

Chapter Seven

APPROACHES IN REPRODUCTIVE HEALTH

Documents of the ICPD and the Fourth World Conference on Women (FWCW) emphasize the concepts of sexual and reproductive rights, including the right to sexual and reproductive health, voluntary choice in marriage, sexual relations and childbearing, freedom from sexual violence and coercion and the right to privacy, which are essential to gender equality. Women in Bangladesh are not in a favorable position with regard to gender equity and equality, even though the Constitution of the country provides for equal status and rights for women. Age-old tradition, social norms and values, economic dependence, illiteracy and prevalence of rigorous family laws create and legitimize discrimination and inequality against women in this country.

Rights Based Approach

Bangladesh is one of those countries where the economy is characterized by low growth, overpopulation, critical land-man ratio, acute joblessness and growing numbers of the absolute poor. Women comprise half of the population and their situation is worse than men. They suffer not only from abject poverty they live in but also the gender disparity prevalent in the society. They are in a subordinate position since birth. Since infancy, a girl child often has unequal access to nutrition, health care and education. At work place women are paid less than men and they also do not have easy access to credit and income generation opportunities. There is a social preference for early marriage, and the consequent early age at first pregnancy increases the risk to their health. In Bangladesh, gender inequality, economic dependence of women on their husbands and the patriarchal system reinforce each other to perpetuate and promote violence against women (Khan, M E., et al, 2002).

This kind of situation calls for a rights-based approach to sexual and reproductive health. Such an approach is concerned with gender equity and equality, sexual and reproductive rights and client-centered sexual and reproductive health care. Over the years, a human rights-

Gender refers to the economic, social and cultural attributes and opportunities associated with being male or female (UNFPA).

Gender equality means equal treatment of women and men in laws and policies, and equal access to resources and services within families, communities and society at large (Gender and reproductive rights Glossary, WHO).

Gender equity means fairness and justice in the distribution of benefits and responsibilities between women and men. It often requires women-specific programs and policies to end existing inequalities (Gender and reproductive rights Glossary,WHO).

Reproductive rights include “the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents” (UNFPA).

Sexual rights include “the human right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence” (UNFPA).

based approach to reproductive health has evolved which emphasizes the rights to health, to have children by choice, and to have a safe and satisfying sex life. WHO defines the rights-based approach as a conceptual framework for the process of human development that is normatively based on international human rights standards, and operationally directed to promoting and protecting human rights. It integrates the norms, standards and principles of the international human rights system into the plans, policies and processes of development. A rights based approach includes reproductive health services that protect a woman's general health and well-being, that allow for well-informed decisions, and are respectful of individual choices.

The Platform for Action adopted at the **Beijing Women's Conference** advances women's wider interests. Paragraph 96 states:

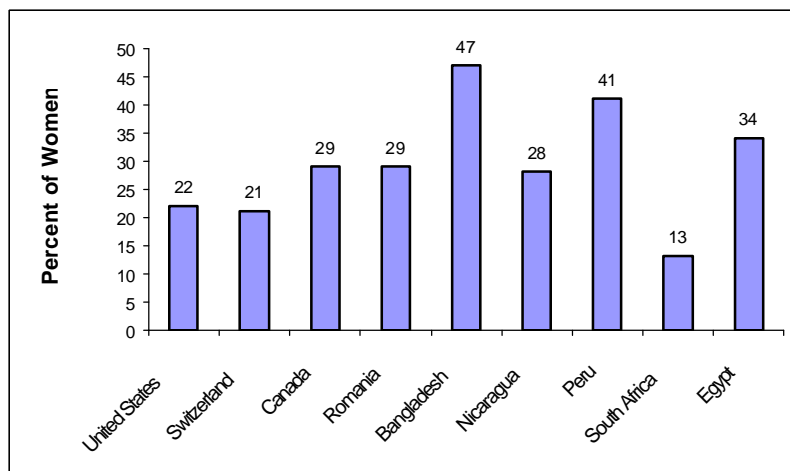
"The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for integrity of the person, require mutual respect, consent and shared responsibility for sexual behavior and its consequences."

Violence Against Women (VAW)

Violence against women is a serious violation of women's human rights. Women's reproductive and sexual health clearly is affected by gender-based violence. In Bangladesh, violence against women is common, particularly by husbands. The nature of violence ranges from scolding to severe beating, forced sex and in extreme cases, murder. A U.S. study found that women who experienced intimate partner abuse were three times more likely to have a gynaecological problem than were non-abused women (Campbell, J. et al., 2002).

