

## UNFPA in Bangladesh

### Making Motherhood Safe

Nilufar is lucky to be alive. Married at 14, her first child was born when she was just 15 years old. Like 90 per cent of the women in Bangladesh, she gave birth at home, without the services of a skilled birth attendant or midwife. In her case, home was a one-room shack made from discarded materials – bamboo and wood with a tin roof and a dirt floor. The pregnancy was difficult, but the birth nearly killed her. Nilufar was in labour for two days, attended only by an untrained traditional village birth attendant. She lost a lot of blood and was sick for a month before slowly recovering.

Now at 26 or 27 years of age (she isn't sure of her birth year), Nilufar has given birth to four children. Remarkably all of them are alive. Currently she lives in one of Dhaka's overcrowded slums, a community called Jurain, where several hundred thousand poor squat in self-made shanties constructed from straw, canvas, wood and tin. There is no sanitation and no potable water. Her one room home (six feet by six feet) is sparsely furnished with sleeping mats, one chair and some cooking utensils. The cooking fire is outside along a narrow muddy lane that snakes through the community.

She works at a garment factory collecting scrap material and disposing of garbage, while her husband ekes out a living as a rickshaw puller. Their combined income is less than \$2 a day. Illiterate and uneducated, Nilufar did not know about the government health services available to her until a UNFPA supported project started working in her community in 2003.

Nilufar is one of the millions of poor women in Bangladesh in dire need of reproductive health services and access to family planning. But making the services available and upgrading facilities to handle obstetric emergencies is only part of the challenge. Demand must be created within communities, especially in slums and poor rural areas, so that women will actually seek out and utilize the services available.

In Jurain, the “demand side” of reproductive health is being addressed through a programme that sends trained community health and family welfare assistants into poor communities, where they hold educational and information sessions with small groups of women, providing them with information on why they should seek services and where to go to get them.

Serina is the female community health assistant in Jurain. Right across the narrow lane from Nilufar's house, she is holding an education and information session for 15 women. Using easy to understand, illustrated flip charts, Serina explains why it is important to have good reproductive health and answers questions. The women are all keenly interested in what she has to say. The question and answer period lasts an hour.

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“UNFPA has provided catalytic support for improving maternal health in Bangladesh,” points out Dr. Md. Abdur Rahman Khan, Director General of Health Services (part of the Ministry of Health). “The support not only extends to reducing maternal mortality but also to reducing morbidity.”

Of the estimated 3.8 million births every year in Bangladesh, some 565,000 develop complications, many of them life threatening. Around 16,000 women die every year in childbirth or from complications arising from the pregnancy, three every hour of every day. Surveys show that only a little over one-quarter of the need for emergency obstetric services is actually available, with the caesarean section rate just 2.3 per cent of all deliveries. “What these figures mean,” stresses UNFPA Country Representative, Suneeta Mukherjee, “is that there is a huge unmet need for emergency obstetric services and for more skilled birth attendants (SBAs) capable of performing safe deliveries and referring complicated pregnancies to a higher level of care.”

The core of UNFPA’s Country Programme focuses on improving the health of mothers and children and reducing maternal mortality and illness. The Fund does this through a comprehensive, integrated approach involving both Government and NGO partners under its three programme areas: Reproductive Health, Advocacy, and Population and Development Strategies.

The Reproductive Health Programme specially focuses on:

- Upgrading the services available in 64 Maternal and Child Welfare Centers (know as MCWCs); one in each of the country’s 64 districts.
- Upgrading services in urban centers through city corporation clinics and NGOs for addressing the needs of the urban poor.
- Training Skilled Birth Attendants (known as SBAs) capable of performing safe home deliveries and referring complicated pregnancies to health centers or hospitals.
- Providing youth friendly services in selected MCWCs and other facilities.
- Encouraging male participation in reproductive health and family planning.
- Improving the quality of reproductive health services offered to women, men and adolescents.
- Training of clinical doctors and nurses.
- Provision of emergency obstetric care in MCWCs, district hospitals, and urban clinics (training, equipment and essential drugs and supplies).
- Continued skills development for doctors, nurses, SBAs, and community health and family planning assistants.
- Monitoring and evaluation of programme achievements.

