Empowering individuals, families and communities to improve maternal and newborn health in rural Bangladesh: A qualitative review

Perkins, J.; Ali, M.; Capello, C.; Fyon, C; Santarelli, C.

MMS Symposium

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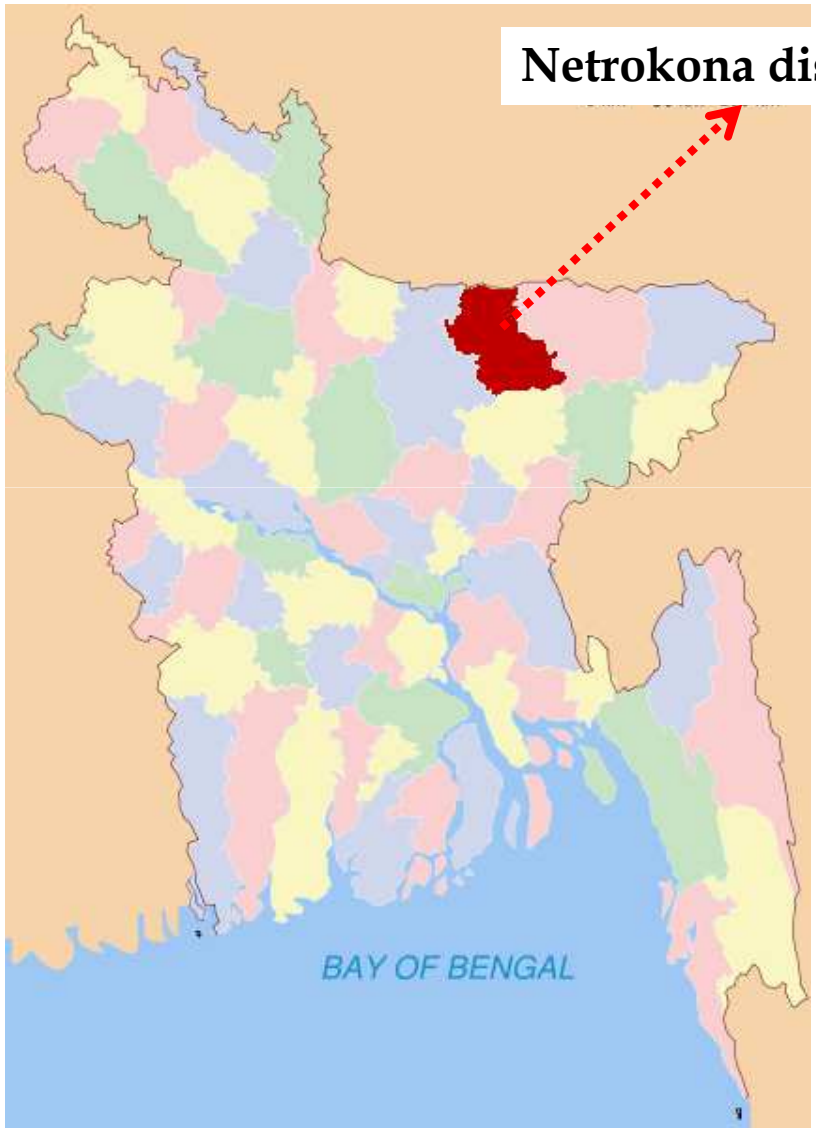
Netrokona district, Bangladesh



- Located along the Himalayan border
- Flooding for 8 months out of the year
- Population: 134,524
- Characterized by low socioeconomic status, a paucity of local health services and poor infrastructure to reach health facilities
- Implementation focused in 4 Unions comprising Kalmakanda sub-district

MNH Background

Bangladesh:

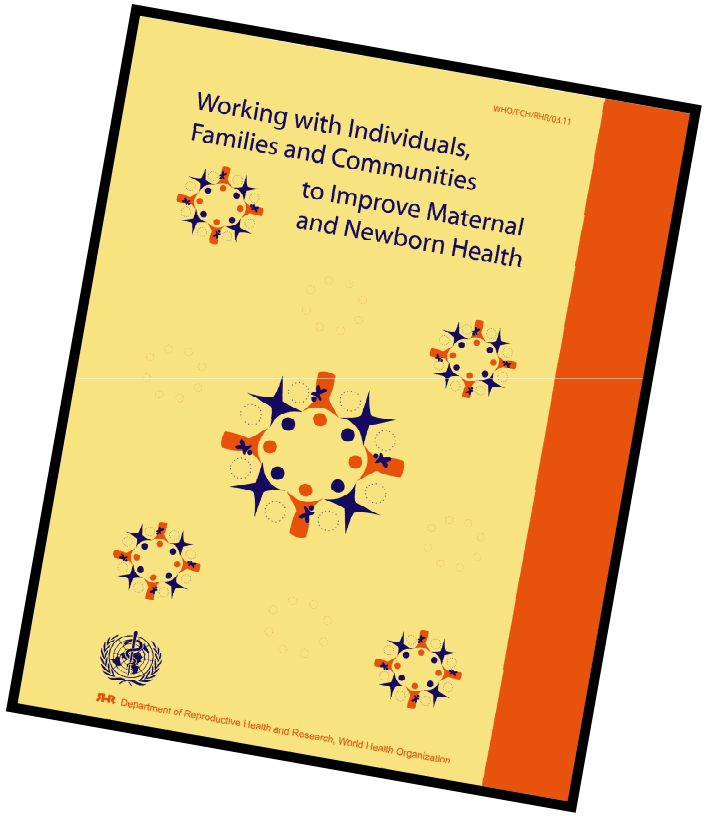
- Maternal mortality ratio: 194/100,000 (BMMS 2010)
- Neonatal mortality rate: 27/1,000 (UNICEF 2010)

Intervention area (PARI Baseline Study 2008):

- 12% of births take place with a skilled birth attendant
- 7.1% of women attend one antenatal care visit
- 4.4% of women attend four or more antenatal care visits

IFC framework (WHO)

- **General objective:**
  - ✓ Contribute to the improvement of maternal and newborn health
- **Specific objectives:**
  - ✓ Contribute to the empowerment of women, families and communities to increase control over and to improve MNH
  - ✓ Increase access and utilization of quality health services



IFC Programme

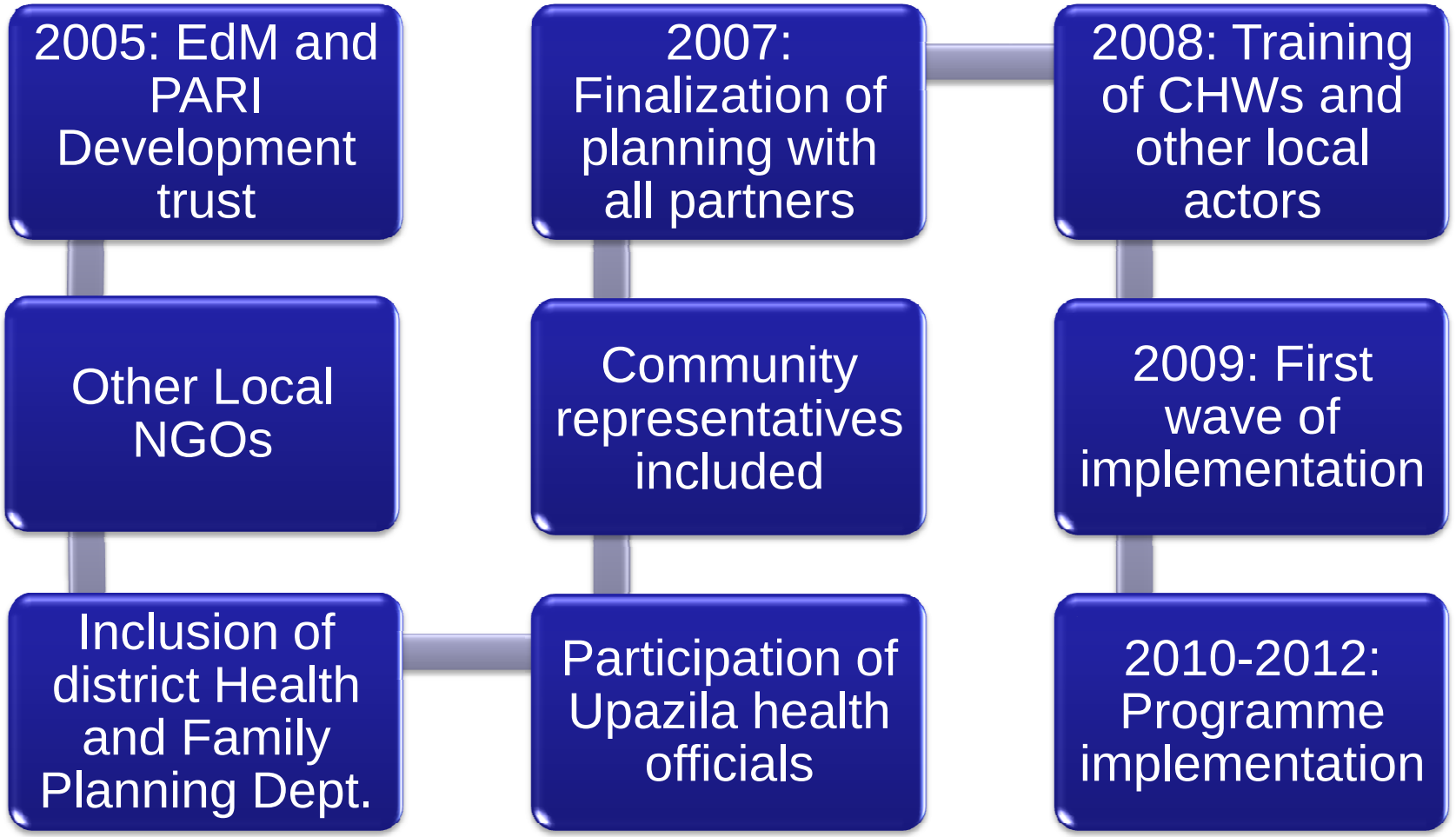
- **Only MNH specific programme in Kalmakanda sub-district**
- **Interventions elaborated in collaboration with community leaders and members**
- **Major programme axes:**