Figure 7.1

Intimate Partner Violence in Selected Countries



Source: Outlook, Volume 20, Number 1, September 2002.

Domestic violence: In Bangladesh, a half of all murders are of wives by husbands. Bangladeshi women are the most

battered in the world. Surveys indicate that 47% of adult women have been physically assaulted by an intimate partner in Bangladesh (Barbara Shane and Marry Ellsberg, 2002). Many in our communities believe it is acceptable to hit women. Cultural norms strengthen this belief and may lead women into believing that violence is deserved.

Acid attacks remain one of the most barbaric acts against girls and women in Bangladesh. Hundreds of young women are attacked with sulphuric acid simply because they dared to say no to men. Experts say three to five young women a week are being burned with acid in Bangladesh, and the numbers are increasing at an alarming rate. By throwing acid, men not only destroy a women's face but also her future, the chances of her getting married and enjoying a normal life. Rape is now probably one of the most common forms of violence against girls. Unfortunately, despite the fact that in most cases the violator is known to the victim, nothing is done to bring the former to justice (Prof. B A Majumdar, 2002). In Bangladesh, where both the prime minister and opposition leader are women, nearly 50 percent of murder cases against women are linked to marital violence, and by an inability to meet dowry demands and to handle polygamous men (Dawn, September 2000). Despite the fact that demanding, giving and accepting a dowry is an offence under the laws of Bangladesh, the practice, however, still prevails in many sections of society.

Sexual Abuse, especially forced sex can cause physical and mental trauma and limits women's sexual and reproductive autonomy. In addition to damage to the urethra, vagina, and anus, abuse can result in STIs, including HIV/AIDS. A survey data show that during the last one year 15 percent women had experienced forced sex by the intimate partner (M E Khan et al., 2000). The fundamental cause of violence is the inequality between men and women in all spheres of life. Various existing social, religious and cultural constraints not only help in perpetuating the inequality but also facilitate its justification. The women in Bangladesh, as in other South Asian countries, are made to believe that women are inferior to men; they are expected to serve their husbands, obey them, and satisfy their sexual needs.

Case Study:

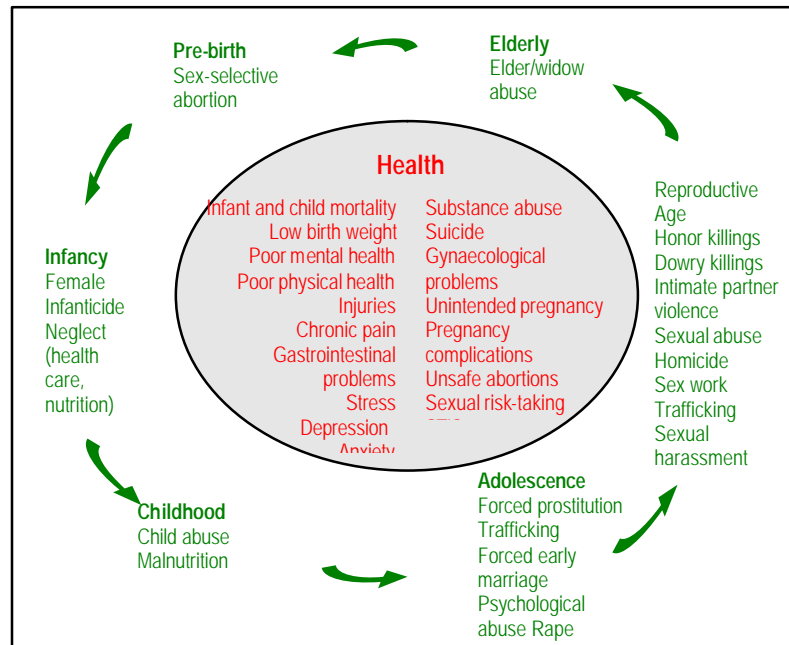
At the time of marriage I was 14 years old and my husband, 28. After the initial experience of sex I started disliking it. But he wants sex all the time. As I do not enjoy it, I refuse to do it but my husband never listens to me and does it by force... At times he even does it during my menstrual period... It mentally hurts me and I have started hating myself. Now I am 28 years old. I do not like sex and I have told him to go outside for enjoyment... He does it in any case (28-year old informant).

