

PN-ABA-834 57858

BANGLADESH FERTILITY RESEARCH PROGRAMME

10TH ANNUAL CONFERENCE

September 27, 28, 1987

Venue

SPARRO Abargaon, Dhaka

AIDÉ-MÉMOIRE



PM-13A-834

10TH ANNUAL CONFERENCE



Bangladesh Fertility Research Programme
Dhaka Bangladesh

Bangladesh Fertility Research Programme
3/7, Asad Avenue
Mohammadpur, Dhaka
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This aide-memoire will Serve as your
'on-site' Schedule of events

Contact Persons

Dr. Halida Hanum Akhter
Dr. A.J. Faisal
Mr. Md. Shahjahan
Mr. Md. Motaherul Haque

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GREETINGS

Dear Friends and Colleagues :

We are delighted to welcome you to join us at 10th BFRP Annual Conference, September 27—28, 1987. The major objectives of the conference are :

- To share and discuss the research findings in the area of reproductive health with more concentration on contraception and maternal child health conducted by BFRP and other organizations ;
- To formulate specific recommendations relevant to National Family Planning & MCH Program ;
- To plan strategies for implementations and follow-up of the recommendations in future.

Your participation at this conference will help strengthen BFRP efforts in improving reproductive health and MCH activities.

Through this conference we attempt to offer a modest range of opportunities for providing an orientation & career development opportunities for young doctors and senior medical students. This annual congregation brings people Together who are working for improvement of the quality of life of the mother and child.

Topics to be addressed include issues and advances related to such modern contraceptive methods as oral contraceptives, injectables, IUDs, and NORPLANT. In addition, research findings on maternal care monitoring, improvement of MCH services, breast-feeding patterns and some other related issues will be shared.

To facilitate effective participation this aide memoire includes the abstracts of the papers to be presented in the conference.

The 10th Annual Conference promises to be a productive and rejuvenating learning experience for all of us and will take us one step forward to achieving our common goals. We very much look forward to your active participation and thus making the conference a great success.

Halida Hanum Akhter
Director.

AIDE-MEMOIRE

BANGLADESH FERTILITY RESEARCH PROGRAMME

10TH ANNUAL CONFERENCE

PROGRAMME

Sunday

27 September 1987

09:00 - 10:30 A.M.

INAUGURAL SESSION

- Guest taking seats
- Taking of chairs
- Telwat-e-Quran
- Address of Welcome : Dr. Halida Hanum Akhter
Director, BFRP.
- Speech by Special Guest : Mr. James H. McMahan
Program Coordinator
FHI, USA.
- Speech by Special Guest : Mr. Kazi Fazlur Rahman
Member
Planning Commission.
- Speech by Chief Guest : Mr. Salauddin Quader
Chowdhury
Minister
Ministry of Health & Family
Planning.
- Speech by Chairperson : Mr. Manzoor ul Karim
Secretary
Ministry of Health & Family
Planning.
- Vote of Thanks : Mr. Matiur Rahman Shah
Deputy Secretary
(Coordination)
Ministry of Health & Family
Planning(Family Planning
Wing).

Refreshment

11:00-01:00 P.M.

SESSION-I

- Chairperson : Prof. T. A. Chowdhury
- Discussant : Prof. Shah Abdur Rahman
Dr. M.A. Mabud

Oral Contraceptives

11:10 - 11:20 A.M.	Overview	: Prof. A.B. Bhuiyan
11:20 - 11:30 A.M.	Paper - I	: Prof. Mufakkarul Islam
11:30 - 11:40 A.M.	Paper - II	: Dr. Syed Ahmed

MCH

11:40 - 11:50 A.M.	Overview	: Mr. S.R. Chowdhury
11:50 - 12:00 Noon	Paper - I	: Dr. Shafiqur Rahman
12:00 - 12:10 P.M.	Paper - II	: Mr. G.M. Kamal
12:10 - 12:20 P.M.	Paper - III	: Ms. Fazilatunnessa
12:20 - 12:30 P.M.	Paper -IV	: Dr. Latifa Shamsuddin
12:30 - 12:40 P.M.	Paper -V	: Dr. David Sokal, F.H.
12:40 - 01:00 P.M.	Discussion Rapporteur	: Dr. Yasmin Hemayet Ahmed Mrs. Sanjida Islam

01:00 - 02:00 P.M. LUNCH BREAK

02:00 - 4:20 P.M.

