

Executive Summary

1. Introduction

The term 'reproductive health' emerged from 1994 United Nations International Conference of Population and Development (ICPD) held in Cairo, Egypt. ICPD was a watershed event that significantly altered the policies and programs related to women's health around the world by broadening the more traditional women's health agenda of family planning and MCH to include issues like safe motherhood, STDs/HIV/AIDS, post-abortion care, adolescent health, violence against women and sexual and reproductive rights.

Bangladesh as a signatory to the ICPD declaration, has taken on the obligation of eliminating discrimination against women in the enjoyment of all civil, political, economic and cultural rights. An essential framework is provided for promoting and protecting the rights of girls and women throughout the life cycle, and for attempting to eliminate inequality, discrimination and gender-based disparities.

The Government of Bangladesh seeks to create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health. MOHFW adopted in 1998 the Health and Population Sector Strategy (HPSS) to provide a package of essential health care services for the people of Bangladesh and to slow down population growth. The main sectoral objectives of the HPSS are: maintenance of the momentum of efforts in Bangladesh to lower fertility and reduce mortality, reduction of maternal mortality and morbidity and reduction in the burden of communicable diseases. The essential services package identified in the HPSS consists of basic reproductive and child health services, including family planning, maternal care and immunization as well as control of selected communicable diseases, limited curative care and behavior change communication. The Health and Population Sector Program (HPSP) was formulated in 1998 on the basis of HPSS. In order to encompass all the activities of the health sector, the Government has revised the HPSP and formulated the new 'Health, Nutrition and Population Sector Program (HNPSPP) (2003-2006). The vision and targets outlined in the Interim Poverty Reduction Strategy Paper (i-PRSP) of the government have been adopted as overarching long-term policy framework for HNPSPP.

2. Fertility, population growth and family planning

The population of Bangladesh has grown from about 42 million in 1942 to 130 million in 2001. The crude birth rate is currently 30.2 per 1000 live births while the crude death rate has fallen from 19 in 1975 to 8 in 1995. The total fertility rate has decreased from 6.3 in the late 70s to a present rate of 3.3. However, TFR has remained almost constant for the last 10 years despite some marginal increase in contraceptive use (44.6 percent in 1993-94 to 53.8 percent in 1999-2000). The plateauing of TFR inspite of rising CPR has been one of the biggest concerns for the policy makers. Available data show that in Bangladesh heavy reliance is placed on the traditional and temporary methods. The government aims to improve the situation through emphasizing appropriate method-mix with increasing proportion of clinical and terminal methods.

The Government's family planning program has adopted broad implementation strategies calling for greater integration of family planning with health, involvement of stakeholders in design and monitoring, a focus on users of services rather than demographic targets,

improved quality of care and a wider range of reproductive health services, with increased attention of maternal and adolescent health care provided as part of an essential service package. Plans have been developed to create community clinics where contraceptive services and information would be available along with other selected primary health care services included in the ESP. The key areas which need attention are : arresting the trend of early marriage, delaying birth especially, the first birth, encouraging wider birth intervals, improvements in child survival, immunization and nutrition, encouraging adoption of long-term family planning methods and involvement of NGOs and other stakeholders in the country's family planning efforts.

3. Safe Motherhood

The state of maternal health in Bangladesh is dismal. Bangladesh has one of the highest maternal mortality rates in the world – at 3 per 1000 live births. The tragic consequences of these deaths is that about 75 percent of the children born to these women also die within the first week of their life. The major causes of maternal death are post partum haemorrhage, eclampsia, complications of unsafe abortion, obstructed labor, post-partum sepsis and violence/injuries. Close to 87 percent of pregnant women do not receive assistance from a skilled attendant. A recent study shows that 63 percent of pregnant women do not receive any ante-natal care. Around 15 percent of all pregnant women develop potentially life threatening complications. Women with obstetric complications face a variety of barriers in obtaining care. There are three delays which a pregnant mother needs to overcome to receive timely services. These delays concern taking decisions to seek medical care, reaching a medical facility and in receiving care at the facility.

