# Health & Rights

Working for Sexual and Reproductive Health and Rights (SRHR)

Volume: 1, Issue:1
January-March 2008





**Publisher**

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**Printer**

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***Editorial***

## WHY 'HEALTH & RIGHTS'?

BAPSA has been publishing the 'M.R. Newsletter' to sensitise public opinion on the issues of unsafe abortion and other pertinent issues of sexual and reproductive health. The M.R. Newsletter was counted as a spokesperson of the M.R organisations. Numerous articles have been published on the consequences of unsafe abortion, highlighting the training needs of the providers, workshops proceedings, experiences gathered in providing M.R. services by different organisations and by individual providers, evaluation findings of M.R. programmes, infection prevention, proper maintenance of M.R. syringe, post M.R. contraception, pre and post M.R. counseling, case studies, and relevant research findings to provide updated information to health care providers at home and abroad. Thus, in the past, the M.R. Newsletter played a significant role in promoting knowledge and sensitising public opinion on the consequences of unsafe abortion. But in the recent past the concept of health care providing system and reproductive health care services have undergone changes, expanded and broadened considrebly. Now sexual and reproductive health and rights are the core of human life, whether rich or poor. The ICPD Programme of Action actively called upon all countries to "make accessible through the primary health care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015". It also recognises that reproductive health, including sexual health, is very essential for human well-being. It is worth mentioning that improved sexual and reproductive health helps individuals, families and countries break out of the poverty trap. Thus sexual and reproductive health is not solely a health issue but a matter of economic development, social justice, gender equality, and also human rights. In this changing scenario of health care providing situation, the M.R. Newsletter seemed to be narrow focused and not encompassing the whole issue of the sexual and reproductive health care services and rights. This change will broaden the horizon of information for promotion of sexual and reproductive health and rights. Therefore, **Health & Rights** will greatly facilitate the service providers and other health professionals to generate required information on sexual and reproductive health and rights, which again will help to equip the clients with better information, treat the clients with dignity and also enable them to know the providers' rights as well as clients' charter of rights. This will certainly contribute to promoting sexual, reproductive health and rights and foster better client-providers relationships.

# Message

Bangladesh Association for Prevention of Septic Abortion (BAPSA) has been publishing the "MR Newsletter" for more than last two decades. The purpose was to sensitise public opinion on the consequences of unsafe abortion and reduce maternal mortality from it. BAPSA's attempt was appreciated by the heath care providers all over the country. Now in the changing scenario of health care service provision the name of the mentioned newsletter has been changed for widening the understanding of sexual and reproductive health and right (SRHR) based issues among the target audience. The contents of the newsletter will be broadened to increase its necessity and utility among the health service providers and general readers.

I do hope that as in the past, the new newsletter, **Health & Rights** will also play a pivotal role in informing the target audience about the latest developments in the field of SRHR in the country and abroad. It is our promise to the readers and we intend to keep it.

***Prof. Syed Ershad Ali***
President, BAPSA

I am happy to learn that the 'MR Newsletter' is coming out with a new name and face covering a wide range of topics, with special emphasis on sexual and reproductive health and rights of adolescents and women. I am sure the initiative to give a new look to the important newsletter will be appreciated by everyone in the health sector, policy making level and also the international development partners. I have full confidence on the team that has undertaken the difficult task and I am hopeful that the newsletter would bridge the gap between the professionals in the field of sexual and reproductive health and rights and the non-professional general readers.

Hopefully **Health & Rights** will be the vehicle for imparting experiences of the partners working with the same objetives at various corners of the country. RHSTEP is always ready to extend all necessary help to the team for the successful publication of the newsletter. I wish the team best of luck in their maiden venture.

