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EDITORIAL

Women's Health in Bangladesh: The Untold Burden Beyond Maternal Care

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Women are unique having unique health issues. They have female exclusive diseases and diseases that are common for both sexes but with different implications. Over the past five decades, the understanding of women's health has expanded from a narrow focus on reproduction to a holistic appreciation of women's health across the life course. Bangladesh, like many low- and middle-income countries, has made great progress in saving mothers' lives, but women's other health needs remain largely neglected. The Global Burden of Disease 2021 reveals that women in Bangladesh now live longer but spend more years in poor health, largely due to unaddressed gynaecological and chronic conditions.[1]

The Bangladesh Paradox

Bangladesh exemplifies both progress and neglect in women's health. The country's success in reducing the maternal mortality ratio from 322 to 196 per 100,000 live births between 2001 and 2016 reflects decades of targeted investment.[2-4] Over the past three decades, the rate of disability-adjusted life years (DALYs) due to maternal disorders among women aged 15–49 has decreased (1508 Vs 449 per 100,000 female population) 3.4 times, while the reduction for benign gynecological disorders in the same age group has been 1.5 times (1034 Vs 676 per 100,000 female population).

Female-exclusive disease burden: a silent epidemic

The 2021 GBD data show that female-exclusive diseases account for 831,217 DALYs in Bangladesh—nearly seven times higher than the 118,866 DALYs from male-exclusive diseases.[13,14]

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Similar to the global and LMICs scenario (15.8 million and 12.5 million), in Bangladesh, other gynecological conditions account for the highest (270,287) disability-adjusted life years (DALYs), which is almost one-third of the total DALYs due to female-exclusive diseases (Figure 1). These are not fatal illnesses—but they erode quality of life, productivity and dignity.[1] Cervical cancer alone claims 193,425 years of life lost (YLLs)—more than triple the male YLLs from prostate cancer (61,060).[1]

Beyond reproduction: chronic conditions shaping women's lives

Among the top 20 causes of disease burden, Bangladeshi women experience disproportionate DALYs than males from low-back pain, depressive disorders, diabetes, diarrhoeal diseases, and musculoskeletal conditions, patterns similar to global trends but with far higher intensity.

The female-to-male DALY-rate ratio for these conditions increased from 1·4 to 1·7 per 100 000 population over the last 30 years. These numbers translate into daily suffering of women, which is seldom captured in routine reporting or addressed in policy frameworks.

Structural and systemic gaps

Despite Bangladesh's commitment to universal health coverage, the health system remains skewed toward obstetric emergencies, neglecting non-maternal women's health. In Bangladesh, where about half of the 171 million population are women, one female doctor serves 7,644 women compared with one male doctor for every 4,573 men (5). Tertiary hospitals in Bangladesh serve both sexes or focus on children, leaving women's specific health needs largely overlooked. There have been multiple structured registers (antenatal care register, postnatal care register, emergency obstetric and newborn care register, delivery register, OT register) allocated to record information of obstetric patients in different service delivery points of public health facilities, whereas it is nonexistent of gynaecological services.

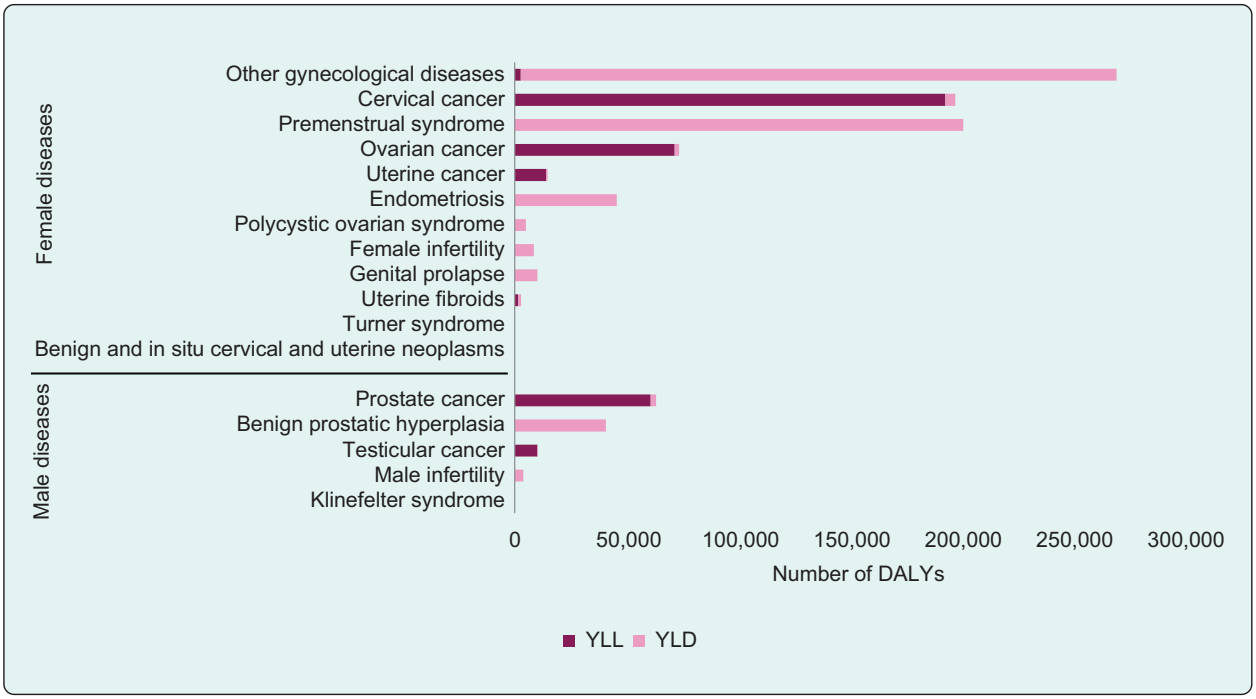

Figure 1: Disability Adjusted Life Years (DALYs) for specific sex-exclusive disorders: Bangladesh 2021