1) Birth and emergency preparedness

2) Community mobilization

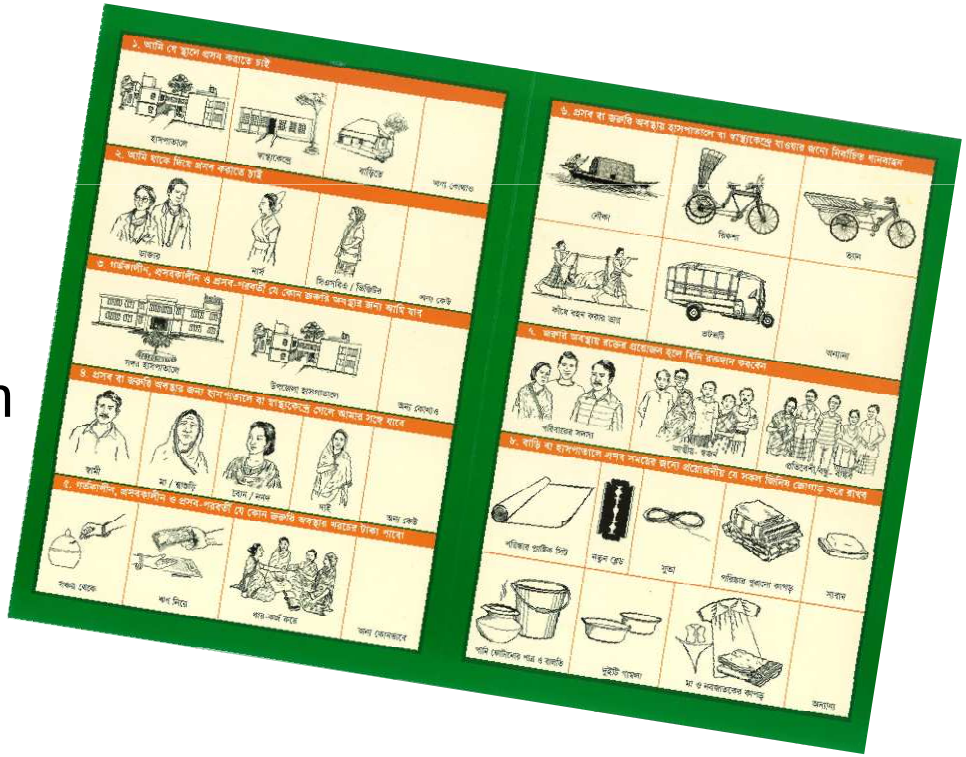
3) Collaboration with TBAs

IFC Programme Timeline



Birth and emergency preparedness

- **Purpose: Increase planning for birth and emergencies and increase utilization of quality MNH services**
- **Activities:**
  - ✓ Production of BEPP card
  - ✓ Training of health workers
  - ✓ Initial and follow-up visits by CHWs to elaborate plan
  - ✓ BEPP assistance during ANC
  - ✓ Community meetings



Community mobilization

- **Purpose: Mobilize communities to see MNH as a community issue and work collectively to improve MNH**
- **Activities:**
  - ✓ Meetings
  - ✓ Awareness campaigns
  - ✓ Development of solutions to overcome financial and transportation barriers to MNH services access
  - ✓ Implementation and management of finance and transportation schemes

Work with TBAs

- **Purpose: Assist TBAs in defining and assuming a new role in maternal health which emphasizes education and social support and excludes birth attendance**
- **Activities:**
  - ✓ Meetings with TBAs, village doctors and homeopathic doctors
  - ✓ Meetings and trainings (health care providers and TBA's)

