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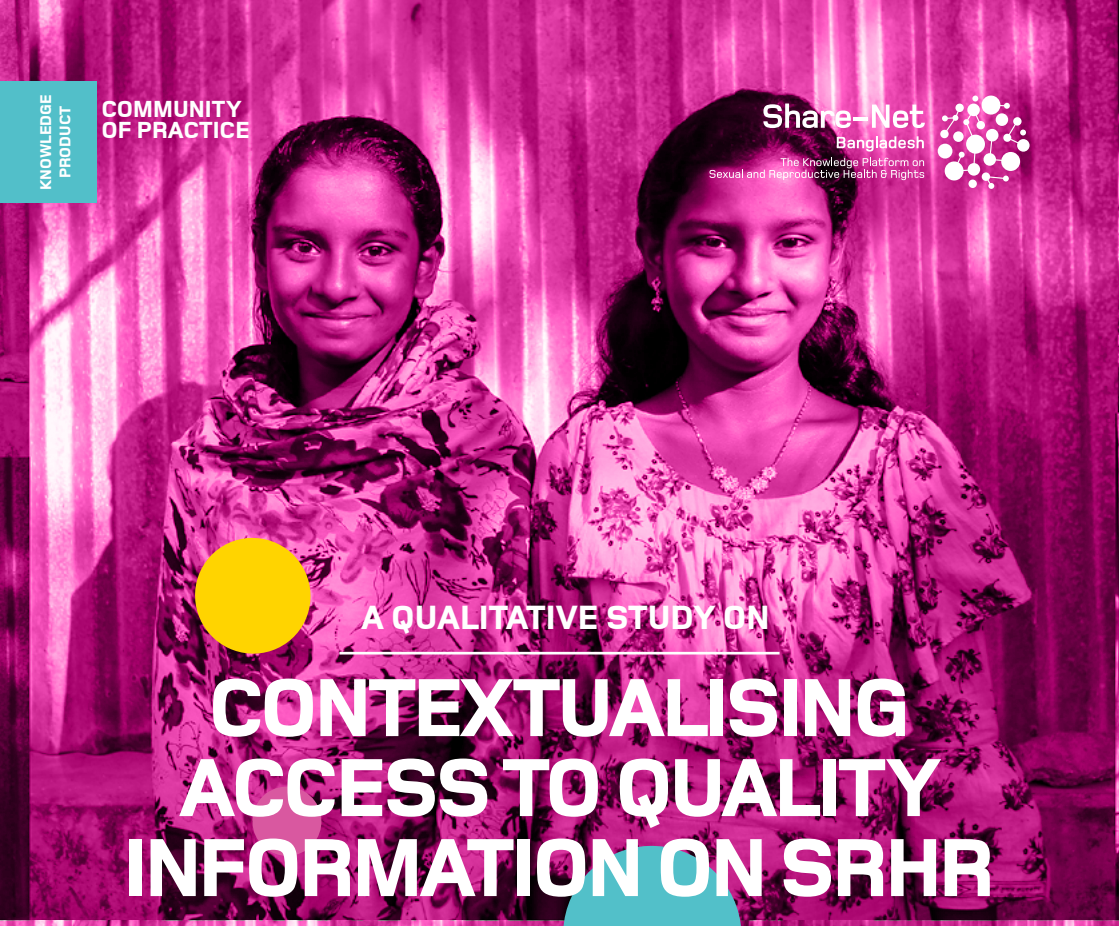
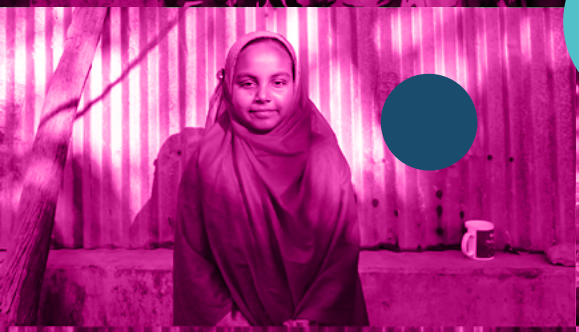


A QUALITATIVE STUDY ON

CONTEXTUALISING ACCESS TO QUALITY INFORMATION ON SRHR



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Dr. Julia Ahmed has more than 25 years of first-hand expertise in the development, implementation, monitoring, evaluation, and training of complete life cycle women's health initiatives. She has considerable knowledge in SRHR, family planning, gender-based violence, and comprehensive healthcare programmes for women. She has worked with Share-Net International, Oxford Policy Management (OPM), ResInternational, Pathfinder International, and Gonoshastho Kendra as an independent consultant.

She is familiar with the theme of the Alma-Ata Declaration, Universal Health Coverage, Accelerating Universal Family Planning Programme, Essential Health Service Packages, Sustainable Development Goals, and Gender Mainstreaming. She can bring grassroots notions and experiences to the decision-making table because of her extensive history in research and policy advocacy. He has also used these ideas in relation to promoting sexual reproductive health and rights for women and girls, engaging men and boys in SRHR, preventing gender-based violence, strengthening the health care system with a focus on primary care, and putting into practice the relevant laws and international treaties, conventions, and conventions that the Bangladeshi government is a signatory to.

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ACKNOWLEDGEMENT

Share-Net Bangladesh deserves special credit for undertaking this kind of SRHR research and more so, connecting it to the 'Knowledge Fair' for gaining more useful insights towards a forward-looking practical solution.

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CONTEXTUALISING ACCESS TO QUALITY INFORMATION ON SEXUAL & REPRODUCTIVE HEALTH AND RIGHTS

1. CONTEXT OF THE TOPIC

Since GOB [1] signing in the ICPD POA [2], significant policy commitments [3] are seen in the Ministry of Health and Family Welfare, shifting from Maternal Child Health to a Reproductive Health service delivery focus. While these are successful initiatives, there are lingering challenges that GOB is encountering; for example, three consecutive Bangladesh Demographic Health Surveys (2011, 2014, 2017) data indicating stalled reproductive health indicators [4]. Similarly, Bangladesh's country profile[5] and the National Plan of Action for Adolescent Strategy 2017-2030 show that adolescents[6] are a particularly vulnerable population, suffering from poor SRHR information.

