

Experience of women on Menstrual Regulation services in Bangladesh: Findings from REACHOUT research project



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- Menstrual regulation (MR) is manual vacuum aspiration to safely establish non-pregnancy up to 8-10 weeks after a missed menstruation period
- One in every ten pregnancies in Bangladesh ends in unsafe abortion and it was one of the five leading cause of maternal mortality. 33% of all births occur in an unplanned way
- In Bangladesh a range of close-to-community providers are working simultaneously:
 - Public providers (Government)
 - Private providers (not-for-profit and for-profit)
 - Informal providers (pharmacists, Traditional Birth Attendants, Homeopaths, traditional healers): they mainly work independently
- The project was implemented with two organizations - Marie Stopes Bangladesh (MSB) and Reproductive Health Services Training and Education Program (RHSTEP) to improve MR services in Bangladesh

OBJECTIVE

- To understand the experiences of the women seeking MR services and uptake of formal referrals

METHOD

- Study sites: Two urban slums in Dhaka city
- Study population: Married women; data collected during baseline and end line. Age over 18 years, Received (doer) or did not received (non-doer) referral from a close-to-community (CTC) provider within six month
- Qualitative research: In-depth interviews were conducted with 26 participants
- Data Analysis: Transcription, coding and thematic outputs were generated based on Atlas.ti software

Criteria	Baseline	End line	Total
Doer	12	7	19
Non doer	3	4	7
Total	15	11	26

DISCLOSURE ABOUT MR

- Clients initially disclose their pregnancy status to their husbands for permission, to have financial support and to release them from blame

"If something (bad) happens to me (because of MR) by chance, husband will not say anything to me. Don't you get that? I have no fault (by taking decision of MR)."
MR client age 35 Housewife

"(It's a) shame. Why should I disclose to others? Wouldn't people talk about it later? That's why (I didn't disclose)."

"(People) would gossip later, (they) would talk (while) cooking, fetching water (that she) did MR. It's a shared place (to live), you got it? (They) Make a mountain out of a molehill."
MR client age 33 Housewife

- Some shared the information with neighbours and family members (in-laws) to get suggestions on MR Services and who to access (such as CTC providers)
- MR was also considered a sinful act and due to this women did not feel comfortable disclosing it to others

CTC PROVIDER'S ROLE IN THE DECISION MAKING PROCESS OF TAKING UP REFERRALS FROM CLINICS

- CTC providers provided information to MR clients on the safe period of MR, complications before and after MR, clinics available, cost, waivers for poor women, and follow up

RESULTS

Reason for choosing the referred clinic

- Cleanliness
- Good behavior of the provider
- Maintenance of confidentiality
- Referred by CTC providers

- Convenience distance of formal facilities
- Trust and reliance on CTC providers
- Waiver for poor women
- Suggested by satisfied clients
- Lack of information on other options

Reason for not taking up MR Service from referred clinic

- Late identification of pregnancy beyond the safe period
- Fear and confusion about MR process
- Aversion to an invasive procedure
- Cost related to MR

CONCLUSION

- A structured referral service linking both the formal and informal sector, would go a long way to reducing women's anxieties along with ensuring improved access to safe services and informed choices
- CTC providers facilitated dissemination of MR information to the community

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REACHOUT is an international research project to understand and develop the role of close-to-community providers of health care in preventing, diagnosing, and treating major illnesses in Africa and Asia