SESSION-II

Chairperson : Col. Abdul Latif Mallick

Discussant : Prof. Muklesur Rahman
: Dr. Mina Malakar

Injectable

02:10 - 2:20 P.M.	Overview	: Prof. T.A. Chowdhury
02:20 - 2:30 P.M.	Paper - I	: Dr. A.J. Faisal
02:30 - 2:40 P.M.	Paper - II	: Dr. Halida Hanum Akhter
02:40 - 2:50 P.M.	Paper - III	: Dr. Reba Macfield
02:50 - 3:00 P.M.	Paper - IV	: Mr. Waliur Rahman

IUD

3:00 - 3:10 P.M.	Overview	: Dr. Halida Hanum Akhter
3:10 - 3:20 P.M.	Paper - I	: Dr. Husn Ara Ali
3:20 - 3:30 P.M.	Paper - II	: Dr. Sayeeda R. Chowdhury
3:30 - 4:20 P.M.	Discussion Rapporteur	: Dr. Shahidullah : Mr. Nazmul Huda Khan

Monday
28 September 1987
09:00 - 10:30 A.M.

SESSION-III

Chairperson : Bring, K.M. Siraj Jinnat
Discussant : Dr. Azizur Rahman
Prof. S. Firoza Begum

Norplant

09:10 - 09:20 A.M. Overview : Dr. Halida Hanum Akhter
09:20 - 09:30 A.M. Paper - I : Prof. T.A. Chowdhury

Ongoing & Just completed study

09:30 - 09:40 A.M. Exlutop Study : Prof. Suraiya Jabeen
09:40 - 09:50 A.M. Condom & VSC Study : Dr. A.J. Faisal
09:50 - 10:00 A.M. Use Dynamics : Dr. Halida Hanum Akhter
and
10:00 - 10:10 A.M. IUD Followup Study
10:10 - 10:30 A.M. Discussion : Dr. Lutfunnahar
Mrs. Zareen Khair

10:30 - 11:30 A.M. T E A B R E A K

11:30 - 01:30 P.M. **GROUP DISCUSSION**

Group-I : OC

Group Leader : Prof. Suraiya Jabeen
Resource Person : Prof. A.B. Bhuiyan
Prof. Mufakhkharul Islam
Dr. Syed Ahmed
Rapporteur : Dr. Shahidullah

GROUP-II : IUD

Group Leader : Prof. Mukhlesur Rahman
Resource Person : Prof. Nurjahan Bhuiyan
Dr. Sabera Rahman
Dr. Sayeeda R. Chowdhury
Rapporteur : Mrs. Sanjida Islam.

	Group-III	: INJECTABLES & NORPLANT
	Group Leader	: Prof. T.A. Chowdhury
	Resource Person	: Dr.Lt.Col (Rtd) Shamsuddowla Dr. Mina Malakar Dr. Reba Macfield
	Rapporteur	: Dr. Lutfun Nahar.
	Group-IV	: MCH
	Group Leader	: Dr. Shafiqur Rahman Mr. S.R. Chowdhury Dr. Latifa Shamsuddin Mr. G.M. Kamal
	Rapporteur	: Mrs. Zareen Khair.
	Group-V	:SPECIAL GROUP
	Group Leader	: Dr. Halida Hanum Akhter
	Resource Person	: Mr. Mahe Alam Prof. Shah Abdur Rahman Prof. M.M. Islam
	Rapporteur	: Mr. Suresh Chandra Datta.
01:00 - 02:30 P.M.	LUNCH BREAK	
02:30 - 03:30 P.M.	CLOSING SESSION	
	Chairperson	: Mr. Hasinur Rahman Additional Secretary Ministry of Health & Family Planning.
02:30 - 03:10 P.M.	Recommendation Presentation	: Group Rapporteurs/ Resource Persons
03:10 - 03:20 P.M.	Farewell Remarks	: Mr. Taslimur Rahman Joint Secretary Ministry of Health & Family Planning.
03:30 - 04:00 P.M.	TEA BREAK	for participants

03:30 - 05:00 P.M.

National Technical
Committee meeting
(Tea will be served
in the meeting)
Rapporteur

: Dr. A.J. Faisal

05:00 - 6:30 P.M.

Reception and
Mini Cultural Show

A DOUBLE-BLIND THREE WAY COMPARATIVE PILL STUDY IN BANGLADESH

PROF. A.I.M. MUFAKKIHARUL ISLAM, DR. MINA MALAKAR,
DR. SABERA RAHMAN, DR. ABDUR RAHMAN KHAN, DR. HALIDA
HANUM AKHTER, & MR. SURESH CHANDRA DATTA.