Not far away from the slum community of Jurain is an urban health clinic operated by the Bangladesh Women’s Health Coalition, a nation-wide NGO. It is one of 25 such centers supported by UNFPA located in four major urban areas – Dhaka, Chittagong, Khulna and Rajshahi. Though the Government donates the buildings, most are managed by NGOs. With funding from UNFPA, this clinic provides a complete array of reproductive health and family planning services, focusing on the needs of the urban poor. It also has a “youth corner,” containing a library, game rooms and a small hall for seminars, meetings and skills development. The “corner” also offers counseling and health services designed to meet the needs of adolescents and young people.

This particular health center situated in a highly populated area is delivering on average six babies every day, one third of them by caesarean section, far higher than the national average. Up to 160 women and adolescents visit the clinic each day for counseling and maternal and child health services. A full quarter of all patients, those with “Socio Economic Status” cards (certifying that they are completely indigent) pay nothing at all for the services, including drugs and contraceptives.

As more community outreach is carried out, more poor women are discovering the maternal and child health services provided by these urban health centers. Ruma, an attractive 20 year old, is here for a pre-natal check-up. She lost her first baby (stillborn) and is now four months pregnant with her second child. This time she is determined to have a save delivery and a healthy baby.

"I come from another poor area of Dhaka, some 30 minutes away by rickshaw," explains Ruma, in a quiet voice. "I like the attitude of the staff and the services here," she says. "In fact, I like everything about this clinic. I will give birth here, even if there are no complications."

"Many of our clients are young women, like Ruma," points out Khondker Rebeka Sunyat, the project manager. "They come here because we cater to adolescents and have a qualified medical staff, including counselors," she continues. "We also have an extensive youth programme, involving some 700 adolescent girls and young women. They receive education on reproductive health and family planning, safe motherhood, the prevention of HIV/AIDS and STIs and well baby care. And we supplement our information and advocacy activities with hands-on skills development, including sewing and tailoring, handicrafts and pottery decoration."

Though bringing maternal and child health services to the urban poor is an important component of UNFPA's Country Programme, one of the biggest health challenges facing the country is providing better quality services to rural areas. Only about one third of Bangladesh's 130 million people live in urban centers. The majority resides in 68,000 villages and small towns, many of them in remote, hard to reach areas.

To meet this challenge, the Government, working closely with UNFPA, intends to train 13,500 skilled birth attendants (SBAs) by 2010. "As of July 2005, we have trained nearly 1,100 SBAs," explains Professor Abdul Bayes Bhuiyan, project director and former President of the Obstetrical and Gynecological Society of Bangladesh. "The SBAs get six months of intensive training at 28 centers around the country. But we have to step up our recruiting in order to meet our target." All but four of the 28 training programmes are financed by UNFPA.

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It was also Professor Bhuiyan's idea to recruit SBAs from the large contingent of active Health and Family Welfare Assistants. "These women are already working at the grassroots level and have close links to their communities," he points out. "They also have basic training in health and family welfare issues and make an ideal base for our recruiting efforts."

The SBAs have already been credited with bringing down the maternal mortality rate, which has fallen from 554 in 1990 to 320 deaths per 100,000 live births in 2004. "This is still an unacceptably high number," points out Suneeta Mukherjee, "but the Government is committed to cutting the number of maternal deaths by half by 2015 in order to help meet the Millennium Development Goals and build a better, healthier society."