Review Methodology

- Conducted in collaboration with ICDDR,B
- Focus group discussions with: pregnant women (1), women having given birth in the past 12-month period (1), husbands of these women (1), influential family members of these women (1), TBAs (1) and CHWs (1)
- In-depth interviews using semi-structured guidelines with: TBAs (4), community health workers (4), pregnant mothers/mothers having given birth within past 12 months (4), family members/husbands (4), clinic-based health providers and health clinic managers (7)
- Analysis of programme reports
- Results compared against situation analysis of 2005 and baseline report of 2009

Results: Birth preparedness

- Planning for birth and emergencies is increasing
- Women are using the BEPP card to develop a plan
- Husbands are aware of the plan
- Families are saving funds for birth and emergencies
- Families are identifying transportation to reach health facilities
- Families are aware of the importance of blood-group screening

"We collected everything beforehand and also saved money…[the CHW] advised me to save some money to get prepared if c-section is needed for [my wife's] delivery…she also said that in 70% cases, women may need a c-section as my [wife] was weak…so it is better to make preparations beforehand … "

- Husband

Results: Birth preparedness, cont.

- Increased preference for skilled attendance at birth
- Preference for homebirth with community-based skilled attendants (CSBA)
- Continued hesitancy to seek birth services at a health facility

"TBAs do not refer the mothers suffering from labor pain for more than 12 hours to the hospitals and say that it may not be needed… then the child dies in the womb… the mother dies… this kind of thing used to happen… and they know… the skilled birth attendants know… they send [women] to the hospital if the labor is more than 12 hours and if they can't do anything…This is the reason for which we do not use the TBAs from village."

- Woman

Results: Decision making

- Household decision making critical to ensuring that women can follow through with prepared plan and seek services
- Traditionally, women's decision making has been low; other household members made MNH decisions
- Birth and emergency preparedness interventions are influencing the role of women in household decision-making processes
- Though husbands and mothers-in-law remain the final decision-makers, women participate to a greater degree than before
- Men and other influentials also have a greater understanding of MNH issues

Results: Community mobilization

- Three out of the four intervention unions purchased and effectively manage transportation
- One emergency monetary fund created and managed at union level
- Ten emergency monetary funds created at the village level and directed by local community development groups

Results: TBAs

- TBAs continue to be highly regarded within the community
- TBAs view educating mothers and referring mothers to health services in response to danger signs as important aspects of their role
- They desire and are willing to refer women to health services
- TBAs could not recall content of orientation
- Health care providers are hesitant to collaborate with TBAs

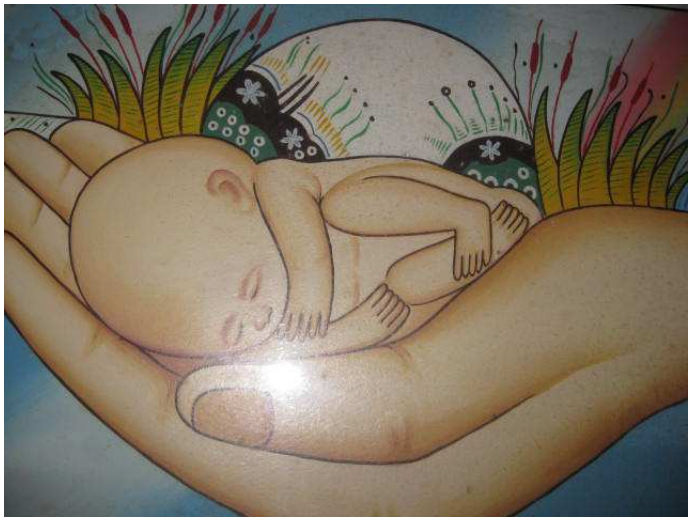
> ***"I usually contact [the mother]. They call me for delivery. After I come, I call the doctor. I observe if they are healthy or sick. I try to find out if she is suffering from headache or fever, abdominal pain… after that I send her to the [family welfare visitor] Didi."***
>
> ***-TBA***

Major Implications

- Preferences are shifting heavily towards skilled attendance at home for birth, suggesting the importance of strengthening the network of CSBAs
- Communities are effectively coming together to address MNH issues, suggesting their empowerment in this area; however families are still hesitance to seek facility-based MNH services
- TBAs are enthusiastic in their participation; yet, optimizing their potential to improve MNH will require efforts at the level of health providers to increase TBA acceptance

Conclusion

- Preliminary results are promising in favour of community-based approaches to improving MNH
- Results suggest that the programme is influencing attitudes and behaviors to increase ANC and skilled birth attendance. **Increase in women receiving at least 4 antenatal care visits (4% to 12%); Increase in skilled attendance at birth (12% to 20%).**
- Adjustments will optimize programme potential
- Results will be quantified at end line



Thank you!

Questions?