

Improving the Use of Long-Acting Reversible Contraceptives and Permanent Methods in Rural Bangladesh through a Segmented-Client Communication Intervention:

A Research Brief

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 percent, and most of the methods used are less effective short-acting methods, namely pills, injectables, condoms, and traditional methods. Only 9 percent of women opt for long-acting reversible contraceptives (LARCs) and permanent methods (PM), despite their numerous benefits, such as high effectiveness, hassle-free usage, and streamlining family planning programs with fewer clients. The government has given high priority to increasing LARC and PM use. While the current Bangladesh FP program aims to serve all clients universally, a targeted, needs-based approach may be more effective in increasing contraceptive use rates.

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 a segmented-client communication intervention within the government’s existing FP service delivery system. This study aimed 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 percent 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.

Every woman was provided with comprehensive information about all modern contraceptive methods, enabling them to make informed decisions by understanding the advantages and disadvantages of each method. Field workers counseled women based on their assigned segment through home visits, courtyard meetings, and distribution of leaflets. Field workers received training beforehand to remain neutral in providing tailored counseling. This ensured that the counselling was unbiased, comprehensive, and facilitated women in making fully informed choices. Family Welfare Visitors reached out to new LARC or PM acceptors within 72 hours of method provision via phone. This contact aimed to offer reassurance, assistance for any discomfort or side effects, and to remind women to seek treatment, if necessary.

The intervention was implemented from November 2018 to December 2019.

Evaluation Methods

The study employed various methods to conduct an impact evaluation of the intervention. A baseline survey was conducted September–October 2018, before the intervention began, and an endline in 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

The findings illustrate the impact of the intervention on program effectiveness, quality of care, and intervention outcomes.

Intervention Effect on Program

- Women's contact with field workers increased from 27 percent to 34 percent in the intervention area. In contrast, women's contact with field workers in the comparison area declined from 23 percent to 18 percent (**Figure 1**).
- Women's attendance in courtyard meetings increased from 1 percent to 17 percent in the intervention area, while no courtyard meetings were ever held in the comparison area (**Figure 2**).
- At the endline, 18.2 percent of women reported receiving family planning leaflets in the last six months of the survey—which was 0.3 percent 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**).

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

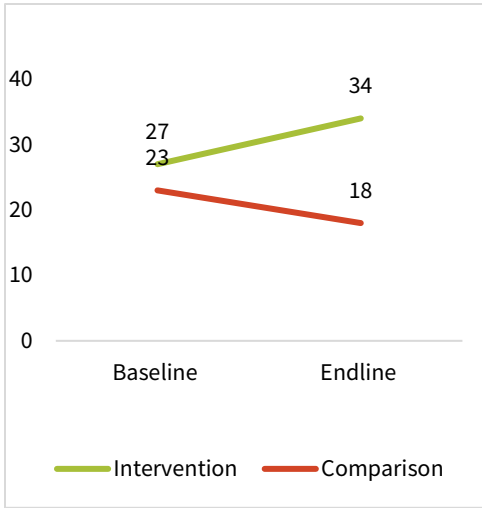


Figure 2. Percentage of women attending a courtyard meeting in the last six months, by area

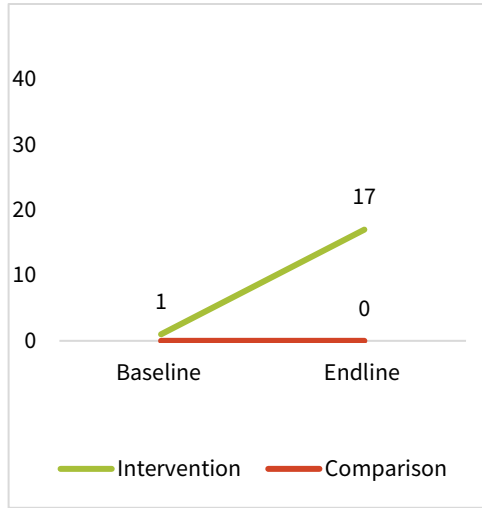
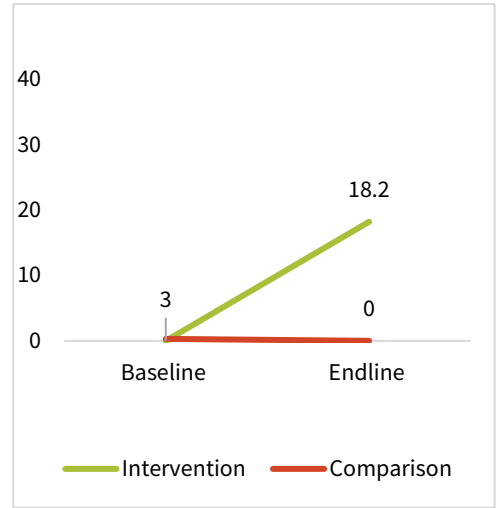


