The Daily Star
ROUNDTABLE ON

Safe Motherhood: Achievements and Challenges

UNFPA and The Daily Star organised a roundtable on 'Safe Motherhood: Achievements and Challenges' on May 16, 2012. We publish a summary of the discussions

-- Editor

Brigadier General (Retd.) Shahedul Anam Khan, Editor, Op-Ed & Strategic Issues, The Daily Star

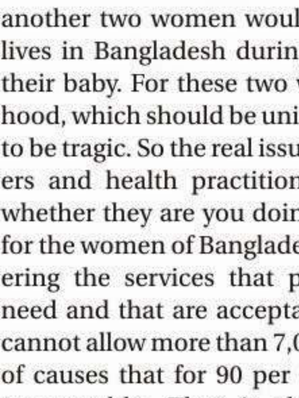
We need healthy and robust mothers. So we have to care for our mothers when they conceive, when they deliver and after they have delivered; these are very important stages of motherhood. Safe motherhood is important, not only for our wives and mothers but also for our children's health. Only, a healthy child can be a good citizen.

I think today's programme will identify the challenges of safe motherhood along with celebrating our achievements. We, The Daily Star, always support such causes and connect our efforts to make people aware of what is happening and also what can be done to keep us on our feet everyday to do what is right for women of Bangladesh.

Arthur Erken, UNFPA Representative, Bangladesh

Bangladesh has made tremendous progress with regards to maternal mortality. That said, still more than 7,000 pregnant women die each year. By the time we end this roundtable, another two women would have lost their lives in Bangladesh during the delivery of their baby. For these two women, motherhood, which should be unique, will turn out to be tragic. So the real issue for policy makers and health practitioners is to reflect whether they are you doing the right thing for the women of Bangladesh? Are we delivering the services that pregnant women need and that are acceptable to them? We cannot allow more than 7,000 women to die of causes that for 90 per cent are entirely preventable. That is the real tragedy. Pregnant women do not die of diseases we cannot treat; they die simply because we have not made their health and their well-being a priority. Unless we do that, unless we invest in maternal health, it will remain a problem. So far we have invested in reducing fertility rate, now it's time to invest in safe delivery and post-natal care. Now is the time to focus on further reducing maternal mortality. That is message of today's roundtable.

Dr. Hasina Begum, Assistant Representative, UNFPA



The maternal mortality ratio (MMR) has declined 40% within 9 years, which is really an excellent performance. The risk of a maternal death has come down to 1 in 500 births, which is very significant. We are on track in fulfilling our MDG target. Still, the proportion of births attended by a skilled health worker is very low. The current status shows that the rate is 32 per cent (according to DHS-2011). Ante-natal care coverage of at least one visit is far behind the target. We are now at 68 percent, whereas our target is 100 per cent. So we are not on track in this area. Ante-natal care coverage for more visits is also not on track, because we are now at 26 per cent, whereas our target is 50 per cent by 2015. That said, we do have lots of achievements that we have to celebrate as well.

We have to look into the details to find out why we have achieved such a remarkable reduction in MMR. There are two specific factors behind the reduction. One is behavioural change in seeking health care services and second is the sustainable increase in facility deliveries, skilled attendants during delivery and treatment seeking behaviour when complications arise. And all this could happen because of increased access to health services and the increased number of facilities offering emergency obstetric care (EOC).

We have seen a significant growth in the number of facilities from the 1990s onwards; we have established district hospitals, MCWCs, Upazilla health complexes and Union health and family welfare centres. All 59 district hospitals and 70 MCWCs (out of 90 MCWCs) have been upgraded to provide comprehensive EOC services. Some 132 Upazilla health complexes have been upgraded to provide emergency obstetric care services. Improvement of road and transport facilities and wide increase of mobile usage have helped access to health care services. Other than that the income at the national and household level has also increased, even among poor households. Another underlying factor is the increase in the number of higher educated young women. International evidence shows that when women are educated then the maternal mortality rate goes down because their care seeking behaviour significantly improves.

Besides all these, the 2010 Bangladesh Maternal Mortality Survey (BMMS) also revealed that there is a significant increase of awareness about the maternal health care services and it also increased among the uneducated women. Moreover, the facility delivery increased significantly from 2004 till 2010. The most impressive increase is in the private sector, which has increased by 400 per cent. Bangladesh also saw a 28 per cent increase in health seeking behavior, which means that women are asking for services at the home level and also visiting health facilities.

We still have lots of challenges. The main challenge is that every day 20 women are dying, which is still very high. Another challenge is that many women are dying right after delivery. Hemorrhage and eclampsia are two preventable diseases, which contribute to half of the maternal mortality. Treatment of both requires the availability of skilled health providers at higher-level health facilities.

Social inequality is still a very serious concern. There is inequality with regards to geographical locations. There are pockets at the Upazilla level, which are very poor in terms of all the maternal facility indicators. Most of these pockets are located in the North-East, South-East and Southern areas, which means that we need special attention to these areas.

Caesarian sections have increased 5 times in the last 9 years. But it has significantly increased in the private sector, which is worrisome. Some 71 per cent of all deliveries in the private sector are done by caesarian section, whereas the figure is 35 per cent in the public sector and 30 per cent in NGO facilities.

When we come to complete maternal care, which means care provided by a skilled health worker, the percentage is very low at 19 per cent of all deliveries. Though the number has increased from 4.5 per cent to 19 per cent, still some 40 per cent of the women do not have any access to maternal care.

