

Improving the use of long-acting reversible contraceptives and permanent methods in rural Bangladesh through segmented-client communication intervention

Background

The current total fertility rate (TFR) in Bangladesh has become stagnant at 2.3 births per woman in recent years. The wanted fertility rate—of 1.6 births per woman—shows a marked gap between the country's wanted and achieved fertility. About two out of three married women of reproductive age do not want to have additional children. Current family planning (FP) method use is 62%, and most of the methods used are less effective short-acting methods, namely pills, injectables, condoms, and traditional methods. Only 9% of women use long-acting reversible contraceptives (LARCs) and permanent methods (PMs), despite them being more advantageous for both users and FP service delivery systems for multifarious reasons, including:

- they have high effectiveness;
- they are hassle free, as once a LARC or PM is accepted, the user does not have to frequently repeat the use; and
- they simplify FP programs due to the handling of fewer clients, etc.

The government has given high priority to increasing LARC and PM use.

The current Bangladesh FP program attempts to reach every client regardless of their characteristics, following the universal approach of health service delivery. However, a segmented approach to reach a particular group with needs-based tailored methods may be more useful to increase the contraceptive use rate.

In 2014-15, the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) tested a segmented-client approach intervention to improve the use of LARCs and PMs in two unions of Brahmanbaria and Sylhet Districts. Findings showed that the segmented-client approach was effective in improving LARC and PM use and continuation in the unions.

Building upon this experience, USAID's Research for Decision Makers (RDM) Activity, in collaboration with Measure Evaluation/Data for Impact (D4I), conducted a study on the segmented-client communication intervention within the existing government FP service delivery system to increase LARC and PM use in Gurudaspur Upazila in Natore District in the Western region of the country. The contraceptive prevalence rate is currently just below 70% in Gurudaspur. Lalpur Upazila was selected as the comparison area with no intervention yet comparable levels of contraceptive use.

Interventions

The intervention had three key elements:

- collecting information from each woman on her spacing and limiting needs to determine the appropriate segment;
- providing high-quality pre- and post-counseling and information to clients and facilitating their voluntary choice of a method and then continuation of it with satisfaction; and
- proactive follow-up of LARC and PM acceptors by clinical providers within 72 hours of acceptance through timely counselling and aiding in the management of method side effects or complications, if any.

Implementation of Intervention

The intervention focused on three segments, comprised of women: (i) who did not want to have any more children and were currently using short-acting methods; (ii) who wanted to space their next pregnancy for more than two years and were currently using short-acting methods; and (iii) who did not want to have any more children or wanted to space their next pregnancy for two years or more and were using traditional methods or not using any method.

Each woman received information on all modern methods, to allow them to make informed decisions by knowing all the advantages and disadvantages of the methods. Field workers counseled women based on their segment through home visits, courtyard meetings, and distribution of leaflets. They received trainings beforehand to remain neutral in providing tailored counseling. It was ensured that the counselling was unbiased, comprehensive, and enabled the women’s full informed choice.

Family Welfare Visitors contacted new acceptors of a LARC or PM over the phone within 72 hours of provision of the method to reassure them and provide help for any discomfort or side effects, and to remind them to seek treatment, if required.

The intervention was implemented from November 2018 to December 2019.

Evaluation of Intervention

The study followed several methods to create an impact evaluation of the intervention.

A baseline survey was conducted during September–October 2018, before the intervention began, and an endline during January–February 2020, in both Gurudaspur and Lalpur. Data were collected through face-to-face interviews using a structured questionnaire.

From September through October 2019, a one-time follow-up survey was conducted among new LARC users who had accepted the methods from November 2018–September 2019 in both intervention and comparison areas.

Qualitative data analysis was undertaken based on information collected from clients and service providers through in-depth interviews, focus group discussions, and key informant interviews.

Results

Findings revealed the intervention’s effect on the program, quality of care, and intervention outcomes.

Intervention Effect on Program

- Women’s contact with field workers increased from 27% to 34% in the intervention area. In contrast, women’s contact with field workers in the comparison area declined from 23% to 18% (**Figure 1**).

