

UTILISATION OF MATERNAL HEALTHCARE SERVICES DURING COVID19 PANDEMIC IN DISASTER-PRONE AREAS OF BANGLADESH

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Context

The COVID-19 pandemic has caused devastating impacts on the lives and livelihood of millions of people across the globe, with severe impacts on reproductive health in low- and middle-income countries (LMIC).

Relying on the intersectional perspective, this study aimed to examine the resiliency of maternal healthcare services (MCS) in Bangladesh—an LMIC with a population of more than 165 million—during the COVID-19 pandemic. It also sought to identify effective strategies for ensuring adequate access to MCS during the pandemic, focusing on disaster-prone areas.

Using a parallel mixed-method approach, researchers collected quantitative and qualitative data from respondents in two disaster-prone sub-districts (Ashashuni and Shyamnagar) of Bangladesh.

Objectives

The broader objective of the project was to examine the access of poor, vulnerable, and disadvantaged women to maternal healthcare services (MCS) during the COVID-19 pandemic in disaster-prone areas of Bangladesh. Specific objectives were as follows:

- To identify the effects of COVID-19 on the factors that influence MCS utilisation for poor and vulnerable women
- To evaluate changes in utilisation of MCS during the pandemic
- To detect underlying causes of lower access to MCS during the pandemic
- To identify gender-specific vulnerabilities related to MCSs experienced by mothers, mothers-to-be, and health workers during the pandemic



- To generate effective strategies for tackling lower access to MCSs for poor and vulnerable women during the pandemic.
- To identify gaps and necessary reforms in the existing institutional and regulatory frameworks for improving access to MCS during the pandemic
- To delineate strategies for ensuring and synthesising improved MCS for poor and vulnerable women of Bangladesh, and wider South Asia

Findings

Study findings have provided valuable insight into changes in maternal health trends, causes for lower access to MCS, gender-specific vulnerabilities experienced by healthcare workers and caregivers, and limitations of current institutional and regulatory frameworks.

Findings have also identified effective policy interventions and implementation strategies.



Recommendations

- Develop a disaster risk reduction framework for health under the sectoral plan of health, intregating a provision to deliver minimum essential sexual and reproductive health services during an emergency.
- Create more employment opportunities for all, focusing on women, and sustained income opportunities for all, with a greater emphasis on rural areas in which people were disproportionately affected by the pandemic.
- Recruit adequate healthcare providers and provide adequate support services to prevent decreased home visits of healthcare providers due to the pandemic.
- Strengthen disaster-related coping strategies and provide adequate financial support to households for a quick return to disaster conditions.
- Promote public-private partnerships to ensure better access to healthcare services during disasters and pandemics.
- Increase mental health support to people during the pandemic by ensuring adequate counsellors/mental health care providers.

Respondent in front of a household structure in disaster-prone coastal areas in Bangladesh.

Credit: U. of Dhaka.

Utilisation of maternal healthcare services during COVID-19 pandemic in disaster-prone areas of Bangladesh

Individual researchers of the University of Dhaka

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