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Inaccessibility To Maternal And Child Health Services Of Indigenous People In Chittagong Hill Tracts.

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Abstract

The paper reviews the major barriers the indigenous population in the remote areas of Chittagong Hill Tracts of Bangladesh, encounters while accessing the Maternal and Child Health services. For this purpose a cross-sectional study was conducted in Chandraghona and descriptive method was adopted to analyse the data. Unavailability of doctors and medicines, costly treatment, long distance from the hospital and lack of transportation were the major challenges faced by the ethnic minority groups. Besides, their cultural and spiritual beliefs have always been obstruent in the way of accessing the MCH services.

Introduction

Mothers and children represent over two-thirds of the world population and ensuring their access to healthcare services is one of the broadest and important areas of Public Health. However, MCH populations are the most vulnerable and least serviced in the world, particularly, in the less developed places. Such places can be found in the CHT (Chittagong Hill Tracts) where disease and death take the highest toll among mothers and children as health awareness is very low in the population. Additionally, since the indigenous people lag behind the mainstream, so MCH is quite a neglected issue for which teen pregnancies, poor perinatal care, maternal and child deaths and other detrimental consequences are increasing maternal and child mortality rate in Bangladesh. According to a UN survey, it is estimated that 76% of adolescent girls and children in Bangladesh have no access to healthcare services. Among which lead to the high maternal mortality rate at 170 per 100000 live births and child mortality rate at 53 per 1000 live births in the CHT.

In that case, an organized, reliable and authentic identification of the barriers and health problems are the prerequisites for taking initiatives to provide easy and sufficient access to MCH services. Hence, taking that into account we aimed towards conduct a survey among indigenous people in CHT with a view to identify the barriers and MCH problems which are caused due to the inaccessibility to MCH services.

Literature Review

The literature review aims to present the debatable issues regarding the role of indigenous knowledge about MCH services. Thus, to do the research for this paper few academic databases such as *PubMed, Cochrane Library* was used because they cover the subject area of Public Health. Then some journals in the field of MCH services was looked up from where four scholarly and peer reviewed research papers were chosen, containing several different perspectives, because they are enriched with proper explanation, clarity and evidences that helped to understand the general conversation that the experts have already had regarding the accessibility to MCH services of indigenous people in Bangladesh. Thenceforth, a theory from one of the sources was taken and applied it to compare to other authors' theories in order to understand the measures that they used to conclude their perspectives. Furthermore, even if the perspectives of the authors contradict each other, the method of synthesizing was used to draw connections between their evidences because it clarified the different beliefs and practices of indigenous people regarding stages of maternity and provided answers to the question of whether or not the indigenous people have access to MCH facilities.

Despite being a developing country, Bangladesh is making progress in improving MCH services to cope with MCH related problems. However, the process of improving meets many difficulties and constraints in Bangladesh that gave birth to some debates extensively. This literature review portrays one of them; whether indigenous knowledge regarding MCH practices is enough to get a handle on MCH complications among indigenous people.

One of the debatable issues is whether the indigenous knowledge regarding MCH practices is enough to get a handle on MCH complications among indigenous people. There is no clear

answer one way or the other, although Arun Agarwal (1995), a Professor of Department of Political Science believes that indigenous knowledge suffice the antenatal, intranatal and postnatal care as the traditional food practices after the birth of a child results in the decrement of both child and maternal death rate. On the contrary, Arne Kalland (2000), a Professor of University of Basel fails to disagree with Agarwal addressing a key point that indigenous traditional knowledge may not be enough to encounter the MCH complications in the sense that indigenous people may practice superstitious belief in the name of traditional indigenous knowledge which can aggravate the cause of both child and maternal death by rationalizing it as the will of God or punishment of God.

Methodology

Site and Study Design

A cross-sectional study was conducted to explore the barriers in accessing MCH services by the indigenous people specifically the Marma ethnic group living in Chittagong Hill Tracts of Bangladesh. The research team carried out the survey in three of the remote villages in Chandraghona specifically, Noapara, Nunchhari, and Boroichari during August 2018. The objectives and overall plan of the study were initially discussed with the representatives of "Unite for Body Rights Program" (UBR)- a local NGO in Chandraghona, and Christian Missionary Hospital health professionals. In order to overcome the linguistic barrier between the researchers and the ethnic group, health workers from the local community were recruited.

