

WHAT ARE THE BARRIERS IN INCREASING THE USE OF LONG ACTING REVERSIBLE AND EMERGENCY CONTRACEPTIVES?

STUDY BACKGROUND

In 1998, SMC created Blue Star Network of private health providers to administer contraceptive injectables “SOMA-JECT” along with oral contraceptive pills and condoms. Recently, SMC established a Long Acting Reversible Contraceptive (LARC) network with the graduate providers to offer long acting reversible contraceptives.

Several studies indicate that clients and non-graduate providers have misconceptions about different family planning (FP) methods. The main intention of conducting this study was to gather information regarding knowledge and misconceptions about different family planning methods. The study was conducted among the married women of reproductive age (MWRA), eligible men and private sector providers from four low performing districts in Bangladesh – Barisal, Chittagong, Narsingdi and Sylhet. A total of 400 MWRA, 200 eligible men and 100 providers sitting at pharmacies were interviewed using a structured questionnaire. The survey was carried out between March 27, 2013 and April 20, 2013.

PROFILE OF RESPONDENTS

Only 22 percent of the MWRA and 28 percent of men have completed SSC or higher education. The average age at first marriage of MWRA is estimated to be 17 years, and average age at first child birth is 19 years. All the providers interviewed are male and 96 percent of them are owners of the business. It is found that 72 percent of the providers have the education level of SSC/HSC followed by 22 percent who have completed graduation or higher level of education. Nearly, 16 percent of them have no technical qualification but have learnt by working in the pharmacies.

KNOWLEDGE ON CONTRACEPTIVE METHODS

Findings suggest that there is a lack of awareness among women, men and non-graduate providers of LARC and permanent methods. Only 65 percent married women of

reproductive age are aware of IUD and 73 percent are aware of implant and this proportion is quite low among men (27% vs. 34%) and providers (16% vs. 25%).

KNOWLEDGE ON IUD

Of the MWRA, who are aware of IUD, 45 percent do not know the advantages or disadvantages of the method. Further, 47 percent of the MWRA are ignorant of the eligibility criteria for using IUD. An overwhelming majority of women (88%) with IUD awareness has mentioned that they are not interested in using IUD in future mainly due to fear of side effects, family or self-unwillingness, religious reason, hassle in using IUD and lack of knowledge on IUD. On the other hand, of the men who are aware of IUD, 54 percent do not know the advantages or disadvantages of IUD. Similarly, of the providers who are aware of IUD, 42 percent are ignorant of or have incorrect knowledge about the eligibility criteria for IUD. On the other hand, of the providers who are aware of IUD, 74 percent refer couples for IUD to public health facilities.

KNOWLEDGE ON IMPLANT

Of the MWRA, who are aware of Implant, 34 percent do not know the advantages or disadvantages of the method. Also, about half of the women are ignorant of the eligibility criteria for using Implant. Nearly 84 percent of the women with Implant awareness have mentioned that they are not interested in using Implant in future mainly due to fear of side effects, family or self-unwillingness, religious reason and lack of knowledge on Implant. Of the married men, who have heard of Implant, 45 percent have reported that they are not aware of the advantages and disadvantages of the method. On the other hand, nearly 13 percent of the providers are ignorant about the eligibility criteria for Implant. Of the providers, who are aware of Implant, 77 percent have reported that they refer couples for Implant to public health facilities.



KNOWLEDGE ON EMERGENCY CONTRACEPTIVE PILL

Only two percent of the MWRA are aware of Emergency Contraceptive Pill (ECP) which can prevent unwanted pregnancies after unsafe intercourses. On the other hand, nine percent of the married men and 53 percent of providers have mentioned that they are aware of ECP.

MISCONCEPTION ABOUT LARC AND INJECTABLE

There exist myths and wrong perceptions among the MWRAs regarding different FP methods. For example, nearly 28 percent of the MWRA with IUD awareness think that women cannot conceive even after removal of IUD, while 15 percent think that IUD can reach abdomen through uterus. Further, 16 percent think that Implant can cause cancer. Nearly a quarter of MWRA with awareness of injectable also thinks that it can cause infertility.

Of the men who are aware of ECP, 74 percent perceive that it can be used for abortion. In addition, 17 percent of the married men with awareness of injectable have reported that it can cause infertility, while nine percent men with IUD awareness believe that women cannot conceive even after removal of IUD and seven percent men with Implant awareness think that it can cause cancer.

A significant number of providers have negative perceptions of different FP methods. For instance, nearly 15 percent of the providers with awareness of ECP have mentioned that it can be used regularly as a contraceptive method. A significant portion of the providers (47%) also has mentioned that ECP can be used for abortion. In addition, 24 percent of the providers, who are aware of injectable, have reported that it can cause infertility, while 11 percent providers with IUD awareness believe that women cannot conceive even after removal of IUD.

WAY FORWARD

During the last couple of years, there has been a steady improvement of adopting clinical contraceptive methods especially long acting reversible methods. Finding of this study clearly demands that it is crucial to increase awareness and to address misconceptions about FP methods among the different target groups.

SMC can capitalize these research findings through applying following approaches:

- Develop appropriate communication messages and identify message dissemination channel regarding LARC and ECP to address following issues among couples and providers -
 - eligibility criteria
 - side-effects, benefits and advantages
 - myths and misconceptions.
- Initiate proper and effective campaign strategies to increase awareness of LARC and ECP among women, men and providers.
- Disseminate more information on LARC and ECP through community mobilization activities under Marketing Innovation for Health (MIH) program to address its benefits, advantages, myths, misconceptions and eligibility criteria. Therefore, community mobilization team need to modify existing messages, if required, or need to pay more attention to disseminate those information through existing group sessions.
- Recruit satisfied users of LARC as Community Sales Agent to motivate couples for improving knowledge and for adopting LARC and ECP.
- Incorporate more information on LARC and ECP in the training curriculum of graduate and non-graduate private providers to improve their knowledge and counseling skills.
- Involve community leaders including religious leaders and other influential people through MIH program, who can play a vital role in reducing misconceptions about LARC and in increasing knowledge and utilization among eligible couples.

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