Service provider told about availability of MR	7.3	11.7	-	8.5	17.5	10.9	11.5
Service provider told about availability of abortion	1.3	10.4	-	3.4	17.5	10.9	10.7
Service provider told legal right to MR	6.1	7.8	-	3.4	5.2	5.9	5.3
Service provider told legal right to abortion	12.2	7.8	-	5.1	5.2	5.0	4.9
Unsatisfactory attitude of providers towards MR/abortion clients	100.0	94.8	100.0	98.3	98.1	99.0	98.2

Indicators	Project Upazilas						All
	Dharmapash a	Kaptai	Naniar char	Rangamati Sadar	Noakhali Sadar	Sylhet Sadar	
EOC							
Suffered from obstetric complications	28.0	15.6	27.3	25.4	12.3	22.8	20.0
Place of treatment							
Home	15.9	3.9	6.1	10.2	3.2	6.9	7.1
Hospital/clinic/health centre	7.3	7.8	3.0	1.7	5.8	6.9	5.9
No treatment	4.9	3.9	18.2	13.6	3.2	8.9	6.9
Time taken for decision within 60 minutes (%)	6.1	3.9	3.0	0.0	5.2	3.0	4.0
STD/HIV/AIDS							
Know about how people get STD/HIV/AIDS	41.5	40.3	51.5	22.0	67.5	44.6	48.2
Had information from health staff	3.7	1.3	3.0	-	1.9	1.0	1.8
Women Empowerment							
Whether can decide herself on followings							
Use of FP	17.1	23.4	15.2	16.9	20.8	22.8	20.2
Seek treatment for a sick family member	7.3	23.4	24.2	3.4	17.5	9.9	14.0
Can go to any part of the village	30.5	55.8	63.6	89.8	64.3	20.8	51.8
Can go to a health centre/hospital	42.7	50.6	48.5	78.0	63.0	23.8	50.8
Performs any activities to increase household income	4.9	11.7	21.2	61.0	7.8	5.0	14.4
Violence against Women							
Know any women who was a victim of any type of violence during the last one year							
Domestic Violence							
Verbal abuse	96.3	74.0	100.0	98.3	77.3	59.4	80.2
Battering	95.1	59.7	100.0	83.1	66.2	44.6	69.8
Female child abuse (household)	39.0		18.2	10.2	16.9	3.0	14.4
Dowry related violence	62.2	19.5	42.4	15.3	43.5	10.9	33.0
Marital rape	69.5	19.5	27.3	1.7	19.5	21.8	26.5
Compel to suicide	4.9			1.7	5.8	1.0	3.0
Violence in the Community							
Rape	70.7	75.3	69.7	74.7	74.6	74.3	73.7
Sexual abuse	23.2	22.1	24.2	23.4	25.4	16.8	22.1
Casualty	3.7	7.8	6.1	7.8	8.5	7.9	7.1
Burn	2.4			1.9	1.7	1.0	1.4
Women trafficking	2.4			1.3		1.0	1.0
Forced prostitution	4.9	5.2	3.0	3.2	5.1	3.0	4.0
Homicide	14.6	1.3	18.2	3.2	1.7	1.0	5.1
Intimidation at working place	72.0	71.4	75.8	73.4	71.2	72.3	72.5
Know of any activity undertaken for prevention of Violence against female child	1.2	2.6	-	-	-	1.0	0.8
Knows about the supportive services available for a VAW victim	2.4	2.6				1.0	0.8
N	**82**	**77**	**33**	**154**	**59**	**101**	**506**