Another 35 year-old woman expressed a similar view: All my life I have been subjected to this (forced sex). I never want to have sex with him. I do not like any kind of sexual activity but he never listens to me. He always scolds and beats me for refusing it to him.

- M E Khan et al., 2000

Figure 7.2

The Life Cycle of Violence Against Women and Its Effects on Health



Source: *Sexual and Reproductive Health—Family Care International, 1999.*

Reproductive Rights

Early Marriage and Childbearing also has multiple impacts on the reproductive health of women and girls. At the time of marriage they are hardly aware of the sexual life into which they would be entering after marriage. The initial trauma through which they pass immediately after marriage is often instrumental in developing a negative attitude towards sexuality (ibid). In Bangladesh, in 37 percent of all marriages registered, the brides were underage and 82 percent involved a dowry payment, both of which are illegal. Moreover, marriage entails social isolation for the young bride, dropping out from school, her post marital residence is usually patrilineal, and restrictions on her mobility set strong limits on the social networks that are accessible to her in her husband's home (MOWCA, October 2002). The adolescents are unlikely to use contraception at first intercourse before marriage due to shame and privacy. This particular behavior increases the chances of unwanted pregnancy, unsafe abortion, pregnancy related complications like obstructed labor, vecico-vaginal fistula etc. The deaths of mothers due to pregnancy related complications are highest in

Challenges of 21st Century:

- Ensure Reproductive Health Care.
- Reduce Maternal Mortality Rate.
- Ensure Adolescents' Reproductive Health Care.
- Reduce/prevent unsafe abortion and ensure care of health risks caused by unsafe abortion.
- Prevention of HIV/AIDS.
- Elimination of discrimination existing between men and women.
- Ensure equal opportunity for all in case of education.
- Ensure nutrition of mother and child.
- Ensure improved quality of life.
- Ensure empowerment of women.
- Ensure health care for population aging above 60 years including other basic rights.
- Ensure availability of safe and effective family planning services.

Bangladesh among the developing countries (Hossain SMI et al., 1998).

Maternal Mortality can be considered as a human rights violation. Women must have ready access to essential obstetric care, well-equipped and staffed maternal health-care services, skilled attendance at delivery, emergency obstetric care, effective referral and transport to higher levels of care when necessary, pre and post natal care and family planning. But in Bangladesh maternal mortality rate is very high even by the standards of other developing countries. This persistently high mortality rate shows the risk that Bangladeshi women face during their reproductive life span.

Abortion or termination of pregnancy, especially when it is unwanted or mistimed, is a complicated process in Bangladesh. Individuals have to consider the attitude of their husbands, family and the society in addition of their own compelling needs before having an abortion or MR. Septic abortion is more common in teenage unmarried women and such deaths are far less reported as parents and relatives tend to hide the cause of death of an unmarried daughter following an induced abortion. Pregnancy out of wedlock is socially unacceptable and there is no sympathy from the community if it ends in death (Fauveau & Blanchet 1989).

Barriers in Decision Making: Gender inequality affects women's timely use of health services. The subordinate status of women in society limits their autonomy in decision-making, it limits their access to transportation, and leads to discrimination in health care utilization (Dey K D, 1998) In Bangladesh, eight percent of women mention that their husband is opposed to family planning use (Piet-Pelon N J et al., 2000).

Son preference on Childbearing: In Bangladesh, sons carry on the family name, inherit immovable property, conduct religious rites, and provide security for the parents in their old age. Daughters on the other hand are considered as a liability for the family because – they marry early and outside the family, any investment in them is lost to the family, they require large dowries and expensive weddings, they provide no support to the family of origin after marriage (Dey K D, 1998).

It is indeed a grim reality that the range of gender based violence is devastating, occurring quite literally from womb to tomb. Starting even before they are born, and continuing throughout their lives, girls are subjected to violence,

"The fact is that women have been trapped. Reproduction is used, consciously or not, as a means to control women, to limit their options and to make them subordinate to men. In many societies a serious approach to reproductive health has to have this perspective in mind. We must seek to liberate women."

-Dr. Nafis Sadik

-Executive Director,

UN Population Fund.

"Much of the violence against women occurs in the context of sexuality and reproduction. The health consequences of violence often occur in the context of reproductive health and seriously contribute to the burden of diseases in women and young people."

-Dr. Hiroshi Nakajima

-Director General

World Health Organization

exclusion, and exploitation based simply on the fact that they are female.

