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The Family Planning Association of Bangladesh

An Evaluation Report on Injectable Method.



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FOREWORD

Family Planning Association of Bangladesh in addition to services given for family planning under the conventional methods through its full-fledged clinics all over the country, has been running injectable contraceptive services ever since it was introduced in 1977. Since then number of acceptors of this particular device is gradually increasing. Consequently, it became necessary to conduct a study on it to have a comprehensive knowledge about the methods, its efficiency and sideeffect if any.

I am extremely happy to note that the Research and Evaluation Unit of the Association under the guidance of Evaluation Sub-Committee, has completed the task. Its findings are quite interesting and informative.

I am thankful to the Presidents and Secretaries of the two concerned District Branches under whose guidance and supervision the study was finalised satisfactorily.

Cooperation of the officers and the members of the staff including the Field Investigators is gratefully acknowledged.

MD MAIZUDDIN
Honorary Secretary General
Family Planning Association
of Bangladesh

P R E F A C E

Family Planning Association of Bangladesh since long has been strengthening national programme through information, education, motivation, as well as clinical services. Injectables as one of the semi-permanent methods has been introduced in the clinic of FPAB in 1977. This method is gaining popularity and number of injectables users have been increasing quite substantially.

With a view to identifying the socio-economic background of the women who accept injectables and to know their general health status, reasons for discontinuation of this method and finally to know their attitude towards this contraceptives, an attempt has been made to undertake this study.

Findings of the study revealed various informations relating to factors influencing women to accept injectable for preventing pregnancies, this may be of interest to the Family Planning Organisations who offer injectables as one of the clinics' services.

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Convenor
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The staff members, who took whole-hearted interest in field investigation and tabulation deserve special appreciation. Mr. Mafizuddin Ahmed, Mr. Rafiqul Islam, and Mr. Joyanta Biswas, Members of the Office staff worked hard to type out the manuscript of the report. Their cooperation in preparing the study is sincerely acknowledged.

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SUMMARY OF THE FINDINGS

Family Planning Association of Bangladesh introduced injectable as the semi-permanent method of sterilization in the year 1977. This study was undertaken in order to find out the effectiveness and drawbacks if any, of the method. A total of 200 clients under this method were selected as respondents from Dhaka and Comilla District Branches of FPAB.

The respondents mean age was 28.8 years. Around 80% of them were in the age group of 21-35 years. Most of the respondents were Muslims; 70% of the respondents husbands and 50% of the respondents themselves had some formal education from Class I - X. Nearly half (46.4%) of the respondents husbands were service holders and about 36% were engaged in Business. Largest majority of the respondents (41.8%) had only the homestead. On an average agricultural land holders (62) had 1.7 acres of land. Their average live birth was 4.5.

Largest majority (about 36%) heard about Family Planning from their friends and relatives. Other sources were Government F P workers (around 20%) and FPAB workers (11.4%), Mean practising period of the method was 2 years and largest majority (52.4%) of the respondents were found practising the method for one year. During the time of interview 84% were found practising the method and the rest 16% were dropout clients. Main reasons for preferring the method were maladjustment of pill and a flat guarantee against pregnancy for 3 months.

Among the continuing respondents (185), largest majority (21.1%) took 10 or more injections. 2 or 3 injections were taken by 19.5% respondents.

All the drop-out clients took 2-5 injections, 50% of them took 2 injections. Causes of discontinuation were mainly weakness (50%) and Amenorrhoea.

Weakness and vertigo were problems stated by 65.5% and 50% of the total (220) respondents respectively. Pregnancy was found among 4 (1.8%) respondents. No physical change were found among 48%. On the other hand 28% lost their weight and 24% gained weight.

Of the total 220 respondents, 61% reported that no medical check-up (examination) was done before the method was given. Among the respondents examined, blood pressure and internal check-up was done on 94% respondents.

About 61% clients got no follow-up service. Around 58% respondents were given counselling about the probable side-effect of the methods and the rest were not given any counselling.

CHAPTER - I

INTRODUCTION

Injectable contraceptives are now legally permitted and therefore, theoretically available in over 100 countries. It is the most widely used method in Jamaica, Thailand, New Zealand, Mexico, Sri Lanka, China and Trinidad Tobago.¹ Other developed countries, Germany, France, Belgium, Denmark, Holland and Switzerland are also practising this method.²

It has been learnt that 1.5 million women in Europe and the U.S.A. are currently using Depo-Provera (DMPA, one of the trade names among injectable contraceptives.) Large number of injectable contraceptors are Asia. DMPA has been used in Thailand for almost 21 years. Sri Lanka introduced it in 1968.³

In Bangladesh injectable contraceptives have been introduced in the year 1974. More than 40 thousand women are practising the method.⁴ In recent months around 10,000 doses of injectables have been in practice, it was found.