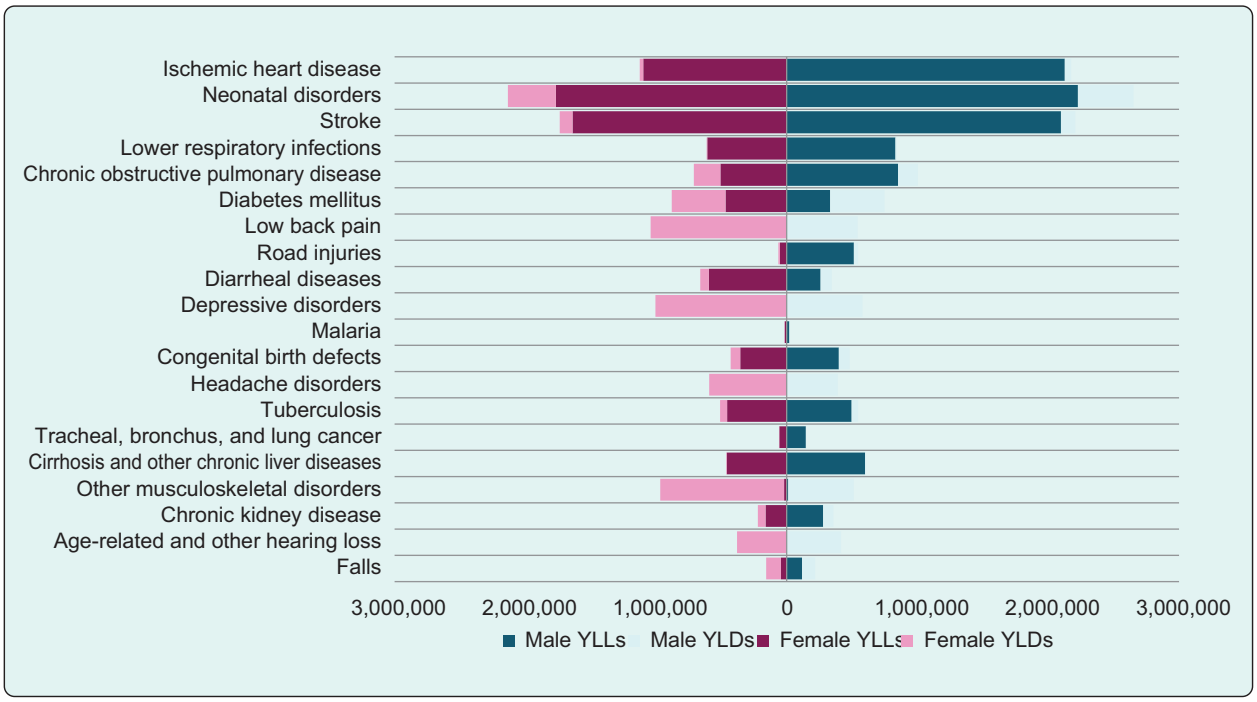

Figure 2: Sex- specific DALYs of the top 20 common diseases based on the global DALYs: Bangladesh 2021

In Bangladesh, as in many other low- and middle-income countries, cultural norms often limit women's healthcare decision-making, with autonomy closely tied to education and socioeconomic status.[6,7] Additionally, Economic barriers limit many women's access to healthcare, as lower income and lack of insurance often prevent them from seeking needed services.[7]

Why Investing in Women's Health Matters

Investing in women's health is both a moral obligation and a catalyst for national development. Healthy women create healthier families, stronger communities, and more resilient economies (8). Ensuring their access to comprehensive physical, mental, and social healthcare upholds fundamental human rights while driving progress toward gender equality. Globally, closing women's health gaps could add US$9 trillion to the economy by 2030 through increased productivity, reduced healthcare costs, and innovation in medical research (9, 10).

A Call to Action

The evidence is clear: Bangladesh has proven that a determined policy can transform maternal survival. The same ambition must now address the broader spectrum of women's health. The data are clear: women in Bangladesh live longer but sicker lives than men. Their suffering is not destiny—it is a symptom of systemic design.

Recommendations for health sector reform in Bangladesh

The country should reorient its health system from a pregnancy centric model to a comprehensive, woman centred framework. Establish a specialised national centre to provide integrated care for women across the life course, supported by targeted training programmes and an operational research agenda to generate context specific evidence. Divisional tertiary hospitals should host Women's Health Units to deliver integrated services, including reproductive, gynaecological, chronic disease, mental health and geriatric care, and to function as hubs for training and research. Regulatory authorities should mandate women friendly accreditation and licensing standards for public and private facilities to ensure privacy, respectful care and gender responsive infrastructure. Clinical governance must require routine sex disaggregated evidence review and incorporation of sex and gender analyses into guidelines and SOPs. Routine information systems should be expanded to capture gynaecological and chronic women's health indicators, with enforced sex disaggregated reporting to inform planning and resource allocation. Funders should establish competitive grants, fellowships and short courses to strengthen local research capacity and workforce competence. These measures will close information gaps, improve quality and access, and sustain population health gains.

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