

FACT SHEET

Menstrual Regulation Services In Bangladesh

Issue: 1, Year: 2024

According to the Government of Bangladesh (GoB), Menstrual Regulation (MR) is a procedure to regulate the menstrual cycle when menstruation is absent for a short duration; it is performed in a health care facility by a trained service provider within a set number of weeks since a woman's last menstrual period. MR has been available free of charge in the government's family planning program since 1979. A government authorization rule regulates MR and lays out guidelines for the provision of MR services, including on the types of providers who can offer the service (doctors, midwives, Nurse, Family Welfare Visitors and paramedics), the types of facilities where it can be performed and the maximum number of weeks since a woman's last menstrual period (LMP) that the procedure is permitted.

MR is an essential health intervention that is highly safe when performed using a the World Health Organization (WHO) -recommended method, such as Manual Vacuum Aspiration (MVA) or medication, at the appropriate gestational age, and conducted by a skilled service provider.

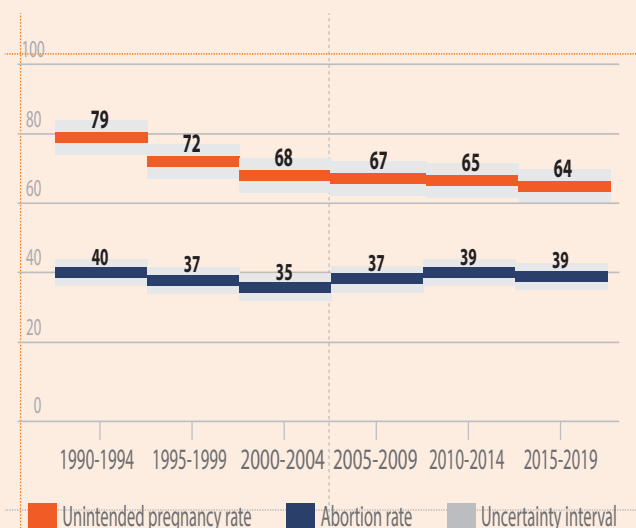
By ensuring access to safe MR, health risks associated with unsafe procedures are greatly reduced as unsafe abortion is an important cause of mortality and morbidity among women of reproductive age. 7% maternal deaths occur due to unsafe abortion in Bangladesh which is preventable.¹ Unsafe abortion led to physical and mental health complications and social and financial burdens for women, communities and health systems. Lack of access to safe, timely, affordable and respectful abortion care is a critical public health and human rights issue.

Global Burden

- 121 million unintended pregnancies every year
- 73 million abortions every year
 - ✓ 29% of all pregnancies
 - ✓ 61% of unintended pregnancies end in abortion
- Globally, abortion rates have remained roughly the same since 1990

Source: WHO fact sheet on abortion care 25 November 2021

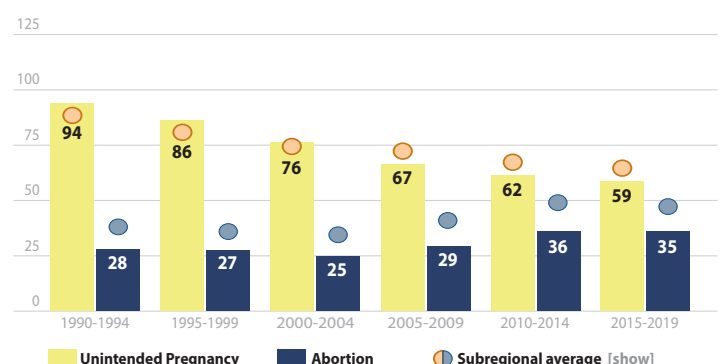
Global annual rates of unintended pregnancy and abortion per 1000 women aged between 15-49 years



Source: Guttmacher –WHO/HRP estimates 2020. More info at : [10.1016/S2214-109X\(20\)30315-6](https://doi.org/10.1016/S2214-109X(20)30315-6)