Practice of injectable method normally prevents conception from 9-12 week. Duration of conception depends upon its doses and power of action.

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- SOURCE:
- 1 *1 Population reports, Series K. No. 2 May, 1983.
 - 2 *2 IPPF Medical Bulletin October, 1980
 - 3 *3 Journal, American Medical Association, June, 1983.
 - 4 *4 Leaflet No. 3 (on injectables), February, 1979.
 - 5 *5 Monthly reports, MFS unit, Directorate of Population Control.

PROJECT DESCRIPTION:

Family Planning Association of Bangladesh has been providing clinical services as backup support to the Govt. programme. Keeping this in view the Association already established fulfilled clinics in 18 district branches and a mini clinic in the Chittagong Hill Tracts to provide clinical services.

Injectable as semi-permanent method has been introduced in the year 1977 by the clinics of the Association in some of the District Branches. At present all the clinics provide injectable method to those women who desire to accept this. A large majority of them have been continuing this method for a long period of time. It has been observed that some of them have discontinued the method. From the record kept in the clinics it appears that the injectable method has some good and bad effects. Since clinical records are not sufficient to assess the effectiveness of injectables, it was felt necessary to carry out an evaluation study to find out the effectiveness of this method.

OBJECTIVES OF THE STUDY:

The main objectives of the study are:

- to have an idea of the socio-economic background of the clients under injectable methods.
- to know the physical impact of the acceptors after adopting this method.
- to ascertain the causes of drop-out of the clients; and
- to know the attitude of the clients towards the method.

METHODOLOGY OF THE STUDY:

a) Universe :

Dhaka and Comilla Branches of FPAB have the largest number of clients of injectable method. Upto December 1981, Comilla Branch enrolled 2303 acceptors on injectable method with a total number of continued clients ranging from 150 to 175 per month. Dhaka Branch had enrolled around 3000 clients on the method. The clients of Dhaka and Comilla Branches were thus selected as universe for this study.

b) Sample:

From the clients register, (maintained by the respective branches of FPAB) a sample of 220 clients were selected, taking 112 from Dhaka and 108 from Comilla Branch on simple random sampling, as respondents of the study.

c) Collection of data:

Data were collected by interview using a structured questionnaire with the help of 4 interviewers sufficiently experienced in the field of data collection. The interviewers were given training for this purpose. Data were tabulated manually and the report was prepared by the Evaluation Unit.

d) Supervision:

A close supervision was made by the Assistant Director (Evaluation) and Assistant Evaluation Officer during the data collection. Spot checking and rechecking of the schedules were also made.

CHAPTER - II

SOCIO-ECONOMIC BACKGROUND

Age :

It appears from the table that 78.7% of the respondents were in the age group of 21-35 years. Another 13.6% (30) respondents were in 36-40 years. Only about 7% were between 16-20 years.

The average age of the respondents were 28.3 years. Of the total 220 respondents 36.8% (81) were in the age group of 26-30 years. 21.4% were in the age group of 21-35 and 20.5% were in 31-35 years.

Table - I

Distribution of the respondents according to their age:

Age	Frequency	Percentage
16 - 20	15	06.8
21 - 25	47	21.4
26 - 30	81	36.8
31 - 35	45	20.5
36 - 40	30	13.6
41 + above	02	00.9
Total	220	100%

Mean age 28.8 years.

Religion

Most of the respondents i.e., around 96% were Muslims and the remaining 4% Hindus.

Table - II

Distribution of the respondents according to religion

Religion	Frequency	Percentage
Muslims	211	95.9
Hindu	9	04.1
Total	220	100%

Education

The table shows that 76% of the respondents' husbands and about 50% of the respondents (wives) had some formal education (Class I to Class X). 12.7% husbands and 9.5% respondents could sign their names. Illiteracy rate was 17.3% and 41.4% respectively.

Including graduates around 20% of the husbands had education above S.S.C. whereas the education of respondents above S.S.C. was nil.

Table - III

Distribution of the respondents according to their own and to their Husbands educational attainment.