Data Collection and Analysis

Data has been collected from the respondents through questionnaires with both closed-ended and open-ended questions. The questionnaire included questions regarding the general history and pattern of MCH services in chandraghona; and explored the types of barriers people faced in accessing those services. Major preference was given to the mothers and couples with newborn babies. Infants and children were excluded from the survey. The sample size was fifty with women aged between 18 to 35 years.

Data analysis has been done through descriptive analysis to identify the barriers the participants faced. For this purpose, SPSS has been used and frequency table and pie charts have been created.

Workshop

A workshop was organized for MCH awareness among the indigenous people. It was

conducted by the study researchers with the help of the project manager of URB. In the workshop, some advice was given to the mothers and girls, and it was discussed how money could be saved for their future treatments. Incentives were also provided to all the participants and children.

Ethical Consideration

Voluntary informed consent was taken before conducting the survey. The participants could quit anytime if they did not want to participate. Anonymity and confidentiality of the accumulated information have been maintained. The project proposal was also submitted to AUW ERC for approval.

Results

In the issue of accessibility to maternal and child health services by the indigenous people, few observations were made due to unavailability of adequate resources and lack of time. Participants highlighted a number of barriers to accessibility of MCH services including: lack of awareness about importance of seeking MCH services, long distance to healthcare sectors, unaffordability of treatment in healthcare sectors, and dependency of spiritual healers and traditional birth attendants due to cultural beliefs. Results observed for each type of barrier is briefly discussed below:

Visit hospital for checkup

Among 50 participants, only 24 responded that they have visited the hospital for antenatal and postnatal care and 26 did not visit hospitals at all. Most respondents did not consider it necessary to seek routine antenatal care during pregnancy. However, those who visited hospital mostly sought care from either local pharmacies or nearby clinics instead of seeking care from public healthcare facilities.

Availability of doctors and medicines

Regarding availability of doctors, only 6% considered doctors unavailability in health sectors as a barrier to seek MCH services while only 4% considered insufficient medicines in hospitals, clinics and pharmacies as a barrier to seek emergency maternal care. However, it was seen that most participants were satisfied with the services provided from the local medicine stores and from community health workers in the clinics for which they do not feel the necessity to seek doctor’s care.

Treatment costly

According to the survey, 27 participants considered MCH treatment to be costly and not affordable, that is, 54% responded expense of treatment as a barrier. While other 46% participants responded that expense of treatment for MCH services was not a barrier for them.

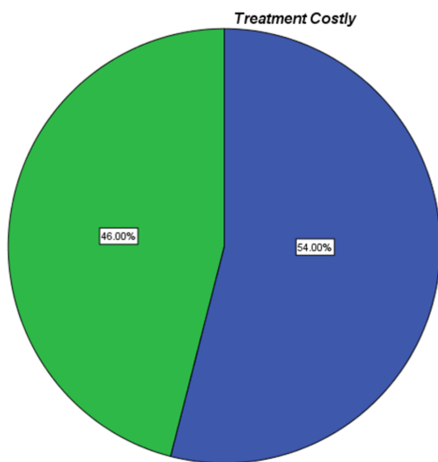
Long distance and transportation unavailability

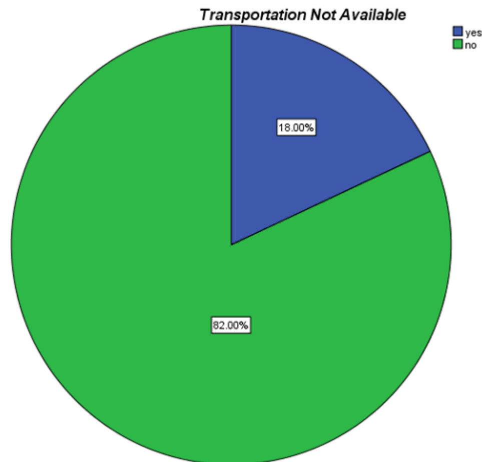
According to the survey, it was observed that long distance to health centers was a common barrier for women seeking facility care. Among all the participants, 23 participants responded that long distance was a major barrier for which they do not seek antenatal or postnatal care or new-born care. While 18% participants said that it was difficult in finding transport when going to healthcare centers for emergency MCH services.