***Dr. Sabera Rahman***
President, RHSTEP

# BAPSA in Brief

Concerned at the alarming situation caused by the prevailing hazards of septic abortion and mortality because of unwanted pregnancies, a group of reputed gynecologists and obstetricians headed by late Prof. Syeda Firoza Begum, a gynecologist of national and international repute, founded the Bangladesh Association for Prevention of Septic Abortion (BAPSA) in early 1982. From the very inception of the organisation, it has endeavoured to identify the problems of reproductive health, especially to unsafe abortion related maternal mortality and morbidity. Through research it has always emphasised that women should have access to information and services related to safe abortion and sexual and reproductive health. The underlying objectives of its formation were to establish a system for prevention of septic abortion - one of the leading causes of maternal mortality that accounted for 14% of total maternal mortality in the country; bring about an attitudinal change for establishing the reproductive rights of women; carry-out advocacy towards health impact of unsafe abortion as a major public health concern; and reduce the recourse to abortion through improved sexual and reproductive health care services. Currently BAPSA covers:

✣ Three districts and nearly one million population.

✣ Operates 19 clinics and 154 satellite clinics in the project areas.

✣ Each clinic has strong community linkage and local Advisory Committee to manage the clinic and to have support from within.

✣ From all 19 clinics about 300,000 women, men and children are being served annually. About 550,000 services are being sought by the clients.

✣ More than 20,000 adolescent girls and boys are being served by the projects.

✣ In the project areas immunization coverage is more than 90%.

✣ Conducting orientation programme with front-line government Health and Family Planning Workers on how to prevent unsafe abortion.

✣ Assessing the availability of M.R. equipment at the provider's level which facilitates the uninterrupted supply of M.R. equipment at the service facility level.

✣ BAPSA organises in close collaboration with the government, M.R. basic and refresher training for organisations that provide training. BAPSA also provides M.R. refresher training to FWVs.

✣ BAPSA is committed to serving the disadvantaged and marginalised population free of cost.

## Launching of SAAF Project by BAPSA

BAPSA has undertaken a programme titled: Prevention of Unsafe Abortion in Rural Bangladesh. This project has also been launched by Reproductive Health Services Training And Education Program (RHSTEP). The main objective of the programme is to contribute to the health policy framework of the government in relevance to maternal health and reduction of unsafe abortion. The specific goal of the project is to:

* Reduce mortality and morbidity from unsafe abortion;

* Ensure access to care for women at risk of unintended pregnancy; and

* Improve quality service delivery system for hard to reach population.

Under this project, BAPSA established three Satellite Health Care Centres at three locations in the country. The clinics are at Board Bazar of Tongi Upazila and Konabari of Gazipur Sadar of Gazipur District. The third one is at Kalindi of Keraniganj of Narayanganj district. Each clinic has 2 (two) Paramedics, 1 (one) Supervisor, 1 (one) Aya, 1 (one) Guard and 6 (six) Volunteers. They have been appointed for conducting community meetings, group discussions and other relevant activities. Paramedics, Supervisors and Volunteers were given required orientation prior to launching of the project activities.

# RHSTEP A Trusted Name

Among the few specialised non-government organisations that are devotedly promoting safe Menstrual Regulation (MR), RHSTEP (Reproductive Health Services Training and Education Programme) began its journey as the Menstrual Regulation Training and Services Programme (MRTSP) in October 1983, a special project of the Ministry of Health and Family Welfare of Bangladesh (MOH&FW). Considering the need for getting involved in the GOB programme for reducing MMR, IMR and TFR and taking into cognizance of the decision of ICPD in 1994, RHSTEP broadened its objective towards achieving improved reproductive health status along with MR Service delivery and MR training.

RHSTEP is the only NGO permitted by the Government of Bangladesh to carry out its activities within the Govt. hospitals. Because of its location in the hospitals, the senior professors or consultants of OB/GYN of the hospitals are acting as project advisors of the respective RHSTEP centers. The vision of RHSTEP is to contribute to improving the sexual and reproductive health status of women and adolescents and thus reduce the Maternal Mortality and Morbidity Rate in Bangladesh. RHSTEP is committed to serving the marginalised and ultrapoor free of cost and improving their sexual and reproductive health status.

