



# We want to Be HEARD

## No man's land

STAFF CORRESPONDENT

**R**APID urbanisation has been taking place in Bangladesh since 1960. With the expansion of urban centres and increase in the urban population, the number of slums and slum dwellers has been rapidly increasing. Presently, Bangladesh has about 3.5 million people living in the 4000 slums of Dhaka, according to the Ministry of Local Government and Rural Development.

The slum dwellers are largely the distressed migrants from the rural areas and, more importantly, most of them live below the poverty line.

The slum dwellers do not have sufficient access to education, employment and health facilities of the formal sector. The health and nutritional status, and contraceptive use of the urban poor are even worse than that of the rural poor.

Among the basic health amenities, the state of universal access to reproductive health is the worst. According to the study of International Society for Urban Health, family members rather than trained birth attendants assist most births in the slums. Only about 5-10% of births are attended by personnel trained in safe childbirth practices; even the most basic cleanliness is not observed, e.g. the umbilical cord is cut with an unsterilised razor or bamboo strip.

A cross sectional study conducted on married women residing in slums of Kamrangirchar shows that the unmet need was about 41.1%, which included about 21.5% of women who wanted to limit the birth, and about 19.6%



ICDDR,B

wanted to delay childbirths. This rate is much higher than the national rate, which is about 12%. It is important to note that about 11% of the respondents with unmet contraceptive need mentioned that they did not know about any method or did not know where to get contraceptives from.

A baseline study undertaken by icddr,b and Population Council in the slums of Mohakhali, Mohammadpur and Jatrabari reveals high rate of child marriage and consistent violation of sexual and reproductive rights of the women and girls. According to the study, about 85% reported that their husbands restricted their access to health care.

Although the government has been implementing a structured health and family planning service delivery system for the rural poor it does not have any comparable structure for the urban poor particularly slum dwellers.

According to Gias Uddin, Deputy Director (Services), MCHS, DGFP, the best metaphor for a slum area is a 'no man's land'. Health issues of the slum areas are under the jurisdiction of city corporations and local government. But the local government is not strong enough to execute those roles. They give contract to NGOs to look after the issue.

Health and Family Planning Ministry looks after rural areas and a few health facilities of urban areas. They are not designated to provide service in slum areas. Md Giasuddin admitted the importance of a coordinated effort to ensure basic health services to slum dwellers under the leadership of Ministry of Health and Family Welfare.

## Hard to reach areas remain uncovered

OUR CORRESPONDENT, Rangamati

**T**HERE is a clear gap between urban and rural areas of Rangamati district in matters of providing reproductive health services. It is due to lack of adequate number of family planning clinics at the union level.

The scenario of reproductive health service is quite good at the town and Upazila headquarters in the district. Contraceptive prevalence rate is 65% in the district, family planning office sources said.

Maternal and infant mortality rates have dropped remarkably over the past ten years in the district. According to Mostafizur Rahman, District Civil Surgeon, Rangamati, maternal mortality rate is about 30 per lakh and infant mortality 21 per thousand live birth, whereas the national level rates are higher.

There are only seven clinics in the district town which provide reproductive health service to the people -- family planning clinic, Reproductive Health Service and Training Education Programme (RHSTEP), Smiling Sun clinic, Marie Stopes, district maternity hospital, district general hospital and safe motherhood clinic.

These clinics provide services that include registration of pregnant women, ante-natal care and post-natal care, menstrual regulation (MR), couple and birth registration, satellite health camps, *uthan boithak* (courtyard meeting), vasectomy, ligation, and vaccinating adolescents and women against tetanus.

RHSTEP, a national NGO, launched its programme in Rangamati about four years ago, and is now providing one-stop reproductive health services to women free of cost.

"We are also providing health education and training and motivating people to receive services from our institution," said Barru Sarwar, accounts and admin officer of RHSTEP.

The Department of Family Planning has an acute shortage of officers and staff, which seriously hinders their reach from door to door.

Posts of medical officers in almost all ten Upazilas have



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been lying vacant for long, and posts of district super, deputy director, assistant director, statistician and accountants are just void till today in the family planning department, said office sources.