In the city of Joypurhat, SBAs are credited with a remarkable improvement in maternal and child health. Dr. Parvin Akter, surgeon and head of the Mother and Child Welfare Center in Joypurhat, has seen real progress as measured in the number of women coming to the center to give birth and for other reproductive health services. "Because of the training we received from UNFPA, we can offer a wide range of reproductive health services, including emergency obstetric care," she says with a grin. "In 1995, for instance, we had 112 normal deliveries and no caesarean sections at all. By 2003, we recorded 827 normal deliveries and 211 caesarean sections." Consequently, the city has seen a significant increase in safe deliveries and a marked decrease in maternal and infant deaths.

The other component of UNFPA's safe motherhood initiative is discouraging early marriage. About three quarters of Bangladesh's adolescent girls are married by the age of 19 and nearly one quarter give birth to at least one child before reaching 20 years of age. The health effects of this practice are clearly visible at the Fistula Center, part of the Dhaka Medical College and Hospital.

Beauty is just 17 years old. Married at 15 and pregnant at 16, she lived with a debilitating and life-threatening fistula for 11 months before her parents brought Beauty to the lone Fistula Center at Dhaka Medical College Hospital, 150 kms from their home in Luxmipur district. The cost of the trip nearly bankrupted her family, but after four major operations (performed free of charge) her fistula has been repaired successfully.

"I feel like I've been given a new life," she says smiling. "I don't smell anymore. Now my husband has agreed to take me back and I'm looking forward to going home."

"Beauty had the worst form of fistula, both rectal and urinary (known in medical terms as vesico-vaginal fistula (urinary) and recto-vaginal fistula (rectum)," explains Dr. Sayeba Akter, head of the Department of Obstetrics and Gynecology at Dhaka Medical College. "She suffered extreme labour pains for three days before her family took her to the local hospital. The baby died and Beauty was left with both types of fistula," continues Dr Akter. Leaking both feces and urine, "her husband took her back to her parents, claiming that the smell was overwhelming. She is lucky to be alive."

Too many women do not get a second chance. "They die or become permanently disabled because of pregnancies that are too early, too many, too close together or too late in life," points out Dr. Akter. "With UNFPA's help we are educating people about the dangers of early marriage and pregnancy, but it's an uphill struggle."

Despite being forced to drop out of school to marry at 15, Beauty is literate and has studied a lot during her eight months of residency at the Fistula Center. "I am grateful to UNFPA for funding this Center," says Beauty. "If not for this operation and the care I received here, especially from Dr. Akter, I might not be alive today. This Center has renewed my life"

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### Reducing Obstetric Fistula and Cervical Cancer

Obstetric Fistula is a severe medical condition in which a fistula or hole develops between a woman's bladder (or rectum) and vagina during prolonged or obstructed labor, when adequate medical attention is not available. Unrelenting pressure of the baby's head against the mother's pelvis greatly reduces the flow of blood to the soft tissues surrounding the bladder, rectum and vagina. As a result, the injured tissue soon rots away, leaving a hole, or fistula. If the hole is between the women's vagina and bladder, she leaks urine uncontrollably, and if it is between her vagina and rectum, she leaks feces uncontrollably. The resulting physical consequences may include incontinence, recurring infections and paralysis of muscles in the lower legs affecting the sacral nerves. Surgery can mend fistulas, but too often poor women do not know that treatment is available. Even if they do know about fistula repair, the treatment centers often are far away and the fees expensive.

Along with Obstetric Fistula, Cervical cancer is another medical condition prevailing in Bangladesh. It is one of the few cancers which can be prevented if detected early. In Bangladesh, the prevalence of cervical cancer compared to other cancers in women is high. However, 80 per cent of the women do come for treatment at the last stage. UNFPA and the BSSMU is piloting the screening of cervical cancer through VIA (Visual Inspection through Acetic Acid) in 16 districts. Encouraging results show that this can be expanded nationwide so that all women over 30 years of age at least can have one check up during their lives.

UNFPA's support to Fistula and Cervical Cancer will bring about a great decrease in maternal mortality in Bangladesh.

***“No matter where a woman lives, giving birth should be a time of joy, not a sentence to death.”***

***--- Thoraya A. Obaid, Executive Director, UNFPA***

