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# IUD ANNUAL EVALUATION 1988

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G. M. Kamal
Executive Director

# CONTENTS


| | | Page |
|---|---|---|
| ACKNOWLEDGMENTS | | i |
| CONTENTS | | ii |
| LIST OF TABLES | | iv |
| LIST OF FIGURES | | v |
| GLOSSARY | | vi |
| EXECUTIVE SUMMARY | | viii |
| Chapter-1 | INTRODUCTION | |
| 1.1. | Background | 1 |
| 1.2. | Cost reimbursement | 3 |
| 1.3. | Objectives | 4 |
| Chapter-2 | METHODOLOGY AND IMPLEMENTATION | |
| 2.1. | Sample size (client survey) | 6 |
| 2.2. | Sample design (client survey) | 7 |
| 2.2.1. | First stage sampling: Selection of upazila | 7 |
| 2.3. | Sampling frame of IUD clients | 8 |
| 2.4. | Second stage selection of clients | 9 |
| 2.5. | Weighting | 9 |
| 2.6. | Selection of service provider sample | 10 |
| 2.7. | Selection of helper sample | 10 |
| 2.8. | Data collection instruments | 10 |
| 2.9. | Implementation | 11 |
| 2.9.1. | Field work procedure | 11 |
| 2.9.2. | Procedure followed to locate and interview clients | 12 |
| 2.9.3. | Procedures followed in the case of denial of insertion by selected clients | 13 |
| 2.9.4. | Time schedule | 13 |
| Chapter-3 | VERIFICATION OF IUD PERFORMANCE | |
| 3.1. | Performance verification | 15 |
| 3.1.1. | Verification of MIS figures aganist upazila reports | 15 |
| 3.1.2. | Verification of reported IUD clients | 17 |
| 3.1.2.1. | Results of survey verification | 17 |
| 3.1.2.2. | Contact and verification rates by selected characteristics | 19 |
| 3.2. | Estimation of verified and unverified cases | 23 |
| 3.2.1. | Standard errors and confidence limits | 27 |
| 3.3. | Payment verification | 27 |
| 3.3.1. | Receipt of client's transportation costs | 27 |
| 3.3.2. | Receipt of service provider's fee | 28 |

| | | |
|---|---|---|
| 3.3.2.1. | Proportion of service provider's fee not yet received | 30 |
| 3.3.3. | Receipt of helper's fee | 31 |
| 3.3.3.1. | Proportion of referral fee not yet paid | 32 |
| Chapter 4 | PROFILE OF IUD ACCEPTORS, PROVIDERS, AND HELPERS | |
| 4.1. | Profile of IUD acceptors | 34 |
| 4.1.1. | Socio-economic profile of IUD acceptors | 34 |
| 4.1.2. | Demographic profile of the IUD acceptors | 36 |
| 4.1.3. | Profile of IUD acceptors in terms of knowledge and use of other family planning methods | 36 |
| 4.2. | Profile of service providers and helpers | 41 |
| 4.3. | Training and refresher training obtained by service providers | 43 |
| 4.4. | Level of knowledge of service providers and helpers | 45 |
| **Chapter-5** | PRE-INSERTION SERVICES | |
| 5.1. | Decision making process | 48 |
| 5.2. | Nature of counselling | 53 |
| 5.3. | Counselling services provided by helpers | 56 |
| **Chapter-6** | INSERTION SERVICES | |
| 6.1. | Possession of functional equipments | 58 |
| 6.2. | Steps followed in IUD insertion | 59 |
| 6.3. | Record keeping | 61 |
| 6.4. | Availability of IUD money | 62 |
| 6.5. | Problems in rendering of IUD services | 63 |
| Chapter-7 | POST-INSERTION EXPERIENCE | |
| 7.1. | Follow-up | 65 |
| 7.2. | Side-effects | 66 |
| 7.3. | Status of use of IUD | 67 |
| 7.4. | Retention rate for the IUD | 67 |
| 7.5. | Reasons for removal | 68 |
| 7.6. | Satisfaction with services | 69 |
| REFERENCES | | 79 |
| APPENDICES | | |
| APPENDIX A: | WEIGHTING FACTORS | 81 |
| APPENDIX B: | CLIENT QUESTIONNAIRE | 86 |
| APPENDIX C: | ORGANIZATIONAL SET-UP | 112 |
| APPENDIX D: | LIST OF EVALUATION STAFF | 114 |
| APPENDIX E: | LIFE TABLE ANALYSIS | 116 |