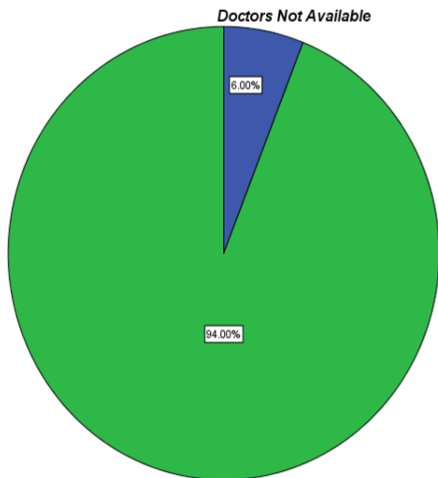
Others

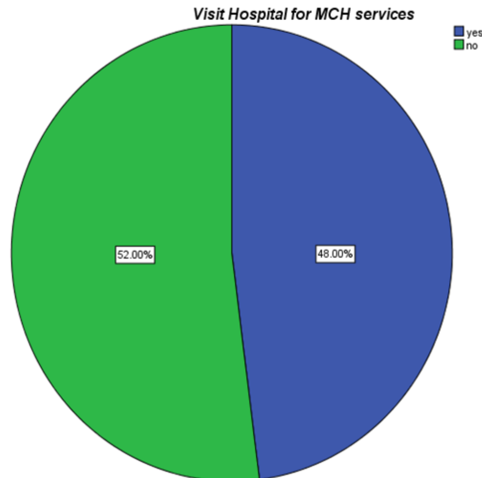
The survey revealed that other factors which included spiritual belief and cultural belief among the CHT population comprise of a significant barrier for not seeking MCH services. 54% participants responded that due to their dependency on spiritual healers, community health workers, midwives etc. they do not feel the necessity to seek maternal and child healthcare services from clinics or hospitals.