While there has been an increase in to access SRHR information provided by ICTs[7] and social media, however, the overall quality and accessibility remain a critical challenge. The recent COVID-19 pictured a public health system with a visible

1 *Government of Bangladesh*

2 *The 1994 International Conference on Population and Development (ICPD) articulated a bold new program of action (POA) in the pursuit of sexual and reproductive health and rights that are regarded as cornerstones of population and development programmes.*

3 *Two new RH related Operation Plans introduced in two Directorates of MOHFW: MCRAH (Maternal Child Reproductive Adolescent Health in Directorate General of Family Planning (DG-FP) and MNCAH (Maternal Neonatal Child Adolescent Health) in Directorate General of Health Service (DGHS) in the ongoing Health, Population and Nutrition Sector Development Program of GoB; Population Policies, National MR, MRM, and PAC guideline; Adolescent Health Strategy 2017-2022; Introducing Adolescent Health Corner, Community Based Adolescent's Clubs.*

4 *Contraceptive prevalence rate 62%, unmet contraceptive need 12%, adolescent fertility 28%*

5 *Country Profile: On Universal Access to Sexual Reproductive Rights – Bangladesh; https://arrow.org.my/publication/bangladesh-country-profile-universal-access-srr-bangladesh*

6 *Bangladesh has 36 million adolescents which comprises more than one-fifth of the country's total population (BBS 2015).*

7 *Information Communication Technologies*

lack of information; disparities, and disruptions to access essential health services including SRHR [8].

This study is planned considering the 7th Knowledge Fair of the Share-Net Bangladesh[9]; the understanding is this event will engage key stakeholders to dig deeper into the research theme, aiming to policy influencing for effective implementation of SDG[10] commitments of Bangladesh government, emphasising universal access to SRHR.

Given the above context, this study is conceptualised with the hypothesis that proper attention to access to quality information will reduce SRHR disparities and advance the cause of Universal Access to SRHR.

2. STUDY OBJECTIVES:

- To understand access to quality information by reflecting on three national SRHR programs: Family Planning (FP), Menstrual Regulation (MR), and Adolescent Health (AH) in terms of respective health facilities through which these programs are implemented on the ground.
- Prepare key takeaways for further dig down about the research theme in the upcoming 'knowledge fair' of Share-Net Bangladesh

8 *Population Expert Group discusses the impact of COVID-19 on maternal health; https://bangladesh.unfpa.org/en/news/population-expert-group-discusses-impact-covid-19-maternal-health*

9 *Theme of the knowledge fair 2022: "Know Better Be Stronger: Access to Quality Information on SRHR".*

10 *SDG 3.7 (Health): By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes; SDG 5.6 (Gender Equality): Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences. SDG 16.10 (constitutional obligation): "the number of countries that adopt and implement constitutional, statutory and/or policy guarantees for public access to information".*

In order to investigate the above objectives, the following research questions were used:

3. RESEARCH QUESTIONS

Q.1: What is the role of policy commitments in the implementation of FP, MR, and AH program in connection to access to quality information on SRHR?

Q.2: What is the information management system of DGFP[11] through which SRHR information is disseminated and MIS[12] reporting takes place?

Q.3: What are the findings from supply-side actors providing SDG 3.7 information?

Q.4: What are the experiences of demand side key actors from Rights to Information perspectives?[13]

11 *Directorate General of Family Planning is responsible to provide SRHR service and related information.*

12 *Management Information System*

13 ***Right to Health:*** *Internationally, Right to Health was first articulated in 1946 the Constitution of the World Health Organization. Later, in 1948 right to health was endorsed in the Universal Declaration of Human Rights. In 1966, Right to Health was again recognised as a human right in the International Covenant on Economic, Social and Cultural Rights.*
Right to Information: *Right to Information is enshrined in the International Covenant on Civil and Political Rights, 1966 (ICCPR). It is also endorsed by the Committee on Economic, Social and Cultural Rights as underlying determinants of health.*

4. METHODOLOGY

A qualitative method followed and information was gathered from the following sources:

- **Secondary documents:** National and international SRHR policy documents[14] were reviewed to see how these documents impacted three core SRHR programs: Family Planning (FP), Menstrual Regulation (MR), and Adolescent Health (AH) in connection to access to quality information.
- **Primary data collection from DGFP facilities[15]:** While a review of secondary documents provided a documentary view of policy structures; information from sampled health facilities from four districts namely, Bandorbon, Patuakhali, Jamalpur and Sirajgonj provided a reality check between paper-based pictures and interventions on the ground.
- Key Informant Interviews (KIIs): KIIs conducted covering representatives from GoB, NGOs, CSOs[16], researchers, and UN agencies.

14 *Population Policies of Bangladesh; Operation Plans of DG-FP, DG HS (2017-2022); Costed Implementation Plan of National Family Planning Program, 2020-2022; MTR 2020: 4th HPNSP 2017-2022; Health Bulletin 2019, MIS, DG-HS, MOHFW; ESP of GOB; Health Care Financing Strategy (2012–2032), National Guideline on comprehensive Menstrual Regulation and Post Abortion Care, 2021; Adolescent Reproductive Health Strategy 2006, Adolescent Health Strategy (2017-2030); National Plan of Action for Adolescent Health Strategy 2017-2030; Right to Information Act 2009; BDHS(2017-1018); SDGs, FP2030, Universal Access to SRHR.*

15 *This Directorate under MOHFW is responsible to run Family Planning, Menstrual Regulation, and Adolescent Health Program; and IEM (information Education and Motivation) unit for information dissemination and awareness purpose.*

16 *Civil Society Organisations*

5. KEY FINDINGS:

Findings are presented against each research question as follows:

5.1. Q1: WHAT IS THE ROLE OF POLICY DOCUMENTS IN THE IMPLEMENTATION OF NATIONAL FP, MR, AND AH PROGRAM ABOUT PROVIDING QUALITY INFORMATION.