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# Sida Supports SRHR Project for another 3-year

A formal agreement between Swedish International Development Agency (Sida) and Reproductive Health Services Training and Education Programme (RHSTEP) has been signed for a three-year project titled 'Comprehensive Reproductive & Sexual Health Programme including MR Services, Training and BCC' on 19 March 2008 at the Embassy of Sweden in Bangladesh. Her Excellency Ms. Britt Falkman Hagstrom, Ambassador of Sweden to Bangladesh and Ms. Quazi Suraiya Sultana, Executive Director of RHSTEP signed the agreement on behalf of their respective organisations. Mr. Ola Hallgren, Head of Development Cooperation, Embassy of Sweden; Ms. Britta Nordstorm, First Secretary, Embassy of Sweden; Mr. Syed Khaled Ahsan, Senior Programme Officer of Swedish International

See Page-5

From Page-4

## Sida Supports...

Development Agency (SIDA), Dr. Altaf Hossain, Director of BAPSA, Members of the Executive Council of RHSTEP and BAPSA and members of Programme Management Team (PMT) were also present in this agreement signing ceremony. The Swedish support will be utilised for SRHR services through a consortium of two organisations namely RHSTEP and BAPSA for the period of July 2007 to June 2010. RHSTEP will be the Management Agency (MA) and the recipient of funds from the donor agency.

## Life Skills Education Programme of RHSTEP starts

RHSTEP has initiated a Life Skills Education Programme on 'Reproductive Health for Adolescents' this year. The first training under this programme was held from February 17-20, 2008 at RHSTEP Training Room in Dhaka.

The training was inaugurated by Quazi Suraiya Sultana, Executive Director of RHSTEP. A total of ten Field Mobilisers, Counsellors from different RHSTEP centres and peer educators from different garment factories were present in this training. The major areas of SRHR issues discussed in the training were:

- Puberty, mental and physical change and reproductive issues;
- Relations: Family and Friends;
- Sexual health and risk assessment;
- Disease prevention;
- HIV/AIDS and the impact of drug addiction;
- Personality development;
- Personal hygiene and nutrition;
- Reproductive health, family planning and safe MR;
- Marriage and dowry;
- Breast feeding and vaccination etc.

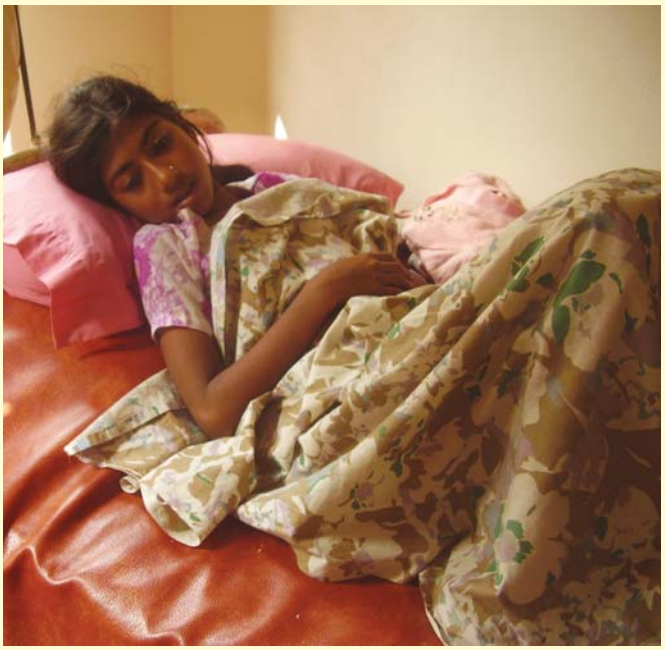
The training was facilitated through different techniques like lectures, presentation of audio-visual materials, role playing etc. The participants visited different garment factories as part of their training. Participants were awarded with certificates at the end of the training.