Education	Husbands		Respondents	
	Frequency	Percentage	Frequency	Percentage
Illiterate	33	17.3	51	41.4
Only signature	23	12.7	21	9.5
Class I - IV	13	6.9	26	11.8
Class V - X	64	29.1	66	30.0
S.S.C.	34	15.5	16	7.5
H.S.C.	19	8.6		
Graduate	22	10.0		
Technical	02	0.9		
Total	220	100%	220	100%

Occupation

It is observed from the table that nearly (90.4%) of the respondents husbands were service holders and about 36% were engaged in business, among the remaining about 16%, 4.1% were engaged in Agriculture, 6.3% were Rickshaw Puller and 7.3% were engaged in different occupations (See Table - IV)

So it appears that the highest number of injectable users (46.4%) were wives and service holder. It may be the result of the awareness about this particular method of contraception and the nature of the area of data collection.

Table - IV

Distribution of respondents according to their husbands occupation

<u>Occ' on</u>	<u>Frequency</u>	<u>Percentage</u>
Agriculture	09	04.1
Service	102	46.4
Business	79	35.9
Rickshaw Pulling	14	06.3
Others	26	07.3
Total	220	100%

Land holding

The largest majority of the respondents (41.8%) had only the homestead other 25.5% were landless. A total of only 62 respondents (28.1%) had some agricultural land. On an average agricultural land holders had only 1.7 acre of land. 10 respondents (4.5%) could say nothing.

Table V

Distribution of respondents according to the quantity of land holdings

Status	Frequency	Percentage
Landless	56	25.5
Only house	92	41.8
Upto 1 acre	28	12.7
1 - 2 acre	12	05.5
2 - 3 acre	11	05.0
3 - 4 acre	07	03.2
4 - 5 acre	02	00.9
5 - 6 acre	00	00.0
6 + above	02	00.9
Can't say	10	04.5
Total	220	100%

Mean = 1.7 acre

N = 602

Live Birth

On an average the respondents had 4.5 live birth during their mean age 28.8 years.

The largest majority of the respondents (34.5%) had 3 - 4 live births, 25.5% had 5 - 6 and 19.1% had 1 - 2. About 21% respondents had 7 and more live birth.

Table - VI

Distribution of the respondents on the basis of live birth

Live birth	Frequency	Percentage
1 - 2	42	19.1
3 - 4	76	34.5
5 - 6	56	25.5
7 - 8	38	17.3
9 + above	08	03.6
Total	220	100%

Living Children

On an average the respondents had four living children. The highest number of respondents 86(39.1%) had 3 - 4 living children. The second largest group 57 (25.9%) respondents had 5 - 6 and another 52 (23.6%) respondents had 1 - 2. Number of respondents who had seven or more living children was 25 (11.4%).

Table - VI(b)

Distribution of respondents on the basis of living children

Living Children	Frequency	Percentage
1 - 2	52	23.6
3 - 4	86	39.1
5 - 6	57	25.9
7 + above	25	11.4
Total	220	100%

Mean = 4

CHAPTER - III

KNOWLEDGE OF FAMILY PLANNING AND PRACTISES

First Source of Information

Questions were asked to know the first source of information on family planning. From the table below, it will appear that the largest majority of the respondents (about 36%) heard about family planning from their friends and relatives. About 20% from Government Family Planning worker and about 17% from Radio Television. FPAB worker as the source of information cover only (11.4%).

Table - VII

Distribution of respondents (according to their source of information on Family Planning)

Sources	Frequency	Percentage
FPAB Workers	25	11.4
Govt. F.P Workers	43	19.5
Friend/Relative	79	35.9
Husband	13	05.9
Radio/ Television	37	16.8
Other	23	10.5
Total	220	100%

Time scale of Information about Family Planning.

The table shows the tenure of family planning knowledge by the respondents. About 30% of the respondents heard about family planning 0 - 10 years back and 41% heard 4 - 8 years back. About 13% heard for 11 years or more. It may be mentioned here that the respondents in general were aware of family planning.

Table - VIII

Distribution of respondents according to tenure of family planning knowledge

Period (in year)	Frequency	Percentage
0 - 2	17	07.7
2.1 - 4	20	09.1
4.1 - 6	43	19.6
6.1 - 8	47	21.4
8.1 - 10	65	29.5
10.1 - + about	28	12.7
Total	220	100%

Present status of Injectable Method:

Questions were asked of the respondents enquiring about their practice of this particular method at that time.

A total of 185(84.1%) respondents reported that they were continuing their practice of the same method and the remaining 35(15.9%) respondents dropped out.