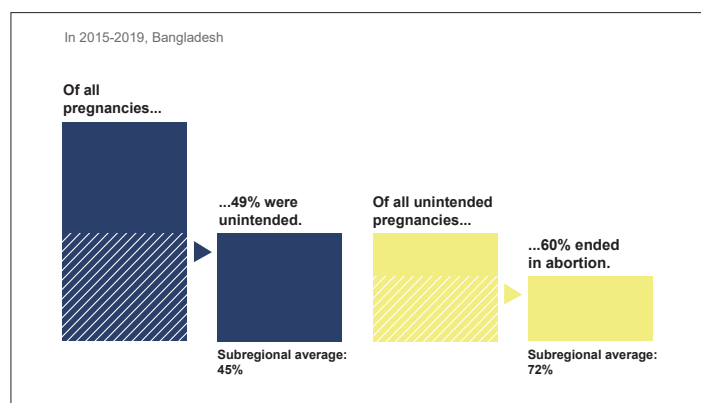
UNINTENDED PREGNANCY AND ABORTION SCENARIO IN BANGLADESH

- In Bangladesh, the unintended pregnancy rate declined 37% between 1990–1994 and 2015–2019.
- During the same period, the abortion rate increased 26%.
- The share of unintended pregnancies ending in abortion rose from 30% to 60%.



Source: Bearak JM, Popinchalk A, Beavin C, et al. Country-specific estimates of unintended pregnancy and abortion incidence: a global comparative analysis of levels in 2015–2019. *BMJ Global Health* 2022;7:e007151. doi:10.1136/bmjgh-2021-007151

PREGNANCY OUTCOMES IN BANGLADESH



In Bangladesh from 2015–2019

- 5,330,000 pregnancies annually
- 2,630,000 pregnancies were unintended
- 1,580,000 ended in abortion

Source: Bearak JM, Popinchalk A, Beavin C, et al. Country-specific estimates of unintended pregnancy and abortion incidence: a global comparative analysis of levels in 2015–2019. *BMJ Global Health* 2022;7:e007151. doi:10.1136/bmjgh-2021-007151

POLICY SITUATION OF BANGLADESH

TIME FRAME : POLICY CHANGES AND ADOPTION

➤ **2013** Nurses allowed to provide MR & PAC services

➤ **2014** MR by Medication (MRM) has introduced in National program

➤ **2015** MR service expanded by MLP (10 wks) and by doctor (12 wks)

➤ **2016** MR services included in the ESP of MoH&FW from union to above facilities

➤ **2017** MoH&FW Developed costed plan to Procure MVA plus aspirator & Cannula

➤ **2018** Midwives allowed to provide MR & PAC services

➤ **2019** Paramedic (FWV) allowed to provide PAC at Union level public health facilities

➤ **2020** MRM extended up to 10 wks from 9 wks

➤ **2021** Updating the National Guideline on MR & PAC services

➤ **2022** FP and MR/PAC dashboard developed

➤ **2023** DGFP and DGHS took the initiative for the national scale-up of CMRC

➤ **2024** National strategy on scale up of CMRC was developed.

To improve access and reduce deaths related to complications from unsafe abortions, Bangladesh government introduced MR services in some facilities in 1974. MR services were integrated into the National Family Planning program in 1979 to provide the services by trained midlevel providers or doctors to women as per their demand for MR services.

Under current policy, trained mid-level midlevel providers can perform MR within 10 weeks of a missed period, while doctors can do so within 12 weeks. In 2014, MR by Medication (MRM) was added to the national program, allowing MRM to be administered up to 10 weeks after a missed period.

MR in Bangladesh is legal only to save the life of mothers. Restrictive policy situation can cause distress and stigma, and risk constituting a violation of human rights of women and adolescent, including the right to privacy and the right to non-discrimination and equality, while also imposing financial burdens on women.

PROVISION OF SERVICE

MR is available at union level and above facilities. The MR services are provided in all the service delivery centers under the Directorate General of Family Planning including MCWC, UH&FWC. Besides District Hospitals and Medical College Hospital, NGOs and private hospitals and clinics also have provision to provide MR services.