# LIST OF TABLES


| | | Page |
|---|---|---|
| Table 1.1 | IUD insertions and IUD prevalence rates | 2 |
| Table 1.2 | Discrepancies between supply and performance of IUDs | 2 |
| Table 3.1(a) | Details of non-responses | 18 |
| Table 3.1(b) | Proportion of reported IUD clients verified | 22 |
| Table 3.1(c) | Contact and response rates of clients by selected characteristics | 22 |
| Table 3.1(d) | Status of receipt of client's transportation costs | 28 |
| Table 3.2(a) | Profile of payment of service provider's fee | 29 |
| Table 3.2(b) | Proportion of IUD insertion fee not yet received by the service providers for the insertions done in 1988 | 31 |
| Table 3.2(c) | Information on payments of IUD referral fees | 32 |
| Table 4.1(a) | Socio-economic profile of IUD acceptors | 35 |
| Table 4.1(b) | Demographic profile of IUD acceptors | 37 |
| Table 4.1(c) | Profile of IUD acceptors in terms of knowledge and use of other methods | 38 |
| Table 4.2 | Profile of service providers and helpers | 42 |
| Table 4.3 | Training and refreshers training obtained by service providers | 44 |
| Table 4.4 | Knowledge of service providers and helpers concerning contra-indications, side-effects, and effective duration of the IUD | 46 |
| Table 5.1 | Decision making process about IUD | 50 |
| Table 5.2 | Nature of counselling | 55 |
| Table 5.3 | Information provided to the client by the helper prior to referring clients to the clinic and after the IUD insertion | 57 |
| Table 6.1 | Reported possession of IUD manual and functional equipment and materials for IUD insertion available to the provider | 58 |
| Table 6.2 | Reported steps followed by the providers in performing IUD insertions and health precautions | 60 |

| | | |
|---|---|---|
| Table 6.3 | Registers maintained by the providers for IUD insertions | 61 |
| Table-6.4 | Availability of IUD money and measures taken when there is no money available | 62 |
| Table-6.5 | Types of problems faced in rendering the IUD services | 64 |
| Table-7.1 | Post-insertion experience | 69 |
| Table-7.2 | Whether re-visited clinic, by distance from clinic | 75 |
| Table-7.3 | Nature of advice received by source of advice | 75 |
| Table-7.4 | Reason for removal, by length of use | 76 |
| Table-7.5 | Summary of use, by experience of problems | 76 |
| Table-7.6 | Status of use, by amount of counselling | 77 |
| Table-7.7 | Satisfaction with services by status of use | 77 |
| Table-7.8 | Satisfaction with services, by experience of problems | 77 |
| Table-7.9 | Satisfaction with services, by whether visited clinic/visited at home | 78 |
| Table-7.10 | Percentages who are highly satisfied or satisfied with services, by type of clinic and amount of counselling | 78 |

## LIST OF FIGURES

| | | |
|---|---|---|
| Figure 2.1 | Procedure followed to reduce non-responses | 14 |
| Figure 3.1 | Relationship between IUD performance and proportion of cases verified | 21 |
| Figure 3.2 | Percent verified by number of upazila | 21 |
| Figure 3.3 | Estimation of verified and unverified IUD cases | 25 |

# GLOSSARY

| | |
|---|---|
| ACPR | Associates for Community and Population Research |
| BDG | Bangladesh Government |
| BFRP | Bangladesh Fertility Research Programme |
| BFS | Bangladesh Fertility Survey |
| CPS | Contraceptive Prevalence Survey |
| DD/FP | Deputy Director/Family Planning |
| FP | Family Planning |
| FWA | Family Planning Assistant |
| FWV | Family Welfare Visitor |
| FWVTI | Family Welfare Visitor Training Institute |
| IUD | Intra-Uterine Device |
| LFPV | Lady Family Planning Visitor |
| MCH | Maternal and Child Health |
| MCHTI | Maternal and Child Health Training Institute |
| MCWC | Maternal and Child Welfare Center |
| MIS | Management Information System |
| MOHFP | Ministry of Health and Family Planning |
| MR | Menstrual Regulation |
| MRTSP | Menstrual Regulation Training and Services Program |
| MWRA | Married Women of Reproductive Age |
| NGO | Non-Government Organization |
| OB/GYN | Obstetrics and Gynecology |
| PPS | Probability Proportionate to Size |
| QC | Quality Control |

| | |
|---|---|
| QCOs | Quality Control Officers |
| RFP | Request for Proposal |
| TBA | Traditional Birth Attendant |
| UFPO | Upazila Family Planning Officer |
| UHFWC | Upazila Health and Family Welfare Center |
| UP | Upazila Parisad |
| USAID | United States Agency for International Development |

# EXECUTIVE SUMMARY

## 1. Purpose

This report presents the results from the 1988 IUD Annual Evaluation. The major objectives of the evaluation were to estimate the number of IUD insertions actually performed; to estimate the average amount of money actually paid to IUD clients, service providers, and helpers; to collect information on counselling and follow-up related to IUD insertions; to estimate the retention rate for the IUD; and to estimate inconsistencies between reported IUD performance by the MIS Unit and the recorded insertions at the clinic level.

