

**Availability of and Accessibility to Primary Health Care Services for
Women Living in Poverty: The Bangladesh Case**

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This thesis is dedicated to my mother, Pushpa Rani Banik, who always encourages me to be a good person. This work is also dedicated to my daughter, Auritrika Banik, whose birth in Armidale encouraged me to finish this long journey on time.

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Abstract

Poor women, in both rural and urban areas in the northern region of Bangladesh, suffer from high maternal mortality rates (MMR), and compared to other regions, this group also has a low proportion of births assisted by skilled attendants. This thesis critically examines the availability of and accessibility to primary, particularly maternal, healthcare services, provided by government and non-government organisations in Bangladesh. The broader purpose of this thesis is to probe the gap between the national MMR in Bangladesh and the target set by the 5th Millennium Development Goal (MDG). It also explores ways of reducing the gap, especially given that the country's MMR is very high compared to other South Asian countries. The study is significant because it has gone beyond the bio-medical approach (with the focus on human patho-physiology and emphasis on cure over prevention) and develops a bio-social approach to improve maternal health. The latter encompasses strategies to reduce high MMR from sociological and public health perspectives.

The study used both primary and secondary data to meet its objectives. Triangulation of methods (questionnaire interviews of service users and providers, focus group discussions [FGD] and direct observations) were employed to collect primary data. A large number (160) of mothers who delivered at least one baby during the last ten years and the heads of relevant health centres were interviewed. Eight FGDs were conducted during the research. An assortment of articles, reports, theses and books were consulted in complementing and substantiating the arguments in this study.

The thesis developed two interrelated analytical frameworks. The first addresses both direct (eclampsia, haemorrhage, obstructed or prolonged labour) and indirect (age at marriage, anaemia, malnutrition, financial and other costs) causes of MMR. It highlights both potentials and weaknesses of different bio-medical interventions (proposed in different national and international forums for addressing direct and indirect causes of MMR) to understand how sound maternal health can be achieved. The other framework explores the effectiveness of

healthcare reform policies that attempted to introduce public private partnerships (PPP) and different healthcare financing mechanisms to increase poor women's access to primary, mainly maternal, healthcare services.

The main findings of the thesis suggest that there has been an increase in the availability of and accessibility to primary, particularly maternal, healthcare services. However, the increment varies across regions and social groups. Rural, poor and less educated mothers have less availability and access compared to urban, non-poor and better educated women. It has also been found that the PPP model has been able to increase mother's access. However, poor women are unable to use comprehensive maternal healthcare services due to higher costs and exclusion errors. Supply side problems and demand side constraints are potential barriers to making healthcare services easily available and increasing people's access to these.

The government-initiated interventions in Bangladesh address both direct and indirect medically-related causes of MMR. Social and organisational reasons (barriers of access to these interventions) have been neglected. No interventions have been effective in reducing MMR independently. The thesis therefore proposes both short-term (training of lower level health workers and task delegation) and permanent (building a strong integrated healthcare system, adopting a national health policy and introducing behavioural change communication activities at mass level) measures to help improve maternal health. Greater emphasis on a bio-social rather than a bio-medical approach to improving maternal health will perhaps assist in achieving the 5th MDG.

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Abbreviations

| | |
|-----------|-------------------------------------------------------------------|
| AFW | Auxiliary Field Worker |
| ANC | Ante Natal Care |
| B&CE/EmOC | Basic and Comprehensive Essential/Emergency Obstetric Care |
| BCC | Behavioural Change Communication |
| BCRHCC | Bogra Comprehensive Reproductive Health Care Centre |
| BE/EmOC | Basic Essential/Emergency Obstetric Care |
| BMA | Bangladesh Medical Association |
| BNP | Bangladesh Nationalistic Party |
| BOC | Basic Obstetric Care |
| CE/EmOC | Comprehensive Essential/Emergency Obstetric Care |
| CHWs | Community Health Workers |
| CPR | Contraceptive Prevalence Rate |
| CRS | Compulsory Rural Service |
| CSBAs | Community-based Skilled Birth Attendants |
| DFID | The UK Development Fund |
| DGFP | Director General of Family Planning |
| DGHS | Director General of Health Service |
| DSF | Demand Side Financing |
| E/EmOC | Essential/Emergency Obstetric Care |
| ESP | Package of Essential Service |
| FCC | Fukanda Community Clinic |
| FCHVs | Female Community Health Volunteers |
| FGD | Focus Group Discussion |
| FHM | Foetal Heart Monitoring |
| FHPP | Fourth Health and Population Project |
| FIGO | International Federation of Gynaecology and Obstetrics |
| FIMR | Female Infant Mortality Rate |
| FLFP | Female Labour Force Participation |
| FLTHP | First Long Term Health Plan |
| FP | Family Planning |
| FSE | Female School Enrolment |
| FSP | Female Secondary School Stipend Project |
| FWAs | Family Welfare Assistants |
| FWV | Family Welfare Visitor |
| GDP | Gross Domestic Product |
| GNP | Gross National Product |
| GTZ | German Assistance |
| HCPs | Health Care Providers |
| HDI | Human Development Index |
| HDR | Human Development Report |
| HDSM | Healthcare Service Delivery Mechanism |
| HNPSP | Health, Nutrition and Population Sector Program |
| HPNSDP | Health, Population and Nutrition Sector Development Program |
| HPSP | Health and Population Sector Program |
| HPSS | Health and Population Sector Strategy |
| HSRP | Health Sector Reform Policy |
| IAG | Inter Agency Group |
| ICDDRb | International Centre for Diarrhoea Disease Research of Bangladesh |
| ICM | International Confederation of Midwives |