Table - IX

Distribution of respondents according to the present status of use of Injectable method

Present Status	Frequency	Percentage
Yes	185	84.1
No	35	15.9
Total	220	100%

Reasons for preferring Injectable Method:

We put questions to the respondents to find out the reasons of preferring injectable methods to other methods of contraception.

95 (43.2%) of the respondents replied that they practised injection as oral pill did not suit them, 88 (40%) respondents preferred it because, there was a guarantee of 3 months of not getting pregnant. Among the remaining 10.5% preferred it because it suited them perfectly and 4.5% were advised by others to do so. Only 4 (1.8%) respondents took it for a change of method.

Table - X

Distribution of respondents showing different reasons to prefer Injectable contraceptives

<u>Reasons for Preference of Injectable method</u>	<u>Frequency</u>	<u>Percentage</u>
Pill does not suit	95	43.2
Guarantee for three month	88	40.0
Suit perfectly	23	10.5
Advised by others	10	04.5
For a change of method	04	01.8
Total	220	100%

Period of practising Injections

Queries were made to know the period of their continuation of this method.

With the mean of practising years on injections, the majority of the respondents 97 (52.4%) found practising for one year only. Among other 88 (47.6%) respondents, 39 (21.1%) were practising for 2 years and the remaining 49 (26.5%) were for 3 - 6 years.

Table - XI

Distribution of respondents on the basis of duration of practising injectable

Duration (N Year)	Frequency	Percentage
Upto 1 year	97	52.4
" 2 "	39	21.1
" 3 "	19	10.3
" 4 "	14	07.6
" 5 "	14	07.5
" 6 "	2	01.1
Total	185	100%

Number of total Injections taken

Majority of the respondents i.e., 39 (21.1) took 10 or more injections. Two injections were taken by 36 (19.5%) and three by 29 (15.7%) respondents respectively. Among the remaining 91 (about 48%) respondents, 67 (36.2%) respondents took 4 - 9 injections. Only 14 respondents took one injection each.

Table - XII

Distribution of respondents on the basis of total number of Injection taken use far

Number of Injection taken	Frequency	Percentage
1	14	07.6
2	36	19.5
3	29	15.7
4	12	09.7
5	11	05.9
6	11	05.9
7	9	04.9
8	11	05.9
9	7	03.9
10	39	21.1
Total	185	100%

DROP OUT CLIENTS

CHAPTER - IV

Duration of practise and total number of Injections:

Thirty five clients droppedout practising the method. Questions were asked to them about their duration of devices they practised previously. The period of practise range was from one to three years for all the drop-out clients. 25 (71.4%) of them continued the method for one year. Among the rest 10 clients, 7 (20%) continued for 3 years and 3 (8.6%) practising for 2 years only.

Further effort were made to find out the number of injections taken by the drop out clients. All the 35 clients took 2-5 injections. About 50% of them took 2 injections and 10 (28.6%) took 5 or more injections. Remaining 8 (22.8%) respondents tok 3 - 4 injections. Out of these respondents two persons took four injections each.

Table - XIII(a)

Distribution of Drop-out respondents according to period of previous practice of injectable method and total number of injection taken by them

<u>Duration (in year)</u>	<u>Frequency</u>	<u>Percentage</u>
1	25	71.4
2	3	08.6
3	7	20.0
Total	35	100%

Table XIII(b).

Number of Injection	Frequency	Percentage
Up to 2	17	48.6
" 3	6	17.1
" 4	2	05.7
" 5	10	28.6
Total	35	100%

Causes for Drop-out

Drop-out clients were asked to mention reasons of not practising the method. Response was multiple. Nearly 50% referred to weakness as one of the cause. More than 30% (11) respondents reported about amenorrhoea. Vertige and irregular bleeding and excessive bleeding were other causes stated by 20% respondents. There were other symptoms as anaemia, lacorrhoea, obesit and desire for pregnancy.

Table XIV

Causes for not practising injectable methods

Causes	Frequency (1-35)	Percentage
Amenorrhoea	11	31.4
Vertige	7	20.0
Weakness	17	48.6
Irregular Bleeding	7	20.0
Excessive Bleeding	7	20.0
Anaemia	2	05.7
Lacorrhoea	1	02.9
Obesity	2	05.7
Desire for pregnancy	2	05.7

CHAPTER - V

PHYSICAL IMPACT

Problem of practising clients:

All the clients (220) were asked whether they had any problem while practising the method.

