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Making Research on Climate Change in Bangladesh More Effective

Effectiveness of Institutional Response to Ensure Women's Sexual and Reproductive Health during Flood

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Objective of the Study

Broad Objective:

To explore the status of RH care and availability of institutional services in response to women's vulnerability during flood in the study area

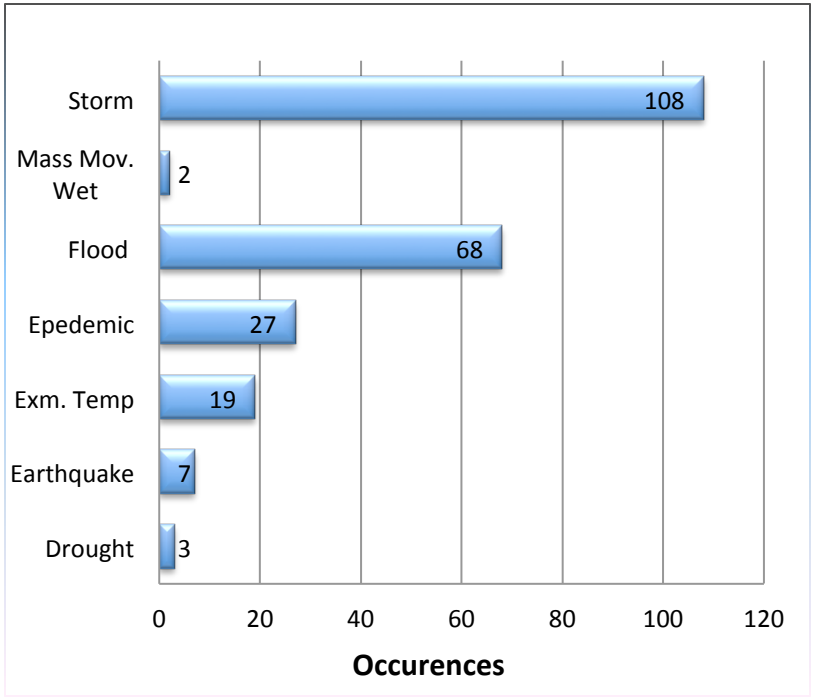
Specific Objective:

- To understand the existing reproductive health status of women
- To explore the effectiveness of existing reproductive health care services to women and adolescent during disaster

Background of the Study

Bangladesh Disaster Overview :1980-2010

Natural Disaster Occurrence



Top 10 Natural Disasters

Disaster	Year	No. of Affected people
Flood	1988	45,000,000
Flood	2004	36,000,000
Flood	1984	30,000,000
Flood	1987	29,700,000
Drought	1983	20,000,000
Storm	1991	15,438,849
Flood	1998	15,000,050
Flood	2007	13,771,380
Flood	1995	12,656,006
Flood	1993	11,469,537

Sources: www.preventionweb.net

Rationale of the Study

- **Death tolls:**
  - Highest Mortality Rate by Disaster in Bangladesh- lost 5,16,239 men, women and children between 1970-2005, during the total 171 disaster incidents (UNDP VI).
  - In 1991's cyclone and flood- 90% were women died out of 140,000 people (Gupta, 2010).
- **Frequency and Intensity of Flood:**

  In flood prone areas
  - majority is living under poverty line
  - women pass their life at a distress situation
  - lack of social services (Nasreen, 1995).
- Reproductive Health Care:

  In flood prone areas
  - Women are most vulnerable
  - Less effectiveness of institutional services
- **To reduce women's vulnerabilities, effectiveness of institutional responses is needed to be addressed.**

Methodology

- Data collection procedure
  - Quantitative
    - Semi-structured questionnaire survey (46)
  - Qualitative
    - Exit Interview (10)
    - Key Informant Interview (5)
    - Focus Group Discussion (5)
    - observation (participatory and non-participatory)
- Sampling procedure: Purposive
- Data Analysis
  - Quantitative
    - SPSS version 17
  - Qualitative
    - Atlas ti 6.2

