

# STEP UP

STRENGTHENING EVIDENCE FOR PROGRAMMING ON UNINTENDED PREGNANCY

NOVEMBER 2014

## REDUCE CONTRACEPTION DISCONTINUATION IN BANGLADESH BY IMPROVING COUNSELING ON SIDE EFFECTS

### WHY IS DISCONTINUATION A PROBLEM?

High rates of contraceptive discontinuation (when couples stop using contraception within one year of starting) and method failure (when contraceptives are incorrectly used or fail to work) could cause Bangladesh to lose the progress made in increasing contraceptive use over the past 20 years.

Contraceptive discontinuation and method failure are a cause for concern as they often result in unintended pregnancy, which can lead to health problems for the mother and baby, financial stress for the family, and sometimes unsafe or illegal abortions.

### THE CASE IN BANGLADESH

- Currently, over one third (36%) of users discontinue using contraception within 12 months; discontinuation is more likely among users of short-acting than long-acting methods
- There has been a decline in the use of long-acting methods (e.g. IUDs, implants), and an increase in use of short-acting methods (e.g. pills, injectables and condoms). As most women in Bangladesh reach their desired family size in their mid-20's, effective use of long-acting methods in their subsequent reproductive years would prevent further and unwanted pregnancies.

One of the targets of the Family Planning Clinical Contraception Services Delivery Programme is to reduce the overall discontinuation rate to 20% by 2016 - if the discontinuation rate came close to this, contraceptive prevalence would increase substantially.

### THE EVIDENCE

STEP UP staff undertook a rigorous literature review that analysed the current method mix, identified the reasons for contraceptive discontinuation, and determined how to improve services to reduce discontinuation. Relevant

### RECOMMENDATIONS:

The Family Planning Clinical Contraception Services Delivery Program under the DGFP must:

- ❖ **Implement regular refresher training for family planning providers** emphasizing counseling on side effects of FP methods (especially changes to bleeding patterns and their effect on daily activities) and informing and supporting women wanting to switch methods.
- ❖ **Promote use of long-acting methods**, especially among women who want to space and limit children.
- ❖ **Following discontinuation, enable switching to a new method** through visits from domiciliary health workers and encouraging discussing method use with spouses.

Health providers should:

- ❖ Follow WHO recommendations of the **administration of NSAIDs** such as ibuprofen (but not aspirin) or tranexamic acid so as to **reduce discontinuation of methods due to irregular bleeding**.

Donors who fund the family planning program must:

- ❖ **Require that funding recipients build the advocacy skills of the poor** to improve their capacity to demand quality and accountability from their health care providers.

STEP UP generates policy-relevant research to promote an evidence-based approach for improving access to family planning and safe abortion.

We work in Bangladesh, northern India, Ghana, Kenya, and Senegal.

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documents were collected from local research organisations.

PubMed/MEDLINE, HINARI, Google Scholar and other online academic journals were searched electronically for relevant literature.

## METHOD MIX

Currently, 52% of married Bangladeshi women aged 15-49 years use a modern method. Among these, 85% are using short-acting methods (pills: 52%; injectables 21%; condoms 12%) and 15% long-acting or permanent methods (female sterilisation 10%; vasectomy 2%; IUD: 2%; implants 2%).

## DISCONTINUATION OF CONTRACEPTIVES

Overall discontinuation remained consistently high until 2007, since when there has been a significant reduction from 57% in 2007 to 36% in 2011 (Figure 1), especially of methods including withdrawal, periodic abstinence and the condom. More research is needed to ascertain the causes of this rapid decline, as sustaining these gains will help achieve sustained and effective contraceptive use.

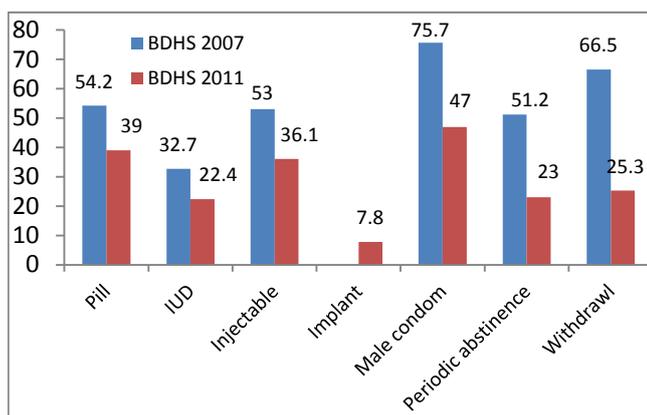


Figure 1: Discontinuation rates by type of method in Bangladesh from 2007 to 2011 (BDHS)

In 2011, only 14% of discontinuers switched to another method. The three most common reasons cited for discontinuation were side effects/health concerns (29%); desire to become pregnant (26%) and accidental pregnancies (15%), which is attributable to use of less effective methods.

Another factor contributing to discontinuation is a lack of interpersonal communication and courtesy by providers. Although paramedics interviewed in family planning clinics knew the basic principles of counselling, their interpersonal skills were inconsistent and often poor. There remains a non-communicative, hierarchical attitude between clients and paramedics, which may contribute to poor understanding of potential side effects and incorrect method use.

*Many women believe that excess menstrual bleeding leads to a loss of fertility. Although disruptions in the menstrual cycle caused by injectables are not harmful, it was highlighted as a key reason for discontinuation.*

## SIDE EFFECTS: A KEY REASON FOR DISCONTINUING IUD, INJECTABLE, & IMPLANT

Side effects were the most common reason for discontinuation of IUDs (64%), injectables (53%), and implants (65%).

**IUDs:** Women who indicated excessive blood loss as the main reason for discontinuation reported doubly long and heavy periods after IUD insertion. In Bangladesh, menstruating women cannot pray, have sex, perform household tasks, or participate in community activities. Thus, these women faced serious physical, social, and psychological challenges that may make continuation of an IUD difficult.

**Injectables:** Most injectable users are poor and illiterate women, many of whom believe that excess menstrual bleeding leads to a loss of fertility. Although disruptions in the menstrual cycle caused by injectables are not harmful, since these women have little access to follow-up counselling, experiencing bleeding without understanding that it does not reduce fertility is a key reason for discontinuation.

**Implants:** Although women were satisfied with implant insertion and were given clear counselling on managing problems, 10 of 24 women interviewed who requested a removal did so because of side effects.

## CONCLUSION

If women are adequately counselled and supported to sustain their use of more effective contraceptive methods, they will need less medical attention, have fewer unintended pregnancies, and reduce the workload for medical clinics. And if providers are adequately trained and supported in counselling and managing side effects and in helping women to switch methods when they do have a problem, the Family Planning Clinical Contraception Services Delivery Program would meet its goals and reduce discontinuation by over half by 2016.

## SOURCE:

Fauzia Akhter Huda, Sabiha Chowdhuri, Yolande Robertson, Bidhan Krishna Sarker and Laura Reichenbach. *Understanding Unintended Pregnancy in Bangladesh: Country Profile Report*. December 2013.

This Knowledge Translation Brief is prepared by Fauzia Akhter Huda and Sabiha Chowdhuri based on *Understanding Unintended Pregnancy in Bangladesh: Country Profile Report* by Huda FH et al. December 2013.

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