## 2. Methodology

To meet the objectives of the study, sampling considerations were based on three strata, the urban Government of Bangladesh (BDG) stratum, the rural BDG stratum, and the Non-governmental Organisation (NGO) stratum. A stratified two-stage nationally representative probability sample was drawn. At the first stage, a total of 72 upazilas --- 18 from BDG urban, 42 from BDG rural, and 12 from the NGO stratum --- were selected. Lists of all clients recorded as having IUD insertions in 1988 in the selected upazilas were prepared. At the second stage, a simple random sample of clients was drawn from these lists. Data were collected from IUD acceptors, service providers, and helpers. A total of 5086 reported IUD clients were selected, out of which 3438 were located and 3326 successfully interviewed. From the selected upazilas, all the 500 service providers and a randomly selected 662 helpers were interviewed.

For collection of data three different Questionnaires were used --- Client Questionnaire, Provider Questionnaire, and Helper Questionnaire.

## 3. Verification of performance and payment

Two types of verifications were conducted -- performance verification and payment verification.

### 3.1. Verification of MIS figures against upazila reports

It was not possible to estimate the variation in reporting between MIS figures and the upazila reports

due to anomalies in reporting. There is frequently an absence of understanding of the terms 'referred' and 'performed' cases and the distinction between them, as a result of which 'referred' cases are sometimes shown as 'performed' cases. The MIS Unit obtains reports directly from upazilas. But for upazilas not submitting the reports on time to MIS, the MIS Unit records monthly performances from the reports submitted by the district offices. In the district reports, the performances of NGOs and other programs are not shown by upazila. As such, from the MIS printout the performances of NGO and other programs cannot be segregated by upazila. Therefore, in estimating the proportion of verified cases, the variations in reporting have not been taken into consideration. **Recommendation: In order to streamline the reporting system, all clinics -- BDG, NGO, and other programs -- should be made to submit reports regularly to their respective UFPO, and the disbursement of funds at all levels should be tied to the MIS-reported performance figures. All UFPOs should be given explicit instructions as to which category - BDG, NGO, or other program -- a clinic may belong, and also as to the definition of the 'referred' and 'performed' cases. Timely submission of reports by upazilas to the MIS Unit should also be ensured. This might require a change in reporting deadlines to allow sufficient time for upazilas to compile the monthly data.**

### 3.2. Verification of reported insertions

As a part of the performance verification, clinic records were verified by tracing and interviewing all selected women recorded as IUD clients in 1988. Clients hailing from outside selected upazilas or who had migrated were followed-up at their current address. One-third of the total sample of clients could not be located, mostly because their address either did not exist or no such person ever lived there. Among the two-thirds that were located, only two percent could not be successfully interviewed; 51 percent had had the reference IUD, and the remaining 14 percent either had a non-reference IUD or had never had one.

Only 59 percent of the reported IUD cases could be verified, even when it was assumed that half of all incomplete addresses were valid. At the 95% level of confidence, the lower and upper limit of this estimation are 56.9 and 61.1 percent respectively.

Detailed analyses of the data reveal that several small NGOs in Dhaka city area and in about one-fifth of the upazilas --- primarily those reporting high performance of IUD insertions --- account for most of

the proportion unverified. These small NGOs in Dhaka are not funded by any bonafide funding agency and most have no community-based service delivery program but consist only of small clinics. Excluding the results of these small NGO clinics and the high performing upazilas, the proportion unverified decreases dramatically. Besides Dhaka city, the upazilas with the highest proportions of unverified cases are in Mymensingh, Rangpur, and Khulna districts. **Recommendation: Further investigation should be conducted into the affairs of these small NGOs and the upazilas with a high rate of unverifiable IUD insertions.**

### 3.3. Payment verification

**Clients' transportation costs:** Of verifiable cases, at least one-third of the IUD acceptors were not reimbursed for their transportation costs. Providers report that the main reason for non-payment of clients' transportation costs is that the clinics do not have the IUD money readily available at their disposal. This is corroborated by the finding that at the time of interview, over a quarter of the IUD providers mentioned having no IUD money at their disposal. In some cases the clients did not know that they were entitled to be reimbursed for transportation costs. However, some of those clients who did not receive money for their transportation costs stated that they were told to collect the money from the clinic later. It is likely that if the Tk.15.00 is not paid to the clients on the spot, they will not come back to collect the money later because the cost of doing so may exceed the amount itself. **Recommendation: In order to ensure payment to IUD clients for their transportation costs at the time of insertion, provision should be made so that advance IUD money is available to all clinics.**

**Service provider's fee:** Virtually all the service providers mentioned that they receive Tk.5.00 per IUD insertion. About 62 percent of the service providers had received payments for all 1988 insertions at the time of interview; the remainder had not received the insertion fee, either in part or in full. Estimation of the proportion of providers who had not received their insertion fee was difficult because of incomplete information from some service providers and non-submission of claim bills by some others. However, taking into consideration the data for those from whom complete information was obtained, it is estimated that five percent of the total receivable insertion fees was not received by the service providers.