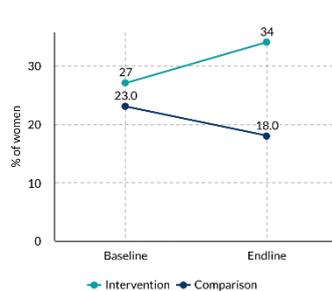


Figure 1. Percentage of women contacted by field workers in the last six months, by area

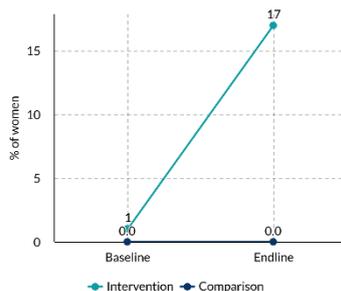


Figure 2. Percentage of women attending a courtyard meeting in the last six months, by area

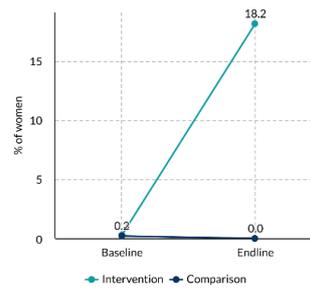


Figure 3. Percentage of women exposed to leaflets during home visits in the last six months, by area

- Women’s attendance in courtyard meetings increased from 1% to 17% in the intervention area, while no courtyard meetings were ever held in the comparison area (**Figure 2**).
- At the endline, 18.2% of women reported receiving family planning leaflets in the last six months of the survey—which was 0.3% during the baseline—in the intervention area. Women in the comparison area did not report any exposure to leaflets during the last six months of data collection (**Figure 3**).

Quality of Information and Counseling on LARCs and PMs

- A higher proportion of implant acceptors in the intervention area than in the comparison area received essential information on possible side effects, about follow-up visits and the appropriate time for follow-up, and about a health facility to visit in case of side effects or complications after accepting the method (Figure 4).
- In the intervention area, 92% of implant acceptors felt that they received the required information from the provider before the method was provided, compared to 83% in the comparison area. Similarly, 89% of implant acceptors in the intervention area felt that they were able to ask all their questions to the provider before receiving the method, compared to 76% in the comparison area (Figure 5).

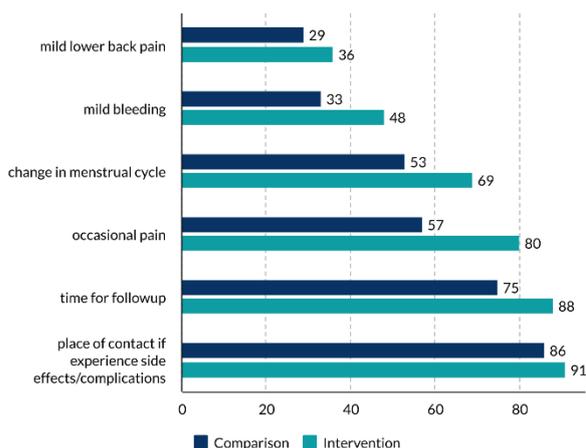


Figure 4. Percentage of women who received information related to potential side effects and routine follow-up after accepting the implant

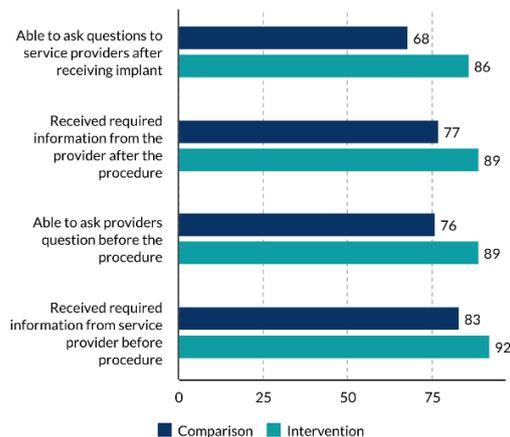


Figure 5. Quality of care among implant acceptors in the intervention and comparison area

- Among implant acceptors after receiving the method, in the intervention area, 89% reported receiving the required information about the LARC procedure and 86% said they were able to ask the providers all their questions. In the comparison area, similar responses were 77% and 68%, respectively (Figure 5).
- A significantly higher proportion of respondents in the intervention area were contacted after the method was given compared to respondents in the comparison area (Figure 6). Almost half of these contacts were made within 72 hours of method acceptance.

