Ensuring safe deliveries in hard-to-reach areas of Bangladesh

Strengthening Household Ability to Respond to Development Opportunities (SHOUHARDO) III Plus is a two-year Activity (2022-2024) funded by the United States Agency for International Development (USAID). The Activity aims to improve food security, resilience, and income for 168,521 Poor and Extreme Poor (PEP) households in the remote Char and Haor regions of Bangladesh. The Activity also promotes increased consumption of nutritious foods and micro-nutrients for children under five years of age, pregnant and lactating women, and adolescent girls. To achieve aims, the Activity introduced Private Community Skilled Birth Attendants (PCSBA) in early 2021 as Local Service Providers (LSP). These Private CSBAs are trained for 6 months, per the World Health Organization & Ministry of Health and Family Welfare accredited Skilled Birth Attendant (SBA) training protocol, followed by a further nine months of on-the-job training to serve the community.

Maternal health is a major issue in Char and Haor, where access to quality healthcare services remains challenging. Char and Haor regions are unique ecosystems characterized by seasonally inundated landmasses. Remote locations and poor infrastructure, like limited roads and bridges, make it difficult for healthcare providers to reach communities. This situation is compounded by insufficient awareness among the communities about crucial aspects like antenatal care, institutional delivery, and postnatal care. Receiving maternal healthcare services is crucial for reducing maternal and infant mortality and morbidity, including where children suffer from stunting due to factors such as birth order, duration of nursing, place of residence, and delivery style. Although the Bangladesh government has aimed to bring all under institutional delivery, the hard-to-reach areas still remain under-served. Despite strides in improving Maternal Health Care indicators, many pregnant women still face risksdue to reliance on untrained Traditional Birth Attendants (TBAs).

Pregnant women in Char and Haor mostly prefer home deliveries by the TBAs. Poverty is the major reason behind preferring TBA-assisted home delivery. Other major reasons include social taboos, religious fallacy, remoteness and distance from the nearest health facilities, limited access of women to decision-making in the family, and lack of transportation to reach the nearest health facility. To assess the impacts of SHOUHARO III Plus Activity's contribution to maternal health care through Private CSBAs, research titled "Assessing the social and behavioral barriers towards safe deliveries in hard-to-reach area of Bangladesh: the role of skilled birth attendants under SHOUHARDO III Plus" was conducted in 2023; this document summarizes the research findings that stride to ensure safe deliveries for pregnant women in Bangladesh through skilled birth attendants.

Research Objectives

The specific objectives of the research were to explore:

- Various social and cultural factors that influence maternal health in hard-to-reach areas
- The capacity of the existing healthcare institutes to conduct safe deliveries in hard-to-reach areas
- The experience of the poor and extremely poor in receiving maternal healthcare services at local healthcare institutions
- The role of the community-based skilled birth attendants within and outside the existing health-care facilities

Methodology

The study used a mixed-methods design, including quantitative, qualitative, and secondary literature reviews. The study covered fifteen upazilas in Kurigram, Gaibandha, Netrokona, Kishoreganj, Habiganj, and Sunamganj. The study selected 400 respondents (Program participants - 150, non-participants -150, and Private CSBAs-100) as a statistically representative sample. These samples include pregnant and lactating women, mothers with children under 5yrs, rural community members, and Private CSBAs in the study areas. In addition to the survey, respondents had in-depth interviews, key informant interviews, and focus group discussions. These respondents included pregnant and lactating women along with their husbands and mothers-in-law, rural community members, Private CSBAs, community clinic staff, SHOUHARDO III Plus staff, Upazila Health Complex officers, Family Planning officers, and Ministry officials.

Demographic Context of Char and Haor Region

Char and Haor regions in Bangladesh are among the most remote places in the country, considering transport, livelihood, education, and income opportunities. In these areas, only 30.7% of the respondents interviewed had completed primary education, which makes it harder for them to get formal jobs. A total of 43% of respondent's average monthly income is below BDT 10,000 ($91). Regarding household expenses, food was the top priority for 98.0% of participants. Healthcare closely follows as the second-highest expense (72.7%). Among pregnant women, around 89% are aware of the necessity of regular check-ups to monitor the progress of their pregnancies. However, only 44% seek these check-ups specifically to address concerns or complications. A high proportion (40.3%) of the respondents have yet to seek permission for maternal health services from the household head, which is either the husband or mother-in-law. The most common reason for excluding women from maternal healthcare decision-making was that they had no income (63%), followed by women regarded as not being capable of deciding (44.6%). FGDs revealed that mothers-in-laws preferred traditional methods and the reliance on Traditional Birth Attendants during pregnancies. In their own pregnancies, they either didn't seek Antenatal Care (ANC) or had relied on TDA and considered it sufficient.