**Helper's fee:** Ninety-six percent of the helpers reported that a referral fee used to be paid to them. Over four-fifths of the helpers said that the referral fee was Tk. 15.00 per client, while one-tenth cited Tk. 45.00. This difference in the rate of referral fee is because a Dai used to get Tk. 45.00, while a non-Dai Tk. 15.00 as referral fee. About 73 percent of the helpers reported having received the referral fees for all the clients referred by them during 1988. Estimation of the proportion of referral fees not yet received could not be made because the referrers did not maintain complete records of the cases they referred. Referral fees were stopped from November 1988.

## 4. Profile of IUD acceptors, service providers, and helpers

### 4.1. Profile of acceptors

Compared to the current users of family planning, IUD acceptors are generally younger in age, better educated, and have lower parity. Knowledge of any contraceptive method, apart from the IUD, and its source of supply is universal among IUD acceptors. Most IUD acceptors have had previous experience of contraception, are highly motivated to control their fertility, and have a high level of awareness of contraceptive methods. Decisions are made voluntarily after considerable thought and consultation with others. It is important to note that the women who accept IUDs have a higher than average socio-economic background. Results of CPSs show that knowledge of IUD is relatively lower among women in general compared to that of the oral pill and tubectomy. This all suggests that there may be latent demand for IUD services among the less educated population. **Recommendation: FP workers may be trained to provide education on the IUD in a more vigorous way in order to promote IUD acceptance.**

### 4.2. Profile of service providers

Service providers, on an average, are about 33 years of age and have been serving in family planning for about nine years. Knowledge of contra-indications, side-effects, and effective duration of the IUD was appreciable. However, the study results revealed that there are misconceptions among service providers about some aspects related to an IUD insertion. For example, some conditions which are not real contra-indications for IUD insertion are considered as contra-indications,

and a majority of the clients reported that they counselled to abstain from coitus for 5-9 days after the insertion when abstinence is not required. **Recommendation: Steps should be taken to update FWVs on contra-indications to the IUD and to dispel misconceptions. This could be done through circulars to the field and/or refresher training.**

### 4.3. Profile of helpers

Helpers are of similar age and length of service as that of the service providers. Most of the helpers were FWAs or the NGO equivalent. The level of knowledge of helpers regarding the IUD is appreciable. However, helpers share providers' misconceptions regarding contra-indications and post-insertion precautions. **Recommendation: Correct information should be disseminated to the helpers, possibly through discussion by UFPOs in the monthly meetings of the field workers.**

## 5. Pre-insertion services

### 5.1. Sources of information

Most information on the IUD is provided to the clients by FP workers; clients also discuss acceptance of the IUD with their husbands and relatives, and seek further information from other IUD users. Three-quarters of the clients were referred by the FP workers. Thus, the FP worker plays a very vital role in the decision making process. **Recommendation: Because the roles of the husband and other IUD users also appear to be important, FP workers should be trained to utilize the support of husbands and other IUD users in the motivation process.**

### 5.2. Quality of counselling

Over ninety five percent of the IUD acceptors had been counselled about the length of effectiveness of the IUD, and about what the acceptors should do in case of having any problem or side-effect. However, one-third of the acceptors were not informed about the need for a follow-up visit and possible side-effects. Counselling was found to be positively associated with IUD

continuation. **Recommendation: In order to improve upon the quality of services and care, service providers should be trained to understand that essential components of counselling are to inform acceptors that a follow-up visit is important and that there are possible side-effects associated with acceptance of an IUD.**

## 6. Insertion services

### 6.1. Training and refresher training of service providers

Almost all the service providers had received formal training on the IUD. About 92 percent had performed IUD insertions during their training. For those who had not, a shortage of IUD clients was a major reason cited for not having done so. Almost all the service providers reported that they had received refresher training, but essentially these were of a general nature and were not focused primarily on IUD insertions and related issues. **Recommendation: Refresher training of FWVs should be expanded to include IUD counselling, insertion, and side-effect management.**

### 6.2. Availability of equipment

There are significant shortages of essential equipment in the field. Thirty-eight percent of the service providers mentioned that they did not have an IUD insertion table, and 32 percent did not have stove/sterilizer to sterilize their instruments. There was also a shortage of other consumable items such as antiseptic solution in about a quarter of the clinics. **Recommendation: In order to ensure that basic standards are maintained at the service facilities where IUD insertions are performed, a set of essential equipment and a continuous supply of consumable items should be provided to all clinics.**