Duration: November 2012 to June 2013

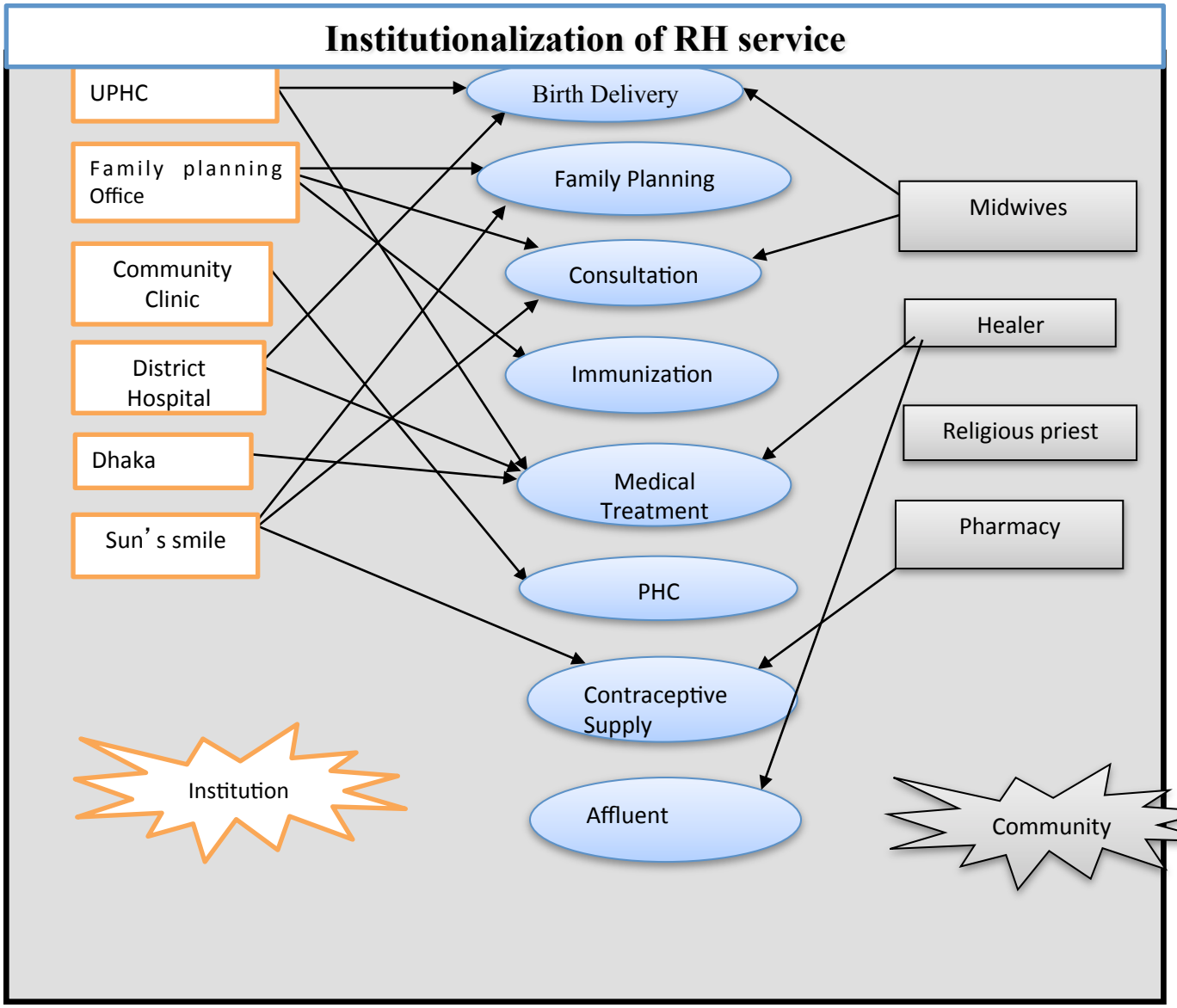
Study area: 2 Villages from Each Districts