In order to accelerate the process of gender equality, equity and empowerment of women, the Government's initiatives include, among others, enhanced advocacy campaign and IEC on 'Dowry Prohibition Act', 'Cruelty to Women Act' (deterrent punishment act), 'Child Marriage Restraint Act', 'The Muslim Family Ordinance', 'Second Amendment Ordinance' (for capital punishment for acid throwing, etc), 'Family Court Ordinance' and 'Anti-terrorism Ordinance'. The National Council for Women's Development chaired by the Honourable Prime Minister has been constituted. A cell has been established under the Ministry of Women and Children's Affairs (MOWCA) to prevent violence against women. A 15 member inter-ministerial coordination committee headed by the Minister of MOWCA has been constituted. The committee submits periodical reports to the Prime Minister. Among other post-ICPD actions, mention may be made on women quota in the Parliament and in the local government bodies; women quota in the Public administration; 60% women quota for primary school teachers; massive non-formal education programmes for girls; family life education in the school curriculum; and enhanced emphasis on the activities relating to the promotion of inter-spousal communication about sexuality and reproduction.

The Bangladesh National Women Development Policy was adopted in March 8, 1997. This policy document, first of its kind in Bangladesh delineates government's firm commitment on some board areas – implementation of the human rights and fundamental freedom of women; elimination of all discrepancy against girl child and enactment of relevant laws; elimination of all forms of violence against women, war and women; education and training; sports and culture; ensure active and equal participation of women in all spheres national economy; eradication of poverty among women; economic empowerment of women; job opportunity for women; other secondary assistance and services; women and technology; food security for women; political empowerment of women; administrative empowerment of women; health and nutrition; housing and shelter; women and environment; women and mass media; specific distress and disadvantaged women (MOHFW, February 1999).

According to Article 1 of the Universal Declaration of Human Rights, "All human beings are born free, and equal in rights and dignity". Through birth, girls inherit the rights of all human beings. They are born with the same fundamental rights to life, food, shelter, education, healthcare, and employment.

Our Constitution guarantees equal status of women and men in all spheres of life. According to Article 28(2), "Women shall have rights with men in all spheres of the State and of public life." Successive governments have also signed and ratified the Convention on the Elimination of All Forms of Discrimination (CEDAW), the Convention on the Rights of the Child (CHC), and the Beijing Declaration and Platform for Action.

Life Cycle Approach

The life-cycle approach to women's health anticipates and aims to meet a woman's health needs throughout her life cycle, from infancy to old age. This approach emphasizes the importance of health-seeking behaviour throughout life and the provision of appropriate services to meet women's need.

Women's right to the enjoyment of the highest standard of health must be secured throughout the whole life cycle in equality with men. Good health is essential to leading a productive and fulfilling life, and the right of all women to control all aspects of their health is basic to their empowerment.

Issue at a glance:

- Women are more likely than men to be poor; have minimal schooling and low social status; and are burdened with heavy work from an early age. As a result women tend to have special health needs, limited access to health services, and little sense of entitlement to health care.
- Girls face considerable health risks, often resulting from family preference for boys. Million of girls do not receive sufficient preventive health care or treatment for illness and are poorly fed. An estimated 450 million adult women in developing countries are stunted, a direct result of malnutrition in early life.
- During adolescence (10 to 19 years) women are exposed to a new set of health risks. Lack of knowledge about their bodies and limited access to appropriate health services put adolescent women at risk of early childbearing, unwanted pregnancy and unsafe abortion as well as STDs, including HIV/AIDS.
- During their reproductive years (15 to 49 years), women's risk of death and disability is high: one out of every 48 women in the developing world will die from pregnancy related complications. It is estimated that 50% of pregnant women in developing countries are anaemic, significantly increasing their risk of dying in childbirth.
- In their post-reproductive years (45 years and older), women face health risks associated with ageing.
- Cervical cancer now accounts for more new cases of cancer in developing countries than any other type of cancer.

Status of Women and Reproductive Health in Bangladesh:

- Due to the lower socio-economic status of the girl child and women, they are subjected to discrimination in all sectors including health, nutrition and education. Due to the existing inequality between males and females many women are tortured physically and mentally.
- 3 mothers die every hour due to complications of pregnancy and delivery.
- Maternal Mortality Rate is 3 per thousand live births.
- Every year 4 million women become pregnant and out of them 600,000 face different types of complications.
- Only 13 percent of deliveries are conducted by doctors and trained personnel.
- Persistently lower nutritional status of women.
- Preference of son in the society.