FACILITIES OFFERING MR SERVICES

- **32%** MR services provided from UH&FWC
- **25%** MR services provided from Upazila level health facility to Medical College Hospital
- **35%** MR service provided from NGO
- **8%** MR services provided from Private Hospital Clinics

Source: Singh, S. et al., 2014

LOGISTICS SUPPLY AND MANAGEMENT SITUATION FOR MR AND PAC SERVICE

For Medical MR Bangladesh policy allowed Mifepristone (Mife) and Misoprostol (Miso) combination (MRM) services and included MR in the Essential Health Service Package (ESP) in 2016. Unfortunately, no concrete initiatives have been taken by the MOHFW to convert this policy change in program implementation for the national scale-up into a comprehensive approach at all levels of health facilities.

Mifepristone and Misoprostol Products and Availability in Bangladesh

- **12 pharmaceutical companies have Combined products**
- **Only Miso included in Essential Medicine List in country**
- **Separate preparation of Mifepristone and Misoprostol is available**

For surgical MR the manual vacuum aspiration technique is recommended by the WHO which is >98% effective.

- Globally 'DKT-WomenCare' serve as the legal manufacturer of MVA Aspirators and Canula aligns with the recommendations of the WHO.
- DGDA approve a Pharmaceutical Company which will act as a local distributor of DKT-WomenCare in Bangladesh.
- Availability of MVA is still a concern in Bangladesh which limit the access and quality of services.

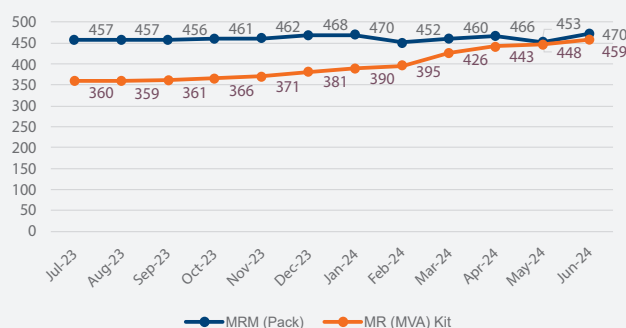
RESOURCE ALLOCATION FOR LOGISTICS AND MEDICINE

The DGHS did not allocate any resources for the procurement of MVA kits or MRM medicines in the 4th sector program under MoH&FW. Only the DGFP allocated amount of budget for procurement.

However, systemic challenges have delayed timely procurement and supply. As a result, out of 494 Upazilas, MVA kits and MRM packs have been out of stock in 459 and 470 Upazilas, respectively, over the past 12 months (July 2023 to June 2024), reflecting a nationwide stockout situation. There is provision of budget in the upcoming 5th Sector program under the MoH&FW for the procurement of logistics and medicine for MR services.

Stock of MR (MVA) and MRM of last 12 months (July 23 to June 24) of DGFP Facilities.

Numbers of Upazila wise MVA and MRM Pack Stock out for the last 12 months Jul-23 to Jun-24 out of 494 upazilas



