

Disadvantaged Women and Access to Healthcare

Anwara Begum

December 8, 2016

BIDS Research Almanac

Bangladesh Institute of Development Studies



Women's Need for Access to Healthcare

“The health of women is a crucial factor in the health of children, but gender discrimination leaves women particularly vulnerable to disease and death” – UNICEF

- Seventy percent of the world's 1.3 billion people living in poverty are women.
- Health complexities of women require redress
- Poverty, illiteracy, discrimination, cultural practices are challenges women face
- Source: Paul, Murshed, M. M., & Akhter, S. (2014, June, Haimchar Upazila; Chandpur district)

Disadvantaged Women's Access to Healthcare

Who are the disadvantaged women?

- Living in rural areas and slums in and around Dhaka and other cities
- Engaged in unpaid and low paid activities that require little skills
- Maids, cleaners, small roadside shop owners, workers in the RMG sector, indigenous, pavement dwellers, special groups and disabled women

Major health related issues

- Not informed about health rights and benefits provided by the state
- Misconception about family planning and contraceptives
- Not aware of scientific methods of general health and disease prevention
- Often uninformed about personal hygiene and menstrual hygiene
- Unaware of reproductive health and sexually transmitted diseases



Female Labour Force Participation in Bangladesh

Table 1: Female Labor Force Participation by Age Cohort, 2010 and 2013

Age Group	2010			2013		
	Population ('000)	Female Labor Force ('000)	Female Labor Force Participation (%)	Population ('000)	Female Labor Force ('000)	Female Labor Force Participation (%)
Total	47,738	17,174	36.0	54,209	18,155	33.5
15-19	6,888	2,025	29.4	7,476	1,905	25.5
20-24	7,257	2,974	41.0	7,966	3,906	49.0
25-29	6,251	2,795	44.7	7,121	3,538	49.7
30-34	5,866	2,735	46.6	6,121	2,207	36.1
35-39	4,699	2,240	47.7	4,932	1,672	33.9
40-44	4,407	2,038	46.2	3,962	1,320	33.3
45-49	3,186	1,516	47.6	3,775	1,192	31.6
50-54	2,779	285	10.3	3,370	938	27.8
55-59	2,084	233	11.2	2,610	543	20.8
60-64	1,583	105	6.6	2,587	395	15.3
65+	2,738	228	8.3	4,289	538	12.5

Sources: Bangladesh Bureau of Statistics (BBS). 2012. *Labour Force Survey 2010*. Dhaka; and BBS. 2015. *Labour Force Survey 2013*. Dhaka.

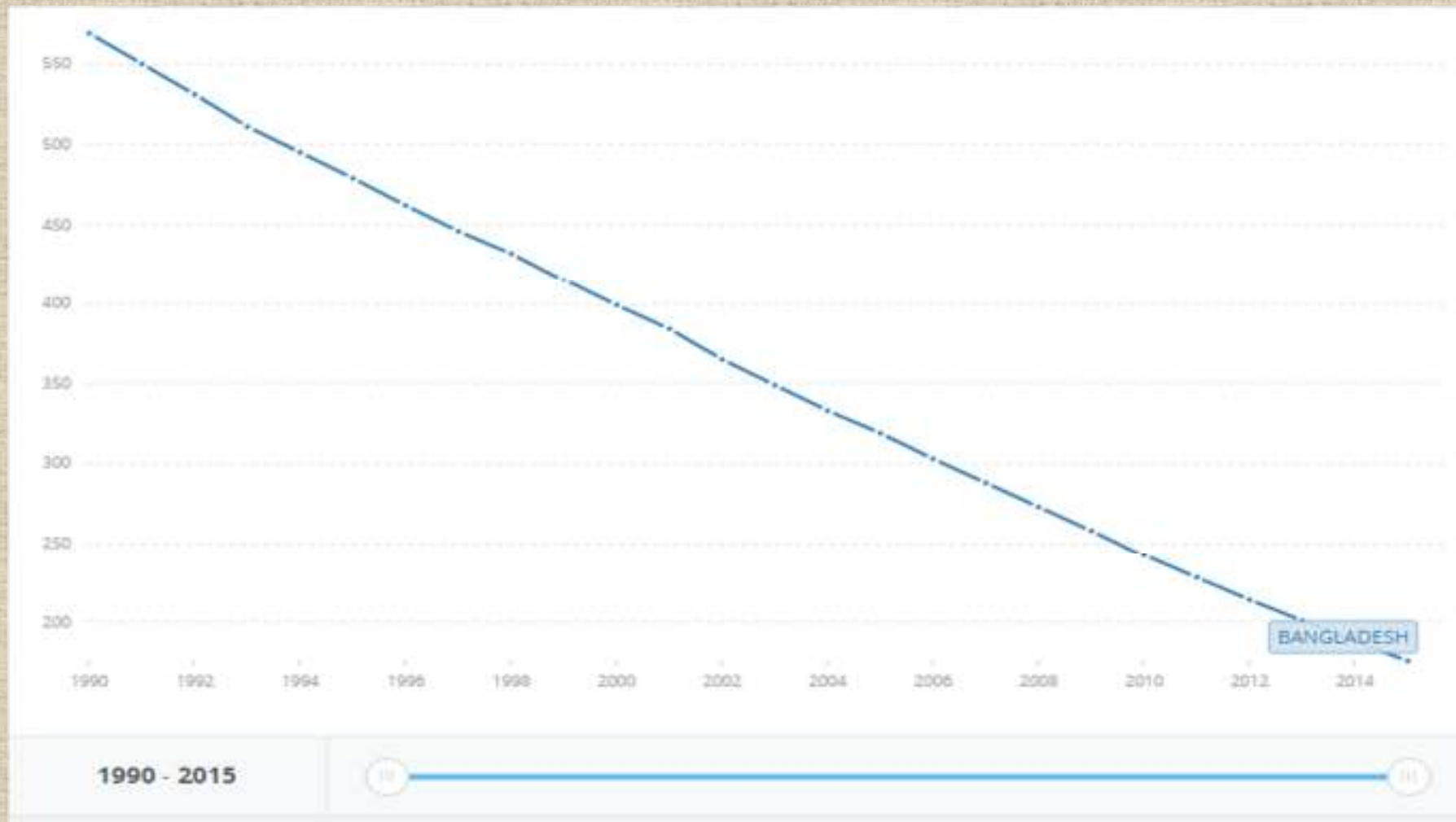
Women's Access to Healthcare: Bangladesh