Figure 7.3

**The Life Cycle Approach
Identifies key health risks throughout a woman's life**



Source: Adopted from the report of an interagency working group on Life Cycle Approach, September 2000.
(BASICS Project – USAID, Institute of Child Health, UNICEF, WHO, World Bank, Local NGOs)

The life cycle approach identifies certain key health risks throughout life and gives voice to the poor. It –

- will improve the health of women and children
- will help break the vicious cycle of illness and poverty
- draws on the synergy of intergenerational links
- more effectively delivers essential services
- engages partners, communities, NGOs, governments and agencies for better use of resources

The life cycle framework is guided by certain key principles:

- Health interventions have a cumulative impact
- Interventions must be prioritised at several points across the life cycle
- Interventions in one generation bring benefits to successive generations

The new approach demands that the governments think of women in a holistic fashion and stress on a rights based, gender sensitive approach to health. Governments have been encouraged to recognize that the improved health status of women could only be achieved by a life cycle approach and that health depended not only on good family planning information and services, but also on women's empowerment in all spheres – legal, status, employment, and education and their simultaneous achievement.

The Government of Bangladesh responded to this emerging need, started the process of health sector reform in 1997 and developed the Health and Population Sector Strategy (HPSS). The Health and Population Sector Programme (HPSP) was the fifth five-year sector wide program for health and population of the Government of Bangladesh (GoB) and is based on the HPSS formulated by the government. Its overall goal is 'improved health and family welfare for the most vulnerable women, children and poor of Bangladesh'. For that purpose several new policies and strategies were formed and National Reproductive Health Strategy was adopted in 1997 based on the principles set forth at ICPD.

The strategy prioritises four services areas in Reproductive Health:

- Safe Motherhood
- Family Planning
- MR and care of post abortion complications
- Management of RTI/STDs

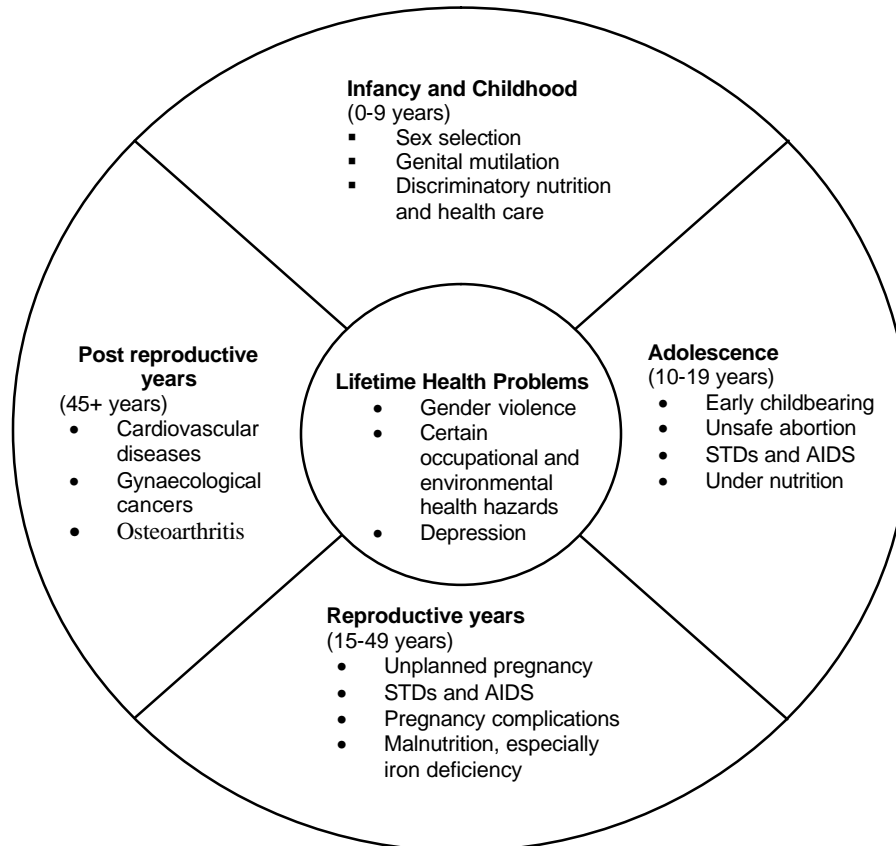
It adopts a life cycle approach to services where women are not the objectives of specific services but rather are



considered holistically (Chowdhury, 2002). The above strategy priorities remain unaffected in the reformulated national Health, Nutrition and Population Sector Programme (HNPS).

