

Editorial

Preconception Care through Religious Leaders in Bangladesh – A Novel Approach

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We are in the 21st century with lots of modern tools and facilities in our health services, but still we have to accept the crude reality that too many mothers are dying due to causes related to child birth. The government of Bangladesh has adopted many programmes at national level to reduce the maternal mortality rate and though it has been steadily decreasing over the past decades, we are yet to achieve more. About 50 percent of conceptions in Bangladesh are unplanned and almost 25 percent of pregnancies are unwanted. Nearly three quarters of mothers receive no antenatal care during pregnancy and perinatal mortality is high among Bangladeshi women. Recently the Law and Justice Division, Ministry of Law, Justice and Parliamentary Affairs, Government of People's Republic of Bangladesh has launched a joint community awareness programme – 'Preconception care through Religious Leaders' in collaboration with Diabetic Association of Bangladesh (BADAS). The project has been started since May 2016, and is funded by World Diabetes Foundation (WDF). It is an ongoing programme and now is being disseminated nationwide through BADAS and its 61 affiliated associations (AAs).

The slogan of this preconception care project (PCCP) is "All Pregnancy Should be Planned". The goal of the project is to improve community awareness of preconception care and prevention of non-communicable diseases, particularly gestational diabetes (GDM), among newly married couples in Bangladesh through religious leaders. Three groups are targeted by this project - newly married couples, marriage registrars

(Kazis) and health service providers (physicians, nurses and educators).¹

Recent trends in health education and health promotion emphasize community based interventions as an important strategy to improve health outcomes. Religious leaders in different countries and communities always have played a significant role in promotion of health as they are much acceptable to mass people of their own community. They have played significant role in creating public awareness on diabetes prevention, reproductive health, HIV/AIDS, immunization and family planning in a number of Asian and African countries. Majority of people (89 percent) in Bangladesh are Muslims. In our country it is obligatory to register a Muslim marriage by the marriage registrar (Kazi). Therefore, there is a wonderful opportunity to seek the influence of Kazis in creating community awareness and also helping people to take proactive action and change their attitudes about preconception care, proper pregnancy planning and prevention of NCDs particularly GDM.²

An expert advisory committee with members from BADAS, Association of Marriage Registrars, and Ministry of Laws and Justice and Ministry of Health and Family Planning has been established. A training curriculum is developed by the Diabetic association of Bangladesh (BADAS) for the religious leaders which includes information on pre-conception care and family planning, diabetes, its risk factors, screening, GDM and other NCDs, lifestyle counselling and immunization.¹ After completion of training programme, their role will be to advocate, promote, and encourage for preconception care and planned pregnancy. They

will discuss about the positive impact of preconception care and planned pregnancy to the couples during wedding ceremony. They will advise couples to visit nearest preconception care corners of BADAS and its affiliated associations (AAs) for detail advice and some routine check-ups (including height, weight, blood glucose, blood pressure, haemoglobin, blood group, urine R/M/E), to screen type 2 diabetes, hypertension, anaemia, nutritional status (under/over nutrition), urinary tract infection before planning pregnancy. They will distribute a booklet containing information including screening and management (both medical and social) related to the preconception care and prevention of NCDs particularly GDM and how to seek these care service to nearby centres/ hospitals of BADAS and its AAs.²

The programme is on pace now and has become a self-sustained one. Great enthusiasm has been observed amongst religious leaders. Ministry of Law and Justice has shown interest for its universal implementation. Ministry of Health and Ministry of Women & Child also have welcome the program. Savors of North and South City Corporations and Senior Bangladesh (a mobile network provider) support the program. National Council of BADAS has taken preconception care as a core programme, and BADAS has launched preconception care package.³

The programme has already achieved most of its target in 10 years. Through this programme, 100 religious leaders and 300 health service providers have been trained in pre-conception care and counselling till date. Fifty pre-conception care services established at clinics and hospitals, 30,000 newly married couples received pre-conception counselling by religious leaders, and 30,000 women received pre-conception/ ante-natal care from established pre-conception services. Four television and four radio broadcasts have been aired with religious leaders reaching 3 million people. Referral system between religious leaders and BADAS diabetes clinics established.

A mobile hotline for counselling and pre-conception care has been established. Electronic database is developed for monitoring. An open platform online 4 week course regarding preconception care has been launched for health care professionals. National consensus guideline and materials to improve maternal and neonatal health, NCDs and GDM has also been developed.² Recently, in the last week of July 2018, an order has been circulated by Ministry of Law, Justice and Parliamentary Affairs which states that all the marriage registrars are now included in the preconception care programme and the slogan of the programme must be imprinted by seal in the marriage contract (Kabin Nama).⁴

Through all these, pre-conception care is being strengthened and integrated with maternal and neonatal health at community level. This approach is a powerful tool for primary prevention of diabetes mellitus as unplanned pregnancies are a key risk factor for developing gestational diabetes and diabetes in later life. Recent advances in research into the aetiology and natural history of diabetes have emphasized that primary prevention of non insulin dependent diabetes mellitus is of immense importance. International Diabetes Federation (IDF) has given particular importance on “Life Circle” approach to prevention and care of diabetes - a continuum beginning from preconception, pregnancy, infancy and childhood to adult life in an integrated manner.² We hope that through these novel steps we shall ultimately be able to achieve our victory over the battle of reduction of maternal mortality and prevention of the dreadful NCDs especially diabetes in the long run.

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