Reaching Out: Results from Mobile Services Providing Access to IUDs in Rural Bangladesh

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Overview

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Significance & Background

- Over 100 million women in less developed countries would prefer to avoid pregnancy, but are not using any form of family planning (FP)\(^1\)

- 150 million women use IUDs globally

- IUD is most cost-effective reversible modern method of FP

- IUDs offer discreet and highly effective pregnancy prevention for 5-12 years, in addition to emergency contraception up to 5 days after intercourse.

\(^1\) Ross & Winfrey, 2002
Significance & Background

Bangladesh Context

- Modern contraceptive prevalence rate (CPR) was 47.5% among married women of reproductive age (MWRA)
- Current use of modern FP method mix largely short-acting methods, predominantly pills (28.5%) and injectables (7.0%)
- Long-acting FP methods currently under-utilised: 0.7% of MWRA currently using implants and 0.9% using IUDs
- Critical opportunity to scale up provision of IUDs to address unmet FP need cost-effectively, to increase CPR and continue reduction in total fertility rate

1 Bangladesh DHS, 2007
Background & Significance

- Marie Stopes Bangladesh (MSB) has provided FP services since 1998
- In 2010 MSB served over 1.7 million clients and provided over 35,000 IUDs
- Aim to address unmet FP need by providing access to quality comprehensive FP services
- Mobile outreach services are delivered across 63 of 64 districts nationally
- Bangladesh has the largest population receiving Marie Stopes International (MSI) long-acting FP services in South Asia.
Main Questions

- MSI and MSB view evaluation of IUD outreach services critical to assess and strengthen programmes to better meet the needs of underserved rural women.

- Among IUD services delivered by mobile outreach services in Bangladesh the study aimed:
  1. To establish the prevalence of adverse events associated with IUD use.
  2. To establish IUD discontinuation rate and reasons for removal.
Method

- Interview-administered questionnaire covered:
  - 1. Socio-demographic data
  - 2. Adverse events
  - 3. IUD discontinuation

- Following baseline survey on the day of IUD insertion, two rounds of follow-up were conducted:
  - Follow-up 1: average 32 days
  - Follow-up 2: average 127 days
Results & Key Findings

- All women invited to enrol in the study accepted to participate
- In total 1,283 participants were enrolled at baseline:
  - 1,262 (98.4%) returned at follow-up 1
  - 1,195 (93.1%) returned at follow-up 2
- Women aged 17-45 years (mean 28 years)
- Recruited from 30 outreach teams in 8 regions
Map of Bangladesh & 8 Study Regions
Results: Follow Up 1

- 3.6% (n=45) of women had discontinued IUD use

- Reasons for discontinuation were:
  - Abdominal pain (22.2%)
  - Bleeding (17.8%)
  - Spotting (11.1%)

- Among 41.2% (n=529) women reporting adverse event most common reasons were:
  - Abdominal pain (43.5%)
  - Vaginal discharge (14.9%)
  - Weakness (11.7%)
Results: Follow Up 1

- Older women (30-45 years) reported problems with IUD use more frequently*
  - 50.6% of women aged 30-45 years
  - 32.5% of women aged 17-24
  - 37.2% of 25-29 year olds

- At follow-up 2, no statistically significant difference in adverse events reported by age group

*(p≤0.0001)
Results: Follow Up 2

- 4.4% (n=52) of all women had discontinued IUD use

- Most commonly cited reasons for discontinuation were:
  - Abdominal pain (20.9%)
  - Bleeding (11.9%)

- Among 23.6% (n=282) women reporting an adverse event the most common were:
  - Abdominal pain (29.4%)
  - Vaginal discharge (23.8%)
  - Spotting (10.6%)
Key Findings

- Low discontinuation and adverse event rates

- Provision of IUDs by outreach mobile teams is a successful approach to delivering long-acting FP among underserved rural communities

- Abdominal pain was frequently reported and associated with IUD removal, suggesting more detailed FP counselling before method selection needed
Knowledge Contribution

- The MSB mobile outreach service delivery model has great potential to deliver IUD provision safely and effectively at scale

- Findings support the rationale to scale up IUD provision in Bangladesh (and other low IUD uptake settings)

- IUD scale up can be sustainable and cost-effective contribution to increase in CPR
For more information about this study contact adrienne.testa@mariestopes.org

To find out more about how we are addressing unmet need by reaching the most underserved, please visit www.mariestopes.org