## Swedish team visit RHSTEP centre at Mymensingh


A six-member Swedish team led by Jan Knutsson, Director General, Development Cooperation, Ministry of Foreign Affairs of Sweden visited RHSTEP centre at Mymensingh Medical College Hospital (MMCH) on 11 March 2008. The team observed the health services of RHSTEP running in the clinic and talked to the patients directly. They also met with Mr. Mong Ten Win, Director of Mymensingh Medical College Hospital. Mr. Jan Knutsson appreciated the activities of RHSTEP and expressed positive comments on expanding the RHSTEP centres in the country. Other members of the team were Mr. Wilhelm Von Warnstedt, Parliament Secretary, Ministry of Foreign Affairs, Stockholm; Mr. Ola Hallgren, Head of Development Cooperation, Embassy of Sweden; Ms. Britta Nordstorm, First Secretary, Embassy of Sweden; Ms. Monica Malakar, Senior Programme Officer (Education) and Mr. Syed Khaled Ahsan, Senior Programme Officer of Swedish International Development Agency (SIDA).

# Increasing levels of abortion and decreasing abortion-related mortality

Globally, unsafe abortion is an important public health issue because of its direct impact on the lives of women and girls. It remains a leading cause of maternal mortality in many developing countries, despite the fact that deaths from unsafe abortion are preventable. In most countries this issue is addressed either through legalisation of abortion or through attempts to prevent unwanted pregnancy. Bangladesh is unique in including menstrual regulation (MR) as part of its family planning programme. MR is evacuation of the uterus without official confirmation of pregnancy and is permitted as an "interim method of establishing non-pregnancy for a woman at risk of being pregnant, whether or not she actually is pregnant". The National Menstrual Regulation Programme is the most decentralised system of pregnancy termination globally and from its beginnings it has prioritised getting services to women at the primary care level. Although it is anticipated that the availability of MR has reduced unsafe abortion, the programme has not been systematically evaluated. Thus, understanding the situation with regard to both abortion and menstrual regulation in Bangladesh is important for defining the magnitude of abortion and the risk of pregnancy termination.



Data from ICDDR,B surveillance in Abhoynagar, Matlab and Mirsirai were used to explore time trends in abortion ratios and total abortion rates among married women from 1982 through 2004. Data from a series of verbal autopsy studies in Matlab were used to look at changes in levels and causes of maternal mortality from 1976 to 2001. Data from Matlab provide the only available information on maternal deaths from abortion over time in Bangladesh. To create this data set, following v death of a woman of reproductive age reported to the Matlab surveillance system, an interviewer conducted a verbal autopsy with the surviving family members. After the verbal autopsy, cause of death was assigned.

## Trends in levels of abortion among married women over time

An abortion ratio (the number of reported abortions divided by the number of reported live births in a given period) is a proxy for the probability that a woman will abort a pregnancy if she becomes pregnant. While the abortion ratio among married women in Mirsarai has remained fairly constant since the mid-1990s, at just below 60 per 1,000 live births, the ratio in Abhoynagar has approximately doubled during the same time period from close to 40 per 1,000 live births to over 100 abortions per 1,000 live births. In both the ICDDR,B and government service areas of Matlab, ratios among married women have also increased but in the government area, the increase has been fairly steady since the 1980s, whereas in the ICDDR,B area the increase occurred mainly after 1998. Over time, ratios have been consistently higher in the government area. As a proxy for the probability that a woman will abort a pregnancy if she becomes pregnant, the abortion ratio does not provide information on the number of abortions women have. The total abortion rate (TAR) is an alternative measure, calculated in the same way as the total fertility rate, that is, by first calculating the number of abortions to women in a specific age group in one year divided by the number of women in that age group, and then cumulating the age-specific rates. The TAR estimates the number of abortions a woman would have over the course of her lifetime if current age-specific abortion rates prevail.