ABSTRACT

To compare three different types of combination oral contraceptives, a double-blind study was conducted by BFRP during April 1984 through May 1986. The study compared Noriday 1/50 (Syntex), standard estrogen-dose pill in Bangladesh with Femenal (Wyeth), standard composition of "Combination-5" which is very popular in Bangladesh. These two pills were compared with a low estrogen-dose pill, Lo-Femenal (Wyeth) which is being Marketed by Social Marketing Project as 'Ovacon' but is not included in government family planning program. All three types of pills were repackaged to make them look identical and were compared with respect to continuation rates at (1, 4, 7 and 11 months), pregnancy rates and reported side-effects. The field study was conducted in Dhaka city, Mymensingh and Tangail and a total of 1198 women, at four sites were admitted. Loss to follow-up rates were 9.0, 10.0 and 8.8 percent and continuation rates at 11 months were 68.6, 67.3, and 68.4 percent for Femenal, Lo-Femenal and Noriday 1/50 respectively. Discontinuation rate for side-effects was significantly higher among Femenal group compared to other two groups. Out of nine accidental pregnancies reported during the study period, two were in the Femenal group, four in the Lo-Femenal and three in the Noriday 1/50 group. Therefore, the popularity of "Combination-5" pills in Bangladesh may not be due to its steroidal composition, but to other factors.

A COMPARATIVE ORAL CONTRACEPTIVE STUDY SUPPLEMENTED WITH PLACEBO, VITAMIN AND CALCIUM

DR. SYED AHMED, DR. M. A. H. M. BARAQUE & MR. SURESH
CHANDRA DATTA

ABSTRACT

The findings of different reports indicate that a substantial proportion of women in Bangladesh discontinue OC use due to minor side-effects like weakness, nausea, dizziness and vomiting. Bangladeshi women are generally anaemic and malnourished because of frequent child bearing, deficient intake of protein, iron and vitamins. BFRP conducted this study to find out whether supplementation of calcium or vitamin along with the pills has any role in the continuation of OCs by reducing the above side-effects. This was a comparative study, with single blind prospective design, carried out from July through December 1984 at Comilla and Dhamrai. The 11-months cumulative continuation rates, per 100 women were 97.5, 96.11 and 95.9 respectively for placebo group, vitamin and calcium group. Among the complications or complaints, intermenstrual bleeding, increase in headaches and dizziness were significant, showing no group differences. The incidence of vaginal discharge was significantly low for the placebo group of women. The findings of the study suggest that the supplementation of vitamin or calcium to the OC users have no effect in increasing the acceptability and continuation of OC use.

APRIL 1985

AN EXPERIMENTAL PROJECT IN IMPROVEMENT OF MATERNAL AND CHILD HEALTH SERVICES IN RURAL BANGLADESH

DR. SHAFIQR RAHMAN AND MS. FAZILATUN NESSA

ABSTRACT

To determine the means of increasing the utilization of MCH services under existing government constraints, a study was undertaken in Jhikargacha upazilla of Jessore during 1984-85. Four experimental unions covering 80,000 eligible couples were selected on random sampling basis. Two control unions were selected to compare contraceptive practice only. The programme consisted two major components, one of which consisted of training of TBA, FWV, MA, fieldworkers (FWA, FPA, FWW, AHs) and enhancement of community participation through revival of Upazilla, Union and village MCH and FP committees. Other component was field oriented programme emphasising outreach services. Training was provided to TBAs regarding principles of aseptic delivery, elementary knowledge of human reproduction, and labour. Pre and post training assessment of knowledge & skill of TBAs was also done. The TBA trainers were also given a 5 day's training. Field workers were trained on the responsibilities of delivery of MCH and primary health care. Other interventions and services provided were, holding of satellite clinics, informal community meetings and coordinated effort of Health and Family Planning Officer and Family Planning Officer. The Project Director acted as catalyst for the coordinated activities through regular meetings in the upazilla. To assess the impact of the interventions (except for contraception practice) the study compared pre-implementation statistics with that of post implementation period with respect to services provided by the workers, meetings conducted. Improvement in utilization of services varied from 50 to several hundred percent in different aspects of MCH care. Performance and acceptability of the TBAs improved a remarkably 50%-100%. The number of deliveries conducted by TBA rose to 640 after training compared to 50 before training. Referred for TT increas 764 where they never referred any case before the project. Pre and post training evaluation of their performance and skill also showed a great improvement. Number of satellite clinics held during the project period increased from none to 79. There was strikingly improvement in acceptability for antenatal and post natal care. Acceptance of TT also greatly improved. During the project period 134 community meetings were held as compared to none before. These meetings were most helpful in decision making for utilization of MCH services and for clarifying issues related to MCH care. The knowledge of mothers in preparation and use of ORS was found to be highly satisfactory after the project period. There was also a positive impact of the project on contraceptive practice.