5.1.1. NATIONAL FAMILY PLANNING PROGRAM

- By design, the family planning program is MCH[17] focused; institutional access to tailor-made FP information for men remains a lingering challenge. (GOB DG-FP).
- National Surveys do not cover SRHR information about unmarried women; information is missing for gender-diverse people, people with disability, and people from the ethnic population. While, research is found on these groups, diversity and intersectionality lenses are missing in these studies[18].
- Severe shortage of frontline workers responsible to provide SRHR information. The policy guide on the costed implementation plan of the National adolescent health strategy[19] highlighted that about 29% of posts of field staff are vacant throughout the country; among which 35%

17 *Mother and Child Health*

18 *Policy Guide: Costed Implementation Plan for National Family Planning Program in Bangladesh (2020-2022); https://fp2030.org/sites/default/files/Bangladesh_FP-CIP_2020-2022_Policy-Guideline%5B1%5D.pdf*

19 *Policy Guide: Costed Implementation Plan for National Family Planning Program in Bangladesh (2020-2022); https://fp2030.org/sites/default/files/Bangladesh_FP-CIP_2020-2022_Policy-Guideline%5B1%5D.pdf*

FWAs[20], and 28.50% SACMOs[21]. It further mentioned that the crisis will be more acute when a large pool of frontline workers who were recruited in the 1980s will retire. This is an important hindrance in order to make information available.

- There is no policy guidance to synergise information on adolescents/youth highlighting the 'demographic dividend[22] that was created from the impact of the National Family Planning program. For example, MOWCA[23] has a large-scale community-based adolescent club-based program; and MOYS[24] has a vast platform for engaging National Youth Council; all these can be leveraged for strengthening access to quality information on the SRHR platform.

5.1.2. MENSTRUAL REGULATION PROGRAM

- Despite the availability of MR service provision at government facilities, women resort to underground unsafe abortion due to stigma and lack of information. These are urgent findings; access to quality information on contraceptives could have prevented 48% of unintended pregnancies[25].

20 *Family Welfare Assistants*

21 *Sub Assistant Community Medical Officers*

22 *Demographic dividend, as defined by the United Nations Population Fund, is "the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population is larger than the non-working-age share of the population". According to the Bangladesh Bureau of Statistics (2015), Bangladesh has 36 million adolescents which comprises more than one-fifth of the country's total population.*

23 *Ministry of Women & Children Affairs*

24 *Ministry of Youth & Sports*

25 *Guttmacher Factsheet 2014: Menstrual regulation & unsafe abortion in Bangladesh; https://www.guttmacher.org/fact-sheet/menstrual-regulation-unsafe-abortion-bangladesh*

- Youth both married and unmarried prefer MRM[26] drugs from pharmacies; with increased numbers of abortion complications (RHSTEP[27] report).
- MR program is not covered as an essential component of SRH[28] service in the Essential Service Package (WHO-Endorsed by GOB). While the Jessore study indicated that the national MR program contributed hugely to reducing maternal mortality[29], this omission showed a lack of political will to give attention to this important service. Point to note that no policy attention is seen to address gaps and barriers of the MR program identified in the Guttmacher fact sheet 2014[30]. This attention is urgently required because of its impact on the adolescent group; according to the ICDDRB report[31], the incidence of abortion was 35 times higher in unmarried adolescents than in married adolescents.

5.1.3. ADOLESCENT HEALTH

- The report on menstrual health challenges faced by adolescents mentioned that only 7.23% of girls first heard about menstruation-related information from formal sources[32].

26 *MR with Medication*

27 *Reproductive Health Services Training & Education Program, a local NGO working closely with MOHFW*

28 *Sexual Reproductive Health*

29 *Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh; https://bmchealthservres.biomedcentral.com/articles/*

30 *Menstrual Regulation: Unsafe Abortion in Bangladesh https://www.guttmacher.org/fact-sheet/menstrual-regulation-unsafe-abortion-bangladesh*

31 *Factors associated with adolescent abortion in rural area of Bangladesh; https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-3156.2004.01362.*

32 *Menstrual Health Challenges of Adolescent Girls; https://iedcr.gov.bd/*

- Study carried out in Rajshahi mentioned that nearly one-fourth of respondents reach menarche without any prior information about menstrual hygiene management; which is linked with traumatic experiences[33].
- BDHS, 2017 mentioned that the use of modern contraceptives is much lower for adolescents (43.7%) compared to the national average (51.9%). This is an important finding that corroborates high adolescent fertility in Bangladesh.
- According to UNICEF despite high fertility among adolescents; girls lack information on reproductive health, because of limited access to health facilities[34]. This is an important finding indicating a lack of policy decisions for making available SRH information for adolescents.

5.2. Q2: WHAT IS THE INFORMATION MANAGEMENT SYSTEM OF DGFP[35] THROUGH WHICH SRHR INFORMATION IS DISSEMINATED AND MIS REPORTING TAKES PLACE?

The Information-Education-Motivation (IEM) unit of DG FP is responsible for the dissemination of information and awareness-raising programs at a national scale. It has a rich documentary[36] base from both manual and online sources. At

33 *Menstrual hygiene management practice among adolescent girls: an urban–rural comparative study in Rajshahi division, Bangladesh; https://bmcwomenshealth.biomedcentral.com/*

34 *Adolescents in development: On-ground and on airwaves, UNICEF platforms prepare youths for positive action. https://www.unicef.org/bangladesh/en/adolescents-development*

35 *IEM unit of the Directorate General of Family Planning is responsible to provide/disseminate SRHR related information.*