We have to further reduce the maternal mortality ratio by 25 per cent to reach the MDG-5 target by 2015. This will still be a huge challenge. This is the last mile of the race. We still have to focus on family planning, to increase the number of skilled health care attendants and providing health care facilities to the poor people. We have to raise awareness among the people, because still one third of the pregnant women do not discuss about birth preparedness. We have to really reach those women. Surveys show that in case of complications, women are visiting different places because they are not clearly referred to places which are properly equipped, thereby losing valuable time to receive life-saving treatment. So we have to improve these facilities. The last thing we have address social inequality as well as geographical inequality.

Dr. Ahmed Al Kabir, President, RTM International

We have a very young population in Bangladesh that has to be recognised. Some 34% of the population are below 14 years of age, 65% are below 30 years and 80% are below 45 years. If we consider fertile population specially women from 15 to 45 that means we have 40% of our people within that age bracket. This fact needs to be recognised in any programming or any planning. If we take proper care of this population only then can we enjoy the demographic dividend of this large number of young population.

Next, I want to focus on health which includes primary healthcare, secondary healthcare and tertiary healthcare. I will focus on the secondary healthcare system where we have very good infrastructure at the Upazilla level. But there is a major challenge. We need adequate number of gynecologists and anesthetists in the Upazilla health care centres. To provide primary care we need good nurses and midwives too. In Nepal the government provides six months training to anesthetists which proves to be very successful. This is feasible for Bangladesh. In terms of primary healthcare we have to train professional midwives which is the most important part of the whole process, but remain neglected due pressure from professional groups. This time our prime minister pledged at the UN that at least 3,000 midwives would be trained, but so far the outcome is lagging behind. We have achieved only 200 trained midwives so far. But we have enough resources to train 3,000 midwives within a year. After fighting for 4 years we have recently got a policy guideline, so we can do it, there is no excuse for not reaching this target.

Dr. Bushra Ahmed, Senior Health Specialist, World Bank

Talking about maternal health, some issues are medical issues and some are beyond medical issues. These are the socio economic determinants. Among these socio economic determinants first of all comes the access to education in which Bangladesh is doing quite well and in Primary school the gender parity has been achieved. In the secondary level, I want to congratulate government for providing stipends which help keep girls in college. If the girl is more educated then she has the decision making power.

The other one is life expectancy. Life expectancy has increased which has impact on overall maternal health issues. Participation of women in income earning activities is another factor which has very positive impact on reducing maternal mortality rate. That also gives them economic empowerment. Once the women are economically empowered they have decision making power in their households and that improves their health seeking behaviour. Difference in wage is also important. In Bangladesh for every dollar a man earns, a woman gets only 20 cents. We should really look into this issue. Another important area is legislation. There are countries who have ratified CEDAW and we are one of them. But if you really look into them how the legislation is being made effective there is a gap between implementation and legislation. If you look into domestic violence still it is very high.

Another important thing is political participation of women. In Bangladesh the rate is 19% among the political parties. We have to involve them in the political process not only in the highest offices. How much decision making power women have in the rural areas?

Now come into the issues of medical areas. We have to look into skill birth attendant. It is only 32% which really have to go up. It can not only go up with midwives, but with all the cadres of skilled birth attendants. I want to congratulate UNFPA for initiating community based skilled birth attendants programme, which really proves to be successful. We should focus on the FWAs as well. They are the ones who work in the field.

The bifurcation of family planning and health is another serious issue. The structure of referral is also very important. We have a very good NGO sector. If they could send the women to proper health facilities then we could have addressed the maternal mortality issue much better. We the H4+ (World Bank, along UNFPA, UNICEF, WHO and UNAIDS) have discussed with the government that if 80% of the 132 Upazillas could be prepared for EOC services then we can achieve a lot. The government has taken the initiative which will bear very good results in the future. There are some really hard to reach areas in Bangladesh and we should have very specific design or targeted intervention for these areas. And keeping doctors, nurses and other birth attendants ready at that point is very important.

Professor K.M Nurun Nabi, Department of Population Science, University of Dhaka

Our young population structure gives rise to a larger proportion of women in the reproductive age span. And also a larger proportion of contribution is made by the adolescents in the total fertility rate (TFR). We know that 25% of maternal mortality reduction is due to increase in TFR. If we want to sustain the reduction in TFR we must look at these two demographic factors. Another factor is family planning which is integrated with safe motherhood. Here we need to take care of providing the appropriate contraceptive method mix. If we plan and design the method mix taking into consideration the life cycle of women, that would ultimately give better results.

We are talking about permanent methods but it needs the creation of demand, which needs a very strong campaign for changing the harmful practices like early marriage, early pregnancy, dropout, etc. Therefore, we have to create social norm changing campaign, which includes all the stake holders, to campaign against harmful practices which should be a community participatory programme.

Another point is the health of the mother. The nutrition status of the mothers is very poor. If you provide all types of facilities but the mother's health remains poor then she will still have many complication during her motherhood. In our national development plan there is a nutrition segment but that is not taken seriously at the implementation level. Stunting, low birth weight and wastage are three indicators which show the precarious condition of our mothers and children.

Poverty is the umbrella of all inequalities and without eradicating poverty we would not get satisfactory results.

Dr. Morsheda Chowdhury, Senior Programme Manager, BRAC

I want to put emphasis on the solution side.

First one is referral system. In Bangladesh we have a good infrastructure. We have to use 100% of that. It is possible when there is demand among the population and they know how to use it. It is possible when there is people in the community who know what services are available, how to get it and when and how to reach there.