Figure 7.4

Health and Nutritional Problems Affecting Women The Life Cycle



Source: *Sexual and Reproductive Health – Family Care International, 1999.*

Impact of socio-economic status, education, health and nutrition on women during the life cycle:

Bangladesh is one of those countries whose economy is characterised by low growth, overpopulation, critical land-man ratio, acute joblessness and growing numbers of absolute poor. Women form a half of the population and their situation is worse than men. They live in abject poverty, suffering as poor and again because of gender disparity. Recent statistics in Bangladesh indicate that out of 50.2 million employed people, 40 percent are women and a significant portion of them (46 percent) are involved in agriculture (Salma, 2001). However in Bangladesh women’s involvement in the industrial sector has increased a great deal in recent years. A significant number of women (7.7 percent) are now employed in this sector.

About 60 percent of the total labour force employed in the ready-made garment industry are women. The average age of the garment workers is 19 years for women and 24 years for men. At the same time, in the private sector companies 3 percent of women are employed as managers and administrators and women hold about 5 percent of government posts (Shirin, M, 2002).

Majority of women workers (82 percent) in rural areas are unpaid family workers (Centre for Integrated Rural Development of Asia and Pacific: 1998). The rural poor women – while conforming to the established Bengali value system of performing their role within their family - have significantly contributed to the food production and also to the cash flow of their family resources by making traditional sellable items. Traditionally women have performed a good deal of productive activities, notably post-harvest operations and homestead gardening and attending the livestock, all of which add to family income. The women are in a subordinate position since birth. As girls, they are under the supervision of their fathers or brothers; when they marry, their husbands make decisions for them; in their old age, they become dependent on their sons. They are unable to come out of these systems of being dependent on the men in their lifetime.

Empowerment begins with poverty eradication. For women, the first hurdle has also been to access productive resources and social services. Microcredit has played a significant role in the achievement of economic self-sufficiency for women in Bangladesh. Microcredit is being utilized for the provision of shelter and livelihood, combining it with health care, education, nutrition, family welfare services and community development in a comprehensive anti-poverty initiative. The Grameen Bank has become one of the most well-known microcredit institutions in the world. Today there are over 2,200 telephone ladies employed by Grameen Telecom (a branch of Grameen phone) in Bangladesh and the number is growing. Grameen Telecom has set a goal of creating 40,000 village phone ladies. A 'telephone lady' earns an average of \$ 300 per year (Mohammad Yonus, 1997).

Despite these achievements, gender discrimination against girls and women, subordination and deprivation persist, as evidenced by relevant indicators. Inter and intra-border trafficking in children and women continues to be a serious problem. Every year more than one million children and women world-wide are believed to be trafficked and sold for sexual purposes. In Bangladesh, the number of children and women trafficked is estimated to range from 10,000 to 20,000 per year. From Bangladesh, most

Women's universal disadvantages:

- Lower social status than men
- Lower salary level than men in formal work forces
- Large proportion of women in informal sector of economy
- A rising number of female headed households
- Lack of enforcement of legislation protecting women's rights
- Under-representation of women in politics and decision making positions
- Culture has historically given men and boys preferential treatment in most aspects of life matters.

children and women are trafficked for prostitution, domestic work and industrial labour (textile factories), or to Arab states to become beggars or camel jockeys. Once oriented to the sex trade, a girl might find herself forced to service an average of ten clients a day (USAID, 2003).

Child labour is also one of the barriers for development. It is estimated that more than 6.3 million children in Bangladesh work full-time, most of them in the informal sector of the economy. Girls are often driven into 'invisible' child labour through domestic service and denied access to education (UNICEF, 2000).

Education and employment help to empower women. An educated woman is better able than an uneducated woman to make correct decisions about her and her children's health, education and life. In the past decade, Bangladesh has made great strides towards Education for All (EFA goals). Bangladesh is one of the few South Asian countries that can claim gender parity in enrolment in primary level, though gender equity remains a challenge in many fields. Despite this progress, around 10 percent of children (2 million) never enrol in primary schools, and at least one third (6 million) who enrol do not complete the primary cycle (UNICEF, 2000). Female students drop out from school mainly due to early marriage or social seclusion. The literacy rate obtained from 1991 census was 32.4 percent for population 7 years and above (BBS 2002).