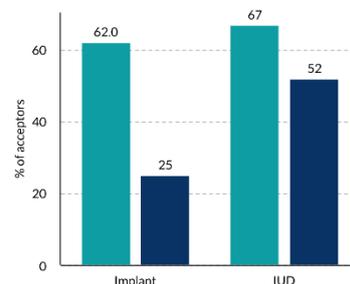


Figure 6. Percentage of implant and IUD acceptors who were followed-up by providers within 72 hours, by area

Intervention Outcomes

- Implant use increased significantly—from 3.3% to 4.8%—in the intervention area, but it did not increase in the comparison area (in fact, it declined from 3.6% to 2.5%). IUD use increased from 0.5% to 0.7% in the intervention area but remained at 0.3% in the comparison area.
- The increase in LARC use (implant and IUD together) was concentrated among women who wanted to limit or space pregnancies in the intervention area, but this did not occur in the comparison area (Figure 7).

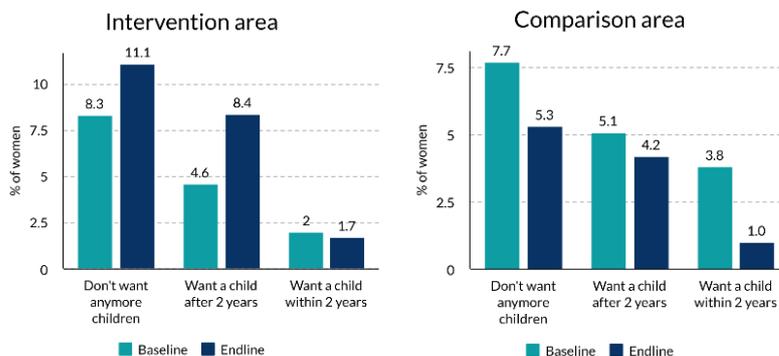


Figure 7. Percentage of women who used LARC (implants and IUD) according to their intention of limiting or spacing pregnancy, in intervention and comparison areas

- Short-acting method use increased by 3.2% in the comparison area, while it declined by 0.8% in the intervention area. This explains the higher increase in modern method use in the comparison area than in the intervention area. LARC and PM use increased by 2.2% in the intervention area, whereas it declined by 0.4% in the comparison area.

Discussion and Policy Implications

The greater increase in LARC and PM use in Gurudaspur than in Lalpur is explained by three main factors: (i) greater levels of contact between women and field workers in Gurudaspur through home visits and courtyard meetings; (ii) more availability of method-specific behavior change communication (BCC) materials; and (iii) greater exposure to high-quality pre- and post-counseling and information on methods. The segmented-client intervention empowered field workers to better focus on clients' needs, disseminate precise information through the project's BCC materials, encourage community engagement that helped minimize misconceptions and stigma, and build community trust through proactive follow-up of new LARC and PM clients.

The study successfully designed, implemented, and evaluated its intervention while maintaining a segmented-client communication approach at its core, within the existing government FP service delivery system, and showed that the approach worked to increase LARC and PM use in the intervention area.

One important feature of the intervention is its fast-acting effect: The improvement was achieved in 14 months. The annual growth rate of LARC use in the Gurudaspur intervention area was 1.28 percentage points, substantially higher than the Rajshahi Divisional annual growth rate of 0.18 percentage points.

Based on the results, the authors recommended that segmented-client communication intervention should be scaled up throughout the country, beginning in the high performing Western region (Khulna, Rajshahi, and Rangpur divisions). Women in this region have expressed great demand for fertility limitation and experience a high incidence of menstrual regulation (MR) and abortion, presumably due to a high incidence of unintended pregnancies, despite their higher use of contraception—which are mostly less effective short-acting methods characterized by high early discontinuation and use-failure rates.

Greater use of LARCs and PMs can reduce the high incidence of MR and abortion, which are causes and concerns for maternal morbidity and mortality in Bangladesh. Hence, the immense priority placed upon increasing the use rate of LARCs and PMs can finally see the desired result of elevating the country's contraceptive use rate while decreasing maternal morbidity and mortality.

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