36 *Booklets, posters, training manuals, fact-sheets, TV spots, short films, drama serials, music videos, theme songs and online and LAN based social-behaviour-change-communication archive.*

the grassroots level, interpersonal communication takes place through front-line workers; mass-scale awareness campaign initiatives take place at schools and communities through drama, IEC-equipped vans (vehicles) etc. It collaborates with Bangladesh Betar (radio): Dhaka, along with eleven sub-centres for radio broadcasting on topics, like, FP-MCH, adolescent health, gender, HIV/AIDS etc. Bangladesh television also telecasts 25 minutes programs daily (except Friday) on FPMCH, Adolescent health, gender issues, HIV/AIDS etc. (Source: DGFP)

5.2.1. MAJOR OBSERVATIONS:

- Considering social norms and fear of religious repercussions, the IEM unit limits itself to cover information on general Reproductive Health only, and not covering sexual health, sexuality, and gender diversity that are highlighted in the National Adolescent Health Strategy 2017-2030.
- The call centre functioning under the IEM unit at the DGFP office seemed yet to be ready to provide information on sensitive but important adolescent-SRHR issues[37].
- Important link between the IEM resource base and adolescent-friendly health corners (AFHCs) at DGFP facilities is yet to be established for the effective functioning of AFHCs.

5.2.2. MANAGEMENT INFORMATION SYSTEM (MIS) AT DGFP OFFICE

- The MIS of DGFP covers data from primary health care to tertiary-level facilities. It shows aggregated numbers of

37 *For the sake of this research, I dialled 16767 saying that I am 17 years unmarried college going girl, and sought advice to get rid of my unintended pregnancy. It seemed this call centre is not yet designed to provide useful information for this type of cases.*

enrolled pregnant mothers, ANC[38] visits, delivery, PNC[39], treatment given to the infertile couple, contraceptive acceptance rate, number of MRMVA[40] and MRM[41], and screening of breast cancer and vaginal cancer. Concerning Adolescent-SRHR, it mainly covers a number of counselling against child marriage, mental health, violence/drug, treatment of reproductive tract infection/sexually transmitted Infections, and providing iron-folic tablets, and sanitary pads.

- Talking to Family Planning Facilitator it came out that there is a limitation of data monitoring at the compilation phase at the Upazila level (this is the level from where country data are compiled); there are places where it is unskilled persons are doing it; and, strikingly, who is responsible to sign it, without checking it send the compiled report to higher level. Thus, whether correct data is fed to the national MIS system to be used by service providers and policymakers is a big question; this also mismatched about the role of monitoring of data expressed by the Secretary, Shaikh Yusuf Harun, Medical Education and Family Welfare division in his message to the publication of the National Plan of Action of Adolescent Health Strategy (2017-2030)[42].

38 *Ante Natal Care*

39 *Post Natal Care*

40 *Manual Vacuum Aspiration*

41 *MR with Medication*

42 *"I hope the 'National Plan of Action for Adolescent Health, 2017-2030' will guide healthcare providers, stakeholders and policymakers for more effective and efficient implementation, monitoring and evaluation of adolescent health activities and thus contribute to the development and well-being of adolescent population in Bangladesh." Secretary – Medical Education and Family Welfare.*

- In addition to central MIS, different units[43] at DG-FP offices are also generating unit-specific RH data. However, there is a visible lack of leadership for coordinating and collating all unit-specific data in one; which could be used comprehensively for action-taking purposes.
- Another finding is that despite there are plenty of online scientific works of literature available indicating adolescent SRHR issues for policy attention, however, no responsibility mechanism is found in the MOHFW to take notice of these findings for corrective actions.

5.3. Q3: WHAT ARE THE FINDINGS FROM SUPPLY SIDE ACTORS PROVIDING SDG 3.5 RELATED INFORMATION?

5.3.1. HEALTH FACILITIES AT DGFP FOR PROVIDING SRH INFORMATION:

The primary healthcare set-up from which community access to reproductive health information is designed for the rural population only[44]. At the community level door to door and health information is provided by Family Welfare Assistants; and, from health facilities[45] health services are provided by Family Welfare Visitors (FWVs), Sub Assistant Community Medical Officers (SACMOs), Medical Officer Maternal Child Health (MOMCH) and Medical Officer Clinic (MOClinic).

43 *SRHR related units are: MCRAH (Maternal Child Reproductive, Adolescent Health), CCSD (Clinical Contraception Services Delivery), FPFSD (Family Planning Field Services Delivery), IEC (Information Education Communication).*

44 *Primary health care system, a comprehensive case study from Bangladesh https://apps.who.int*

45 *Family Welfare Center (FWC), Union Health & Family Welfare Center (UHFWC), Maternal & Child Welfare Center (MCWC), Upazila Health Complex (UHC)*

Despite that these facilities are suitable to provide SRHR information, however, there is a lack of manpower, training, and coaching support, responsible for ensuring routine counselling with tailor-made client-specific information that is separate from RH service procedures.

5.3.2. KEY FINDINGS FROM FOUR FACILITIES COVERED IN THIS STUDY: COMMENTS MADE BY SERVICE PROVIDERS:

"This centre is open for 24 hrs. and I am the only FWV to attend all MCH clients. Can you imagine my situation, when I have to attend night deliveries, and the next day attend MCH service without taking any rest?"

"Our major weakness is staff shortage; the working environment is not conducive to giving one-to-one counselling".

"During health education often, I experience an urgency from women to go back home to finish household activities. It seems no interest to listen to health education topics".

"No matter what I explained about contraceptive choice making, after hearing everything from me, most the time, I hear let me talk to my husband then I will decide".

"Women are not interested in using IUDs, they think religion does not allow to keep foreign objects inside the body. This is the situation, but you know there is a drive from our directorate to increase long-term family planning methods. There is an urgent need to increase social awareness about how to stop this religious influence".

"When adolescent girls come, they usually come in a group or with their mothers. We mainly provide iron tablets and TT vaccine".

"SRHR is a new topic for us, we only received a workshop, if there was planned SRHR training we could inform us and our clients of updated information".

"There should be compulsory Counsellor posts at all health facilities including remote areas. In our monthly/fortnightly meeting we discuss the service we provide, but not SRHR. If we can start talking from this level on a regular basis, we will gradually overcome our inhibition; SRHR shyness, and stigma will be eliminated in this way".