PROJECT FOR IMPROVEMENT OF MCH SERVICES

G.M. KAMAL AND M.Z. KHAN

ABSTRACT

On completion of the project on Improvement of MCH services in 4 unions of Jhikargacha, an external evaluation was conducted in the 1985. The evaluation was designed to assess the impact of the interventions, in the form of knowledge and attitude on MCH & FP, immunization coverage, delivering conducted by TBAS, improvement in contraceptive practice & percent increase of clinic attendance in the experimental area compared to that in the control area. The experimental area included two wards from all the 4 unions of Jhikargacha selected under the study project. The control area was selected from a neighbouring upazilla where interventions were not implemented. Data were collected through structured questionnaire by interviewing eligible women from both experimental and control area, and MCH service providers & community influentials of only the experimental area. All currently married fertile women from 30 selected households of both experimental and control area were interviewed. A total of 65 service providers including UHFPO, FPO, MO (MCH& FP), FWV, TBA, MA, FPA & FWV and a sample of 48 community influentials were interviewed from experimental areas only. In experimental area the number of people having knowledge on antenatal care was higher (93.4% vs 84.2%), the proportion of respondents seeking MCH services was three times higher (50% vs 18.0%) and the proportion of women having at least one medical check up during pregnancy was substantially higher (52.8% vs 36.7%) compared to that in control area. In the experimental area, 87.3% of the respondents had knowledge of T.T. and of them 72% accepted the TT injection on becoming pregnant during the last year. On the contrary, in the control area, out of 71.7% who had knowledge of T.T., only 25% accepted the injection. The current use rate of contraceptives was lower at 27.9% in the experimental area as compared to 30.8% in the control area. Almost all the service providers and community influentials who were interviewed stated an improvement in utilization of MCH services in the experimental area.

BREAST FEEDING PATTERN OF WORKING WOMEN IN METROPOLITAN AREA OF DHAKA CITY

MS. FAZILATUN NESSA AND DR. SHAFIQR RAHMAN

ABSTRACT

Although breast feeding in Bangladesh is universal there are variations in knowledge about and duration of breast feeding among the women of different socioeconomic groups. It is said that educated and working women are generally partial or non-breast feeders. To assess the pattern of breast feeding among the working mothers, time of weaning, the knowledge of advantages and disadvantages of breast versus bottle feeding, attitude towards breast feeding, and frequency of gastrointestinal diseases among the two groups, a study was conducted during 1985-86 in the Dhaka Metropolitan Area. Four hundred seventyfive working women with at least one living child were interviewed to assess status of breast feeding. Of them 250 women who were currently breast feeding or had stopped breast feeding within six months at the time of interview were interviewed in detail on a prestructured questionnaire. Mean age of the women were 29.3 years, mean parity was 1.6 and mean age of the last living child was 9.8 months. All the women were literate. Among the study sample 38.9% women were breast feeding at the time of interview, 13.8% had completed breast feeding within six month of the time of interview, 38.3% had breast-fed at sometime before and 9% had never breast fed their children. Less than half of the women (43%) put the child breast within 24 hours after birth, 23.6% between 1-2 days and 33.6% on third day or after. On an average solid food was introduced at the age of 4.8 months after birth. More than 66% mentioned that breast feeding was nutritious and prevented the child from many diseases. Some 46.4% mentioned that it was easy to feed. About 30% of respondents who provided supplementary food by bottle reported of attack of gastrointestinal disease of their child whereas none of the respondents who gave supplementary food other than by bottle complained attack of gastroin testinal dissase of their child.

MATERNITY CARE MONITORING AT RAJSHAHI MEDICAL COLLEGE HOSPITAL

DR. LATIFA SHAMSUDDIN, DR. FERDAUSI KHANUM, DR. HALIDA
HANUM AKHTER AND MRS. ROWNAK MOWLA.