Social and Cultural factors influencing maternal health in hard-to-reach areas

The cultural practice of maintaining "Purdah" is revealed as a crucial factor behind deciding on maternity health care services. The unavailability of female doctors or midwives is prevalent across all demographics, with only estimates ranging from 18.2% to 25.0%. In some cases, women also face hindrances in accessing local healthcare institutions alone, as some societies view it as a "sin" and sometimes as "insecure" due to the distance and transport challenges. Additionally, the unavailability of proper transport, unavailability of emergency services, lack of female doctors or female health care providers, Purdah, decisions from family, familiarity with the traditional services, and financial constraints emerged as significant barrers for not seeking maternal health care services from the health facilities.

Healthcare-seeking behaviour in Char and Haor and role of Private CSBAs

The Char region had a comparatively higher ANC-seeking practice than the Haor region (Char 96% vs. Haor 88%). Pregnant women overwhelmingly favored normal delivery. Both program and non-program participants choose normal Delivery (ND), on an average with 87% against only 13% preferring C-sections. A higher percentage of respondents (73.6%) obtained Postnatal CARE (PNC) services in Char than Haor (46.9%).

Table 1: ANC, Delivery and PNC seeking behavior in Char and Haor

Types	Char			Haor		
	ANC	Delivery	PNC	ANC	Delivery	PNC
Program Participant (%)	97.0	94.0	78.9	100	91.2	52.6
Non-Participant (%)	95.0	88.3	68.3	76.7	81.1	41.1
Service taken (participants and non-participants average in char and haor) %	96	91.1	73.6	88.3	86.1	46.8
Formal total (%)	49.5	27.2	70.0	40.2	17.0	54.5
Informal total (%)	29.0	72.8	21.3	30.8	83.0	42.0
Informal Private CSBA (%)	61.1	30.7	62.5	95.0	49.6	100.0
Informal Traditional Birth Attendants (%)	15.2	23.1	18.3	5.0	7.3	0.0
Informal others (including unidentified)	23.7	46.2	19.1	0.0	43.1	0.0

Haor respondents had a higher preference than Char for receiving ANC (61.1% vs 95%), Delivery 30.7% vs 49.6%), and PNC (62.5% vs 100%) services from PCSBAs (Figure 2). The respondents refer to this as due to the higher number of PCSBAs available in haor regions (97) compared to (31) in char regions that influence pregnant women to seek better ANC, delivery and PNC services.

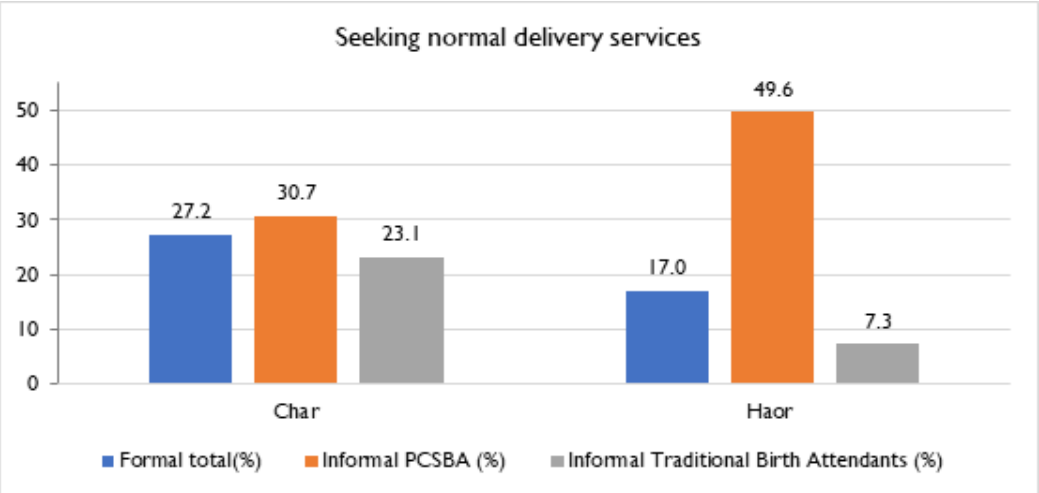

Figure 1: Delivery service received from formal and informal birth attendants like Private CSBAs and TBAs

As per the figure-1 above 30.7% of Char respondents shared that they seek services from Private CSBAs and 23.1% from TBAs. In the case of Haor, 49.6% and 7.3% relied on Private CSBAs and TBAs, respectively.

