Exploring barriers to accessing sexual and reproductive health (SRH) services in Dhaka’s urban slums

_BBC Media Action found people living in Dhaka’s slums do not make full use of existing SRH services, mainly due to costs and a lack of trust in health workers and facilities. There is much scope for improvement by providing training and support to health workers to help encourage service uptake and healthy SRH._

**Context**

Bangladesh has experienced rapid urbanisation with a large number of people, 2.23 million, living in slums across the country. They account for 1.36% of the total population. People living in slums often struggle to access basic facilities. Together with unhygienic environments and overcrowding, this creates a vicious cycle of infection, malnutrition and poor health. Affordable formal primary care services are scarce and what exists is almost exclusively provided by non-governmental organisations (NGOs).

**The project**

AGAMI (Accelerated Gender Equitable Adolescents Maternal and Child Intervention) is funded by UNFPA, and aims to increase access to sexual and reproductive health (SRH) services. As part of the project BBC Media Action will create training and communication materials for health workers to effectively communicate with women and families living in slums about SRH services. This includes informing them of the Urban Primary Health Care Service’s “Red card project”, which should enable poor women to receive free services.

> “Now it (delivery) requires Tk. 800 for normal delivery. If someone's daily income is Tk. 200 to 300, it’s difficult for him to pay this amount of money.” Married woman, Sat Tala slum, Dhaka

The existing literature on health facilities in slum areas does not give enough detail on the barriers and communication challenges people face. Hence the objectives of this study were to:

- Understand existing health facilities and services in the slum areas of Dhaka city
- Explore the barriers to accessing health facilities and services in the slum areas
- Understand the challenges/barriers faced by the urban health workers to communicate with their clients on SRH issues.

**Research methodology**

The study was conducted in Sat Tala slum at Mohakhali in Dhaka at the end of March 2018. Participants consisted of married men and women who had at least one child, and community health workers. Different qualitative methods were used including health seeking behaviour mapping, fishbone analysis for collecting data, and in-depth interviews. Researchers conducted a transect walk, talked to people living in the slums, and observed the health workers and how they dealt with their clients to triangulate data.

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2 Based on World Bank population statistics (2016)
3 Kaosar Afsana and Syed Shabab Wahid (2013): Health care for poor people in the urban slums of Bangladesh
Key findings

People believe antenatal check-ups (ANC) are unnecessary if everything seems to be fine. However, they have little to no knowledge about maternal danger signs, and what ANC provides. Women will only attend a clinic if they have concerns about the baby’s health, when they will request an ultrasound. A pregnant woman’s in-laws may not allocate money to take them for a check-up if they appear to be in good physical condition, as they feel women have been giving birth for generations without check-ups.

Cost and time are the biggest barriers to accessing ANC services. The cost of using ANC services is sometimes the equivalent of a few days food for a family, so this acts as a big deterrent. As the local delivery centre cannot perform ultrasounds, women also fear being referred to another facility, where they can’t afford the services. As health facilities are only open during working hours, working women are unlikely to attend unless absolutely necessary. Sometimes the local delivery centre is understaffed so women can spend a long time waiting.

Myths and stories about health facilities mean people are reluctant to use them. There are myths around visiting facilities; one is that high rates of babies die during facility deliveries due to complicated situations not being handled properly. Another is that pregnant women are given vitamin tablets at check-ups which result in the baby being larger, leading to a C-section being necessary, which women want to avoid. People also perceive the local facility to have poor hygiene practices, with claims of birthing attendants not wearing gloves and having unclean hands.

People prefer home delivery, and fear that facilities intentionally try to carry out C-sections so they can charge more. Most pregnant women believe delivery is a natural process and expect to deliver at home. Fear of costs and facilities making a profit from C-sections puts people off delivering in a facility.

Married men and women prefer to seek contraceptives from a dispensary rather than a health worker, as it takes less time and fits around their working hours. Some also fear becoming permanently infertile if they are given long term contraceptive methods at a facility.

Confusion over access to free services Most people know about the “red card” and that it means there are no delivery costs at the health facility. But there is confusion around it: whether it still exists, how to access it and whether it costs money.

Health workers are not widely trusted or respected

Many in the community believe that health workers are more eager to earn money than provide services. Women seek help from traditional birth attendants in the slums, as most health workers used to be birth attendants themselves so they don’t perceive them as any more qualified as they don’t have recognised status like a doctor.

“No male health worker is working in this slum. We can’t discuss our problems with a female health worker. We feel to have a male health worker in our community.”
Married man, Sat Tala slum, Dhaka

Implications

Key implications for our programme are as follows:

- Training is needed for health workers to help support pregnant women rather than create fear.
- Inclusion of a doctor character in the audio-visual aid may help improve health workers’ image and delivery of trusted information.
- Male health workers are important to engage male family members in discussion.
- Provision of information is required on how to access and benefit from the red card service.