### 6.3. Aseptic precautions

One-third of the service providers mentioned that they use only antiseptic solutions to sterilize their instruments but such a procedure is clearly inadequate since instruments are only properly sterilized if they

are boiled or autoclaved. Service providers were also asked to demonstrate how they prepare the IUD for insertion, that is to push the IUD into the inserter. The purpose was to ascertain whether they maintain sterile conditions by keeping the IUD inside the plastic cover or whether they do so after removing the IUD and inserter from the plastic cover. In their demonstration, eighty percent of the service providers prepared the IUD keeping it inside the plastic cover, while the remainder do so after removing it from the plastic cover. **Recommendation: Service providers should be provided training on how to maintain sterile conditions for insertions, that is, boiling/autoclaving instruments, and correct preparation of Copper-T for insertion.**

### 6.4. Record Keeping

In most clinics, records of IUD clients' attendance are maintained, but records of re-insertions, follow-ups, removals, and complications are not properly maintained. The greatest negligence was observed in recording the complete address of IUD clients. In some cases, this may have been intentional so as to disguise fraudulent cases. It was found that upazilas which kept records with incomplete addresses of clients tended to have a large proportion of cases which could not be verified. In some of these upazilas, the referrers themselves were sometimes unaware of the cases recorded as referred by them, thus indicating that the names of the referrers were falsely recorded so as to inflate performance figures. **Recommendation: Steps should be taken to develop a pre-printed, unified register to record follow-ups, side-effects, removals, and re-insertions, and to ensure that all clinics maintain records with complete addresses of clients as directed by the government.**

## 7. Post insertion services

### 7.1. Follow-up

This study found that a quarter of the acceptors neither returned to the clinic nor were visited by any FP workers following insertion of the IUD. Two-fifths returned to the clinic. Slightly over one-half reported

that they had received a home visit, although the FWAs are supposed to provide regular bi-monthly home visits to all MWRAs. Satisfaction of IUD clients was found to be positively associated with follow-up visits at the household of the acceptors. **Recommendation: Counsellors/ service providers should emphasize to IUD acceptors the importance of returning to the clinic for post insertion follow-up, and FP workers should be directed to pay regular home visits to IUD acceptors.**

## 7.2. Side-effects

Three-fifths of the IUD acceptors had suffered from some side-effects, and one-fifth reported functional impairment due to the side-effects experienced. The most commonly mentioned side-effects were heavy menstrual bleeding and lower abdominal pain. Among those having problems/side-effects, one-sixth had not had the problem resolved at the time of the interview. **Recommendation: There is a need for more research on side-effects management and also for more regular FWA follow-up visits to IUD clients.**

## 7.3. Retention rate for the IUD

The cumulative retention rate at the end of the first year is 63 percent, and at 18 months 50 percent. This rate is broadly similar to the retention rates for the IUD in other countries in this region and that found in earlier studies in Bangladesh. However, the annual retention rate as found in this study is 19 percentage points lower than that observed in special project areas, such as ICDDR,B's MCH-FP project in Matlab. **Recommendation: In order to achieve an increase in the retention rate, improved counselling, appropriate care for insertions, more consistent and extensive follow-up, and prompt treatment of side-effects and complications are called for. Thus, considering the above identified needs for program improvements vis-a-vis the knowledge and practice of the service providers, a well-organized training program for all service providers is called for on contra-indications, counselling, sterilization of instruments, prepare the Copper-T for insertion, and management of side-effects and complications.**

# Chapter-1

# INTRODUCTION

## 1.1. Background:

The Intra-Uterine Device (IUD) plays an important role in the national family planning program of Bangladesh. The First Five Year Plan of Bangladesh (1973-78) emphasised the promotion of the IUD. Its popularity peaked at a level of 78,000 insertions in fiscal year 1975-76, but gradually started declining and only 22,000 insertions were performed in fiscal year 1979-80 (Table 1.1). This decline may be attributed to the greater emphasis placed by the government on sterilization.

However, the government also attempted to strengthen the IUD program. The Lippes Loop was replaced by the Copper T-200 (TCu-200), and compensation payments were introduced in July 1982. Under this scheme, Tk.15 was provided for a client's transportation cost, Tk.5.00 for field worker (helper) compensation for non-routine services, and Tk.5.00 for the physician or FWV (Paramedic) as insertion fee. In late October 1983, the field worker compensation payment was raised to Tk.15.00, and for Dais to Tk.45.00. With the introduction of the Copper-T and the compensation payments, performance figures started increasing sharply, and reached as high as 432,465 insertions in 1984-85. Although there have been fluctuations in subsequent years, performance figures have remained high, between 367,668 and 420,388 insertions per annum. The field worker/helper compensation payment was withdrawn in November 1988.