"Earlier, people used to know that Mother Child Welfare Center (MCWC) is for delivery care only; but now Adolescents corner is open, so there is an opportunity to bring parents and adolescents together. Where we can initiate an education session on SRHR; and can break the silence by talking about sensitive issues. This can be a practical venue for accessing SRHR information with parents and children together".

5.3.3. MAJOR OBSERVATIONS ABOUT HEALTH FACILITIES:

- There is a serious shortage of staff
- Adolescent health corner is run by roster duty staff, no dedicated staff posted; assigned staffs are not SRHR trained
- Adolescent girls usually come in a group, there are limited provisions for one-to-one counselling
- The major focus of this corner is to provide iron tablets and the TT vaccine
- Boys hardly visit these centres

** Talking to service providers It was very obvious that there is a distinct lack of conceptual understanding that information should be seen as a distinct service, different from service procedure; 'Information' is to explain, inform and aware about the given service; and the other is the procedural part.

5.4. WHAT ARE THE EXPERIENCES OF KEY ACTORS FROM THE IMPLEMENTATION OF SRHR PROJECTS FROM THE RIGHTS TO HEALTH AND RIGHT TO INFORMATION PERSPECTIVES?[46]

5.4.1. HERE ARE SOME EXCERPTS FROM KEY ACTORS:

"Our government has introduced Reproductive Health service at health facilities, which is different from the priorities of the minority group we are working with. We cannot refer our priority population here, as there is no information or service provision for gender-diverse people".

"We have to realise that SRHR needs for the gender diverse population are different, as they go through a biological and social transformation process differently. They need tailor-made information, treatment options, hormone therapy, as well as access to specialised counselling services. Which are absent. It is important that their needs are supported by a policy instrument, either in the form of a bill, act, or law. We are working on it with the Social Welfare Ministry, it is in the process".

"We are working with faith leaders since 2012. We have prepared a policy brief quoting religious clauses; we have achieved a milestone by bringing a south Asian leader who spoke on 'community preference, rights and community power'.

46 ***Right to Health:*** *Internationally, right to health was first articulated in 1946 the Constitution of the World Health Organization. Later, in 1948 right to health was endorsed in the Universal Declaration of Human Rights. In 1966, Right to Health was again recognised as a human right in the International Covenant on Economic, Social and Cultural Rights.*
Right to Information: *Right to information is enshrined in the International Covenant on Civil and Political Rights, 1966 (ICCPR). It is also endorsed by the Committee on Economic, Social and Cultural Rights, as underlying determinants of health.*

As an outcome of this open talk, madrasah teachers are using this experience and it is working".

"We have created an eighteen-member national taskforce including Imam, headed by a member of Parliament. Our expectation is with the experience from this platform we can create a change. Like, earlier, hijra's were not allowed to participate in religious teachings, now, access is created and they can participate in religious platforms".

"Our key barrier is we are forced to follow mainstreamed social values and norms on the pretext that if we talk it openly it may trigger backlash to close our activities".

"Although an environment is created to talk on adolescents SRHR; it is still hard to get access to correct, complete information; there are threats from stigma and religious barriers. Like for us who are working in the SRHR sector, we suffer from a hesitation/dilemma: how much information can be given to adolescents, in what form, whether religious issues will be discussed".

"Youth have many questions but there are no sources of information and knowledge. Adolescents/Youth are hard to reach group because their guardians and schools are very resistant to access them with information and knowledge. They are engaged in a lot of unsafe sexual activities, and they need a lot of reproductive healthcare but cannot have access to safe information and services due to stigma. The SRHR topic must be destigmatised, they have access to safe sex education, and there is justice for sexual violence".

"Information on SRHR on the internet in the Bangladeshi context seems scarce and hard to come by. This issue seems to span all kinds of online information on Bangladesh. Despite, the prevalence of sexual violence in Bangladesh I don't see a lot of women including myself interested in looking up the internet to know about our sexual and reproductive rights. This may be

because we don't trust our legal system and can't be bothered to know what other ways our laws work to systematically disadvantage us. I believe setting up an authentic source, necessary to create trust and urgency among youth groups to reach out for SRHR information online".

"We have to work more on digital media, as our youth generation visits these media more than traditional media. A need assessment research is urgent to understand the information priorities of youth. Unfortunately, they are more attracted to look for online sites about attractive items; in this way spend most of their time getting incomplete, incorrect and unhealthy information".

"Government service providers are overloaded with many different types of activities. This workload overshadowed spending time for giving information; they straightway spend their scarce time on service procedures".

"The IEM unit of DG-FP has introduced innovative ways like debate, quiz, and audio-visual van to give information at community and school level. However, for increasing our coverage, we have to coordinate with adolescent clubs run by MOWCA and Youth Ministry. It will help to use resources produced by others, and to cover total Bangladesh".

"While SRH is an essential life-saving intervention, it happens that yearly 1.7 million abortions take place in Bangladesh. This is mainly because of a lack of access to correct information. We must identify more systematically why this information is missing that could have prevented unwanted pregnancies and unsafe abortions and thereby the risks from morbidities and mortality.

I want to further highlight that there are over 4,000 Union Health and Family Welfare Centres which are uniquely positioned to provide SRH services; however, these facilities are suffering from a lack of human resources. The Bangladesh

government must take the prompt initiative to deploy skilled midwives and counsellors in these union-level facilities".

"From our recent experience with the COVID-19 pandemic, the government must invest in mainstreaming telemedicine service and other digital apps allowing remote people with advanced and quality SRHR consultation service".

"Since SRHR is stigma and secrecy-ridden, demand generation for asking questions about it is missing. It is important to address stigma; sexuality education needs to be introduced both in education curricula and in outreach events to break the silence and secrecy around it".

"I have bad experience seeking service from government health facilities. When they understand I am seeking service from the unmarried background, they immediately change their attitudes and start asking judgmental questions".

