



# Towards better health for all

## A note from the Program Director

Building momentum for a complex, underreported, and often overlooked issue such as preterm birth and its prevention, can be overwhelming. Prevention work is nuanced and tough, yet it matters in ways that deeply shape a society's notions of wellness, equality and dignity for all.

I have had the privilege of working with more than 55 colleagues around the world over the past number of years to lean into work that has been equally challenging and deeply gratifying. Born on Time (BoT) is a unique program – truly a global first around the issue of prematurity prevention. And prevention is a critical piece of the puzzle if we are to achieve SDG 3.2 to end preventable deaths of newborns and children under-5 by 2030.

Although our five-year project is coming to a close, the work of preventing preterm births will surely continue in the dedicated hands of local ministries of health, local communities across Bangladesh, Ethiopia and Mali, and most importantly, in the everyday lives of women, adolescent girls, and their families.

For this final issue, we highlight critical voices on the journey to preterm birth prevention – those who will push this movement even further as they work to drive gender equality as well as stronger access and availability of quality health services for women and girls.

**It is my great hope that the work begun in these countries will flourish, moving us ever closer towards a future where every child is born on time.**

In partnership with women, girls and their families for better health,  
Marie



### Global Research Launch

On March 11, the BOT consortium co-hosted a webinar with Johns Hopkins' Centre for Communications Programs entitled, "How might we design better SRH/MNH programs to prevent preterm birth in LMICs? Insights from the Born on Time Study". The webinar highlighted implementation research findings from Bangladesh, Ethiopia and Mali, exploring the impact of lifestyle, infections, inadequate nutrition and lack of contraception on the prevention of preterm birth.

Panelists included lead researchers, Dr. Nandita Kapadia-Kundu and Dr. Zoé Mistrale Hendrickson, as well as Dr. Dilys Walker from the University of California, San Francisco, and BOT's own Health Lead, Dr. Amanuel Gidebo. More than 100 people took part in a lively discussion, moderated by Dr. Jim Litch from the Global Alliance to Prevent Prematurity and Stillbirth.



## Supporting Health Care Workers for Women's Health and Wellbeing



Dr. Sadou describes her critical work in educating women, adolescent girls and boys, as well as men, on the importance of preventing preterm birth and promoting the overall wellbeing and health of women and girls.

Dr. Doumbia Sadou is a neonatologist who initially worked for a hospital in Bamako, the capital of Mali. From there, she transferred to a healthcare facility in Mali's southernmost region, Sikasso.

Immediately, Dr. Sadou noticed a key difference in maternal and childcare support services between urban and rural healthcare settings. The hospital in Sikasso lacked a dedicated neonatology department and adequate equipment, the absence of which had fatal consequences for many premature and low-birthweight babies.

According to her own assessment of the situation, Dr. Sadou thinks that this stigma could have contributed to 50% of mothers abandoning follow-up care, which could have resulted in the death of 60% of these fragile babies.

With financial support from the Born on Time, the hospital built a dedicated space for a Kangaroo Care Unit – a special unit where parents (mothers and fathers) learn how to provide skin-to-skin contact for sick newborns – and equipped it with basic medical furniture consisting of

incubators and phototherapy lamps so that babies born prematurely could receive much needed specialized care. The project also supported training for health care workers to increase awareness among women and men about the causes, effects and prevention measures to avoid low-weight and premature births, and to promote men's engagement in the health care needs of their wives and children.

**"I am very happy and thank the BOT project for this support which allows me to better take care of premature and low birth weight babies in my department."**  
~ Dr. Sadou

The new Neonatal Unit provides Dr. Sadou with a place to provide treatment and care for mothers and babies and enables them to stay at the facility until they can be safely discharged from the hospital.

## Cultivating Male Gender Champions



Ehitnesh, her husband Ayelign and their children pose amidst the legendary highlands of Amhara, the region of Ethiopia that Born on Time has been working in for the past five years.

Challenging harmful cultural and discriminatory gender norms that perpetuate inequality helps to empower women, but it is not always easy.

Ehitnesh, a mother of four in Ethiopia, had concerns when her husband Ayelign began attending Born on Time's male engagement sessions. In a group with thirty-five men, Ayelign learned about harmful practices that can lead to preterm births and what they as husbands can do to support their wives, especially helping to decrease workload during pregnancy. However, Ehitnesh felt that "a feminine character is attributed to a man who does housework." She was nervous about what her community would think.

After taking part in Born on Time programming, Ayelign and Ehitnesh both found themselves challenging some of their views.

"When I became pregnant, Ayelign took care of me. He encouraged me to eat healthy foods. When I gave birth to Gebre, he accompanied us to health centre visits, where we got vaccines. Ayelign didn't use to do laundry, but now he helps. He gets me a helper when we host large social gatherings," said Ehitnesh.

"After BOT sessions, my wife also decided to start growing her own crops to supplement our family income. She's saving her own money. I'm very proud of my wife. I want her to keep progressing and improving her status," said Ayelign.

"I want to make sure that my kids go to school. I want my sons to be better fathers," said Ayelign.

Ehitnesh added, "I want [my daughter] to be able to make her own decisions, to choose whom to marry and to be able to send her own children to school."

By challenging long-held beliefs and discriminatory gender norms, Ehitnesh and Ayelign are helping tip the scales towards full health for all of their children, and even perhaps one day, their grandchildren.

## Empowering Adolescent Girls

Rangpur District is a remote region in Bangladesh. For six months each year, many villages are only accessible by boat. One of these communities is home to Suborna – a 16-year-old adolescent girl, who lives with her father, mother and older sister.

Like many girls her age, she had questions about menstruation but very few resources or trusted adults to ask and receive accurate answers. Adolescent girls in her community are discouraged from discussing their periods openly with their family and since the village is isolated for half the year, they lack regular access to Adolescent Sexual and Reproductive Health services. Geographical isolation combined with cultural stigma meant that adolescents like Suborna lacked adequate information to effectively manage their health, hygiene, and nutrition, especially while on their periods.

Suborna was also very concerned about the common practice of child marriage in her community, having already witnessed one of her friends forced into a marriage without her consent. Child marriage is a critical risk factor for mental health issues, early mortality for adolescent girls, and preterm births.

Another challenge that adolescent girls like Suborna faced whenever they left the house was street harassment—verbal and sexual harassment, as well as sexual assault. Suborna and her friends felt unsafe.

When Born On Time began activities in Suborna's community, she was determined to become involved and to access accurate information on hygiene and menstrual management, child marriage prevention and self-protection from harassment. Through the knowledge and skills Suborna acquired, and the connections she made as a member of the Adolescent Girls' Group, Suborna helped stop five child marriages.



Suborna poses proudly with commendations for the exceptional work she's been a part of in support of adolescent girls.

Today, Suborna is more hopeful and optimistic for the future of girls in her community. Born on Time not only inspired her to take action about her own health, but also motivated her to educate and support her peers. Her wish is to extend more knowledge and to reach even more girls in Bangladesh—and that what she has learned will, "...sustain in the community through transferring knowledge from one to another and to next generation." We can't wait to see what this champion of girls will accomplish in the coming years!

**After more than five years of implementation, the movement that Born on Time has catalyzed will continue to reach towards a vision where every mother has the right to a healthy, full-term pregnancy, and every newborn has the right to thrive.**



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