Education gives women a sense of confidence and status to think, discuss and reach decisions on matters pertaining to themselves within the family. The BDHS 1999-2000 shows that women who have no formal education have an average of 4.1 children, while women with at least some secondary education have an average of 2.4 children (NIPORT, Mitra and Associates, and ORC Macro, 2001). According to the 'State of the World's Children 2003, UNICEF', adult literacy rate for male is 52 percent and for female is only 29 percent. Primary school enrolment ratio for male is 80 percent and for female is 83 percent whereas secondary school enrolment for male is 52 percent and for female is 56 percent (UNICEF, 2002). Recently The Government of Bangladesh has made female education free up to primary level, provides stipends to all rural girls from grades 6-12, and is recruiting more women to achieve the target of 60% of women teacher in primary school (UNICEF, 2000). In the higher Secondary Certificate and in all official documents, mother's name must also be mentioned side by side with the father's name, where necessary.

Adolescent girls are not informed about their rights, and have limited opportunity to meet and exchange ideas. Early marriage is a critical factor for dropping out of school. When an adolescent girl marries, she generally stops attending school and gives full time work in her husband's parental house (UNICEF, 2000). By the age of 17, approximately 70 percent of females in Bangladesh are married, nearly all of them by an arrangement between the parents of the bride and the groom - an arrangement aiming at strengthening social ties between families. A woman's productive value in society is equated primarily with the dowry she will bring to her husband's family. The payment of dowry, which often occurs over the course of several years, is a significant financial burden for most families. Inability to pay the dowry severely affects a young bride's treatment in her husband's family.

Most women in the rural areas are not allowed to buy or sell goods in the haats and bazars (village markets). Although women are not usually in control of their profits, their contribution to the products sold may serve to increase their household status and earn the respect of their husbands and his family (Jennifer Morris, 2003).

In the last decade, Bangladesh has made significant progress in the areas of maternal and child health as demonstrated by the fall in both the infant and child mortality rates and the dramatic rise in contraceptive use. Despite these achievements, maternal mortality has been poorly addressed and remains very high (320 per 100,000 live births). Pregnant women die during delivery mainly due to common, treatable obstetrical complications such as haemorrhage, abortion, eclampsia, puerperal sepsis and obstructed labour. Pregnancy is usually considered as a healthy state and cause of joy in the family. The expected outcome from each pregnancy is a healthy mother with a healthy baby. While most pregnancies take place without any problems, approximately 15 percent of pregnant women will develop life-threatening complications requiring Emergency Obstetric Care (EmOC) services. These complications often arise suddenly, requiring prompt action. Three fourths of the births are assisted by traditional birth attendants (TBAs), with 12 percent being assisted by trained dais and 64 percent by untrained dais. Unfortunately, there are many cultural taboos about acknowledging a 'pregnancy'. Certain cultural beliefs may result in delaying the use of antenatal care services until the third trimester, which makes planning for delivery more difficult and 67% of pregnant women receive no antenatal care (USAID, 2003).

Malnutrition is a very common problem in Bangladesh. The vicious cycle of malnutrition originates from the mother's poor health. In most cases, she herself is born with low birth weight, grows up in poverty and remains undernourished while developing as a child and adolescent; is neglected in health care and treatment during illness, and has an unfair share of the food in the family. Soon after reaching adolescence, upon menarche she is married off. Her early marriage is immediately followed by early childbearing with weak health, low body mass index and anaemia. Almost a half (49 percent) of the women are suffering from anaemia (MOHFW, May 2003). In case of breast feeding, the national cross sectional survey on infant feeding practices and child and maternal nutrition status shows that the prevalence of exclusive breast feeding in July 1998 was 58%, which rose to 85.1% in February 2001. The rate of continuation of breast feeding at one year was more than 96% and at 2 years more than 85% (UNICEF, 2000). Prevalence of night-blindness among women is very high at 2.2 percent and for pregnant and breast-feeding women it is even higher at 2.7 percent and 2.4 percent respectively. (HKI, 1998).

The economic consequences of Bangladesh's maternal malnutrition problem are profound, resulting in lost productivity and reduced intellectual and learning capacity. In addition to causing individual tragedies like maternal and child death, malnutrition exacts heavy costs from the health care system through excess morbidity, increased premature delivery, and elevated risks of heart disease and diabetes.

