Leading cause of death and disabilities health essay

Health & Medicine

IntroductionLeading cause of death and disabilities among women of reproductive age of Bangladesh is pregnancy and child birth related complications and their consequences. The maternal mortality ratio represents the risk associated with each pregnancy, i. e. the obstetric risk. It is also a MDG indicator. Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. Maternal mortality ratio is the number of women who die during pregnancy and childbirth, per 100, 000 live births. The data are estimated with a regression model using information on fertility, birth attendants, and HIV prevalence. Current MMR in Bangladesh isBangladesh has achieved substantial gains in the field of Maternal Mortality Rate despite poverty and inadequate health service, with persisting socioeconomic differentials. Access to safe motherhood namely antenatal care, clean and safe delivery, and essential obstetric care, remain largely unfulfilled still now. If the MMR decline continues at current rate, the MMR in Bangladesh will reach 191/100, 000 live births in 2015 (the target is 143/100, 000 live births). In Bangladesh, both formal and informal sectors provide maternal health services. Non-public services are well-used and must be widely available, including private care providers (for-profit and not-for-profit) in the formal sector and in the non-formal sector, e. g. traditional birth attendants (TBAs) (52% of all institutional deliveries took place in non-governmental organization [NGO] and private health facilities in 2007 while 82% of all deliveries were with a TBA or other untrained care providers). Adequate and improved maternal

health services are keys to reduce MMR, along with other services, e. g. family planning and safe menstrual regulation. Improving the functionality of the health system is also a projection of future needs. The objective of this study is to review the role of health and social care sectors (both government and non government) in reducing maternal mortality in Bangladesh and identifying gaps for informed program design in future. Learning objectives: To know about the current programs conducted by the government to reduce MMRTo learn about existing programs to reduce MMR by the NGOsWhat are the gaps/ drawbacks in the systems and how to overcome them. Methods and materials: This review is based on available secondary materials on MMR reduction related RCH programs. The main method followed for this review included searching by snowballing and WHO publications, collecting and reviewing published and unpublished materials on MNCH interventions of Bangladesh. Recent evaluations and relevant documentations of different MNCH programs were also reviewed. Around 10 published articles from books, booklets, journals, reports, leaflets and web pages were reviewed, including materials on relevant health systems and interventions in the public, not-for-profit non-governmental and for-profit private sectors. During web searching, key words like maternal, child, mortality, health, intervention, programs, health status, Bangladesh, and EOC etc. were used. Published research datas of clinical trials and interventions were excluded. Results: Major 13 national and international agencies including UNICEF, NGO Service Delivery Program (NSDP), Urban Primary Health Care project (UPHCP), Bangladesh Association for Voluntary Sterilization (BAVS), Bangladesh Association for Maternal and Neonatal

Health (BAMANEH), ICDDR, B, IPHN, BRAC, Bangladesh Women's Health Coalition (BWHC), Concern Bangladesh, BASICS, Gonoshasthya Kendra (GK) and CARE Bangladesh are working side to side with government of Bangladesh to reduce MMR. Several other organizations also works as a help aid to make the program successful. Reduced MMR is achieved by the actions of past and existing government policies and strategies are five-yearly development plans (1973-2000); a three-yearly development plan (2003-2006); the Maternal Health Strategy of 2001; the Poverty Reduction Sector Paper of 2004; plan of the Health and Population Section Program of (HPSP) 1998-2003; and the revised plan of the Health, Nutrition and Population Sector Program (HNPSP) 2003-2010. Key family-planning and maternal health services available in Bangladesh include antenatal care (ANC), menstrual regulation (MR), family-planning services, post abortion care (PAC), basic EOC, comprehensive EOC, postnatal care (PNC), etc. Primary Health Care (PHC) is served through domiciliary and facility-based service delivery points are one of the core action to reduce MMR. Multiple bilateral agencies (UNICEF, UNFPA, WHO, EU, etc.) and non-government organizations (NGO) (BRAC, CARE Bangladesh, BPHC, Engender Health, icddr, b, NSDP, PSTC, etc.) are providing hospital or community-based services or both in order to supplement and complement government's programs in this field. Decrease fertility rate of high-risk groups and use of safe menstrual regulation (MR) provided by the government undoubtedly also contribute to the reduced MMR. Women in Bangladesh now enjoy access to menstrual regulation (MR) services to avoid unwanted pregnancies. Besides, Expanded Program on Immunization (EPI) and fertility regulation

activities also contributes to reduce MMR. Effective implementation of IMCI case management guidelines improved quality of care in health facilities across various settings in Bangladesh, also reduces serious complications that may have long term effect. UPHCP, a project for reproductive health services in metropolitan cities jointly funded by UNFPA, ADB and the Nordic Development Fund, which upgraded city corporation maternity centres for comprehensive EOC, family planning, and RTI/STI (Reproductive Tract Infection/Sexually Transmitted Infection) detection and treatment. Several other providers of primary and secondary level healthcare are: NGO Service Delivery Programme (NSDP), Gonoshasthya Kendra (GK), Dustha Shasthya Kendra (DSK), Concern (Child Survival Programme), Bangladesh Women's Health Coalition (BWHC), Marie Stopes, BASICS, and Engender Health. The lowest tier of service delivery are static service-delivery sites. The fixed sites at the lowest tier are the satellite clinics organized by NGOs on once a month basis. The next steps of service delivery comprises clinics/dispensaries managed by the NGOs, GoB, DCC and the private sector. Discussion: Themajor reason for low utilization of primary level facilities is the poorservice quality and negative perception of the community about the typesof services available. Though the government EOC project has proven asan effective way of improved services for maternal care by using threedelays model, not even the district hospital is fully capable of providing itin an effective manner. Most of them are staffed with paramedics and/or qualified physicians, and very little coordination and referral systems exist among them.