

SAFE's impact on sexual and reproductive health and rights

SAFE, an integrated multi-sectoral intervention promotes positive change in sexual and reproductive health and rights (SRHR)

- In Bangladesh, adolescent girls marry early and bear children early. About 65% of women marry before the age of 18 and 55% of women marry before the age of 16.¹ Dowry demands are illegal but common.
- Adolescent girls become sexually active without adequate knowledge or understanding of sexual and reproductive health and rights as soon as they get married.
- Problems associated with early marriage and childbearing are generally worse for women in urban slums. Use of contraceptives and utilization of reproductive health services are very low.
- Around 56% of married women between the ages of 15-19 do not use contraceptives. Non- utilization of antenatal care (ANC) and postnatal care (PNC) rates are 33% and 82% respectively. Untrained birth attendants oversee half of deliveries.²

1. SAFE's impact on marriage related issues and rights

- Awareness about legal recourse against dowry increased
- Proportion of dowry payment declined

2. SAFE's impact on SRHR knowledge

- Knowledge of menstrual regulation (MR) increased more in the arm where female group sessions were offered than in the comparison arm

The SAFE intervention impacted the following areas:

1. Marriage and related rights
2. SRHR knowledge
3. SRHR practices
4. SRHR institutional service utilisation

Evaluation methods

Quantitative

Cluster randomised controlled trial with a sample of 5,939 women distributed across three different study arms

Qualitative

- In-depth interviews: 34
- Key informant interviews: 5
- Focus group discussions: 5

"Getting pregnant every year was common; if you became pregnant you would simply get an MR to get rid of it. Now we are aware and we tell others it is better to prevent and take precaution in the first place. Now, we do not want to be pregnant nor do we want MR."

FGD, Married Women

- Interventions differentially increased knowledge about sexually transmitted infections (STI) service outlets and MR when group sessions with men and women were conducted in the community
- Overall increase in the awareness has been observed for service delivery points

3. SAFE's impact on SRHR practices

- Changes in MR were greater in locations in which men and women both received sessions; an important consideration for interventions with aims of increasing safe abortion knowledge and practices
- Use of modern contraceptives increased when group sessions were offered to both males and females as opposed to females only
- Decline in the use of MR and increase in the use of modern contraceptive indicates that access to and effective use of contraception reduced the need for abortion services

4. SAFE's impact on SRHR service utilisation

- Improvement in knowledge about SRHR service delivery points was statistically significant in the female-only study arm and the male and female arm
- Institutional service utilization increased across all arms with no statistical significance between the arms

"From SAFE, I have learned about emergency contraception and MR. One of my friends had an incident of unintended pregnancy, she came to me crying and asked for help. I advised her to get an MR and took her to the Marie Stopes clinic."

Unmarried Woman



Photo Courtesy: Sigma Ainul, Population Council

In summary

The SAFE programme's evaluation further illuminates the promise of working with men. Modern contraceptive use increased when men were engaged. This finding was mirrored in other findings on gender-based violence from the SAFE evaluation. Further, a review of the literature suggests that the magnitude of change on dowry payment indicated in this analysis was notable; interventions in the past have struggled to limit dowry exchanges. The SAFE intervention is unique from other interventions in that it approached dowry exchange by raising awareness about the legal sanctions against dowry. These positive findings serve as a testament to the innovative potential of integrated, multi-sectoral interventions to address complex issues such as dowry and access to MR.

¹ National Institute of Population Research and Training (NIPORT), Mitra and Associates, ICF International. Bangladesh Demographic and Health Survey 2011. Dhaka, Bangladesh and Calverton, Maryland, USA: NIPORT, Mitra and Associates, and ICF International. 2013.

² National Institute of Population Research and Training (NIPORT), MEASURE Evaluation, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), Associates for Community and Population Research (ACPR). 2006 Bangladesh Urban Health Survey. Dhaka, Bangladesh and Chapel Hill, NC, USA: NIPORT, MEASURE Evaluation, ICDDR,B and ACPR; 2008.