"LGBTQ is always under social pressure, society thinks it is a sinful act, and this group also think being LGBTQ is a sin, but I think society is under the wrong impression. I read on you-tube that it is normal to be LGBTQ. Every individual should be motivated so that s/he can flourish and not suffer from guilt feeling".

"Very few ICT apps are there for accessing and disseminating SRHR information. Apps should be interesting, like from the Mina cartoon we have learned so much about gender issues. These are the areas we have to work more".

"Our reproductive right is that we have the right to access information. I will strongly recommend removing the 'marital status' requirement from the family planning form. This form does not talk about unmarried adolescents".

"At DG-FP we face many constraints in the work we are doing. Resource investments are different between DG FP and DG HS. You can see how frontline workers who generate information

visiting house to house are treated differently in DG-FP and DG-HS. For example, laptops are given to community clinics, but Family Welfare Centers still work manually, FWAs carry huge registers, while Health Assistants use laptops, there is also a salary difference between these two posts".

"The post of FWA is almost 1/3 vacant. The replacement has been trying for a long time, but no one knows when it will happen. We can opt for hiring paramedics from SWISS Contact, who run 43 centres for paramedic training. It is time that we should think about changing recruitment policy".

"I work in legal access areas for transgender and adolescent SRHR; I visit different districts to see how the implementation is going on by working with the administration and creating pressure groups. My experience is access to information is a huge lack area, we see only service delivery options".

"In the adolescent health centre, there is no permanent post, service providers working here either deputation or duty roster basis without proper orientation and training. The person who is assigned here is either not trained, or no investments are made in them. Transgenders get the information either word of mouth or they collect it from the internet".

"While information about the sanitary pad is available, we know this information is attached with harmful social norms issue; meaning adolescents need to learn how to overcome shaming and secrecy issues should this type of information need to be accessed by them".

"There are many information channels available to get SRHR information but identifying correct knowledge is urgently needed. But who will do it".

"'Rights' areas are a lot more complicated to understand. For example, when we talk about rights to bodily autonomy, what does this actually mean? This type of message must be

supported by adequate space and complete information so that it can be practised. SRH Rights information is important, but the issue is, access to information will remain incomplete if we cannot add support service to this".

"There is no analysis of where are the gaps, and what prevents the community to access information. After having all SRHR information, a critical question is do I have the power to act on this information? Thus, when we face real-world challenges, we cannot work on the given information I received. Both supply and demand actors need to be engaged here to find a solution".

"What mediums will actually work: We have developed many materials, but did we create enabling environment? In terms of social, political, and religious space, what is the status of these spaces in specific contexts? Youtube is a popular medium, it is also a problematic area. Because information is there, but whether the right information or complete information is there no one to identify it".

"About Access to information, we have to critically think about it. There is a lot of information, but access to correct information is a problem. Sometimes SRHR information is available from the technical side of it but technical knowledge is not enough; information needs to be given from diverse sides. Which is missing; no one is working here".

"Wazz Mahfil is a popular media upon which mindsets are developed about religious values. It is time to talk extensively about the use of wazz mahfil for vested interests. Adolescents are at the learning stage, if we can use these wazzis openness can be created at the beginning of puberty we can stop the harmful use of wazz-mahafils. But whose responsibility is to address it? The government approach is very much backdated, SRHR is still considered a taboo issue".

"Very often we hear from Government officials that without

material support it is hard to expect that awareness-raising sessions will work for behaviour change. However, there are areas like SRHR where information is treated as service, thus access to SRHR information is urgent".

"Concerning the information on adolescent health there are many websites providing information on the same; Bangla websites are full of unnecessary jargon, and these are all fragmented, it seems there is no universal approach from which uniform information can be accessed. In the school textbook, 'adolescent health' is included as NCTB affiliated course in the 'Shastho Surokhya' chapter. But, last week, I visited many schools, and what I have seen is that there is no routine teaching taking place on this subject. Teachers do not take this subject seriously as it is not under the core syllabus, and an exam is not required. However, considering the importance of this subject I think it is urgent that this topic is mainstreamed in our national education system.

There are also school-based innovative projects implemented by NGOs with good examples in sensitive areas, like comprehensive sexuality education, and rights issues. But the question is how many schools are covered. It is time to design age-specific school curricula with the experience from these projects for scaling up".

"At the adolescent health corners, senior FWVs are giving information, are they well trained in this new topic. We need huge organisational reform".

"Under the Unite for Body Rights (UBR), we worked with schools for capacity enhancement from the supply side; a good demand was created for the students to ask questions on sensitive issues that are not discussed. While it is possible to move beyond traditional ways of doing things; however, the practice is when a project end, everything ends with it; and there is no leader who can take it forward".

"In 2017, the Prime Minister office of GoB introduced an innovative online SDGs Tracker platform to monitor SDG data, developed by the a2i program. In this system data wings of all ministries are connected to provide data. Bangladesh Bureau of Statistics (BBS) is given the official authority to ensure coordination and data authenticity coming from focal persons of connecting ministries.

Concerning access to quality information on SRHR, the SDG Tracker platform is rightly positioned to make available updated SRHR-related data at the national level. In this regard, the Bangladesh Bureau of Statistics will play a key role in communicating with the National Statistical System and SRHR data generation engaging respective line ministries and agencies".

6. DISCUSSION

For the benefits of the research title[47], this research is contextualised in the broader picture of availability, accessibility, acceptability, and affordability dimensions. It did so by examining four research questions covering the role of policies, institutional set-up, and demand-supply requirements in connection to access to quality SRHR information.

A pattern is seen in access to quality information on SRHR after the analysis of four research questions. These are as follows:

47 *Access to quality information on SRHR*

6.1. Q.1: WHAT IS THE ROLE OF POLICY COMMITMENTS[48] IN THE IMPLEMENTATION OF FP, MR, AND AH PROGRAM IN CONNECTION TO ACCESS TO QUALITY INFORMATION ON SRHR?