It is interesting to note that despite the large improvement in the number of reported insertions, there has not been a corresponding rise in the IUD prevalence rate among married women of reproductive age (Table 1.1). Among the possible explanations for this discrepancy are: overreporting of insertions; underreporting by survey respondents; and low retention rates.

Table 1.2 shows the estimated supply of IUD to the field level during the years 1985 to 1987. As it appears from the table, the number of IUD insertions exceeded the number of IUDs supplied to the field level by 21 percent in 1985, 19 percent in 1986, and 18 percent in 1987 (Olson, 1989). Moreover, with the assumption that 1.4 IUDs are required per IUD insertion, the supply falls short by 40 percent for each of the years 1985-87.

**Table 1.1: IUD insertions and IUD prevalence rates.**

| Year | Insertions[1] (Number) | Prevalence rates among currently married women aged less than 50 (Percentage) |
|---|---|---|
| 1974-75 | 50,391 | |
| | | 0.5[a] |
| 1975-76 | 77,840 | |
| 1976-77 | 59,421 | |
| 1977-78 | 40,564 | |
| 1978-79 | 22,631 | |
| | | 0.2[b] |
| 1979-80 | 21,801 | |
| 1980-81 | 41,601 | |
| | | 0.4[c] |
| 1981-82 | 83,668 | |
| 1982-83 | 117,783 | |
| | | 1.0[d] |
| 1983-84 | 303,338 | |
| 1984-85 | 432,465 | |
| | | 1.4[e] |
| 1985-86 | 367,668 | |
| 1986-87 | 420,388 | |
| 1987-88 | 379,128 | |
| | | 1.7[f] |
| 1988-89 | 361,698 | |

[1] Source: MIS service statistics
[a] Source: BFS-1975
[b] Source: CPS-1979
[c] Source: CPS-1981
[d] Source: CPS-1983
[e] Source: CPS-1985
[f] Source: CPS-1989

**Table 1.2: Discrepancies between supply and performance of IUDs[1].**

| Year | Number of IUDs supplied | Number of IUD insertions reported by MIS | Discrepancy | Percentage |
|---|---|---|---|---|
| 1985 | 304,105 | 385,479 | 81,374 | 21 |
| 1986 | 335,030 | 412,297 | 77,267 | 19 |
| 1987 | 413,249 | 506,342 | 93,093 | 18 |

[1]Source: Olson, Table 13, Page 29.

Several research and evaluation studies have identified specific problems fundamental to the IUD program (Quasem 1985, 1986, Rob 1987, Akhter, 1988). These include weaknesses in the provision of services and record keeping which are manifest in the following areas of major concern:

a) The number of IUD insertions actually performed is lower than reported by MIS service statistics. For example, the 1984-85 evaluation found the MIS figures higher than the estimated actual performance figures by 7.5 percent, while the 1983-84 evaluation found them higher by 14.3 percent (Quasem, 1985 and 1986).

b) There are inconsistencies in IUD performance figures reported by different levels of administrative units (such as, Union level UHFWCs, Upazila level, District level, and MIS service statistics) as well as between the BDG and the NGO.

c) The continuation rate of IUD acceptors as estimated for the national program is much lower than that observed for acceptors in special program areas. For example, a representative sample found that 67.3 percent women were still using the IUD at the end of twelve months, while the corresponding figure in a special program area was 82.3 percent. Attrition is higher in the first three months as compared to the following months (Rob, 1987).

These problems have implications for the quality of IUD services as well as for the cost reimbursement scheme which makes small cash payments to IUD clients and service providers.

## 1.2. Cost reimbursement:

The United States Agency for International Development (USAID) supports the Bangladesh Government's (BDG) "Strengthening of the IUD Program". The purpose of USAID support is to increase the use of the IUD by reimbursing clients and providers for reasonable costs incurred in accessing services or in providing services. Under this program, USAID reimburses the Ministry of Health and Family Planning (MOHFP) for each insertion according to the following schedule:

| | | |
|---|---|---|
| a. | Client transportation (initial visit) | Tk. 15.00 |
| b. | Helper compensation | Tk. 15.00 |
| c. | Service provider (Physician or paramedic) fee | Tk. 5.00 |
| | Total | Tk. 35.00 |

The approved costs of the IUD program are reimbursed on the basis of IUD performance statistics provided by the Management Information System (MIS) Unit of the MOHFP. These statistics are contained in the "MIS Monthly Performance Report".

