

Stronger health systems. Greater health impact.



## *Unfinished agenda for Healthier women*

My personal theme is  
**“Listen to women”**

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## Women, creator of FP success story



The Bangladesh family planning success story, where women served as the medium of intervention to improve women's lives in rural Bangladesh.

***They belong to the community and they served women of the same community to help reduce their family size, improve their health, and enhance their economic and social empowerment.***

## The Success story—Best Practices



During a 30-year span, the total fertility rate in Bangladesh has been reduced by over half, from 6 to 2.6 children per woman.

Contraceptive use by married women rose from 8% in the 1980s to 58% in 2007.

Although its original motivation was to achieve demographic goals, Bangladesh has done something which only few other countries at its level of socioeconomic development has been able to accomplish, It has created a program that responded to couples' needs.

## Female Workers visited homes



Bangladesh's family planning program, had four elements. The first element was young, married women who were hired and deployed as outreach workers, trained to visit homes offering contraceptive services and information.

37,000 female outreach FP workers were created.

These women, called Family Welfare Assistants (FWA), constituted a link between rural populations and the government, and the program's reach was dramatic.

## family planning commodity at doorsteps



Giving family planning commodity at doorsteps-Bangladesh

They constituted 25,000 in the public sector and 12,000 in the NGO sector and there are about 4,500 male outreach workers too.

Each worker was assigned to register eligible couple in five villages, visit them once every two months, and offer services at the couples' doorsteps.

## Wider contraceptives choice for women



**The second element was the adoption of a “cafeteria approach” to family planning, which allowed couples to choose from a wide range of short- and long-term contraceptive methods as well as male and female sterilization services.**

A well-managed distribution system and Social Marketing Program provided family planning commodities to homes, rural communities and outreach workers.

**Trained and deployed 8000 Family Welfare Visitors (FWV) to provide family planning clinical services plus Menstrual Regulation services in rural areas.**

## Information sharing: BCC



The fourth element was information, education, and communication activities, in a mass media approach -that effectively communicated smaller family size norms.

Over time, surveys showed that contraceptive knowledge level is much higher among women as compared to men .

Not clear how the difference between men and women's contraceptive knowledge helps to explain Bangladesh's success.



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## Unfinished health agenda for women globally



**In developing countries, 82 million girls who are now aged 10–17 will be married before their 18th birthday.**



Do we listen to those women who are victims of early marriage —the female child, the young girl of the family?

We name the victims of violence as “survivors”; but the victim of early marriage hardly survive;The girl with fistula continues to suffer throughout her life.

*In many countries around the world, marriage continues to be imposed on children, despite longstanding condemnation in human rights legislation.*

This is because marriage is seen as a private affair, governed by religion and culture — **can we escape responsibility?**

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## Rights of female child under 18 yr old



**From the child rights perspective, marriage is not permissible until infancy, childhood, and adolescence are over and the person has arrived at adulthood**

The UN Convention on the Rights of the Child establishes that the definition “child” covers everyone until the age of 18.



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## Poverty alleviation vs. marriage vs. education



**Among women aged 15–24, 48% are married by age 18.**

The countries with highest prevalence are Bangladesh (65%), Nepal (57%), and India (46%).

Early marriage leads to early childbearing, with subsequent disruption of education as well as high rates of maternal mortality and morbidity.

**Still many health and social challenges the women face.**

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## Adolescent Health



**Globally, 1 billion are adolescents. Young people explore their sexuality as a natural process of achieving sexual maturity.**

**Young people still do not receive proper info. about reproductive health, let alone Youth Friendly Adolescent RH care. Premature involvement in sexual behavior poses risks, we all know that --**

**Adolescents need information and services to protect them against unwanted pregnancy and sexually transmitted infections.**

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**Inadequate access to reproductive health care, family planning services/commodities contribute to unwanted pregnancy, unsafe abortion, inadequate antenatal care and, lack of skilled attendance at birth.**

