



HEALTHY WOMEN, HEALTHY FAMILIES

সুস্থ মা, সুস্থ পরিবার

With a dynamic group of partners, Management Sciences for Health (MSH) is leading the three-year project “Healthy Women, Healthy Families” (“*Shustha Ma, Shustha Poribar*” in Bangla) to increase utilization and improve quality of maternal, newborn, and child health (MNCH) and family planning (FP) services for young Bangladeshi women and their partners in the underserved urban slums of Tongi, Gazipur City Corporation, near Dhaka.

Partnering with BRAC, Scope, and the Population Council, MSH will co-design, implement, and evaluate a program for young women and their partners experiencing their first pregnancy. BRAC, the nongovernmental organization founded and headquartered in Bangladesh, will support program implementation, including community engagement activities. Scope, a social impact company based in Finland, will lead the design process to ensure activities are human-centered. The Population Council, through their Bangladesh office, will lead the research and evaluation component of the project. This work will be done in close collaboration with the Ministry of Health and Family Welfare, and the Ministry of Local Government, Rural Development and Cooperatives—both ministries share responsibility for urban health in Bangladesh.

The complexity of delivering MNCH and FP services in the densely populated urban slums of Tongi is exacerbated by Bangladesh’s deep gender inequities, high rates of adolescent fertility, low levels of reproductive health knowledge, and poor quality and uptake of health services, especially among young people. The Healthy Women, Healthy Families project aims to provide person-centered, responsive, and culturally appropriate services that will improve the quality, acceptability, and accessibility of care for young women and their children in Tongi; improve birth spacing; and provide evidence to inform future models of care for young women and couples in Bangladesh.



Though the legal age of marriage for women in Bangladesh is 18, nearly

60% are married before 18.¹

More than 1 in 10 Bangladeshi girls have begun childbearing by the age of 16 and more than half by age 19, contributing to an overall **adolescent fertility rate** of **27.7%**.²

Adolescent mothers face higher risk of complications during pregnancy and are **TWICE** as likely to die compared to older women³; yet, adolescent mothers are significantly less likely to receive skilled antenatal care (ANC) and delivery care.⁴

Bangladeshi women living in urban slums, such as Tongi, are less likely to use available MNCH services compared to women living in rural or non-slum urban areas; only **34%** of women in slums receive a **postnatal care** checkup, compared to **60%** in non-slum areas.⁵ **Less than 3%** of women and their newborns in urban slums receive all essential newborn care practices.⁶



Photo Credits: MSH staff, BRAC.

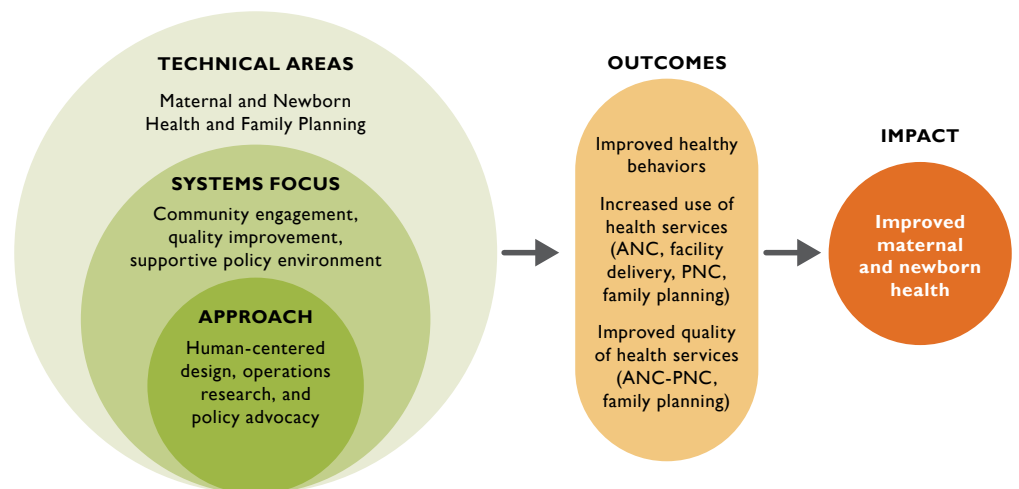
KEY INTERVENTIONS AND APPROACHES

Through a robust and replicable process, the Healthy Women, Healthy Families project will work with partners, local stakeholders, and in close collaboration with district health officials, using an innovative human-centered design approach that considers the evolving context of the COVID-19 pandemic. The adaptive approach, co-designed with young women and health workers, will complement existing facility-based care with a community platform and social support services (e.g., building on group ANC and first-time parents' models) to provide married girls and young women with access to critical health information and peer support while helping them develop life skills. This program will improve both the clinical quality and the experience of ANC, postnatal care, newborn and infant health and nutrition, and planning for healthy birth spacing.

By offering social support services to young mothers-to-be, the program will foster positive engagement from key people in their lives—such as peers, male partners, parents, and in-laws. This social support is particularly important in the context of recent COVID-19 lockdowns and social isolation for married women who may already have limited social support.

To foster sustainability and local ownership, the project will ensure sustainable community engagement with local leaders and community members throughout the program. The project will document the design and implementation processes and use project evaluation findings to generate evidence-based recommendations, refine and adapt MNCH and FP policies and programs for youth in Bangladesh, and inform best practices globally.

Healthy Women, Healthy Families Conceptual Framework



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1. National Institute of Population Research and Training (NIPORT) and ICF. 2019. Bangladesh Demographic and Health Survey 2017–18: Key Indicators. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT and ICF.

2. Ibid

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4. Reynolds HW, Wong EL, Tucker H. *Adolescents' Use of Maternal and Child Health Services in Developing Countries*. *International Family Planning Perspectives*, 2006, 32(1):6–16. Available at: https://www.guttmacher.org/sites/default/files/article_files/3200606.pdf.

5. National Institute of Population Research and Training (NIPORT); International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b); MEASURE Evaluation. 2015. *Bangladesh Urban Health Survey 2013 Final Report*. Dhaka, Bangladesh, and Chapel Hill, North Carolina, USA: NIPORT, icddr,b, and MEASURE Evaluation.

6. Ibid