



Breaking the Cycle: Addressing the Burden of Obstetric Fistula in Bangladesh

May 2024

Bangladesh: Key Data

- 136** Maternal Mortality Ratio (per 100,000 live births) – Source: SVRS, 2023
- 11** Health facilities carrying functional basic emergency obstetric and newborn care (%) – Source: BHFS, 2017
- 24.6** Multi Poverty Index (MPI) multidimensionally poor (% of population)– Source: MPI, 2021
- 65** Deliveries conducted in a health facility (%) – Source: BDHS, 2022
- 70** Deliveries conducted by skilled health providers (%) – Source: BDHS, 2022
- 10** Unmet need for family planning among married women (%) – Source: BDHS, 2022

Country Context

Improving maternal and newborn health is a top priority of the Government of Bangladesh and its development partners. Remarkable progress has been made over the last 14 years and the maternal mortality ratio has been reduced by 40%. The Total Fertility Rate (TFR) decreased from 3 in 2004 (BDHS 2004) to 2.17 in 2023 (though with large regional variation) and the Maternal Mortality Ratio (MMR) decreased from 322 maternal deaths per 100,000 live births in 2000 to 136 in 2023 (SVRS, 2023).

While these improvements are impressive, Bangladesh did not achieve its MMR target of 105 by 2020. This was likely due to a stagnant modern contraceptive prevalence rate, limited quality of care, low capacity to deal with the main causes of maternal death, and very high (45%) caesarean section rates (BDHS 2022). Significant challenges therefore remain to be addressed.

Half of all maternal deaths are due to conditions such as haemorrhage that are preventable with skilled care, and 3% of the maternal deaths are happening due to obstructed labour. Although 70% of deliveries are conducted by skilled birth attendants, still 5000 women are dying every year due to maternal complications. Sadly, every two hours, one mother dies during childbirth. Many of these deaths happen in the home. Extremely young mothers are particularly vulnerable to maternal complications such as obstetric fistula, thus efforts to eliminate early marriage and subsequent early pregnancy need to be further strengthened.

In late 2017, the Chittagong region at the southern border began to receive a huge influx of Rohingya refugees fleeing violence in neighbouring Myanmar. With resources already taxed by widespread poverty in the region, local healthcare providers have struggled to keep up with the growing demand for their services. Now more than ever, support is vital for vulnerable women of all ethnicities in Bangladesh¹.

Efforts to address Obstetric Fistula (OF)

Obstetric fistula (OF) is a traumatic childbirth injury that develops between the birth canal and a woman's internal organs, as a result of prolonged, obstructed labour without access to timely and skilled medical care. It nearly always results in a stillborn baby, and if left untreated can lead to chronic medical problems and significantly impact physical, mental, social, and economic well-being.

The Bangladesh Ministry of Health leads on delivery of OF treatment, supported by UNFPA at district level. Implementing partners provide community engagement and advocacy at grass roots level,

and facilitate the reporting and referral of cases. Cases identified in the community are referred to the district for further screening and treatment. There are currently 15-17 facilities providing treatment and 30 surgeons delivering life-changing surgery free of charge to about 500 women per year.

OF is on the Government of Bangladesh's agenda and in operational plans, and there is a National Obstetric Fistula Strategy in place. The Health Sector Plan has funding allocated for OF surgery. However, the country mainly relies on development partners – UNFPA and individual donors – to fund OF initiatives. Limited funding remains the main barrier to implementation of the OF Strategy.

Government facilities are bound to provide fistula care (at the relevant facility level). Nurses are providing post-operative care, and counselling is given to women receiving treatment. There is an established Centre of Excellence which is a hub for best practice. Formal training is not common but on-the-job training and informal mentoring takes place between surgeons.

Country successes include: 91% success rate of OF surgery; new centres established in government facilities (OF given higher priority); a move away from a health facility approach to a district approach (referral, identification, etc.); nearly half of the districts have fistula corners to diagnose OF (by nurses who are provided with orientation on case diagnosis); data collection on OF case load and success rates which is helping to build a picture of the burden of disease. **One district, some marginalised groups, and some sub-districts have now been declared free of obstetric fistula.**

¹ Fistula Foundation, Bangladesh,
<https://fistulafoundation.org/country/bangladesh/#:~:text=In%20lat>

[e%202017%2C%20the%20Chittagong,growing%20demand%20on%20their%20services](https://www.fistulafoundation.org/country/bangladesh/#:~:text=In%20lat)

Iatrogenic fistula cases are increasing in the country, in part due to the dramatic increase in the proportion of women delivered by C-section (18% in 2011 compared to 45% in 2022).

There is a need to improve accountability and monitoring to prevent sub-standard surgery, particularly C-sections (51% of which are provided in the private health sector) and hysterectomies.

This brief was prepared by UNFPA Asia-Pacific Regional Office, in collaboration with UNFPA Bangladesh Country Office, in May 2024. UNFPA APRO would like to thank Anna Wight for her support in preparing the original country profile.

For more information on Obstetric Fistula, please visit:

<https://asiapacific.unfpa.org/en/end-fistula-apro>

Proposed Top Priorities for Implementing an Obstetric Fistula Prevention and Treatment Programme

- ✓ Continue efforts to prevent OF and IF, including targeted community interventions to reach the most neglected and left-behind women and girls;
- ✓ Bolster community awareness efforts and renew efforts on client identification and referral;
- ✓ Focus on psychosocial support, needs-based rehabilitation care and skills development in partnership with Ministries of Social Welfare, Women, etc.;
- ✓ Strengthen national-level evidence base and develop a clear tracker for OF/IF;
- ✓ Collaborate on regional training and exchange of surgeons providing OF;
- ✓ Develop initiatives that improve motivation and retention of trained surgeons;
- ✓ Include general surgeons in training to reduce incidence of IF;
- ✓ Establish and operationalise at least one tertiary level fistula repair centres in each of the country's divisions.