-Faridpur

-Shariyatpur

-Shirajgonj

Findings & Discussion



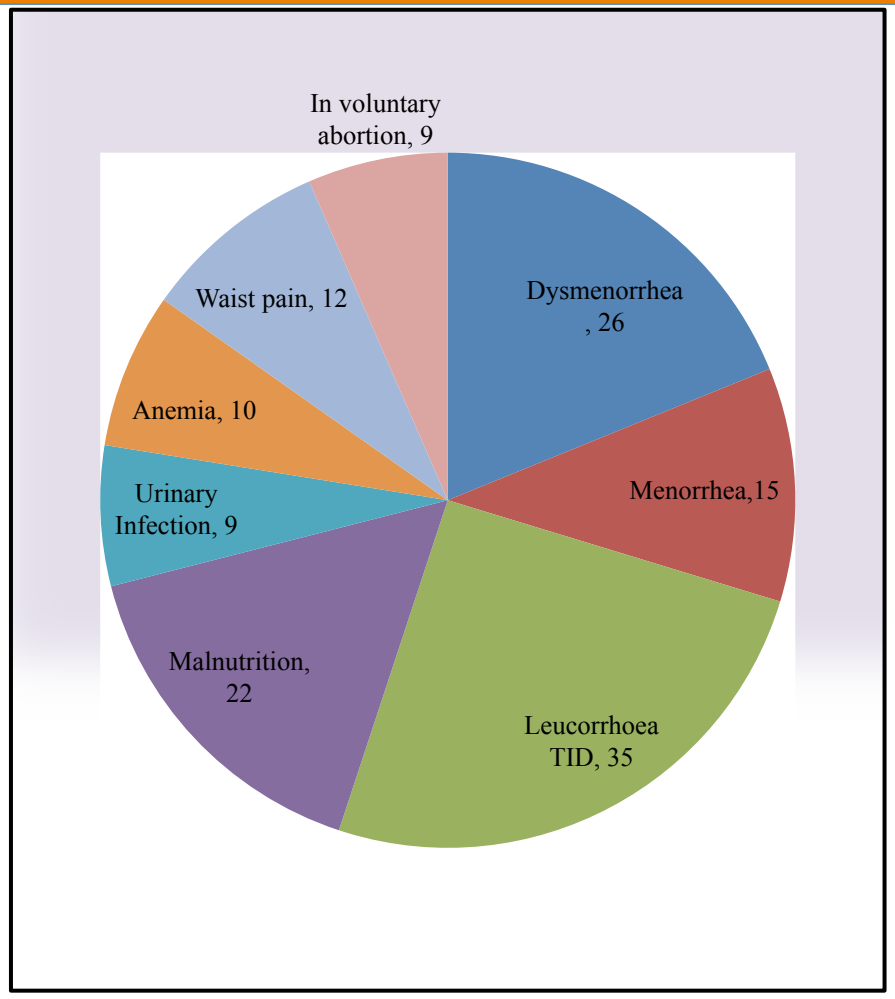
Status of SRH Service

Types	Stake holders	Shariatpur	Faridpur	Shirajgonj	Frequency	Percentage
Non Institution	Midwives	13	13	15	41	100%
	Healer	13	13	15	41	100%
	Religious Priest	13	13	15	41	100%
	Pharmacy	10	6	8	24	58.54%
Institution	Sun's Smile	3	-	-	03	7.32%
	FP Office	2	3	4	09	21.95
	CC	-	01		01	2.43%
	UPHC	-	04	02	06	14.63%
	District Hospital	10	-	4	14	34.15%
	DMC		1		01	2.43%