ABSTRACT

As a part of 'Maternity Care Monitoring' studies conducted by FHI in different countries, a study was conducted by BFRP from June 1984 through February, 1985. It was designed to study the sociodemographic characteristics, reproductive history, antenatal conditions that may contribute to poor pregnancy outcome and contraceptive behaviour of 600 women admitted in the obstetric unit of Rajshahi Medical College Hospital during this period. It was a prospective study, using standard "Maternity Record" forms developed by FHI. At the end of the study 597 records were analysed. Mean age of the women was 24 years with a mean schooling of 3.5 years. Mean number of live birth was 1.3, with 1.1 living children per woman. Mean interval since last pregnancy was 3.1 years. For 81.7% women there was no reporting of any antenatal complications. Of the remaining 18.3%, hypertensive disorder was recorded in 10.1% of women. Among the age group below 20 years, 25% of women had hypertension, while above 40 years, as many women suffered from anaemia as from hypertension. Spontaneous delivery occurred in 79% cases, Caeserean section was done in 14% and forceps delivery in 5% cases. The mean birth weight was 2467.1 grams. About 23% cases had a complicated labour, of whom 15% had prolonged labour, followed by placenta praevia (2.8%). In 83.3% cases infants were discharged alive from the hospital, 0.83% died in the neonatal period and 19% were still born. Foetal distress developed in 5.53% cases, the ratio being highest in cases of grand multipara. Of the 524 women who had plans for contraception, 37% did not intend to use any contraceptive, 41% intended to use hormonal contraceptives and 21% planned for their own sterilization operation. A total of 45% cases had sterilization operation during their stay in the hospital, with 39% of them done during caeserean section.

RISK INDICATORS OF CEPHALOPELVIC DISPROPORTION

DR. DAVID SOKAL, DR. LUC SAWADOGO, AND CDE ALIMA
ADJIBADE

ABSTRACT

Cephalopelvic disproportion (CPD) is an important cause of maternal and perinatal morbidity and mortality in developing countries. One way to prevent these complications is by identification of women at high risk so that they do not deliver at home. The major risk factors for CPD are a bad obstetrical history, short stature, young age and low parity. These criteria need to be studied in each country to establish valid cut-off points, especially for height. Traditional birth attendants could then be taught to use these referral criteria. A recent study suggests that foot length of the pregnant mother is a better indicator of her pelvic size than her height. This is an important study, because a TBA working alone in a rural village could probably be taught to assess foot size more easily than stature.

COMPARATIVE LONG TERM FOLLOW-UP STUDY ON INJECTABLE CONTRACEPTIVE : DEPOPROVERA VS. NORISTERAT

DR. A.J. FAISEL, DR. MINA MALAKAR AND DR. SABERA RAHMAN

ABSTRACT

The use of injectable contraceptive has multiplied by more than a thousand folds from 1975 to 1984. The 3rd five year plan envisages a further increase from the present prevalence rate of 3% to 10% of total contraceptive use. The National Family Planning Program employs two injectables viz. Depo-Provera (DMPA) and Noristerate (NET-EN), introduced into the country in 1974 and 1980 respectively. To compare the continuation rate and acceptability of these two brands and to identify their side-effects, complications and reasons for discontinuation, a study was conducted by BFRP during 1982-84 at the CHCP and MFSTC. All of 293 women who had accepted the injectables between January, 1980 through December 30, 1982 in the selected centers were included in the study. Out of them, 146 were using Noristerate and 147 DMPA. The mean age of the subjects was 27.8 years with a mean of 3.5 live birth per women. About 60% of the women in the DMPA group and 64.7% in Noristerat group did not use any contraceptive in the month prior to recruitment. In the DMPA group 20.5% reported menstrual problem as compared to only 4.7% in the Noristerat group. Incidence of amenorrhoea was higher in DMPA group 54.8% vs. 29.3% in the Noristerat group while menorrhagia, intermenstrual bleeding and irregular menses were more frequent (39.4%) in the Noristerat group compared to DMPA (20.5%). More DMPA users (79.5%) reported of vaginal discharge and breast discomfort than Noresterat users (73.5%). The 36 months continuation rate was 49.3% in DMPA and 43.2% in Noristerat group. However, no difference was observed in discontinuation rates due to menstrual problem in both the groups.

INTRODUCTION OF THE INJECTABLE CONTRACEPTIVE NET-EN INTO FAMILY PLANNING CLINICS IN BANGLADESH

S. RAHMAN, S. JABEEN, M. MALAKAR, S. RAHMAN, J. KHATOON,
N. AHMED, S. M. CHOWDHURY, S.E. HOLCK, B. BUSCA, & H.
AKHTER.

ABSTRACT

In preparation for introducing the injectable contraceptive norethisterone enantate (NET-EN) into the national family planning programme, a field study was conducted in six family planning clinics in Bangladesh. A total of 913 women were elected to receive injections of NET-EN every 8 weeks for 6 months and every 12 weeks thereafter. At 12 months of follow-up, the overall discontinuation rate was 37.3 per 100 women, the most common reason for discontinuation being bleeding disturbances. Marked differences in continuation rates in different centres pointed out the need for further research into clinic characteristics that may affect acceptance and continuation rates. Problems encountered during the study helped to pinpoint service delivery issues that need to be considered when introducing NET-EN into a family planning programme, including the need for thorough training of all clinic staff, adequate supplies of NET-EN, and provision of alternative methods of contraception for women who may not be able to return for the next scheduled visit.