By reflecting on policy commitments on three national SRHR programs: FP, MR, & AH one common thing came repeatedly access to quality information on SRHR is missing in the institutional facilities despite that it is the critical foundational component for achieving universal access to SRHR. It documented the following gap areas:

- By design, the family planning program does not allow men and boys to access FP information
- National data platforms/surveys not having SRHR information about unmarried women, gender-diverse people
- Severe shortage of frontline workers responsible to provide SRHR information. About 29% of posts of field staff are vacant throughout the country
- Access to quality information on contraceptives could have prevented 48% of unintended pregnancies, the incidence of abortion that was 35 times higher in unmarried adolescents than married adolescents.

48 *Two new RH related Operation Plans introduced in two Directorates of MOHFW: MCRAH (Maternal Child Reproductive Adolescent Health in Directorate General of Family Planning (DG-FP) and MNCAH (Maternal Neonatal Child Adolescent Health) in Directorate General of Health Service (DGHS) in the ongoing Health, Population and Nutrition Sector Development Program of GoB; Population Policies, National MR, MRM, and PAC guideline; Adolescent Health Strategy 2017-2022; Introducing Adolescent Health Corner, Community Based Adolescent's Clubs.*

6.2. Q.2: WHAT IS THE INFORMATION MANAGEMENT SYSTEM OF DG–FP THROUGH WHICH SRHR INFORMATION IS DISSEMINATED

Despite that IEM unit is trying its best to innovate its program coverage for dissemination and awareness of reproductive health information, following findings depict how it faces barriers to providing complete SRHR information:

- IEM unit of DGFP limits itself to cover information on general Reproductive Health only because of legitimate fear from social and religious backlashes. It creates a visible hindrance to dissemination and awareness raising on core SRHR information that is highlighted in the National Adolescent Health Strategy 2017-2030.
- Important link between the IEM resource base and adolescent-friendly health corners to be established for the effective functioning of the same.

6.3. Q.3: WHAT ARE THE FINDINGS FROM SUPPLY–SIDE ACTORS PROVIDING SDG 3.7[49] RELATED INFORMATION?

Talking to service providers it was very visible that due to overcrowding and understaffed facilities, providers directly go to the service procedure without giving information on SRH. While SDG 3.7 aims towards achieving universal access to SRHR information, however in practice this is missing. There is a lack of innovative policy initiatives for strengthening physical facilities of adolescent-friendly health corners with enabling

49 SDG 3, Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes.

sources of information, not remaining content by giving iron tablets, TT vaccination and general information on menstrual health.

6.4. Q.4: WHAT ARE THE EXPERIENCES OF KEY INFORMANTS FROM THE PERSPECTIVE OF RIGHTS TO INFORMATION PERSPECTIVES.

SRHR NGOs, Academia, researchers, and rights activists are working on highlighting sensitive issues covering sex, sexuality, sufferings of gender-diverse populations, and SRH-Rights matters. The following excerpts demonstrated that evidence generated from their work is critical for considerations for the achievements of SDG 3 [50], 4[51] and 5[52]:

"Although an environment is created to talk on adolescents SRHR; it is still hard to get access to correct, complete information; there are threats from stigma and religious barriers. Like for us who are working in the SRHR sector, we suffer from a hesitation/dilemma: how much information can be given to adolescents, in what form, whether religious issues will be discussed".

"Our key barrier is we are forced to follow mainstreamed social values and norms on the pretext that if we talk it openly it may trigger backlash to close our activities".

"We have to realise that SRHR's need for gender diverse population is different, as they go through a biological and social transformation process differently. They need tailor-made information, treatment options, hormone therapy, as well as access to specialised counselling services. Which are

50 *Ensure healthy lives and promote well-being for all at all ages*

51 *Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*

52 *Achieve gender equality and empower all women and girls*

absent. It is important that their needs are supported by a policy instrument, either in the form of a bill, act, or law. We are working on it with the Social Welfare Ministry, it is in the process".

"At the adolescent health corners, senior FWVs are giving information, are they well trained in this new topic. We need huge organisational reform".

"Under Unite for Body Rights (UBR) we worked with schools for capacity enhancement from the supply side, and a good demand was created for the students to ask questions on sensitive issues that are not discussed. While it is possible to move beyond traditional ways of doing things; however, the practice is when a project end, everything ends with it; no leader who can take it forward".

"The IEM unit of DGFP has introduced innovative ways like debate, quiz, and audio-visual van to give information at community and school level. However, for increasing our coverage, we have to coordinate with adolescent clubs run by MOWCA and Youth Ministry. It will help to use resources produced by others, and to cover total Bangladesh".

"Concerning access to quality information on SRHR, the SDG Tracker platform is rightly positioned to make available updated SRHR-related data at the national level. In this regard, the Bangladesh Bureau of Statistics will play a key role in communicating with the National Statistical System and SRHR data generation engaging respective line ministries and agencies".

7. KEY TAKEAWAYS

The findings indicated that except 'availability', other attributes in terms of accessibility, acceptability and affordability are missing. This research documented fresh evidence about key

barriers, and gaps as well as existing opportunities for further work in SRHR research, practice and policy-influencing areas.

7.1. KEY TAKEAWAYS:

- Adolescents are a specific vulnerable population who are facing high adolescent fertility, unmet need for contraceptives, high unintended pregnancies, unsafe abortion, as well as legal barriers and harmful social norms preventing them from accessing quality SRHR information.
- Two policy instruments: Adolescent Health Strategy 2017-2030 and FP2030 are available that can be used for facilitating Adolescent SRHR (A-SRHR) in connection to access to quality SRHR Information.
- Opportunity to connect with SDG tracker[53] highlighting SDG 3.7 and 5.6. for effective implementation of Adolescent Health Strategy 2017-2030 and FP2030 commitments.
- While, there are overlapping policy components in the operation plan of DGHS and DGFP, it happens that coordination is taking place on the activity level. There is yet to have a functional common platform where these two directories can regularly sit and discuss common issues, for common resource mobilisation and being more efficient.
- It is high time that the 'Legislative Branch' (Health Standing Committee) in coordination with the Executive Branch (relevant ministries with the leadership role of MOHFW) formulate A-SRHR enabling policies highlighting access to quality information on SRHR.