Male involvement

Reproductive Health issues in Bangladesh are mostly focused on the needs and problems of women only. The needs and problems of men are largely overlooked. The potential for involving men in family planning and RH in Bangladesh is substantial. In Bangladesh context like women, men also grow up as illiterate, poor, and hardly mobile who need education and motivation. Fortunately men in Bangladesh have a positive attitude towards family planning in general. Eighty two percent women reported that they and their husband together approved of the family planning (NIPORT, Mitra and Associates, and ORC Macro, 2001). Reported current use of male methods of contraceptive is low in Bangladesh despite their good knowledge and attitude – one reason for this is lack of adequate method choice and male providers.

In matters of RH, although men are the decision-makers, in most cases they are largely ignorant about the protection of themselves and their partners. In matters of antenatal

Role of men in eliminating gender disparities:

- Men can care women's domestic burden
- Take active part in all aspects of family life, such as, attending children's health, nutrition and education
- Provide economic support
- Care of their own as well as their partner's reproductive and sexual health

care, which is only 27% in Bangladesh; the mother-in-law is the decision maker and husband has less roles because of his ignorance about the requirements. Since the husband is not involved in arranging ANC for his pregnant wife he is also unaware of complication of his wife's health and as a result does not plan for delivery of the child (in hospital under care of a Doctor or Nurse. Involvement of the husbands in such crucial times of pregnancy and delivery will increase the frequency of ANC visits and subsequent skilled assistance during delivery.

National policies and objectives

The Bangladesh Government strives to ensure gender equity and empowerment of women, creation of income generating opportunities and child care support systems at work places as well as more active male involvement and responsibilities. The implementation strategy to achieve this major objective in the proposed policy is elimination of gender discriminatory practices and giving priority to the needs of poorer sections of the population, especially destitute women and children. Some strategies related to gender issues envisaged are to:

1. Improve participation of women in decision making roles at national and local levels as well as in income generating activities, including use of micro-credit, and vocational education to enable them to move beyond traditional roles and occupations;
2. Strengthen institutional capacity and resources of the women's development related institutions and mainstream gender concerns in all sectors;
3. Eliminate all forms of violence and sexual exploitation, including trafficking of women and children;
4. Promote male participation in household responsibilities and make them more responsive to reproductive health care needs of women.

The Government of Bangladesh also has enacted laws specifically prohibiting all forms of discrimination against women. The laws are:

- Dowry Prohibition Act (1980)
- Cruelty to Women Act (1983)
- Family Court Ordinance (1985)
- Child Marriage and Divorce Registration Act
- Women and Children Repression Prevention Act (1995)
- Acid Offenses Prevention Act (2002).

The Country Reports on Human Rights Practices – 2001 of Bangladesh states that enforcement of these laws is weak,

especially in rural areas, and those cases that are filed are hardly followed up. The number of protective custodies is inadequate to meet the needs of the victims of violence.

Challenges and opportunities

Huge challenges lie ahead for the program planners and policy makers in ensuring reproductive health care for the country's women. The distribution of costs and benefits of development, regardless of an individual member's sex, age and relationship with the household head is no easy task for Bangladesh.

Challenges lie everywhere during the life cycle of a woman – from adolescence to old age. These include lack of information or misinformation regarding puberty, early marriage and pregnancy, unsafe abortion, complications during childbirth, malnutrition, difficulty in accessing safe and effective family planning services and the like. These challenges are compounded by low literacy, gender disparity and low status of women in the family. In a society where women are yet to be empowered, gender violence is widespread. Women are subjected to violence, intimidation, abuse and trafficking. Increased incidence of STIs/RTIs and to some extent of HIV/AIDS among the women poses a serious challenge to all. The problem has become all the more formidable as in most cases women are the gullible recipients of the diseases.

The reproductive health challenges for the country's women can be effectively addressed only when the women are empowered through economic and social measures. Some challenges are esoteric to the health sector and can be addressed through increased allocation of resources. However, the life cycle approach transcends beyond the health field and needs a holistic approach for their solution and for ensuring the quality of life of the women.

Enacting and enforcing gender sensitive laws and policies in all sectors of the society remains a big challenge for all. This is especially daunting when it comes to improving existing laws to address violence against women and children. Experience from other countries indicate that gender equity can be effectively achieved only when women can become economically independent. This calls for increasing awareness among all segments of the population on the rights of women as well as their physical, emotional and economic security.