Reduce contraception discontinuation in Bangladesh by improving counseling on side effects

Fauzia Akhter Huda
Sabiha Chowdhuri

Follow this and additional works at: https://knowledgecommons.popcouncil.org/departments_sbsr-rh

Part of the Community Health and Preventive Medicine Commons, Demography, Population, and Ecology Commons, Family, Life Course, and Society Commons, International Public Health Commons, Public Health Education and Promotion Commons, and the Women's Health Commons

Recommended Citation

This Brief is brought to you for free and open access by the Population Council.
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.

The Family Planning Clinical Contraception Services Delivery Programme 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.

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
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.

**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 Contraceptive Services Delivery Program would meet its goals and reduce discontinuation by over half by 2016.

**SOURCE:**


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

This is the product of a grant to icddr,b from the Population Council. The views expressed in this brief are not necessarily those of the Population Council and full responsibility for all contents remains with the author(s) of the policy brief.