53 A web-based information repository of GoB

ANNEX 1: PRIMARY DATA COLLECTED FROM THE FOLLOWING HEALTH FACILITIES

Districts	Union Health Family Welfare Center	Upazila Health Complex: FP- Unit	District Hospital: FP- Unit	Mother Child Welfare Center
Jamalpur	FWV	-	FWV, Senior Staff Nurse Child Psychologist-Adolescent Health Corner	FWVs (4) MO-Clinic
Sirajganj	FWV Female SACMO	FWV FPI	FWV FP Counsellor/Midwife	FWVs (3) MO-Clinic
Potuakhali	FWV	-	FWV	FWVs
Bandarban	-	-		Counsellor cum Midwife FWV

ANNEX 2: LIST OF KEY INFORMANTS

Sl. No.	Name	Designation Organisation
1.	Abu Taher Md. Sanaullah Nury	Deputy Director MIS, DG-FP
2.	Md. Niajur Rahman	Director Finance & Line Director FP-FSD) DG-FP
3.	Ms. Asma Hasan	Deputy Director, Program Monitoring, DGFP
4.	Ms. Irin Akhter	Assistant Manager Media Production, IEM, DG FP
5.	Umme Farhana Zarif Kanta	Director – Policy Advocacy & Human Rights Bondhu Social Welfare Society
6.	Ms. Sabekun Nahar Azmi	Communication Officer, Acid Survivors Foundation, Bangladesh
7.	Dr. Aby Sayed Mohammad Hasan	Program Specialist – SRHR, UNFPA
8.	Ms. Mushfiqua Satiar	Senior Policy Advisor, SRHR & Gender, Netherlands Embassy Dhaka
9.	Mr. Ahmed Ibrahim	Advisor Gender & Diversity, BLAST
10.	Md. Alamgir Hossen	Project Director, SVRS in Digital Platform Project, Bangladesh Bureau of Statistics, Ministry of Planning
12	Ms. Sunzida Islam	Executive Director, Kormojibi Nari
13.	Dr. Reena Yesmin	Ex-Senior Director, Marie Stopes Bangladesh
14.	Dr. Mahbub Alam	Country Director, Pathfinder International Bangladesh

Sl. No.	Name	Designation Organisation
15.	Dr. Nadira Sultana	Ex-Country Lead of WISH2 Action project of the Options
16.	Dr. Farid Uddin Ahmed	Deputy Director of Service, MCH, DG-FP
17.	Ms. Hridi	Youth Activist, Oroddho Foundation
18.	Dr. Kalpana Ahmed	Clinical Quality Lead Marie stopes Bangladesh
19.	Dr. Abu Jamil Faisel	Chairman, Health 21 Ex-Country Director – Engender Health
20.	Ms. Rowshon Akhter Urmee	Project Coordinator, Right Here Right Now-2 Social Empowerment & Legal Protection| BRAC
20.	Ms. Nasrin Sultana	Training Head, Bangladesh Nari Progoti Shongho (BNPS)
21.	Dr. Syeda Khadija Akhter	Ex-Program Manager, Unite for Body Rights (UBR)
22.	Dr. Bellal Hossain	Professor, Population Science Department, Dhaka University
23.	Advocate Habibun Nessa	Member, Naripokkho, a feminist organisation
24.	Antara Farnaz Khan	Executive Director, Orodhho Foundation (Youth focused organisation)

ANNEX 3: SERVICE DELIVERY FACILITIES OF DGFP FROM DISTRICT TO WARD LEVEL

Service Delivery Facilities	Location	Providers	Description of activities
District Hospital	District	FWV	Post-Partum FP
Mother & Child Welfare Center,	District	FWV, MO-Clinic MO-MCH	MR, FP, MCH +C Section, Adolescent Health Corner
Upazila Health Complex	Sub District	FWV, MO-MCH-FP	MR, FP, MCH
Union Health & Family Welfare Center	Union	FWV, FPI, SACMO	MR, FP, MCH, Adolescent Health Corner
Family Welfare Center	Union	FWV, FPI, SACMO	MR, FP, MCH
Community Clinic	Ward	FWA, FPI	Primary Health Care
Outreach satellite centres	Community	FWA	Couple registration, MCH-related info, referral care

FWV= Family Welfare Visitor;
MO= Medical Officer;
MCH= Maternal Child Health;
FPI= Family Planning Inspector;
SACMO= Sub Assistant Community Medical Officer;
FWA= Family Welfare Visitor;
FP= Family Planning

ANNEX 4: REFERENCE LIST

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ANNEX 5: GUTTMACHER FACT SHEET:[54] MENSTRUAL REGULATION AND UNSAFE ABORTION IN BANGLADESH

- Even though the MR program has been supported by the government of Bangladesh since 1979, many women are unaware of its services. National Demographic and Health surveys show that, in 2014, more than half of ever-married women in Bangladesh had never heard of MR
- The number of MRs provided by UH&FWCs also dropped precipitously, from 302,000 in 2010 (close to half of all MR procedures in the country) to 138,000 in 2014. The decline in procedures at UH&FWCs accounted for close to three-quarters of the total nationwide decline.
- An estimated 384,000 women suffered complications from clandestine abortion in 2014. One-third of those requiring facility-based treatment did not receive the post-abortion care they needed.
- To reduce high rates of unintended pregnancy, increase the provision of high-quality contraceptive care by providing a wide range of methods (including long-acting reversible methods), offering counselling on consistent and correct use, and facilitating method switching.
- Increase providers' awareness of the national MR guidelines, including information on the appropriate reasons for refusing to provide MR.
- Educate women about MR services. Ensure they know about this free, legal alternative to illegal abortion; where to obtain services; and the window of time since their last menstrual period during which MR is permitted.

54 *https://www.guttmacher.org/sites/default/files/factsheet/menstrual-regulation-unsafe-abortion-bangladesh.pdf*

www.share-netbangladesh.org

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Sexual and Reproductive Health & Rights