

Explaining the discrepancies in data on the use of long-acting reversible contraceptives and permanent methods in Bangladesh

A comparative analysis of surveillance and family planning service statistics

Introduction

Bangladesh is one of the countries with a high-performing family planning program. According to the Bangladesh Demographic and Health Survey (BDHS) 2014, contraceptive prevalence rate (CPR) was 62% and the use rate of long-acting reversible contraceptives and permanent methods (LARC and PM) was 8%. These results contradict with the Family Planning Management Information System (FPMIS) of Directorate General of Family Planning (DGFP) under the Ministry of Health and Family Welfare (MOHFW). According to the FPMIS, the CPR was 78% and the LARC and PM use rate was 17% in 2014. This discrepancy between the BDHS and FPMIS is a concern for policy makers who wish to understand the true program performance, plan logistics, and develop strategies to meet the FP needs of Bangladesh.

The aim of this study was to compare the LARC and PM use rate in the FPMIS with the use rate obtained from the Matlab Health and Demographic Surveillance System (HDSS) maintained by icddr,b in the Chattogram Division of Bangladesh.

Methodology

The study was conducted in 16 purposively selected villages that are covered by both Matlab HDSS and FPMIS. Family Welfare Assistants (FWAs), the primary data collectors of FPMIS, also record FP method acceptance by currently married women aged 15-49. The study matched contraceptive-use data of individual women from the two sources for the period May-June 2017, corresponding to a single visiting cycle for both FWAs and HDSS workers. The study conducted further investigation in cases of unmatched records to identify the reasons for the discrepancy.

An independent data collection team undertook a field verification of contraceptive use information during the study period among a sample covering: (a) women who were in both the HDSS and FPMIS records and were users of LARC and PM, (b) women who were not in HDSS records but in FPMIS records and vice versa, or (c) women whose family planning method did not match across the two records. The contraceptive information was for the months of May-June 2017.

Key findings

There were 3,056 women in the FPMIS records and 2,802 women in the HDSS in May-June 2017. The LARC and PM use was 13.1% based on FPMIS records, 9.2% based on HDSS records. The FPMIS records which are not updated regularly are more likely to maintain a list of women who are LARC and PM users by ignoring the non-users.

Discussions

The observed higher LARC and PM use rate in FPMIS records than in surveillance indicates a substantial amount of misreporting, particularly over reporting, of LARC and PM use. The primary reason for the misreporting was the maintenance of an improper list of women in the FWA register which continued to keep non-eligible women (women who had migrated-out, moved beyond reproductive age, or died) with higher than average LARC and PM use and excluded eligible women who had lower use. This resulted in an inflation of LARC and PM use rate in the FPMIS.

Conclusion

The study concluded that the data collection system of the FPMIS needs to be improved and monitored to correctly estimate contraceptive use rate, including LARC and PM use. Appropriate corrections will provide the reliable data that is necessary for program planning and policy formulation.

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