See Page-7

From Page-6

The TAR varies across the different sites, and is highest in the Matlab government area and Abhoynagar and lowest in the Matlab ICDDR,B area. The TAR has remained relatively constant over time in Mirsarai. On the other hand, in both Matlab areas, the TAR has increased over time; in the government area from close to 200 to 400 and in the ICDDR,B area from less than 100 to almost 200. In Abhoynagar the picture is less clear; rates appear to have increased in the late 1990s but then to have decreased some after 2001. However rates in more recent years are generally higher than they were prior to the peak in 2001. The drop in the TAR in 2004 in almost all areas requires further exploration.

**Abortion-related mortality**

Analysis of verbal autopsy data shows that during 1976-2005 in the ICDDR,B area substantial reductions took place in all causes of maternal deaths including abortion. In the ICDDR,B area abortion related-deaths consistently decreased from 99 to 12 per 100,000 pregnancies between 1976 and 2005. In the government area abortion related deaths also decreased from a peak of 107 per 100,000 pregnancies in 1981-85 to 24 per 100,000 pregnancies in 2001-2005. However, in 2001-2005 twice as many women died from abortion per 100,000 pregnancies in the government area as in the ICDDR,B area. The proportion of maternal deaths attributable to abortion decreased from 24% to 11% in the ICDDR,B area between 1976-1985 and 1996-2005. The trend is not consistent in the government area, where 17% of maternal deaths were attributable to abortion in 1976-1985, 22% in 1986-1995, and 15% in 1996-2005. The most recent rates in both areas are comparable to rates from developing countries in Asia for 2000 (13%), and lower than earlier reported rates in Bangladesh.

*Originally published in Health and Science Bulletin, 2007. Volume 5, Number 2. ICDDR,B.*

**Comments**

These data highlight that levels of MR and abortion as measured using both abortion ratios and abortion rates, appear to be increasing, at least in some areas of Bangladesh. This means that both the number of abortions/MRs and the probability that a pregnancy will end in an abortion/MR are increasing. However, the data also suggest significant regional variation in use of abortion/MR. Such variation is also seen in the Bangladesh Demographic and Health Survey (2004), which found the largest proportion of women reporting ever use of MR in Barisal (10.1%) and the lowest proportion in Chittagong (4.2%) and showed that women in urban areas were twice as likely to report abortion/MR as women in rural areas. As in all studies of abortion where it is illegal or culturally sensitive, women's reports of abortion in Bangladesh are likely to underestimate actual use. Thus, the above data should be interpreted with caution. They may also reflect changes in the willingness to report over time rather than an actual change in levels of abortion and MR. Likewise, the differences between reported levels in the ICDDR,B and government areas of Bangladesh warrant further exploration. While actual differences may exist, this pattern could also reflect differential reporting caused by factors like attitudes of data collectors about abortion or perceptions of women about ICDDR,B's acceptance of abortion.

While use of abortion and MR appears to be increasing, at least in some areas of Bangladesh, mortality from abortion has fallen. At the same time, abortion remains an important cause of maternal mortality. These findings suggest that while the MR Programme may have had a positive effect on abortion related mortality, unsafe abortions still occur. Unsafe abortions are likely to also result in morbidities, although these have not been documented. Both abortion-related deaths and morbidity have important consequences for the lives of women, their families and communities. The findings of this analysis reinforce the need to provide all women with access to safe means to avoid unwanted pregnancy and unsafe abortion and also to ensure adequate treatment for women who have abortion complications.

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## Feedback

**Dear Readers,**

We want feedback from you.

*What do you think of Health & Rights ?

*What topics do you want us to cover in Health & Rights?

" Do you know of a case of unsafe abortion and its consequence?

" Do you think girls should get married at very young age? What should be the right age for marriage in your opinion?

" What should be the ideal family size?