A PROFILE OF CONTINUING INJECTABLES USER AT CHRISTIAN HOSPITAL, CHANDRAGHONA

DR. A.J. FAISEL, DR. S.M. CHOWDHURY, DR. REBA MACFIELD,
MR. CLEMENT SARKER

ABSTRACT

The Christian Hospital, Chandraghona, located about 65 km from Chittagong Metropolitan area has been catering family planning services since 1972. In 1976, DMPA was introduced followed by NET-EN in 1980. This study summarises selected service statistics of the clinic on the injectable users. Injectables ranked next to the orals in popularity, currently being used by 1443 users of whom 1036 (72%) are DMPA and 407 (28%) are NET-EN users. Maximum duration of use was found to be 126 months. Number of continuing users for 5 years and over is 75. Sixty five women are at their 4th year of use, 110 are at their 3rd year of use, 303 at their 2nd year of use and 661 users at their 1st year of use. Among the continuing users 33.4% are tribals and 66.6% are non-tribals. Half of the 1443 continuing users are within 25 years age and their average education level is higher than the national figures. Majority, 93.1% got married within 19 years of age. Mean number of living children for DMPA users is 3.4 and for Noristerat is 3.1. At the time of admission the distribution of their husbands occupation was 36.5% in cultivation, 22.8% in day labour, 17.8% in business and 22.8% in service. Although continuing the use of injectables, the users complained of amenorrhoea, scanty bleeding, spotting, prolonged bleeding. The distribution of these complaints did not differ between DMPA and Noristerat. Among both groups, 36% complained of scanty bleeding and spotting, about 25% complained of amenorrhoea and about 15% complained of prolonged bleeding and 22-25% did not have any complaint.

**SOCIAL MARKETING PROJECT'S
INJECTABLE TEST MARKETING PROGRAMME
—CLIENT FOLLOW-UP STUDY**

MR. WALIUR RAHMAN

ABSTRACT

Family Planning Social Marketing Project has been test marketing Noristerat Injectables since October, 1984. SMP'S Injectable program works through a system of selected MBBS doctors and a few Rural Medical Practitioners who motivate and administer the Injectables at a cost of Tk. 10.00 per injection to the client. The study planned to determine the actual discontinuation rate among SMP clients, the major reasons for discontinuation and identify variables that may account for differentials in the continuation and discontinuation. The sample consisted of 183 clients of whom 88 were continuing users and 95 discontinued use. The records of SMP revealed that almost 84% of the total number of SMP clients had discontinued by the 6th administration which is the number of administration required to avert 1 child for a couple. The study also revealed that discontinuation rate is high after the 1st administration and remains some-what steady till the 5th administration and rises again with the 6th administration. The study also indicated that in total 65% of all drop-outs were due to side-effects and nearly half of them were due to Amenorrhoea. Amenorrhoea therefore accounted for 28% of all drop-outs followed by Excessive Bleeding and Intermenstrual Bleeding. High cost accounted for 9% of all drop-outs and 17% of all drop outs in the rural areas, only second to Amenorrhoea. The cost to the rural client involves not only the direct cost of the method but indirect cost such as travelling cost, opportunity cost, doctor's fee, etc. Which all may add up to a significant amount. Therefore, to minimize this cost, providers must be selected and trained at the community level. The study also determined that women who were informed of the possible side-effects by the doctors prior to the first administration were continuing in much larger number than women who were not informed. The study showed that 65% of the sample were not informed of the possible side effects by the providers before they were given the first administration.

