Maternal Health Care in Bangladesh: Current Status And Future Challenges

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Like many other developing countries the maternal mortality and morbidity are of high concern in Bangladesh too. These therefore, represent the major goal of the ongoing health, nutrition, and population sector programme (HNPSP) of the country in order to achieve sustainable improvement in the health, nutrition, and reproductive health of the people particularly of poor people and women. The strategies adopted in the HNPSP to achieve the maternal health goal of the women are to strengthen the provision of the essential (including emergency) obstetric care and improve utilization of services like obstetric care, antenatal care, skilled attendance at birth, postnatal care, contraceptive practices, reduction of unsafe abortion practices, accreditation of facilities as women friendly with provision of services for women subject to violence, and improve the nutrition status of women and adolescent.

In the above backdrop, the present paper intends to examine the current status of maternal health care services utilization by the women particularly poor women of the country, which holds the key to improving the maternal health in Bangladesh. The paper has dealt therefore, in particular with women's utilization of maternal health care services such as antenatal care, delivery care and postnatal care. The observations on them are kept confined to the recent period since the launch of HNPSP viz., over the years since 2004 and are based primarily on the recent rounds of Bangladesh Demographic and Health Survey (BDHS)². The results revealed that women's utilization of antenatal care, delivery care and postnatal care have gone up marginally and the recent improvement in maternal health care utilization as the data suggest, has remained confined solely to the well-off section. Further analysis of data reveals that maternal and child health care depends up on availability of medical doctors. This paper also discusses the limitations of maternal health care facilities and brings out policy findings.

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² utilized data from 2004 and 2007 rounds of BDHS. The data for 2007 has come from preliminary report of the survey and final report is yet to get published.