Source: SCMP, DGFP

STRENGTHENING HMIS

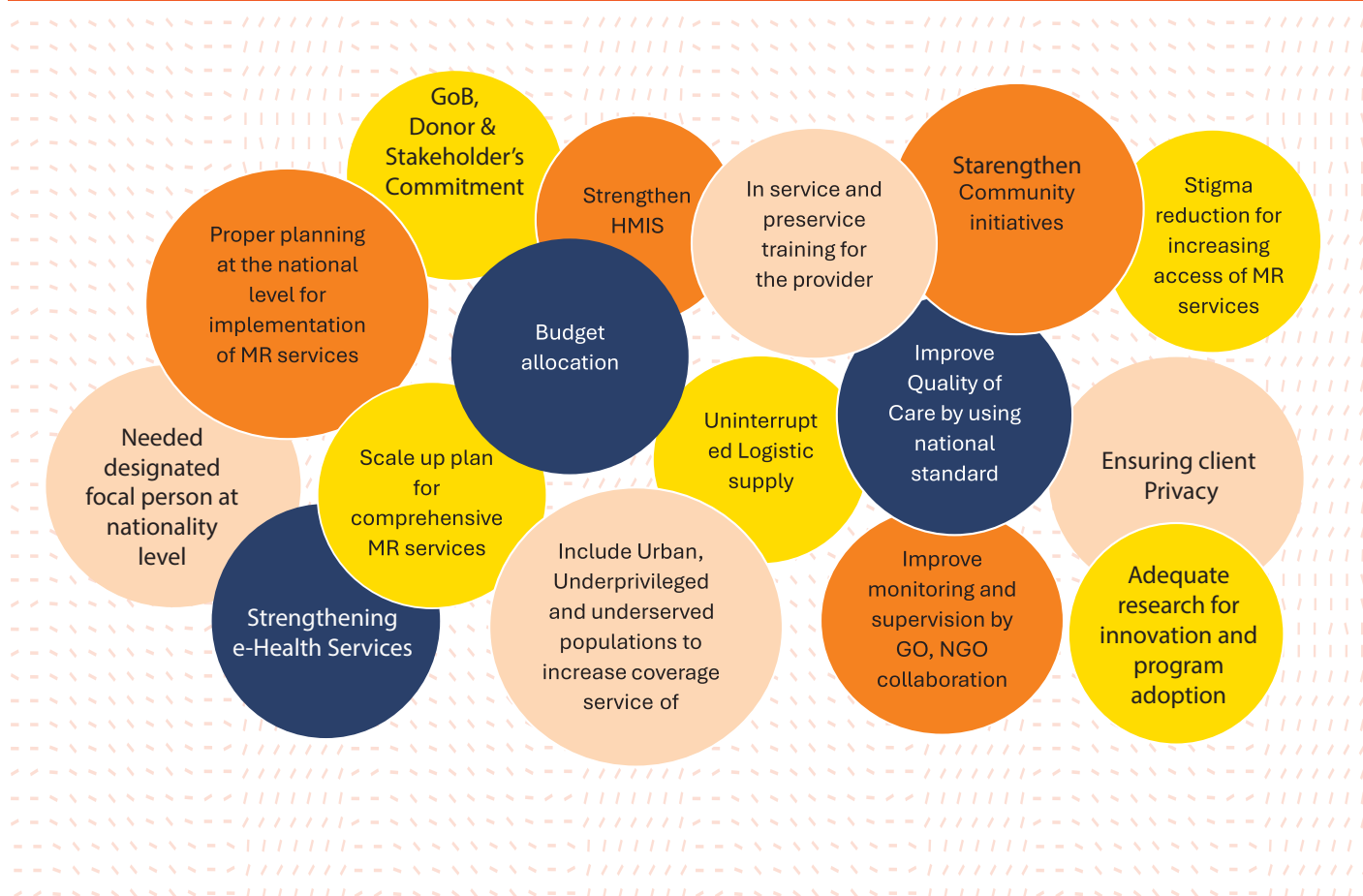
DGFP and DGHS operate separate Health Management Information Systems (HMIS). A Initiatives have been taken to incorporate FP and MR/PAC registers and reporting systems into the DGHS framework by Ipas Bangladesh. DGHS began reporting in late 2022 through DHIS2. A dashboard has been developed in DHIS2 under DGHS to track FP and MR/PAC data. However, data flow is slow, and the quality requires ongoing monitoring. Recent efforts have focused on strengthening the DGFP's MR and PAC registers and reporting systems which will include method specific data for MR and PAC under MIS, DGFP and Dashboard will developed to track FP and MR, PAC data.

CHALLENGES OF IMPLEMENTATION OF MR SERVICES

- Lack of preparedness and planning at the national level for the implementation of MR services in a Comprehensive approach.
- Limited budget allocated for the procurement of medicine and logistics in GoB plan. DP's support are also limited.

- Service Provider:
 - ✓ Motivation, personal conscience or religious belief on MR
 - ✓ Skill of Provider
 - ✓ Vacant post
- Limited initiatives of training for the service providers.
- Lack of utilization of pre-service education and training.
- Very limited QoC initiative for ensuring quality
- Negative notion of provider and government officials about safety of MRM self-care and easy access of MRM drugs.
- Availability of MVA is a concern which limits the access and quality of services.
- Community awareness and lack of initiatives.
- Social stigma and taboos.
- Data availability, poor record keeping.
- HMIS is not providing quality data.

RECOMMENDATIONS



Reference:

- Bangladesh Maternal Mortality and Healthcare Survey 2016
- Bangladesh National Comprehensive Menstrual Regulation (MR) and Post-Abortion Care (PAC) Services Guidelines
- Abortion care guideline, WHO, 2022

More Information:

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