Interlinked with maternal health is the neonatal health. Of the 3.8 million babies born every year in the country 150,000 babies are stillborn. The current neonatal mortality rate is 42 per 1000 (1995-1999) which has fallen from 63 per 1000 in 1985-89. Three leading causes have been identified which lead to such high newborn death. These are : infection, complications during delivery and complications of pre-maturity.

Safe motherhood and neonatal care have been accepted as sub-areas under reproductive health care element of essential services package under HPSP. The Government's maternal health strategy include reductions in maternal mortality and morbidity, social mobilization, caring practices, decision-making at home level and service delivery through provision of emergency obstetric care services, promotion of women's access to resources and ensuring quality of services. Maternal health services are provided at community and facility levels through a network of domiciliary field workers, satellite clinics, health clinics and hospitals.

4. Unwanted pregnancy/unsafe abortion

In Bangladesh, about a third of all births can be considered as unplanned. These include mistimed (desired at a later date) and unwanted. If all unwanted births were avoided the fertility rate would fall from 3.3 to 2.2 children per woman. Low contraceptive continuation rates, method failure and high unmet need for contraceptives are some of the leading causes of unwanted pregnancies and abortions.

A large number of women resort to either menstrual regulation or clandestine abortion to terminate unwanted pregnancies. Unsafe abortion may be induced by the woman herself, by non-medical persons or by health workers in unhygienic conditions. Although induced

abortion is illegal in Bangladesh except when done to save a woman's life, the practice is believed to be common. Every year 2.8 percent of all pregnant women undergo MR and 1.5 percent induced abortion. The annual number of induced abortion is about 730,000 of which MR is 430,000. The overall rate of hospitalization for abortion is 2.4 per 1000 live births.

Consistent and correct use of modern methods of contraception can prevent many unwanted pregnancies and in turn, save lives. Government, NGOs and private sector can intensify their efforts to improve access for men, women, unmarried individuals and adolescents to high quality, client-centered information and services.

5. Adolescent and sexual reproductive health

According to 2001 census report as many as 36.3 million Bangladeshis are adolescents (10-19 years of age) constituting 23% of the population. In general, knowledge of reproductive health among adolescents is low. The majority have no idea about the changes associated with puberty until they experience them. A large proportion of the married female adolescents are unaware of the need for antenatal checkup during pregnancy, post-natal care services, the number of TT doses required for first pregnancy and for the life time, emergency obstetric care, emergency preparedness for delivery and the danger of abortion performed by untrained person.

There is an increasing number of anecdotal reports of adolescents accessing commercial sex workers and a growing body of knowledge that indicates a high level of premarital sexual activity among adolescent boys in Bangladesh. As they mature and become sexually active, adolescents become vulnerable to contracting STDs/ RTIs/HIV/AIDS. Adolescents' nutrition is also an important issue to be considered. Among the adolescent girls aged 11-16 years 43 percent suffer from anaemia.

The Government made adolescent health care a pivotal subcomponent of the essential services package. Under the HNPSP the adolescent health problems will be addressed with the involvement of the NGOs and the adolescents themselves. The interventions will include school health, adolescent sexual and reproductive health services, education programs, peer education, programs on pregnancy and unsafe abortion, STI/HIV/AIDS prevention program, nutrition program, TT program and protection against violence.

6. Addressing STIs / HIV / AIDS

The actual incidence and prevalence of reproductive tract infection/sexually transmitted disease in Bangladesh are difficult to gauge as many patients suffering from RTIs/STDs conceal their diseases. However, several studies point to the fact that the prevalence is high. The reported use of condom in sex acts with commercial sex workers was found to be very low. It ranged from 1.0 percent to 10.9 percent among various at risk groups.