What do statistics say?

- Less than 20% of HCPs are accessible to 65% of population in rural Bangladesh.
- Qualified and trained physicians are scarce, especially in rural area
- About 84% of deliveries are conducted at home under the supervision of mother-in-law and senior women.
- Only 26 % of pregnant women make 4 or more antenatal visits.
- Urban women are twice as likely to make 4 or more visits
- Thus, 74% of urban women received antenatal care from trained provider compared to only 49% of rural women.
- Coverage of antenatal care from trained providers increases from 26% for mother with no education to 88% of mothers who have completed secondary school.
- Acute shortage of trained nurses, particularly health technicians (BIDS-ADB Study, 2016)



Maternal Mortality Rate in Bangladesh



Women's Access to Healthcare (contd.)

How to ensure women's access to healthcare?

- Focus on social and economic empowerment of disadvantaged women: Health care financing
- Educate women about individual healthcare rights and benefits provided by the state
- Encourage them to visit clinics and hospitals instead of resorting to traditional alternatives.
- Ensure adequate supply of nurses and health technicians and also regular screening in health facility (s) all over the country
- Eradicate VAW including negative social attitudes and stigmas through community - social workers' active contribution: influence women to access safe water and food;
- make healthcare-available, accessible, acceptable, affordable.. .SACMO



Making Access to Healthcare Possible for Women

What role can the policy-makers play?

- Include Health and Planning for the disadvantaged at National Policy level;
- Ensure education about safe sex, personal hygiene and importance of proper diet at primary/secondary school level; non-communicable diseases;
- Provide health and safety guidelines for households and factories that employ women;
- **Strengthen Emergency Obstetric Care (EmOC); Women Friendly Hospital Initiative; improve Social Mobilization and Communication;**
- Adopt new Innovative Approaches: health cards, mobile clinics, marine ambulance, mobile and use of ICT; promote CSR activities etc.
- Increase - FWV; med asst; comm health workers; raise ratio to 1:3:5 (optimum). (present ratio 1: 0.62; should be at least 1:2);
- Improve job mobility of health technicians and specialized nurses;
- Ensure collaboration of public-private sector to set-up institutions for training and scaling up roles of health technicians and paramedics.

Women's Access to Healthcare (contd.) Organizations in Bangladesh which work on women's health issues

- Maternal and Child Health Hospitals
- FPAB
- Awaj Foundation
- BRAC
- Care Bangladesh
- Mamata
- Marie Stopes Bangladesh
- Pathfinder Bangladesh
- Phulki
- Sheva
- Smiling Sun Clinic (s)
- Healthcare from large NGO (s): Micro-finance
- GoB: UPHCP; Sobuj Chatta; Community Clinics;
- Shastho Surakkha Karmasuchi; eg. Kalihati Upazila Health Complex



Thank You!

Questions?

anwarabids@gmail.com