Response were multiple. Majority of the respondents (144) (65.5%) reported that, physical weakness was a problem , 123 (above 56%) referred to suffering from Vertigo, Amenorrhoea and Irregular Bleeding were reported by 32 (37.3%) respondents respectively. Excessive bleeding, Anaemia Irregular Menstruation, obesity were reported by some of the respondents but their percentage was small.

Table - XV

Distribution of respondents according to physical problems

<u>Physical Problems</u>	<u>Frequency</u>	<u>Percentage</u>
Amenorrhoea	32	37.3
Vertigo	123	55.9
Irregular Bleeding	66	30.0
Excessive Bleeding	29	13.2
Irregular Menstruation	20	09.1
Weakness	144	65.5
Less in Breast Milk	9	04.1
Obesity	10	04.4
Anaemia	23	10.5
Jaundice	1	00.5

Pregnancy

Enquiry was made to know about the state of pregnancy at the time of interview. It was found that 4 (1.8%) respondents were pregnant.

Table - XVI

Distribution of respondents on the basis of pregnancy at present

Status of Pregnancy	Frequency	Percentage
Yes	4	01.8
No	216	98.2
Total	220	100%

Pregnancy among the drop-out clients

Effort was made to know the state of pregnancy of the drop out clients. Among 216 clients 23 (6%) had no pregnancy. Remaining 193 (34.3%) became pregnant at different times.

Physical change after practising injectable method

All the respondents were asked about their physical changes during or after practising injectable method.

106 (48.2%) had no physical change in them. Whereas 114 (51.8%) had some changes in them of whom (27.7%) lost weight and 53 (24.1%) gained weight.

Table XVII

Distribution of respondents according to their physical changes after carrying out Injectable Method:

Physical Change	Frequency	Percentage
Weight gain	53	24.1
Normal	106	48.2
Weight loss	61	27.7
Total	220	100%

CHAPTER VICLINICAL SERVICES AND CONSELLING

Medical check up and its nature.

Medical check up necessary before pushing injectable contraceptives. Questions were asked to know whether they were medically examined before accepting the method 135 (61.4%) respondents reported that they were not examined by the doctors. Whereas 85 (38.6%) were found examined.

Further enquiry was made to know the nature of medical check up replies were multiple. During medical examination blood pressure was checked upto 80 (94.1%) respondents. Uterus examination was done to 29 (34.1%). Blood and urine tests were made to each of the clients.

Table - XVIII(a)

Distribution of respondents on the basis of medical check up and its nature

Status of Medical Check up	Frequency	Percentage
Yes	85	38.6
No	135	61.4
Total	220	100%

Table XVIII(b)

Nature of Medical Check up	Frequency N 55	Percentage
Blood test	01	1.2
Uterus Examination	29	54.1
Blood pressure	30	54.1
Stomach test	00	00.0
Urine , other test	1	01.2

FOLLOW-UP VISIT

Wide spread and increasing family planning service is largely dependent on continuous follow-up service. Follow up service checks rumor, boosts moral of the users and motivates the future clients. From the table it appears that about 61% of the clients get no follow-up service from FPAD workers 39.1% received follow up services.

Table XIX

Distribution according to status of Follow-up Service

Status of Follow-up Service	Frequency	Percentage
Yes	86	39.1
No	134	60.9
Total	220	100%

Prior Information about side effects:

Like other contraceptive injectables are also not free from side effect.

From the table it appears that about 92 (42%) respondents had no advance counselling about the side effects other 77 (35%) were given a little information and only 51 (23.2%) were informed about the side-effects before they adopted the method

Table - XX

Distribution of respondents according to status
of counselling on side-effects

Status of Information	Frequency	Percentage
Not informed	92	41.8
Partly informed	77	35.0
Clearly informed	51	23.2
Total	220	100%

RECOMMENDATION

Injectable method being semi permanent device in nature attracted a good number of acceptors within our country and around the world.

The clients who desire accept permanent method after a limited period of time because of their child in infant age or the clients who don't wish to go for permanent method at the very beginning of their practise of F P methods, may be covered with this injectable contraceptives.

The advantage of this method over pill can be summarised in a single line as "Free from fear of forgetting".

This method can largely be spread in the remote areas through mobile clinics. Necessary medical check-up should be done at the earliest opportunity and they should be informed about the probable side effects. Proper follow-up service should be ensured to keep them mentally fit. The clients should be given proper knowledge about nutrition and cleanliness, which would help them maintain a healthy body.