"Due to lack of skills of our field staff we cannot reap the full benefit of our existing manpower," said Begum Shahana Waz, Deputy Director (in-charge) of Department of Family Planning. We need skilled people who can inform people about our services, and then people will come to our hospital or clinics to receive our services, she added.

This lack of human resources coupled with adequate health facilities creates a dire situation at the union level. As per government plan, there should be a union health and family planning centre in every union of the ten Upazilas, but in reality there are only a few of them.

Most of the union health sub-centres remain either closed for years or deserted as the doctors transferred to those areas allegedly refrain from joining their job location, depriving people from health care service.

## Mothers' life at risk

OUR CORRESPONDENT, Nilphamari

**P**REGNANT women of poor and middle class families in Nilphamari are at risk due to the disarray situation of emergency delivery operation facilities in all the six Upazila health complexes in the district. Though operation theatres of these hospitals are furnished with adequate infrastructure and equipment facilities, emergency delivery operations cannot be performed due to the chronic shortage of gynecological surgeon and anesthetist.

Some valuable equipments like sucker machine, autoclave machine, sterilizer are about to go waste remaining idle for years.

Hospital sources informed that all the six Upazila health complexes of the district was being upgraded to fifty-bed hospitals from thirty-one bed in the last year. According to government plan, there supposed to be a gynecological surgeon and an anesthetist in each health complex. However, these posts have been lying vacant for long time in almost all the Upazila health complexes of Nilphamari.

Upazila health and family planning officer (UHFPO) of Kishoreganj, Shariful Islam said "currently there is no infrastructural barrier to carry out delivery operations but it is not possible right now as gynecological surgeon and anesthetist are not there".

We found similar situation in other Upazila health complexes at Dimla, Domar, Saidpur, Jaldhaka and Sadar Upazila.



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Civil surgeon office sources informed that in order to provide emergency services to pregnant mothers in remote, backward and monga prone areas, two specialized emergency obstetric care (EOC) centres had been set up in Jaldhaka Health Complex and district hospital premises during 2002-03.

In 2004, Jaldhaka EOC came into operation, and with regular presence of a gynecological surgeon and anesthetist a good number of operations were carried out. Within a year, operation services came to a halt due to transfer of the gynae surgeon. After a long gap of 8 years, in 2013, these two posts were again filled with gynecologist and anesthetist. But soon the female doctor managed a transfer to Rangpur Medical College and now, the EOC is running short of a female doctor.

Atoar Rahmam of village Angarpara of Sadar Upazila said that he took his pregnant wife to Nilphamari hospital in a critical condition few months back. "But I was compelled to take my wife again to Rangpur Medical College Hospital under grave risks as the Upazila health complex did not have adequate operation facilities," he said.

UHF&PO of Jaldhaka Dr. Mahbub Hasan Lenin said that Brac was assisting them under maternal and neo natal child health programme to take the pregnant mothers to Rangpur Medical College at their cost.

Civil Surgeon of Nilphamari said that young doctors were unwilling to work in upazila health complex which was the major reason for such dilapidated condition of emergency delivery operation facility in this remote district.

OUR CORRESPONDENT, Khulna

**J**OSNA Begum, 25, a housewife, used to visit the Upazila Family Planning Clinic at Phultali Upazila, Khulna for different reproductive health services. She was quite confident about the services of the centre and felt very comfortable with the caring attitude of doctors and nurses of the clinic. Recently an unfortunate incident at the clinic shattered her high regards for the clinic and now she is afraid of going there. She has come through a sickening experience of sexual harassment by one of the male doctors at the clinic.

Six years ago, Josna was married to Ziaur Rahman, a small trader living at village Piprail of Phultali Upazila. She started to take birth control pill with the

advice of Upazila Family Planning Officer. While taking pill, irregular menstruation often had happened to her. She got cured taking services from the clinic.

In 2011, she gave birth to a female child. Some complications like anemia occurred during her pregnancy and she got treatment at the clinic. Even she used to seek medical advice from the doctors of the clinic over phone. She was fully satisfied with their services.

On August 21, 2013, Josna went to Doctor Humayun Kabir for some reproductive health advice at the clinic. The doctor tried to violate her chastity in absence of field workers of the clinic.

