

Experience sharing: Reducing vulnerability of MR clients through transforming knowledge in to action

Introduction

MR (Menstrual Regulation) is a method that uses manual vacuum aspiration (MVA) after a missed period; women can receive this service up to 8-10 weeks after menstruation being stopped for any reason. Despite the fact that MR services are approved by the government, hundreds of thousands of women in Bangladesh put their health at risk every year by having an unsafe MR. One of the main reasons for this is poor referral system, which led women to a vulnerable situation in terms of having quality services and informed decision.

Objective

To share how an intervention (training) on referring MR clients influences women to have informed decision regarding safe MR.

Methodology

Training on Facilitative Referral:

Participant selection: We have requested a list of participants of our 9 intervention clinics from our intervention partner organizations, Marie Stopes Bangladesh (MSB) and Reproductive Health Services Training and Education Program (RHSTEP).

Basic Training: We have provided basic training to 151 health service providers, amongst them 34 (25 MSB+9 RHSTEP) participants were formal and rest of 117 were informal.

Refresher: Among 151, 123 (MSB=25, RHSTEP= 4, Informal=94) got the refresher training

Topics of training: We have covered different issues in training session, which are the basics of facilitative referral. We have introduced them with facilitative referral, importance of facilitative referral system, referral networking, peer education and promotional process of referral related information.

Research:

We have conducted total 67 In-Depth Interviews (IDIs). Among 67 IDs, 41 has been done with field level service providers to know how trainings are practised in the field; and 26 IDs with MR clients to understand how clients are getting benefit from the field level service providers who have already received training. We have collected data from January to October 2015

Results

From health service point of view:

Improve the motivation of the service providers: "Yes, of course, we have learned many things from the (referral) training. I didn't know many things before (this training).... It gives me self-confidence that I know this thing, I have learned this thing. I might have less (formal) education but I can understand many things related to women's health...." (Joly, field level health service providers)

Changes of approaches of the providers to the clients: "The way we talk to clients now (has changed), we did not do that before (the training). Now we make them understand in a better way, (convinced them by saying), "please come (to clinic) when you have time. we do not force (now)." (Asma, field level health service providers)

Referral process has improved: "Now I can apply strategies (to refer clients) quickly. I used to do it lengthy before (the training) but (now) it is possible in an easy way." (Mahfuja, field level health service providers)

Behavioral change regarding field visit: "I am giving an example like before (REACHOUT) training I did not visit some clients, (thought) why should I go there? There will not be much change if I visit her. But (now I understand) this is my another responsibility, this is my work and I have to do it... then I visit client more than one time, it is not tough (to visit client). I must go (to visit client) because it is my work." (Poly, field level health service providers)

Behavioral change regarding field visit: "I am giving an example like before (REACHOUT) training I did not visit some clients, (thought) why should I go there? There will not be much change if I visit her. But (now I understand) this is my another responsibility, this is my work and I have to do it... then I visit client more than one time, it is not tough (to visit client). I must go (to visit client) because it is my work." (Shama, field level health service providers)

From the clients' point of view:

Service of health providers has changed: "After MR, sister visits me. She asked me how it feels. She asked me is it felt well or not. I answered it felt good. After two days of my MR sister came to my home." (Fatema, MR service receiver)

Health providers' behavior has changed: "They behaved well. They gave me medicine for three months and counseled me to regularly take the medicine. They give me "SukhiBori" contraceptive pill." (Moly, MR service receiver)

Informed decision:

"Yes, I will come here. You should be treated from one place. If you hang around it (stigmatized information) will spread. It is good in one place." (MR Clients)



Challenges and Lessons Learned

We have faced different challenges during this intervention period such as staff turnover, maintaining relation with partner organizations and training scheduling for formal health service providers. However, introducing new thing is always challenging; it requires innovative strategy, quality advocacy and proactive initiative to overcome this.

Contact Information: Md. Salauddin Biswas, email: salauddinmukta@yahoo.com; salauddinmukta@gmail.com