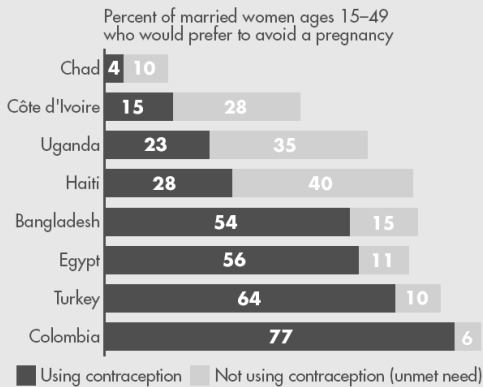
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## High unmet need for family planning has serious consequences



### Potential Demand for Family Planning



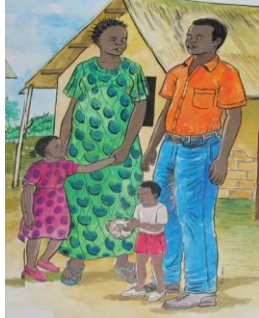
SOURCE: ORC Macro, *Demographic and Health Surveys*, 1997–2000.

### Globally:

#### 215 million women lack access to contraception

- *20 million unsafe abortions annually*
- *70,000 deaths/year due to complications from unsafe abortions*
- *600,000 pregnancy or childbirth related deaths/year*
- *Infant deaths, 10 times higher for motherless newborns*

## Key intervention to reduce these deaths



- **Reposition family planning** as a cornerstone of essential health care.
- **Integrate services** of FP/RH with, HIV & AIDS, maternal/child health, immunization, post-abortion care
- **Promote HTSP** (healthy timing and spacing of pregnancy)
- **Support a full range of FP methods** including long-acting and permanent contra. methods

## Maternal Survival- rights & social justice issue



### Maternal deaths! Only a public health issue?

Improving the health status of women remains an unmet challenge, with great disparities existing between low- and high-income countries.

The leading causes of death for women are pregnancy and childbirth, HIV/AIDS, malaria, and tuberculosis, and they primarily affect marginalized women.



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## Culture and Reproductive Health Risks



**Female genital cutting (FGC) is still practiced in 28 countries around the globe. We all know that these cultural practices place female infants, children, and young women at risk of infection and infertility, as well as severe blood loss, shock, and even death.**

**Reproductive rights are human rights and derive from the recognition that all individuals have the right to make decisions free of discrimination, coercion, and violence**

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## MDG and Human Rights



***The platforms that emerged from the 1994 ICPD and the 1995 Fourth World Conference on Women provide concrete action plans on the human rights of women and form the basis for national policy and legislative reforms.***

The Millennium Development Goals (MDGs) constitute a promise by the world's leaders to find solutions to challenges, that plague humanity, range from halving extreme poverty to tackling the problem of 30 million children and 2 million mothers and reversing the HIV/AIDS epidemic—all by 2015.

## MDGs, Poverty, Rights and Gender Equity



***The eradication of extreme poverty, as called for by the MDGs, relies on the fulfillment of individual rights through expanded opportunities, choices, and power.***

***Pinpointing an actual date for their achievement, the MDGs include one goal—to promote gender equality and empower women—that is critical to the success of the other seven.***

The victims of gender-based violence are primarily women, and the risk of violence that women face is aggravated during pregnancy and by poverty and political instability.

***Women in fragile states, in conflict situations and in displaced populations are at a much higher risk of violence.***

## MDG and Women



***The linkages between reproductive health and HIV/AIDS prevention, PMTCT, prevention of mother to child transmission and availability of treatment must be strengthened in order to achieve internationally agreed-upon development goals.***

***The question still exists- what can government policy and interventions, assisted by external partners, do to accelerate the pace of improvement and so secure the achievement of the goals?***

## Income - enhance women's position



***For example, access to microcredit or income from paid labor, enhance woman's position in her household and so her role in decision-making.***

**DHS contains a number of questions that allow measurement of what is called in the literature "women's agency", i.e., the role of women in household decision-making.**

The possibility that women's agency affects MCH outcomes opens up a potentially important channel for affecting these outcomes.





**Women's agency?  
Is it a solution? How  
can we teach them to  
claim their rights?**

**Promoting women's  
agency?—is it a  
good idea to add as  
a future strategy??**



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**Thank you**

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*Saving lives and improving the health  
of the world's poorest and most vulnerable people  
by closing the gap between knowledge and action in public health.*