ACCESS TO SRHR SERVICES AND BRAVEMEN CAMPAIGN ON COVID-19 IN BANGLADESH

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CMMS

Share-Net International
The Knowledge Platform on Sexual and Reproductive Health & Rights

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INTRODUCTION

The COVID-19 pandemic has made life harder for people of all ages. Some of the people have been struggling to even ensure their basic needs, as resources and opportunities are scarce. Sexual and reproductive health) and rights (SRHR) was the field which saw a direct need of attention. As cases like domestic violence and rape were on the rise in the pandemic, study was conducted to find in terms of experience for people who required SRHR services amidst all the chaos in 2020. As part of the project titled BraveMen Campaign on COVID-19, data was collected on violation of the rights in accessing SRHR services during the crisis, status and forms of perpetration of online violence and intimate partner violence at the households, from 450 people from all the eight divisions. Webinars and discussions were arranged on the study findings and the project ended with documenting speakers' views and suggestions on these issues.

METHODOLOGY

Research was conducted using the online social platform of Funtaseum (a Facebook-based feminist group with 40,000 active members), Share-Net Bangladesh, UNYSAB Facebook page (a volunteer youth organization with around 200,000 members), and BraveMen Campaign Facebook page (currently has 4,000 followers). Online data collection (using both survey and interview methods) on intimate partner violence at the households, status and forms of perpetration of online violence and violation of the rights in accessing SRHR services during Covid-19 crisis ran for 6 months. Quantitative data was collected from 450 people (both male and female and between the age of 15 - 60). From these participants, using a purposive snowball sampling 10 people (an equal number of male and female) were interviewed via telephone, Zoom and skype. Five more participants from the marginalized group were interviewed over the phone who shared their experience during the lockdown. These research findings were presented during the webinars to initiate policy discussions.

ETHICAL CONSIDERATIONS

The Center for Men and Masculinity Studies (CMMS) ensured strict anonymity of the participants in the online data collection. It took informed consent from all the participants of the data collection process and the webinars. The principle of 'doing no harm' based on age, sex, ethnicity, nationality, religion, or sexual identity was the core of the guideline of the data collection and webinars.

FINDINGS AND DISCUSSIONS

Here is an overview of the survey data regarding SRHR services during COVID-19 pandemic.

Firstly, for all age groups, very few people said they received "great service". Fewer people said they have received their desired service. For all the age group, a big portion is saying they never asked for SRHR services. And rate of seeking SRHR services is higher among women than men. From Barishal district 109 people participated, which is the largest and 81% of them never asked for SRHR services.

Speakers also mentioned history context behind this situation. This service has been seen as a maternity issue since the 70's. So the issue of sexual and rights is neglected. During pandemic, poor infrastructure in

public health sector may result in less people taking this service as well. People did not have accurate information. Combined effort from public and private sectors needs to convey the information to the people that these services are necessary for their health.

Secondly, another remarkable finding was that 30 people from the 25-29 age group participated in the survey, 17% of them said they always faced trouble 255 people, which is the largest participated from 20-24 age group, 6% of them always faced trouble while seeking SRHR services. 221 female participated, 6% said they always faced trouble,55% said they never faced trouble. Most people , 283, responded from 20-29 age group, most of ,28% them mentioned lack of transport and lockdown situation, 16% said higher rate of services, few said products are not available, government services has been interrupted and 6% also mentioned that SRHR issues are not prioritized. 30-39 age group mentioned that (11% of 48 people) private services are interrupted. And few from 40-60 age group also mentioned that service providers were unwilling to provide services. Female agreed to have all sorts of problems.

In the webinar, speakers agreed to the fact that this situation will not change overnight. Proper policy and action planning and better communication strategies are needed to reach out to everyone appropriately. During interviews, many have been the victims of negative attitudes. The speakers pointed the taboo regarding sexual education and SRHR mainly

Thirdly, it was found that there are people who have given up using contraceptives. 199 people from 20-24 age group responded, 4% given up, 5% shifted to long term methods. 27 people from 25-29 age group responded, 4% given up, 4% shifted to long term methods. 42 people from 20-39 age group responded, 2% given up. 178 female responded, 3% given up, 2% shifted to long term. 123 male responded, 3% given up, 7% shifted to long term methods. In total, 16% said they cannot afford any contraceptive.

The study finding includes instead of taking contraceptives, even young women are taking long term approach, addressing this speaker suggested to deeply research on the underlying reason behind it. Developed country and Sustainable Development Goals (SDG) recognizes the necessity of SRHR services, but there was a lack of awareness among the population from the beginning. And the situation has hardly improved in developing countries like Bangladesh.

Fourthly, 41% female said women are going to doctor physically. 37% male said women are going to doctor physically. Fewer responded to consult doctor online and over phone. Among 188 female, 12% responded there was no medical treatment. Among 149 male, 24% responded there was no medical treatment.

During this pandemic going to doctor physically and no treatment on the other hand, both are risky. Moreover, such a situation may result in difficulties of access to contraception and sanitary products for women due to supply chain interruptions. Shortages of doctors, nurses, and other health care professionals' may also result in difficulties in providing essential SRHR services and even taking away resources from reproductive and sexual health programs.

Fifthly, 71 responded from 20-24 age group. 25% said they are afraid of taking action, 14% said they contacted police and police were supportive. Female are comparatively more afraid. Positively, 21% male from 29 men contacted police when they heard of violence in the community.

Speakers at the webinar agreed number of sexual assault has increased, news media also showed similar reports. The fear of victim blaming, and lack of cooperation from local police was a common scenario. But the support of some brave men and law enforcers provides strong impression to the positive changes of our

societal system. Since there are deep rooted reasons for women fearing to take actions, society needs to ensure safe space for women.

RECOMMENDATIONS

Recommended Strategies for ensuring SRHR Services:

1. Collective Effort

Sexual and reproductive rights are included in the SDG and other development goals, but our authority needs to address this and take proper action planning to ensure this right.

2. Scope for discussion on this matter

There are social stigma regarding SRHR services and talking openly about this is not taken normally. Seminars, workshops, webinars can be ways to create awareness and start talking about this seriously.

3. Age and Gender discrimination needs to be demolished

The right to have SRHR services shouldn't be restricted by age and/or gender.

4. Institutionalize SRHR education

Many hesitate to talk about it. To fight this stigma, SRHR should be included in the curriculum.

5. Experts involvement

Experts in this field need to be involved in public awareness. Teachers shouldn't avoid such topic during their lessons.

6. Online services

Online base doctor consultancy facility, taking steps after consulting expert doctors. Doctors might provide the patients with informative resources from online. Subsequently, gathering information from reliable resources will fill the information gap.

7. Youth involvement

Their involvement in campaigns can contribute to knowledge dissemination.

8. Legal action

Legal support from law implementing agencies without further victimization.