Figure 3. Percentage of women exposed to leaflets during home visits in the last six months, by area



Quality of Information and Counseling on LARCs and PMs

- In the intervention area, a greater percentage of implant acceptors received essential information on potential side effects, follow-up visits, and the recommended timing for follow-up, and the appropriate health facility to visit in case of side effects or complications compared to the comparison area (**Figure 4**).
- In the intervention area, 92 percent of implant acceptors felt that they received the required information from the provider before the method was provided, compared to 83 percent in the comparison area. Similarly, 89 percent 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 percent 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

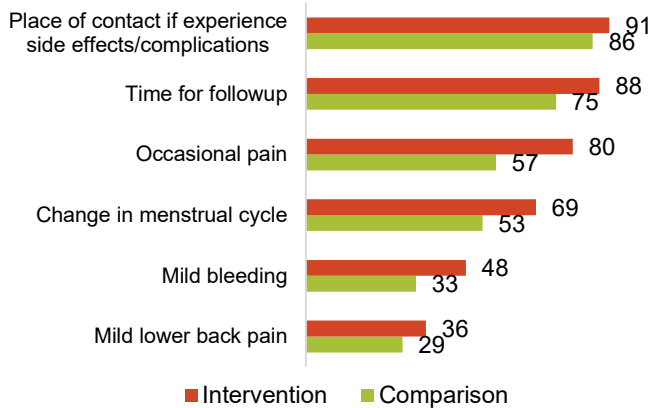
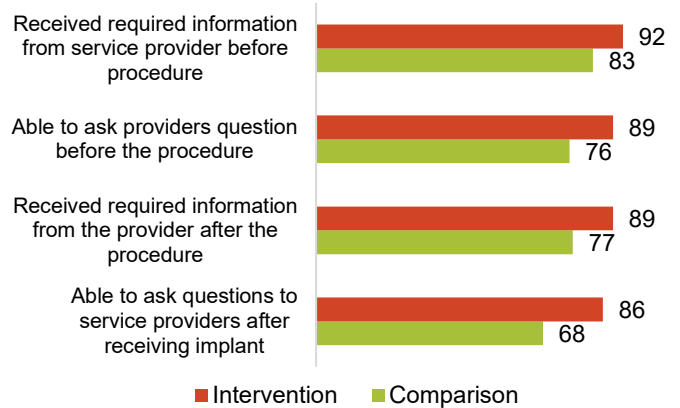
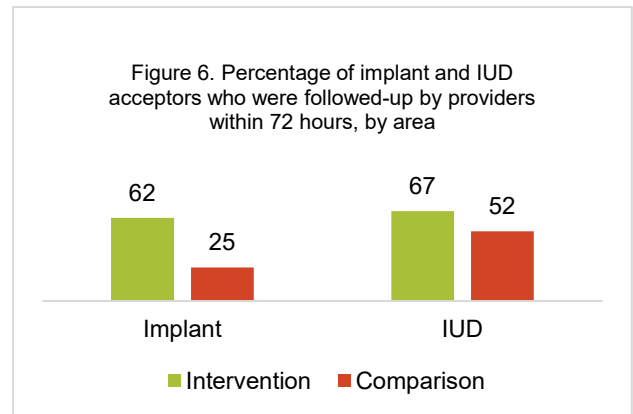