**Write to: 'Letter to the Editor'**

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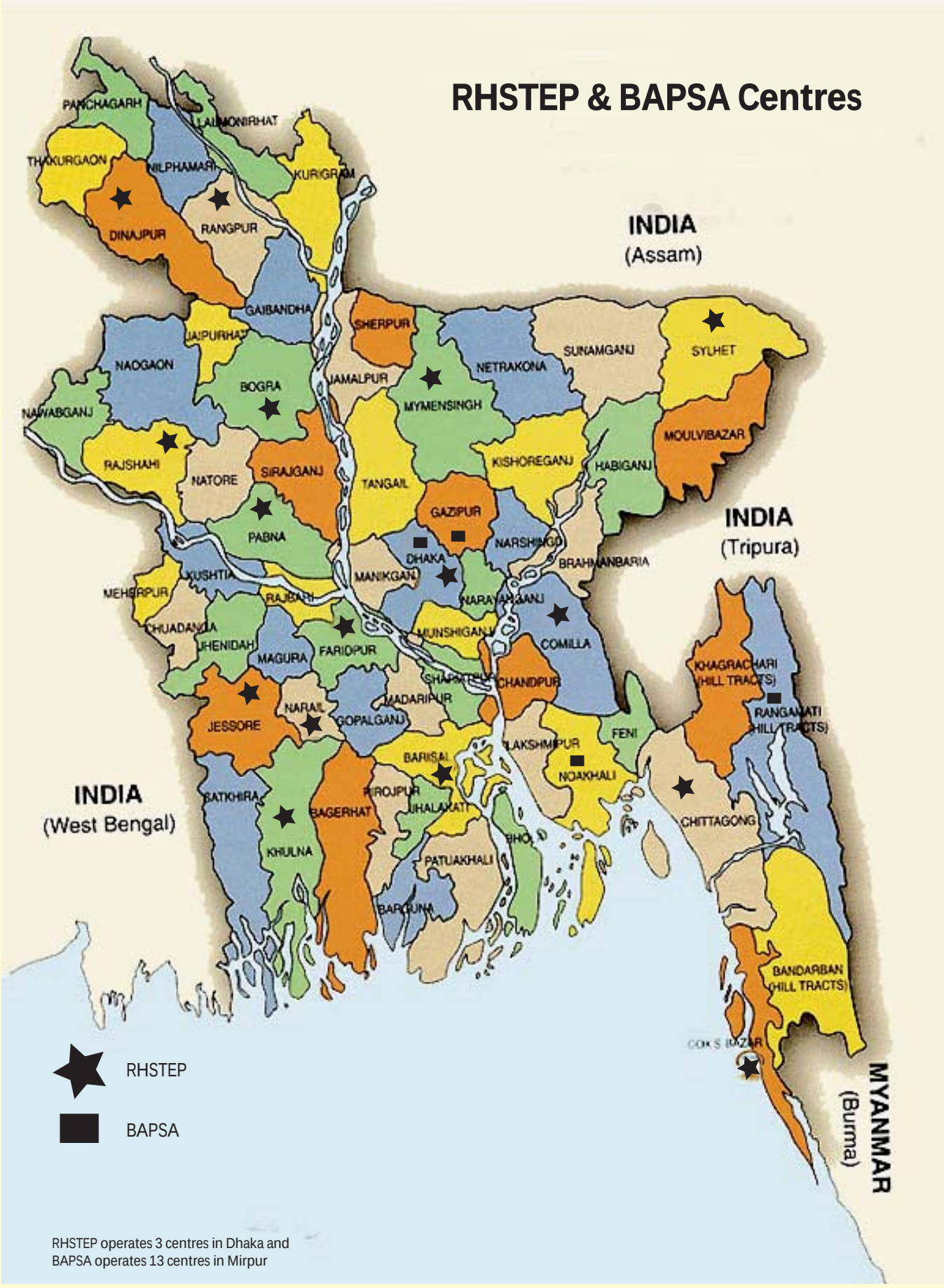


RHSTEP operates 3 centres in Dhaka and
BAPSA operates 13 centres in Mirpur