## 1.3. Objectives:

In 1988, USAID Dhaka issued a Request for Proposals (RFP) to conduct 1988-90 Family Planning IUD Annual Evaluations. The annual evaluation of the IUD program for each calendar year of this three-year period, commencing in 1988, was to include the performance of both government and non-government clinics. The specific objectives of the evaluation were:

A. to estimate the number of IUD insertions actually performed in a given evaluation period;

B. to estimate the average sum actually paid to IUD clients for transport costs; to assess whether there is any consistent and significant pattern of under or overpayment;

C. to estimate the average sum paid to service providers (physicians and Family Welfare Visitors-FWVs) and helpers as compensation for services; to assess whether there is any consistent and significant pattern of under or over payment; and to estimate the proportion of service providers and helpers who received the specified payment;

D. to ascertain whether clients are being promised or actually given anything other than the approved IUD payment;

E. to collect selected information on client's knowledge of the IUD and other methods of contraception;

F. to collect selected information on the IUD decision-making process and the extent of client satisfaction with the IUD procedure and with the follow-up services;

G. to collect selected socio-economic information on IUD clients (e.g. age, marital status, children ever born, education and employment status);

H. to estimate the percentage of IUD acceptors who received a follow-up visit (either at their home or at the clinic) for each evaluation period and how side effects and complications as reported by clients were handled;

I. to assess the perceived quality of field worker/helper counselling services (including a subset of questions

for clients accompanied to service delivery sites by BDG and NGO "registered agents" and dais);

J. to assess knowledge of service providers regarding contra-indications, side effects, and efficiency of the method.

K. to estimate the percentage of acceptors who have retained their reference IUD;

L. to estimate the percentage of acceptors that have had their reference IUD replaced with another IUD (including the total number of IUD reinsertions), with another method of contraception, or with no method (discontinued users);

M. to estimate inconsistencies in reported IUD performance by comparing district-level Deputy Director/Family Planning (DD/FP) and MOHFP/MIS service statistics with field survey verification of clinic records from the IUD evaluation; and

N. to assess the quality of the registers and information maintained at the clinic regarding follow-up, rejection of IUD, removal of IUD, and expenditures.

# Chapter-2

## METHODOLOGY AND IMPLEMENTATION

Data for the evaluation were collected from the following sources:

i) Survey of IUD acceptors
ii) Survey of service providers
iii) Survey of helpers
iv) Verification of clinic records, such as, client register, payment register, and record keeping registers.

### 2.1. Sample size (client survey):

As for any sample survey with multiple objectives, the decision regarding sample size was a complex matter of judgment, in which considerations of desired precision of estimates for the whole sample and important sub-groups had to be balanced against considerations of logistical feasibility, cost and possible deterioration in the quality of data as size increases. To meet the objectives of the study, estimates were required separately for BDG urban, BDG rural, and NGO strata. Since NGO performances are mostly in urban areas, the NGO stratum was not bifurcated by rural and urban areas. The strata were defined as follows:

**Urban BDG stratum:**

Clients reportedly having IUD insertions from urban BDG clinics and hospitals during the calendar year 1988.

**Rural BDG stratum:**

Clients reportedly having IUD insertions from rural BDG clinics and hospitals during the calendar year 1988.

**NGO stratum:**

Clients reportedly having IUD insertions from the NGO clinics and hospitals of both rural and urban areas during the calendar year 1988.

A target sample size was set at 4,000 BDG cases - split approximately into 3,000 cases from rural upazilas, 1,000 from urban upazilas --- plus an additional 1,000 NGO cases. This

sample size was chosen because it was adequate to provide key estimates at the national level -- and for BDG and NGO sectors -- with reasonable precision, yet at the same time was not so large as to jeopardize high standards of field work and supervision.

## 2.2. Sample design (client survey):

A stratified two-stage nationally representative probability sample was drawn. At the first stage, a sample of upazilas was drawn with probability proportionate to the number of IUD insertions performed as recorded by the MIS. For each selected upazila, a listing team prepared a complete list of the names and addresses of all IUD acceptors in 1988 from all clinic registers in the upazila.

At the second stage, a simple random sample of names was drawn from these lists. Interviewing teams were then dispatched to the field to locate and interview all selected persons.

### 2.2.1. First stage sampling: Selection of upazila:

The sampling frame for the first stage selection was the MIS printout of the number of insertions performed in 1988 by upazila and by BDG or NGO clinic. The first step was to prepare separate lists of upazila performance for each of the three strata: urban BDG; rural BDG and NGO. The upazilas (or clinics) in municipalities, metropolitan cities, and district headquarters were defined as belonging to the urban stratum. All others were classified as rural.

Lists for each stratum were ordered by division which, in turn, were organised by district and upazila, and a systematic sample (random start and fixed interval) was drawn with probability proportionate to the number of insertions reported in 1988. (In the NGO stratum, figures for the whole year were not available. Therefore, upazilas were drawn with probability proportionate to performance in the last six months of 1988).

