

Family Planning Data Discrepancies in Bangladesh:

A Comparative Analysis of Surveillance and Family Planning Service Statistics

Why study family planning (FP) data discrepancies?

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

This brief is based on a study that examined FPMIS records and records from Matlab's Health, Demographic Surveillance System (HDSS maintained by icddr,b in the Chattogram Division of Bangladesh) and the extent to which the LARC and PM use rates obtained from FPMIS differ from the true rate.

Where was the study conducted?

The study was conducted in 16 purposively selected villages located in the Chattogram division that are covered by both Matlab HDSS and FPMIS.

What methods were used to conduct this evaluation/analysis?

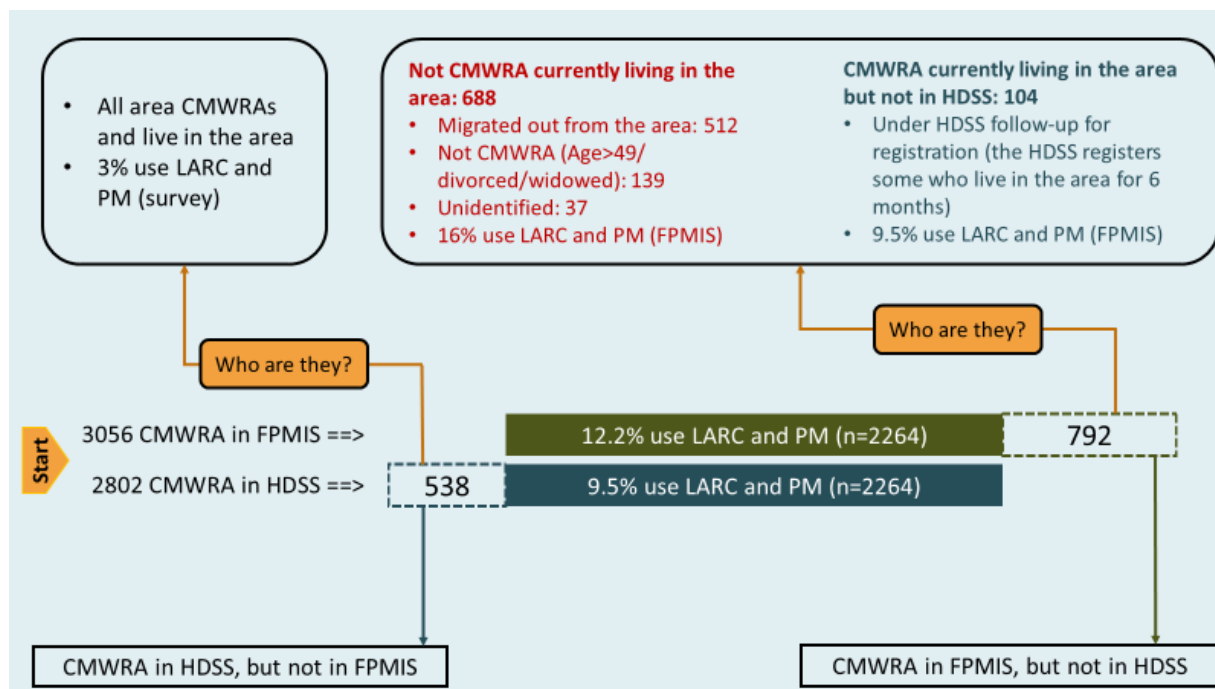
Both HDSS and FPMIS record FP method acceptance/use by currently married women of reproductive age (15-49) (CMWRA). The study matched contraceptive use rates, particularly LARC and PM use, data of individual women from both data sources during May-June 2017, and field workers' visits. The study further investigated cases of unmatched records (CMWRA and their method use) to identify the reasons for the discrepancy.

An independent data collection team undertook a field verification of contraceptive use information among a sample covering (a) women who were in both the HDSS and FPMIS records; (b) women who were not in HDSS but in the FPMIS; and (c) women who were in HDSS but not in FPMIS. The study team performed a descriptive analysis for the examination.

What are the key results?

There were 3,056 women in the FPMIS and 2,802 women in the HDSS during the period May-June 2017. LARC and PM use rates were recorded at 13.1 percent in the FPMIS records and 9.2 percent in the HDSS records. Among the women listed in the two systems 2,264 were common to both, 792 were exclusively in the FPMIS, and 88 percent of them were not categorized as CMWRA living in the area. Furthermore, 538 were exclusively in the HDSS, and they were identified as CMWRA living in the area but were not included in the FPMIS. Figure 1 illustrates the details.

Figure 1. Comparing CMWRAs and their use of LARC and PM in FPMIS with that in the Matlab HDSS



What does this mean?

The observed higher LARC and PM use rate in the FPMIS records compared to the LARC and PM use rate in the surveillance data indicates a substantial amount of misreporting, particularly over reporting, of LARC and PM use. The main cause of the misreporting stemmed from the improper maintenance of the FWA register, which included non-eligible women (those who had migrated, exceeded reproductive age, or passed away) showing higher than average LARC and PM usage rates while excluding eligible women with lower usage rates. This resulted in an inflation of LARC and PM use rates in the FPMIS compared to the HDSS.

The study findings suggest a need for improved monitoring of the FPMIS data collection system to accurately estimate contraceptive use rates, including LARC and PM. Implementing appropriate corrections will ensure the availability of reliable data essential for effective program planning and policy formulation.