The service provided by the Private CSBAs emerged as a cost-effective solution for Poor and Extreme Poor (PEP) communities seeking ANC, delivery, and PNC services, promoting a habit of seeking maternity healthcare services. Private CSBAs ensure safe delivery in remote locations where government healthcare infrastructure and healthcare facilities/staff are either unavailable or limited. They provide emergency assistance and referrals at rural healthcare facilities with delivery issues and staff shortages. Moreover, they have helped overcome biases and misconceptions about PNC, becoming trusted sources of support for new mothers. Private CSBAs' efforts have raised awareness about the importance of PNC for maternal and child well-being, leading to a shift in community perspectives. Private CSBA services have had a big impact on ANC-seeking behaviour by breaking common cultural and social myths and tales in rural areas. They delivered comprehensive maternity services by dispelling myths and misconceptions through continuous campaigns, education, and counselling sessions.

Experience of the poor and extremely poor in Char and Haor regions in receiving maternal healthcare services at local healthcare institutions

The study's results showed that Emergency Obstetric Care (EOC) services are not offered by community-level healthcare centres such as Community Clinics (CCs), Union Health and Family Welfare Centers (UH& FWC)s, and Upazila Health Complexes (UHCs). Additionally, the community needs better knowledge of danger signs among people and health workers at CCs and UH&FWCs, leading to late care-seeking (delayed). Thus, they have yet a high tendency to seek services from TBAs. Among the participants who received ANC, Delivery, and PNC services from formal institutes, respondents were asked questions about the service quality. In response, approximately half of the participants from Char (52.8%) and Haor (47.4%) found institutional Maternal Healthcare (MHC) services inconvenient. Financial constraints, including doctor's fees, medication expenses, a lack of female doctors/ nurses, and transportation costs, were cited as major barriers.

In both Char and Haor, the respondents stated some most common issues regarding difficulties in maternal healthcare services during natural disasters were inadequate river-based transportation options, damaged or flooded roads and high transportation costs.

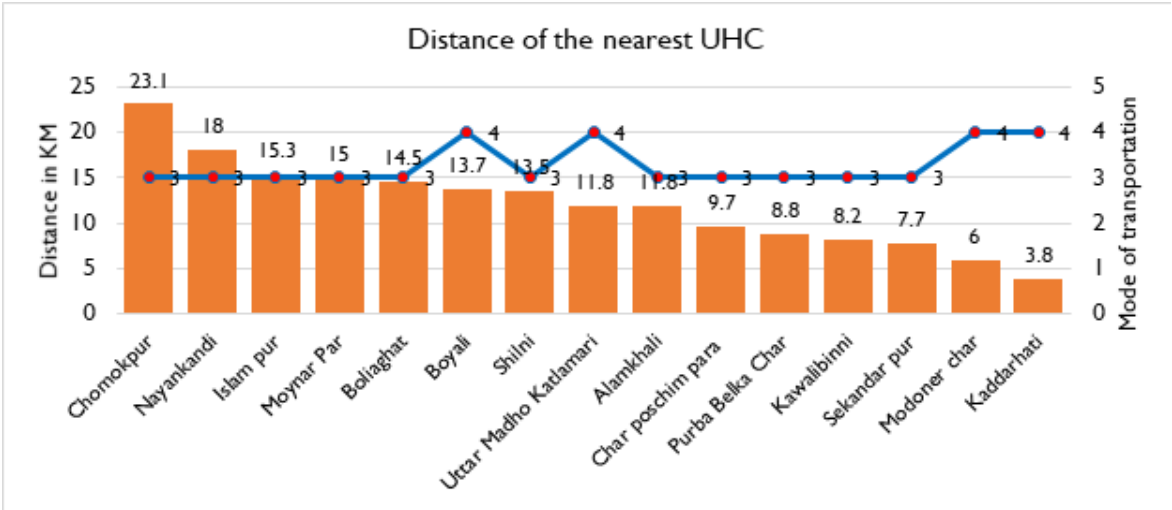

Figure 2: Distance of the nearest UHC from villages, along with transportation mix (number of different modes of transportations required to reach UHC)

Among the surveyed villages, the distance of the nearest Upazila Health Complex from the community is vital for receiving timely services. Respondents typically need to use more than two types of transportation mix (motorbike, electric and compressed natural gas driven three-wheeler, engine boat and horse cart) to reach the nearest health complex and receive delivery services in the most urgent circumstances. On average, people of the Upazila must travel 12 kilometres to reach the nearest health complex. Some of them are over 20 km apart, necessitating the use of more than two modes of transportation (figure 2).This increases the time and cost for the service seekers and also poses associated risks for pregnant women.