| | |
|--------|-----------------------------------------------------------|
| ICPD | International Conference on Population and Development |
| JAICA | Japan Fund |
| KCRHCC | Kashiadanga Comprehensive Reproductive Health Care Centre |
| LLHWs | Lower Level Health Workers |
| MBBS | Bachelor of Medicine and Bachelor of Surgery |
| MCH | Mother/Maternal and Child Health |
| MCH-FP | Mother/Maternal and Child Health-Family Planning |
| MCHWs | Maternal and Child Health Workers |
| MCWCs | Maternal/Mother and Child Welfare Centres |
| MDGs | Millennium Development Goals |
| MHC | Maternal Health Care |
| MMM | Maternal Mortality and Morbidity |
| MMR | Maternal Mortality Rate |
| MO/MCH | Medical Officer for Mother and Child Health |
| MOHFW | Ministry of Health and Family Welfare |
| MOMS | Mothers and Others with Midwifery Skills |
| MoP&C | Medicalisation of Pregnancy and Childbirth |
| NCRHCC | Noadapara Comprehensive Reproductive Health Care Centre |
| NGOs | Non Government Organisations |
| NHP | National Health Policy |
| NIPORT | National Institute of Population Research and Training |
| NIPSOM | National Institute of Preventive and Social Medicine |
| NPM | New Public Management |
| NUHFWC | Nirmoil Union Health and Family Welfare Centre |
| OGSB | Obstetrical and Gynaecological Society of Bangladesh |
| PHC | Primary Health Care |
| PHCCs | Primary Health Care Centres |
| PHMs | Public Health Midwives |
| PNC | Post Natal Care |
| PPH | Post Partum Haemorrhage |
| PPP | Public Private Partnership |
| QHCPs | Qualified Health Care Providers |
| RHS | Reproductive Health Service |
| SBA | Skilled Birth Attendants |
| SDIP | Safe Delivery Incentive Program |
| SHP | Sub-Health Post |
| SLTHP | Second Long Term Health Plan |
| SIMs | Safe Motherhood Initiatives |
| SMP | Safe Motherhood Policy |
| SPSS | Statistical Package for Social Sciences |
| SRH | Sexual and Reproductive Health |
| SSMP | Support to Safe Motherhood Program |
| SUHC | Shapahar Upazila Health Complex |
| SWAPs | Sector Wide Approaches |
| TBA | Traditional Birth Attendants |
| TFR | Total Fertility Rate |
| THE | Total Health Expenditure |
| UFPOs | Upazila Family Planning Officers |
| UHC | Upazila Health Complex |
| UHCPs | Unqualified Health Care Providers |
| UHFPO | Upazila Health and Family Planning Officer |

| | |
|--------|--------------------------------------------------------|
| UHFWC | Union Health and Family Welfare Centre |
| UHOs | Upazila Health Officers |
| UHSC | Union Health Sub-Centre |
| UNDP | United Nations Development Program |
| UNFPA | United Nations Fund for Population |
| UNICEF | United Nations International Children's Emergency Fund |
| UNO | Upazila Nirbahi Officer |
| UPHCP | Urban Primary Health Care Project |
| USAID | United States Agency for International Development |
| VDCs | Village Development Committees |
| VHVs | Village Health Volunteers |
| VHWs | Village Health workers |
| WHO | World Health Organisation |

Glossary

| | |
|--------------------|-------------------------------------------------------------------------------------------------------------------|
| Adhivasi | Aboriginal religion |
| Ayurveda | Herbal medicine mainly used by the Hindus |
| Bastee | Slum |
| Batash | Evil wind |
| Bhadharlock | Respected person |
| Bibhagh | Division |
| Buddha-Purnima | Full moonlight night |
| Clothes-hanger | Keeping clothes and valuable items |
| Dais | Locally known traditional birth attendants with or without training |
| Dakter | Doctor |
| Dal | Pulse |
| Dekhi | An instrument for paddy and wheat husking |
| Dhaitani | Traditional birth attendant |
| Durga Puza | A Hindu religious festival |
| Eidul-adha | A Muslim religious festival of sacrificing animals |
| Eidul-fitre | A post-Ramadan Muslim religious festival |
| Grandparous | More than four pregnancies |
| Kutchra | The walls and/or roofs of houses are made from materials, such as un-burnt bricks, bamboos, mud, grass, tin, etc. |
| Lungi | A kind of long skirt |
| Mahila Sangha | Female association |
| Maktabs or Madrasa | Religious schools for Muslims |
| Moulvis | Islamic religious leaders/preachers |
| Multiparous | More than one pregnancy |
| Palli Chikitiksaks | Village doctors |
| Pani Bhangga | Leak in the membrane |
| Pathsalas | Religious schools for Hindus |
| Pohela Baishakh | Celebration of the first day of Bengali calendar |
| Prebendalisation | Revenue collection by Zamindars, Talukdars, and Jagirdars—all are temporary revenue collectors |
| Primiparous | A single pregnancy |
| Pucca | Walls of house are made with burnt bricks and roof is concrete |

| | |
|---------------|------------------------------------------------------------------------------|
| Purdah | Veil or seclusion |
| Purush | Male |
| Rahu | A Hindu god |
| Salwar kameez | Two parts of female dress, one for upper portion and the other for the lower |
| Sari | It is a 18 feet long cloth covering the whole female body |
| Semi-pucca | Walls of burnt bricks and roof is made of corrugated tin |
| Sharam | Shame |
| Tawiz | Amulet |
| Tempo | An automated three-wheeler |
| Unani | Herbal medicine primarily used by the Muslims |
| Upazila | Sub-district |
| Zamindar | Landlord |
| Zila | District |