A COMPARATIVE INTRAUTERINE DEVICE (IUD) STUDY : TCU 380A VERSUS ML 375

DR. SABERA RAHMAN, DR. LATIFA SHAMSUDDIN, DR. A.B. BHUIYAN, DR. MINA CHOWDHURY, DR. FERDAUSI KHANUM AND
MRS. R. MOWLA

ABSTRACT

To compare the short-term relative safety and effectiveness of the TCU 380A and the ML 375, the new generation of copper IUDs, a study was initiated by BFRP in the month of August, 1983. The study was conducted at MFSTC and Mirpur Satellite Clinic, Dhaka, Rajshahi Medical College Hospital and Sylhet Medical College Hospital. In the study 656 women were included with 200 from each of the 3 centers except Mirpur Satellite Clinic. On a random basis 327 women were inserted with TCU 380A and 320 with ML-375. The study compared events such as pregnancy rate, expulsion rate and removal rate of ML 375 and TCU 380 and identified reasons for discontinuation, difficulties and complication during insertions and complication and continuation rates of the two types of IUDs. The demographic characteristics like age, parity and status of past month contraceptive practice of the clients at the time of admission into the study were mostly similar in both groups. The incidence of pelvic pain was higher (10.7%) in TCU 380A group than (7.3%) in ML 375 during insertion. The 12 month cumulative continuation rates of TCU 380A & ML 375 were respectively 88.6 and 91.3 per 100 women. The removal rate due to expulsion or displacement was higher in ML 375 (2.8 for ML 375 and 1.9 for TCU 380A). Conversely, removal rate was lower in ML 375 group for bleeding or pain. The study indicated to remarkable difference in both the IUDs with respect to their continuation rate and side effects.

A COMPARATIVE INTRAUTERINE DEVICE (IUD) STUDY SUPPLEMENTED WITH IRON, CALCIUM AND PLACEBO

DR. SAYEEDA R. CHOWDHURY, DR. SABERA RAHMAN, MRS.
ROWNAK MOWLA AND MR. A. K. M. SALAHUDDIN AHMED.

ABSTRACT

A single blind randomized clinical trial was conducted by BFRP from July 1984 to December 1986 to find out whether supplementation of iron, calcium or placebo along with IUD had any role in increasing the continuation rate and reducing side-effects and complications of IUD. The study was conducted in 2 centers within Dhaka Metropolitan Area viz. Bangladesh Women's Health Coalition Clinic at Mirpur, and Mohammadpur Fertility Services & Training Centre. Out of a total sample size of 301, 101 clients were supplemented with iron, 99 with calcium and 101 with placebo, according to random allocation cards designed by FHH. In most cases the socio-demographic characteristics of the three groups were similar. The study showed an increase in amount and duration of menstrual flow in all 3 groups with significant increase in the duration of flow in all 3 groups with significant increase in the duration of the flow in the iron group (5.3 days). There was little change in intermenstrual pelvic pain in the placebo group. A severe decrease was reported in the iron group and increase in the calcium group at 1 and 12 months respectively. The removal rate of IUDs due to pain and bleeding was highest in the iron (14.4%) and lowest in placebo group (7.9%) at 12 months. The cumulative continuation rate per 100 women were 75.4 for iron, 80.9 for calcium and 82.6 for placebo group. No positive effect of iron or calcium was observed when compared to the placebo group.

PRE-INTRODUCTORY CLINICAL TRIAL OF NORPLANT CONTRACEPTIVE SUBDERMAL IMPLANTS : REPORT OF THE ONE YEAR EXPERIENCE IN BANGLADESH

PROF. T. A. CHOWDHURY, PROF. S. F. BEGUM, DR. SABERA RAHMAN,
DR. HALIDA HANUM AKHTER & MR. A. K. M. SALAHUDDIN AHMED

ABSTRACT

NORPLANT is a newly developed, reversible, long acting, low-dose, slow releasing hormonal contraceptive subdermal implants developed by Population Council containing 36 mg of levonorgestrel, a synthetic progestogen which has long been used in many contraceptive Pills. The implant set consists of six small silastic capsules implanted under the skin in the inner aspect of upper fore arm by minor incision on the skin. From the capsules the hormone is delivered evenly into the women's blood. It becomes effective to prevent conception within 24 hours of insertion of the capsules and gives effective contraceptive protection for at least 5 years. The successful use of the method depends on careful insertion technique, good counselling of the patient and sufficient experience in removal procedure. During recent years Norplant have been approved for extensive use in Finland, Sweden, Indonesia, Thailand & Ecuador. In Bangladesh BFRP has initiated a clinical trial on Norplant implants in February, 1985 under the financial and technical assistance from Population Council & Family Health International (FHI) in three urban centers of Dhaka. DMCH, IPGMR and Mohammadpur FSTC. This is a preliminary report of completion of one year follow-up. The Combined continuation rate was 94.2% after one year. A total of 33 removals were reported of which primary reasons for removal was menstrual problems for 13 (43%), other medical problems for 11 (33.33%) and personal reasons for 5 (15.2%). Only two pregnancies were reported but data suggest that most likely conception occurred before insertion of Norplant. Among other continuing clients menstrual cycle length and flow duration did not change markedly during the first year of use. Average weight was essentially unchanged and an average drop of 5 mm Hg systolic and 3.4 mm Hg for diastolic blood pressure for the all acceptors was observed. A total of 79 (13.2%) insertion site complications were reported of which 73 were due to local reaction. There cases had infection and in one case the implant was expelled. However, more than 50% women complained dizziness & giddiness at follow-up visits. The one year report on pre-introductory clinical trial experience suggest that the Norplant System is a highly effective, safe and acceptable method among Bangladeshi women.