Thus, the dependency on informal sources (Private CSBAs and TBAs) is comparatively higher in Char and Haor regions of Bangladesh. The respondents identified accessibility of healthcare facilities during emergencies as a critical factor. Distance to the nearest institutional healthcare facilities is also a notable barrier, particularly for pregnant and lactating women. Since they need to be accompanied by another person to visit the local health institute, their mother-in-law, husband or other family heads usually refuses to take them there.

The capacity of the existing healthcare institutes to conduct safe deliveries in hard-to-reach areas

The local healthcare settings in the hard-to-reach (HtR) areas include various government institutes such as Community Clinics, Union Sub Center, Union Health & Family Welfare Center, as well as NGO-run clinics and Private clinics. Apart from these, Private CSBAs and TBAs also offer MHC services. These facilities collectively aim to provide accessible and quality healthcare. Although these institutes only offer basic healthcare services (ANC and PNC) provided by the Community Healthcare Provider (CHCP), Health Assistants (HA), Family Welfare Assistant (FWA), Family Welfare Visitor (FWV), Sub Assistant Medical Officer (SACMO), and Medical Officer (MO), a significant majority of participants, 58.3%, are unaware of such services or prefer not to visit those institutes due to accessibility, transportation, or other social issues such as a lack of adequate female staff. Except these, only the Upazila Health Complex (UHC) offers more comprehensive services, including doctors, midwives, and facilities for Emergency Obstetric Care (EOC) and C-sections, but accessibility and transport issues persist. Moreover, insufficient staff and resources are highlighted as major concerns by the respondents.

Table 2: Number of maternal healthcare staff providing services in Char and Haor

Area	Health care institute			Formal staff					Informal
	CCs	USC	UHC	HA's	FWAs	MO	SACMO	Midwife	Private CSBA
Char	158	26	44	81	196	2	9	27	31
Haor	219	47	83	164	251	5	10	40	97

According to Table 2, there are 27 midwives in Char and 40 in Haor respectively. Meanwhile, there are 31 and 97 Private CSBAs in Char and Haor respectively. These Private CSBAs provide not only basic healthcare services but also childbirth delivery services. However, analyzing the maternal healthcare-seeking behaviour of Char and Haor, it is evident that Private CSBAs are significantly contributing to uplifting the MHC seeking behaviour pattern by offering all basic MHC services cost-effectively, critically using the referral services, and winning the community's trust. Since they have already become a trusted community partner in providing MHC services, the number of Private CSBAs in Char regions should be increased and the available Private CSBAs in Haor regions should be effectively utilized to keep the flow of MHC services constant and ensure better MHC services in Char and Haor.

Challenges: Agenda for the Future

Sustained efforts are vital to maximize the SHOUHARDO impact and ensure better healthcare for marginalized communities in these areas. Despite the Private CSBAs' crucial role within the local healthcare setting, there is a shortage of Private CSBAs relative to the area and population, which poses challenges to service delivery, especially in remote areas or during emergencies. Community members emphasize the need to increase the number of Private CSBAs to expedite and enhance services. Recognizing and accepting Private CSBAs in existing formal health infrastructure is critical, given the government's mandate for institutional delivery. Considering the remoteness of HtR areas Government must decide how and where best to integrate the Private CSBAs to fulfil the community needs for maternity healthcare services. PCSBAs receive service fees from the community against their services which is a sustainable cost-recovery mechanism that already exists that would be a budget-friendly solution to their wages and pays. The government should also consider the seamless integration of Private CSBAs with the formal health system for effective referrals and quality oversight. Improving referral systems and training by integrating Private CSBAs into government facilities and enhancing training for better emergency response will support government mandates and advance the agenda of sustainable development through locally-led interventions. It will also ensure a steady improvement in the survival rates and overall quality of life of women and infants in these regions of Bangladesh.

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