The exact number of people currently living with HIV/AIDS in Bangladesh is not known but is variously estimated to be approximately 30,000. The prevalence rate is highest among intravenous drug users (2.6 percent) followed by 0.6 percent among commercial sex workers and 0.4 percent among STD patients. All the known HIV-risk behavior and factors – CSWs, men who have sex with men (MSM), intravenous drug users (IDUs) and high rates of STI –

are acknowledged to be present in Bangladesh. As a result there is an increasing concern that a marked epidemic of HIV might occur in a manner similar to that documented in the neighboring countries. At an average of 18.8 clients a week, sex workers in Bangladesh brothels report among the highest turnover of partners anywhere in Asia. Among the hotel-based sex workers it is still higher, averaging 44 clients a week. It means that once a woman does contract HIV from a client, she can pass it on to large number of people very quickly especially when the rate of condom use is low. Men rarely use condoms and virtually all sex workers report some sex without condom with their clients.

Sharing of needles and syringes with an infected person is one of the surest ways of spreading HIV. In Bangladesh, needle sharing is common. A study found that 93.4 percent of the drug injectors had shared needles with others.

Realizing the gravity of the HIV/AIDS situation in Bangladesh, the Government undertook a project on 'prevention and control of sexually transmitted diseases' in 1996. Later in 1997 the government approved the National Policy on HIV/AIDS and STD related issues. The National AIDS Policy outlined various aspects of HIV/AIDS prevention and care covering public health aspects like surveillance, HIV/AIDS counseling and testing diagnosis and treatment of sexually transmitted diseases. The government also developed in May 1997 a strategic plan for the National AIDS Program (1997-2002) for HIV/AIDS prevention and care. The program is implementing separate packages for preventing HIV/AIDS among at-risk populations.

7. Approaches in reproductive health

The rights-based approach to sexual and reproductive health is concerned with gender equity and equality, sexual and reproductive rights and client oriented sexual and reproductive health care. In terms of gender equity and equality, the women in Bangladesh are not in a favorable position. Age-old tradition, social norms and values, economic dependence, illiteracy and prevalence of rigorous family laws create and legitimize discrimination and inequality against women. Violence against women is very common. Rapes and acid attacks are on the rise. The government through its ESP tries to ensure the reproductive health rights of the women. Both the government and the NGOs are committed to the delivery of ESP components.

The life cycle approach to women's health anticipates and aims to meet women's health needs throughout her life cycle, from infancy to old age. This approach emphasises the importance of health seeking behavior throughout the life and need for appropriate services to meet women's health needs to respond to the life-cycle needs of women. The government formulated the National Reproductive Health Strategy (1997) based on the principles of ICPD. The strategy prioritizes four services areas in reproductive health: safe motherhood, family planning, MR and care for post-abortion complications and management of RTI/STD. Reproductive Health issues in Bangladesh are mostly focused on needs and problems of women, which overlook the requirement and involvement of men to a large extent. Men in Bangladesh despite having positive attitude towards family planning are unable to adopt it because of lack of method choice and male providers. In matters of reproductive health decision-making they are mostly ignorant about protection of themselves and their wives. Again despite good intentions most husbands are not able to arrange the ANC and the

assistance during delivery in the right health centre by the right medical professional because of their ignorance. Involvement, motivation and education of men in reproductive health matters can greatly contribute in improving the RH situation in Bangladesh.

8. Challenges and future direction

Reproductive health agenda is a multi sectoral issue. Reducing maternal mortality, morbidity and violence against women cannot be achieved through the health sector alone.

The major challenges currently faced by the Bangladesh in the field of RH are related to problems in the areas of programmes, policies and resources. The plateauing of TFR is a big concern for Bangladesh and the long-term policy and strategy of HNPS will emphasise a method mix with greater proportion of clinical and terminal methods. The priority action areas in the field of RH are to improve: (i) EOC, EmOC and Safe motherhood; (ii) improving family planning services, (iii) meeting needs of adolescent RH, (iv) prevention and treatment of STI/RTI/HIV/AIDS; v) minimising the need and improving PAC; (vi) increase male involvement in reproductive Health; (vii) improving newborn care and (viii) Reduce violence against women.

The Government envisions fulfillment of every woman's right to safe motherhood with a mission to nurture a socio-cultural movement that leads to reduction in mortality and morbidity and enhancement of women's status. However, strategies and interventions will require to focus on efforts to enhance women's status and self-esteem if effective results are to be obtained.