"I shouted for help, came out of clinic and burst into tear," Josna said. Local people rushed to the

spot, caught the doctor red handed, and handed him over to Phultala police station. While contacted UP Chairman Robiul Islam admitted the incident.

We detained Dr. Humayun Kabir and interrogated him on the basis of written allegation filed by Josna Begum with Phultala police station, said Emdad Hossain, officer-in-charge of Phultali police station.

While talking to Selina Khatun, Phultali Upazila Family Planning Officer said the family planning clinic had been delivering satisfactory services to local people. She never received any complain about its services. "The recent incident is very shameful; it has tarnished our successful efforts; we will take punitive action against the accused doctor," said Selina Khatun.

## Confidence shattered

## Strategic communication for better services

JAHANGIR HOSSAIN SHARIF

**T**HE human life passes through several cycles and the reproductive health part consists of several stages of development and change covering the major span of life. The reproductive health is such an issue that occurs in the human body usually but, if anything goes unusual or if a person fails to cooperate with the changes easily, it impacts heavily on the behavior and mental health of the person. There are several initiatives in the developed countries to help persons in these stages of changes with required information and services. However, say one and a half decades ago, the people of Bangladesh were seen leaving it upon the fate resulting into the highest rate of child-marriage, early pregnancy, unacceptably high mortality rates, maternal malnutrition, infections during pregnancy, anemia and suffering from delivery complications. Access to reproductive health services by unmarried adolescents was restricted and seeking services related to antenatal (ANC), delivery care (DC), and post-natal care (PNC) by the people was very poor.

Although the first phase of the Family Planning services (the reproductive health services) had begun in 1953, a multi-sectoral and broad-based population control and FP programme started in 1973 and the activities gradually progressed through four Five-Year Plans. A comprehensive Health and Population Programme was drawn up for the Fourth Five-Year Plan to promote and support the development and operation of a comprehensive health and family welfare system. To add further impetus to the country's FP program, Bangladesh Center for Communication Programs (BCCP) and its predecessor JHU/CCP in Bangladesh developed the National FP-MCH IEC Strategy for Bangladesh (1993-2000). A nationwide multi-year campaign, called Green Umbrella Campaign, was launched under this FP-MCH Strategy in 1996 to raise aware-



ness, create an enabling environment for Family Planning services and advocacy for policy change.

The five-year long Smiling Sun Campaign launched subsequently in 2000 under an overarching Behavior Change Communication Strategy for National Integrated Population and Health Programme (NIPHP). The "Smiling Sun" logo marks the "Paribarik Shastho Clinic" or Family Health Clinics run by Urban Family Health Partnership and Rural Service Delivery Partnership and its slogan "come with your family for health care" assures the customer that it offers health information and quality service. For three years, the

Reducing Maternal Mortality (RMM) Campaign went together with the Smiling Sun Campaign to raise awareness about the five danger signs of the pregnant mothers.

Another programme that made a significant difference in the reproductive health issues of Bangladesh is the Adolescent Reproductive Health (ARH) Programme. The adolescents make about one third of the population of Bangladesh who are posed to extreme vulnerability in regard to reproductive health. A survey undertaken by Population Council Bangladesh, reveals that 55% of the patients with sexually transmitted diseases are aged less than 24 years (Population Council 2003 cited in ICDDR,B 2005) and they require strategic programming to sensitize them about their health and possible risk factors.

For the adolescents and the youths, BCCP had undertaken an evidence based communication intervention (2003-2006) in order to increase knowledge on reproductive health issues, negotiation and behavioral skills and seek services when needed. Under this communication intervention, an integrated multimedia communication package was developed, known as "Know Yourself" or "Nijeke Jano" in Bangla, involving adolescents in all steps of the process. It is provocative yet sensitive enough to reach the adolescents and to provide them with the information, motivation and skills they need to develop positive reproductive health behaviors. Along with the mass media intervention, parents of the adolescents, community leaders and service providers were also exposed to the programmes and were sensitized on the issue. The Know Yourself package and the Pictorial Card on five dangers signs are being widely used by the national and international communities.

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