PAA 2013 Short abstract

Title: Assessment of Private Providers' Knowledge, Attitudes, and Practices Related to Long-Acting and Permanent Methods of Contraception in Bangladesh

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Sessions: 108 and 115 (?)

In the last couple of decades, Bangladesh has made impressive gains in increasing contraceptive prevalence and decreasing fertility. However, current use of long acting and permanent methods (LA/PM) is still very low, which can be an impediment for the current objective of the government of Bangladesh of achieving a target of 2.0 births per woman by 2016. To better understand supply-side constraints to LA/PM provision in Bangladesh, we undertook a survey of obstetrician/gynecologists (Ob/Gyns), general practitioners (GPs), and nurses working in Dhaka and Chittagong to assess the existence of poor knowledge, biases and misconceptions among those private providers towards LA/PM. We find that clinical knowledge of proper use of LA/PM is low. We conclude by drawing policy recommendations from these findings.

PAA 2013 abstract (extended version)

Title: ASSESSMENT OF PRIVATE PROVIDERS' KNOWLEDGE, ATTITUDES, AND PRACTICES RELATED TO LONG-ACTING AND PERMANENT METHODS OF CONTRACEPTION IN BANGLADESH

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Background

Bangladesh has made impressive gains in increasing contraceptive prevalence and decreasing fertility over the past four decades. According to BDHS (2011), the total fertility rate (TFR) in Bangladesh declined from 7 children per woman in 1960 to 2.3 in 2011. Also, overall knowledge and modern contraceptive use in Bangladesh is also relatively high: over half (52 percent) of women of child-bearing age use a modern method of contraception. However, overall use of LA/PM methods is still low at 0.7 percent for IUDs, 1.1 percent for implants, 5 percent for female sterilization, and 1.2 percent for male sterilization.

The government of Bangladesh (GoB) has launched a concerted effort to achieve a target of 2.0 births per woman by 2016 (MoHFW and GoB 2011). To meet this goal will require, in part, an increase in use of long-acting and permanent methods (LA/PM) of contraception, which include implants, intrauterine devices (IUDs), male and female sterilization.

To better understand supply-side constraints to LA/PM provision in Bangladesh, we undertook a knowledge, attitudes, and practices (KAP) survey of obstetrician/gynecologists (Ob/Gyns), general practitioners (GPs), and nurses working in private facilities in Dhaka district and Chittagong City Corporation.

Our key research questions included:

- What is the level of knowledge of LA/PM among providers from the private commercial sector?
- Do private providers have biases against prescribing and providing LA/PM? If so, what are they?
- Do private providers have a preference for prescribing short-term contraceptive methods? If so, what are their stated reasons?
- What factors do private providers consider when suggesting family planning (FP) methods to their patients?
- What percent of private providers refuse to provide certain methods?
- What reasons do private providers give for refusing to provide certain methods?

Methods

The survey targeted three types of commercial private sector providers in Dhaka district and Chittagong City Corporation: Obstetrician/Gynecologists (Ob/Gyns), general practitioners (GPs) providing reproductive health services, and nurses. Target sample sizes of 155 Ob/Gyns, 80 GPs, and 150 nurses were chosen *a priori* to provide adequate representation and to meet budget and logistical constraints. Trained interviewers administered the survey face-to-face.

Results

The survey revealed gaps in provider knowledge on LA/PM. For example, when asked about side effects for each method, many Ob/Gyns mentioned incorrect side effects for female sterilization (78 percent), male sterilization (65 percent), injectables (54 percent), implants (45 percent) and IUDs (30 percent). Many providers were also misinformed with regard to what types of providers are legally allowed to provide and deliver each modern method of contraception. Currently in Bangladesh, implants and sterilizations can only be provided by doctors; IUDs and injectables can be provided by doctors and nurses. When asked about implants, 9 percent of respondents incorrectly said that doctors ***are not*** allowed to insert implants, and 15 percent incorrectly said that nurses ***are*** allowed to provide implants. There were more incorrect responses for IUDs, which doctors and nurses can provide: 11 percent of respondents incorrectly said that doctors ***are not*** allowed to insert an IUD and 34 percent incorrectly said that nurses ***are not*** allowed. Similar numbers were obtained for injectables. Most of the confusion came in terms of knowledge of what nurses are allowed to do compared to what doctors are allowed to do.

Long-acting and reversible methods (implants and IUDs) were generally perceived more poorly compared to other methods with respect to effectiveness at preventing pregnancy, number and severity of side effects, convenience of use, and ease of access. IUDs and implants were perceived as having more side effects, being less convenient to use for the patient, and the least easy to access. Male and female sterilization were perceived positively in terms of pregnancy prevention and side effects, but poorly on convenience and access.

In addition, providers demonstrated a widespread perception that husbands are generally opposed to having their wives rely on long-acting methods, and that women consider their husband's preferences when choosing a FP method. They also perceived that relatives, friends and religion play a more limited but still substantial role: 47 percent of doctors and 53 percent of nurses agreed that patients consider the opinion of family or friends when choosing a FP method. Most (84 percent) Ob/Gyns and GPs believed they should have a great deal of influence on the choice of FP method (vs. 70 percent for nurses). Finally, virtually all providers agreed that the private sector should play in increased role in the delivery and provision of LA/PM.

All LA/PM methods are available mainly through public and NGO facilities, and only Ob/Gyns and GPs are allowed to provide and deliver implants and carry out female or male sterilizations; nurses are allowed to provide injectables and IUDs. This regulatory barrier reduces the likelihood of future increases in the uptake levels of longer-acting methods. While all Ob/Gyns and GPs agreed that doctors should provide implants and 98 percent agreed they should provide IUDs, only 37 percent agreed that nurses should be able to provide implants and 63 percent agreed that nurses should provide IUDs.

Discussion and Recommendations

The survey results show that Ob/Gyns and GPs have relatively poor knowledge about different side effects of LA/PM, and implants in particular. Insufficient training and knowledge may contribute to several problems related to quality of service and proper counseling on side effects.

Providers (particularly Ob/Gyns) lack knowledge of important policies about who can provide different LA/PM and who is eligible to receive them. Increasing provision of LA/PMs through private providers will require a correct and consistent understanding of these issues to encourage the investment of private sector time and resources.

A finding of great concern surrounds perspectives of the convenience of different methods for clients. Providers perceive short-term methods as more convenient than long-term methods, despite requiring a regular behavior by the client. To be effective counselors and providers of FP methods – especially LA/PMs – private providers will need to be educated and convinced of their effectiveness and convenience to the client.

Finally, providers may inappropriately weigh husbands' feelings as a factor over women's feelings, health and desired family size when discussing methods with clients. This social misconception is a significant barrier to providers' ability to be effective counselors for FP method selection.

References

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