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It took two years for 42-year-old Solema Begum to meet a gynaecologist for a lump that was developing in one of her breasts. Initially, she didn't know about the presence of the lump for she had never examined her breasts. But when she did find out, she ignored it as, in her words, "the lump was not creating any pain or problem". Later, when it started getting bigger, her husband insisted she meet a gynaecologist. After finishing the biopsy, the doctor diagnosed Solema with breast cancer, and she had to cut off a portion of her breast to remove the cancer tissues. She is still not out of danger.

Something similar happened to 35-year-old Marjia Akter, who was referred to National Institute of Cancer Research & Hospital (NICRH) from Kapasia, Gazipur, when a pain in her uterus became intolerable. Marjia had been experiencing pain during sexual intercourse alongside extensive bleeding after intercourse for the past six months. "I did not share it with anyone; I started having pain killers and waited around six months. I was very shy to see a doctor," says Marjia.

Marjia was diagnosed with cervical cancer and eventually ended up having to remove her cervix so that her cancer doesn't spread. "You see, I was always reluctant to go to doctors and show my private parts to them, but now I am paying for it. If I had visited the doctor on time, I wouldn't have needed to remove my cervix."

Research conducted by the NICRH, in Bangladesh reveals 80 percent women affected with breast cancer have never heard the name of such a disease, which affects around 12,764 women annually and causes the death of 7,135. More surprisingly, only two percent cases are detected early, when an early detection could completely cure 90 percent of the patients. Similarly, according to a study conducted by the International Agency for Research on Cancer (IARC), in Bangladesh 6,582 women die from cervical cancer every year when, according to doctors, up to 93 percent of cervical cancer cases can be prevented through early detection.

According to medical practitioners, since there is very little information available for women to learn about their sexual and reproductive health from an authentic source, routine health check-ups can save both their money and life. According to Dr Nowsheen Sharmin Purobi, a renowned gynaecologist and a health awareness activist based in Bangladesh, everyone needs at least one annual health check-up but women especially those who have a family history of ovarian or breast cancers must visit a gynaecologist every six months. Sadly, women in our country go to the doctor at the eleventh hour, which becomes the biggest reason for their loss. *Star Weekend* asked 10 women when they last went to a gynaecologist for health check-ups. Their responses were the same—unless any particular health ailment arose, none of them went to the gynaecologists.

Most women, especially in rural areas, lack adequate knowledge of sexual and reproductive health and, given the patriarchal society which they inhabit that continuously teaches them that their sexual health is not a priority, they prefer to keep these issues private. "In rural areas, there is a lack of consciousness about the diseases that can affect women. When a

woman has a symptom, she might become worried and at one point, perhaps discuss the issue with her peer groups, who are just as unaware and deprived of proper health education. Some might ask her to wait to see if the condition deteriorates, or some might misguide her, suggesting she go to traditional healers. In this way, her disease doesn't get cured, rather it gets complicated. By the time they come to a gynaecologist, it's often too late," says Dr Purobi.

"It is not just applicable for diseases, but also for maternal health and wellbeing. Women who prefer normal delivery at home with the help of a midwife, often come to us when it's a matter of life and

stock. As a result, they end up having to buy the medicine from other pharmacies.

A large number of rural women are also unaware of where to take the tests prescribed by doctors. When they seek help from other brokers, they take advantage of their naivete and refer them to private diagnostic centres which charge exorbitant rates for the tests. This further discourages many women from seeking medical help, fearing that going to the doctors will entail spending a lot of money.

Israt Jahan, an NGO worker from Gazipur, witnessed her aunt experiencing this. "After visiting the doctor, my aunt sought help from others as the local

the ob-gyn for my irregular menstruation cycle."

Her fear is not unwarranted. Take the experience of Sadia Anika, a government official. During her dorm life, when she went a gynaecologist for her irregular periods, she was prescribed contraceptives to regulate her cycle. "When I told my roommates about the contraceptives, one of my junior roommates later came to me and forbade me from discussing the issue further with anyone, because people were gossiping about me behind my back. It made me so uncomfortable," she adds.

Our interviewees have also faced judgement from service providers



ILLUSTRATION: ERIN ANIKER

Why women are reluctant to visit ob-gyns

death for the baby and the mother," she adds.

Apart from health awareness, financial reasons also prohibit women, especially from lower-income groups, from seeking medical help and doing routine check-ups. In a country where two out of every three takas of health care costs is borne by the people—and the rest by the government, NGOs and others—it is hardly a matter of surprise that women wait for something serious to happen to their body before they seek help.

All government hospitals charge a minimal amount from patients. In exchange for that sum, according to global studies, Bangladeshi physicians spend less than 50 seconds on each patient seeking primary healthcare. Women also claim that if the doctor prescribes them medicine that can be collected from the hospital free of cost, the pharmacists who distribute the medication often claim that it is not in

upazila health complex had no facilities for a mammogram. Then she met a man who wrote down the name of a lesser-known diagnostic centre in Dhaka. Aunty went there and took the test which cost Tk 1,500, wherein the government rate for a mammogram is around Tk 400. She had to spend more than Tk 2,500 including the travel costs for her travel to and from Dhaka," she says.

The single woman stigma: Society associates reproductive health issues with sexual relations

According to our interviewees, the stigma surrounding reproductive health acts as a deterrent to utilising the services that are available to them. This is especially true for single and unmarried women. As one of our interviewees notes, "Since I'm a single working woman and live alone in this city, I'm afraid that other people will gossip that I'm pregnant or sexually active, without being married. But I could have gone to

regarding their sex lives and marital status. Many say that gynaecologists frown upon single women who are sexually active, and make them feel embarrassed as well as uncomfortable, which eventually deters them from going back for a regular check-up.

Although the field is dominated by female ob-gyn, somehow, they don't always provide a women-friendly service. According to our interviewees, some gynaecologists discourage women from an abortion and try to push their choices on to the patient. In some cases, the ob-gyns ask intrusive questions about lifestyle choices of women seeking abortion services.

The social stigma that only married women are sexually active essentially creates a barrier between the doctor and patient even before the conversation starts. Doctors need to create a safe space for their patients and alongside efforts need to be initiated to make women more aware.