USE OF EXLUTON FOR BREAST-FEEDING WOMEN

PROF. SURAIYA JABEEN, DR. FERDAUSI KHANUM AND MRS. R. MOWLA

ABSTRACT

A non comparative study was conducted at Sir Salimullah Medical College Hospital to evaluate the overall acceptability and contraceptive efficacy of progestogen only oral contraceptive, having a trade name Exluton, among breast-feeding women. Acceptability was evaluated by 8-months continuation rates and reasons for discontinuation. The OC was provided in 28 day packet of 28 active tablets. A total of 200 women were admitted to the study from June 1985 through September 1986. Follow up visits were scheduled at 2, 6 and 8 months after beginning Exluton use. All 200 women included in the analysis were recruited within 60 days of delivery and were exclusively breastfeeding at admission. Data from this study were recorded on standard forms and sent to FHI for analysis. The mean age of the women admitted to the study was 23.5 years with mean educational level of 5.5 years and a mean of 1.8 live birth per woman. None of the women had ever used oral contraceptives or reported any pre-existing medical condition at admission. No serious complications were reported during the study period. Such minor non-menstrual complaints as vaginal discharge, headaches and breast discomfort were reported by over 70% women. There was no pregnancy throughout the study period. Two infant deaths occurred during the study, but could not be related to the use of Exluton. During the follow up period, the number of breast feeding episodes decreased from 15.7 per day at admission to 8.0 after 8 months of Exluton use. Supplementation of breast feeding at some time during the study was reported by 90% women due to inadequate milk supply. The continuation rate at 8 months was 88.6 and corresponding follow up rate was 7.0. The eight months total discontinuation rate including lost-to-follow-up was 18.0. The most common reasons for discontinuation were "other" personal reasons, mostly a desire for change in method.

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GLOSSARY

AGAKHANCIHP	: Aga Khan Community Health program
AVSC	: Association for Surgical Contraception
ACPR	: Associates for Community and Population Research
BAPSA	: Bangladesh Association for Prevention of Septic Abortion
BAVS	: Bangladesh Association of Voluntary sterilization
BAMANEH	: Bangladesh Association for Maternal and Neo Natal Health
BTV	: Bangladesh Television
BCPS	: Bangladesh College of Physicians & surgeons
BMRC	: Bangladesh Medical Research Council
BIRDEM	: Bangladesh Institute of Research & Rehabilitation in Diabets, Endocrine & Medical Disorders
BWHC	: Bangladesh Women's Health Coalition
CPMR	: Center for Population Management & Research
CWFP	: Concerned Women for Family Planning
CMH	: Combined Military Hospital
CHCP	: Community Health Care Project
DMCH	: Dhaka Medical College Hospital
FPAB	: Family Planning Association of Bangladesh
FPSTC	: Family Planning Services & Training Center
FPCST	: Family Planning Clinical Supervision Team
FNVTI	: Family Welfare Visitor Training Institute
ISRT	: Institute of Statistical Research & Training
IPHN	: Institute of Public Health & Nutrition
IUCW	: International Union for Child Welfare
ISWR	: Institute of Social Welfare & Research
IPGMR	: Institute of Post Graduate Medicine & Research
ICDDR,B	: International Center for Diarrhoeal Disease Research, Bangladesh
IEM	: Information & Education Motivation
MFSTC	: Mohammadpur Fertility Service & Training Institute
MRTSP	: M.R. Training Services Program
MIS	: Management Information System
MATS	: Medical Assistants Training School
MCHTI	: Maternity & Child Health Training Institute
MIDAR	: Micro Industries Development Assisance Society
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SMP	: Social Marketing Project
UNGPS	: Unity of Government & Non Government Population Services
URC	: University Research Corporation
UTS	: Unity Through Population Service
VHSS	: Voluntary Health Services Society
GTZ	: German Technical Cooperation