Figure 5. Quality of care among implant acceptors in the intervention and comparison area



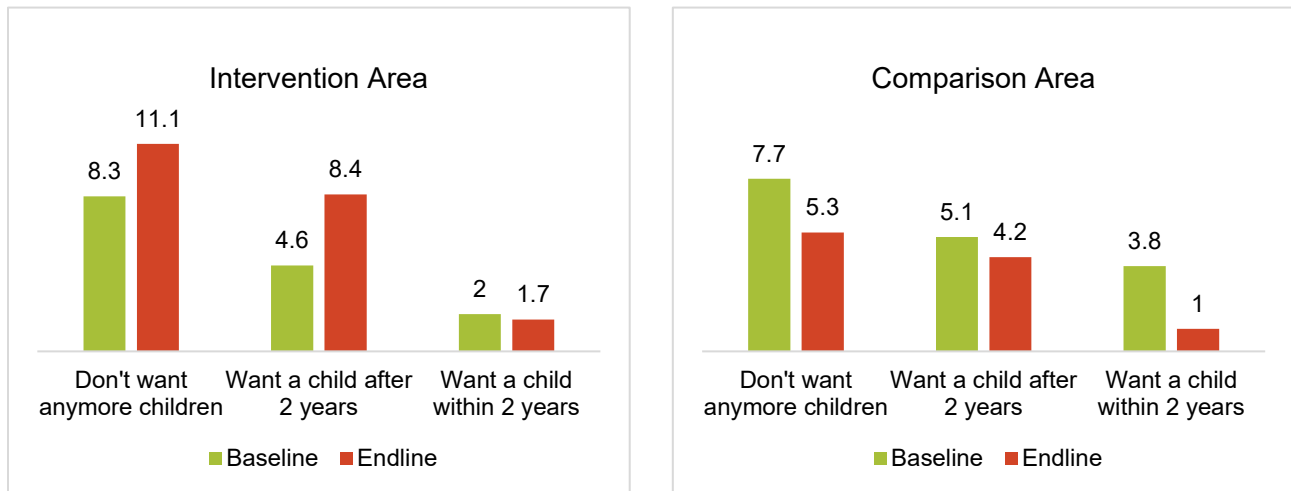
- Among implant acceptors in the intervention area, 89 percent reported receiving the required information about the LARC procedure and 86 percent said they were able to ask the providers all their questions after the procedure. In the comparison area, similar responses were 77 percent and 68 percent,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



Intervention Outcomes

- Implant use increased significantly—from 3.3 percent to 4.8 percent—in the intervention area, but it did not increase in the comparison area (in fact, it declined from 3.6 percent to 2.5 percent). IUD use increased from 0.5 percent to 0.7 percent in the intervention area but remained at 0.3 percent 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, whereas as this was not observed in the comparison area (**Figure 7**).
- Short-acting method use increased by 3.2 percent in the comparison area, while it declined by 0.8 percent 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 percent in the intervention area, whereas it declined by 0.4 percent in the comparison area.

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



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 effectively designed, implemented, and evaluated its intervention by preserving a segmented-client communication approach at its core, within the existing government FP service delivery system. It demonstrated the effectiveness of this approach in increasing LARC and PM use in the intervention area.

An essential aspect of the intervention is its fast-acting effect, as the improvement was realized in just 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 of this study, the authors recommend that segmented-client communication interventions be scaled up nationwide, beginning in the high performing western region (Khulna, Rajshahi, and Rangpur divisions). Women in this region have expressed strong demand for fertility limitation and experience a high incidence of menstrual regulation (MR) and abortion, likely stemming from a high incidence of unintended pregnancies. Despite relatively higher contraception usage, the predominant methods used in this region are less effective short-acting methods, marked by frequent early discontinuation and use-failure rates.

Promoting greater adoption of LARCs and PMs has the potential to reduce the high incidence of MR and abortion, both of which contribute to maternal morbidity and mortality in Bangladesh. Hence, the substantial emphasis placed on increasing utilization of LARCs and PMs could ultimately lead to achieving the desired outcome of elevating the country's contraceptive use rate while reducing maternal morbidity and mortality.

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