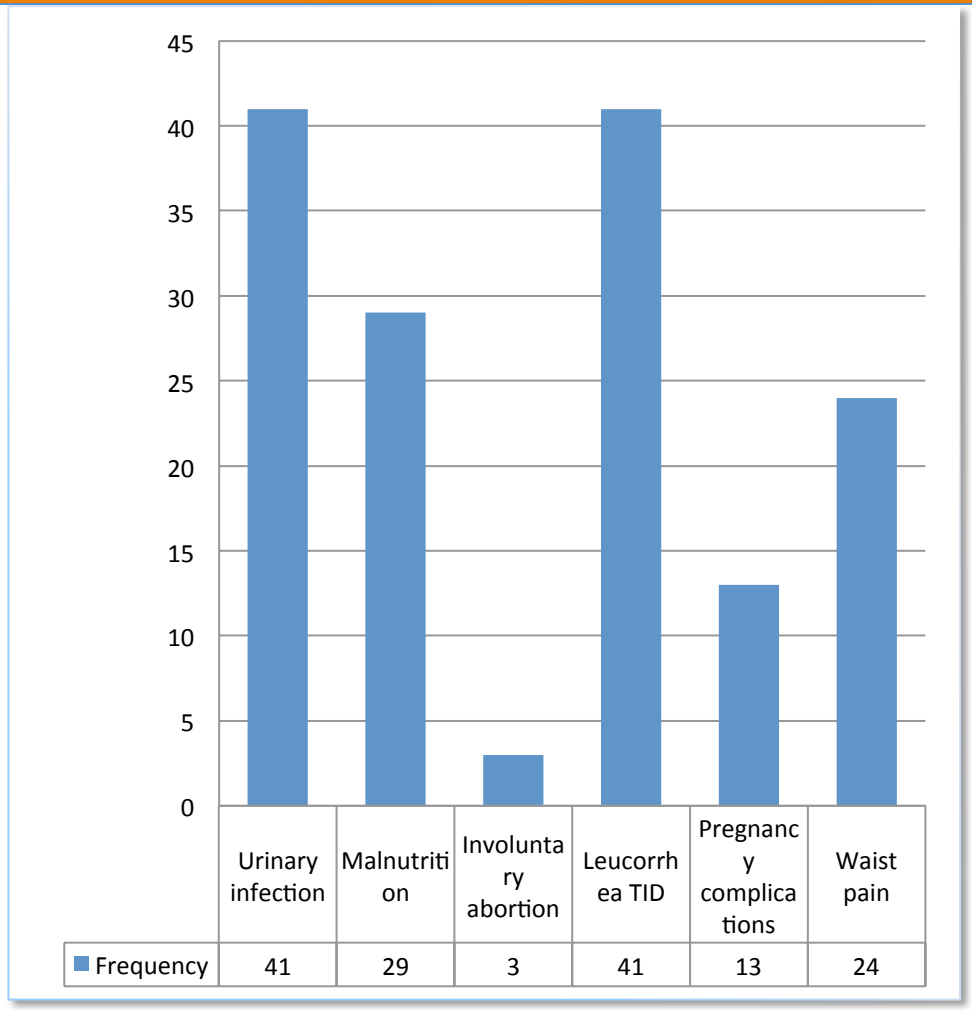
Reasons of not taking RH service	Percent
Long distant	88.70%
Unpleasant staff behavior	10.60%
Lack of provider expertise	67.10%
Long waiting time	13.60%
Inadequate drug supply	23.60%
Too expensive service	21.40%
Religious reason	83.60%
Economic Problem	87.30%
Prohibition by guardians	83.60%

*Multiple responses counted.

RH Health status



Pre-flood



During Flood

Dynamics of Reproductive Health

Root Causes

Limited access to

◊Communication

◊Services

Geographical location

◊Located in river

◊Frequent flood

◊Increasing Intensity of Flood

Service availability

Lack of

◊Strong institutional structure

◊Economic solvency

◊Sanitary goods

◊Nutritious foods

Unsafe Conditions

Public Actions

◊No effective health care service

◊Prevalence of disease

◊Religious dogma

Vulnerable Society

◊Special groups: Women of middle age

Conclusion

Limitations

Self-reported data

-Recall bias

-Socio-Religious stigma

Recommendations:

- Including RH care service as a core health care issue
- Mobile health care center during disaster
- Minimizing health care service cost
- Ensuring supply of nutritional food and sanitary goods
- RH education for adolescent

Co-Investigators

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Thanks!