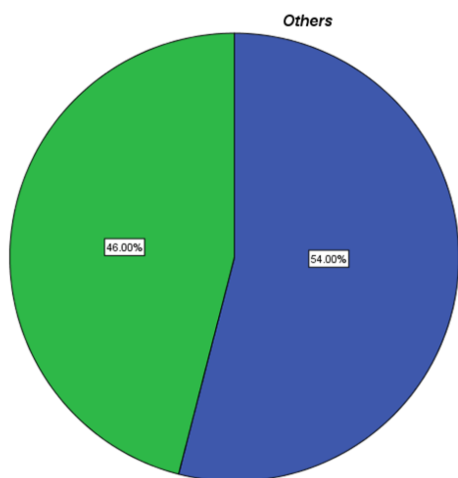
Pie Charts

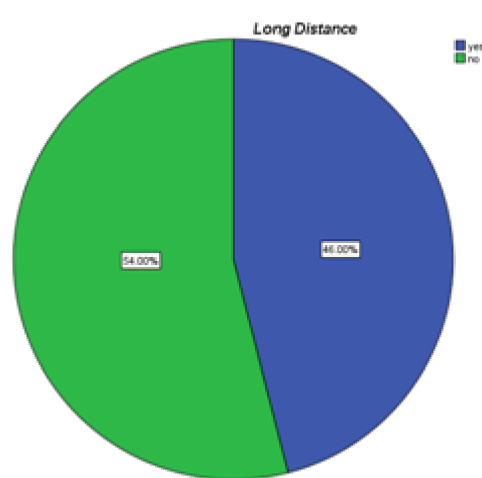












Discussion

When the research team went for the survey it was observed that there was only one public hospital which was far from the villages the survey was conducted. The people mostly said that the hospitals are far and due to which they do not go there, rather go to the nearby pharmacies, and consider the pharmacists as the doctors and take medicines from them. They receive the treatment from the people that are unreliable and not from proper doctors. The participants also said that most of them visit the pharmacies instead of the hospitals are because the medicines they receive from them are cheaper and also they do not have to go much far for the treatment. This might be a negative side for the mothers as they might receive the wrong treatment during their pregnancy, as they are not treated by the certified doctors, rather the salesperson of the medical stores. When asked if the costs for transportation are much or not, most of them replied saying that it was costly for them to pay that much for fare. Upon asking whether the doctors visit their villages or not, most of them replied with positive answers, which was then clarified by a volunteer that they refer community health service provider as doctors. They visit the villages for providing vaccinations, and some iron tablets, oral saline etc. and some participants said that as the villages are far from the main town, the doctors do not visit the villages; this could be inferred that they do not even visit the community health service providers to do the normal check-ups, like measuring blood pressure etc. and also do not utilize the ‘free’ medical services. One of the volunteers named Athui Marma referring to another participant stated that:

"Once she got senseless ,and I forcefully took her to the community health service when they visited our village, since then she went to the community health service every time they visited here."

In the villages, almost all people both male and female are farmers, and their main income source is from agriculture. The wages that they receive are very less, so they do not visit the hospitals to receive any treatment, specially the maternal health care services. They said it costs them around 3-4 thousand if they visit the hospitals for delivery which is almost impossible for them to spend that much amount, rather the midwives visit them during their delivery which costs them only 500 taka. Upon asking what are the other reasons for them to not visit hospital, they said that they never felt the necessity to visit the hospitals and the spiritual healers are enough for them. When asked why they visit the spiritual healers, some of them answered saying that it is there family culture to visit the spiritual healers, and most of them said that it is less costly to visit the spiritual healers than the hospitals. Their first priority is visiting the spiritual healers then the hospitals/clinics. Moing Ching Marma who has 2 sons Said:

"We first go to the spiritual healers when we get the news of pregnancy, and if the spiritual healer tells us to visit the hospital then we go otherwise we don't feel the necessity."

While interviewing one participant it was found out that one participant did not visit any hospital and did not receive any treatment, moreover her delivery was done at home by the midwife; she also said that she mostly visited the spiritual healers. However, unfortunately her first baby died. But she visited hospital during her second pregnancy and also her delivery was done at a hospital. This could show that at the beginning they are very ignorant when it comes to seeking health care services, especially for the pregnant women. During the interview it was also

known that the midwives were also trained for the delivery of the baby at home, but they do not follow the protocols and maintain the hygiene during the delivery at home. Another volunteer Mu Chi Marma, told:

"The midwives were trained in the hospital about how to deliver at home maintaining all the hygiene and rules, they were also given free hand gloves and threads and were also told that if the gloves get over, to inform the patient's family to manage all the necessary things and sterilize the thread, but they never followed."

However, most of the mid-wives did not have the training for delivery; despite of that the villagers have strong faith on them, as their health care practices are inherited from their ancestors which are very old.

The study done on these indigenous people in the Chittagong hill tracts, illustrated about many different cultures and beliefs which are still practiced, about the utilization of the health care services especially by the pregnant women and the mothers. Even though there are very few resources but yet they do not try to reach out to them and rather rely on the spiritual healers and the midwives, which could cause them harm, let alone curing.

Conclusion

Though a number of researches were carried out regarding the barriers faced while accessing MCH services by CHT population, this paper does not capture all the issues related to accessibility to MCH services. Due to unavailability of adequate resources and lack of time, the sample size for this framework was very limited considering the sample taken was only fifty. From the observation what research team have comprehended is that the answers provided by the participants was a bit biased which ultimately did not explain the overall condition on what scale CHT population receive MCH services. Furthermore, this paper did not focus on all the important social and cultural determinants of health issues related to MCH access. The research team recommends that, further research is required in order to increase the understanding of these issues and a need to explore other factors related to accessible to MCH services is significant for future researches.

References

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