The main purpose of using probability proportionate to size (PPS) sampling was to reduce the number of very low performing upazilas in the sample, which would have decreased field work efficiency and raised costs. Prior to the analysis, a weighting factor was introduced to adjust for these unequal first stage probabilities of selection. Details may be found in Appendix-A.

The number of first stage selections was determined on pragmatic grounds. A very dispersed sample (i.e., a large number of upazilas and a small number of selected individuals per upazila) is desirable from the point of view of high precision of estimates. A highly clustered sample (i.e., a small number of

upazila and a large number of selected individuals per upazila) is desirable from the point of view of field work costs and logistics. The decision to select 42 BDG rural upazilas, 18 BDG urban upazilas and 15 NGO upazilas represents a compromise between these conflicting considerations.

## 2.3. Sampling frame of IUD clients:

The sampling frame for selection of clients was prepared by listing all clients who had an IUD insertion in 1988 at the clinics falling within the selected upazilas. If the selected upazila was in the BDG stratum, all clients of BDG clinics were listed; if it was from the NGO stratum, all clients for NGO clinics were listed. In addition to listing, the total clinic performance figures were collected from all clinics within the upazila. The procedure followed for listing is described below.

A set of five forms was used for the listing operation. Upon arrival at the selected upazila the lister collected the names of all clinics, BDG and NGO from the UFPO and his/her staff and recorded the names and addresses of all clinics in Form 1. When the list of clinics had been prepared, the lister went to each and every clinic and listed in Form 2 the names and addresses of all IUD clients recorded in the clinic register for the calendar year 1988. The total 1988 performance of each clinic was noted by the lister in Form 3 and was compiled in Form 4. In Form 5, the figures obtained from clinic records were matched with those that appeared in the MIS computer printout.

A number of practical problems were encountered in listing NGO clients. In one selected NGO upazila, the registers of eight clinics had been taken away by officials of the Family Planning Directorate for verification and were unavailable at the time of the listing operation. In another upazila, there was confusion between NGO and BDG services. Local officials and staff considered themselves as part of the BDG program, whereas they should have been classified as part of the NGO sector. In another area NGO clinics recorded in the MIS as performing IUD insertions had in reality only been referring cases to government clinics. And finally a small number of NGO clinics appearing on the MIS printout could not be located, even after extensive consultation with district and upazila-level officials and prolonged searches.

These unanticipated problems have two main consequences. First, the effective NGO sample was drawn from only eight upazilas. The NGO sample is thus highly clustered and therefore estimates from this stratum have a relatively higher sampling error. Second, the size of the NGO sample, after weighting, is somewhat smaller than expected.

## 2.4. Second stage selection of clients:

All clients listed in selected upazilas were serially numbered and the sample of IUD clients was drawn from the list following a simple random selection procedure.

The selection probability for each stratum was defined as $n_i/N_i$, where $n_i$ is the target sample size for stratum i and $N_i$ is the total number of clients listed in all selected upazilas of that stratum. It was found that application of the same second stage sampling probability for BDG urban and rural strata would yield approximately the desired sample sizes. In the NGO stratum, a slightly higher second stage probability was used. Details are given in Appendix-A.

## 2.5. Weighting:

The overall selection probability of clients is the product of the first stage and the second stage probabilities. Thus for clients in stratum i and upazila j, the overall probability of selection was:

$$P_{1ji} \cdot P_{2ji}$$

where

$P_{1ji}$ is the first stage probability for upazila j in stratum i and $P_{2ji}$ is the second stage selection probability for stratum i. Because first stage probabilities were proportionate to size whereas second stage probabilities were uniform within each of the three strata, the sample was not self-weighting. Clients from high performing upazilas were overrepresented. To adjust for differences in selection probabilities, upazila-level raising factors were calculated. For upazila j in stratum i, the raising factor, $R_{ji}$, was defined as the reciprocal of the overall selection probability:

$$\frac{1}{P_{1ji} \cdot P_{2ji}}$$

A scaling constant, K, was then calculated as the sum of the unweighted sample size for all upazilas in all three strata, divided by the raised total sample size:

$$K = \frac{\sum n_{ij}}{\sum n_{ij} R_{ij}}$$

where n is the number of clients selected.

The sole purpose of K was to force equality between weighted and unweighted total sample sizes.

The final weight for selected clients in upazila ji was:

$$K R_{ji}$$

## 2.6. Selection of service provider sample:

In this study, a service provider refers to a doctor or FWV or paramedic performing IUD insertions in any clinic. All the service providers of the respective stratum of the selected upazila were included in the service provider sample. A weighted total of 500 service providers were selected: 120 from BDG urban, 356 from BDG rural, and 23 from NGO stratum.

## 2.7. Selection of helper sample:

A helper refers to a FP worker or Dai/TBA or any other person referring IUD clients to any clinic. The recorded referrer of every fourth selected client was selected into the service provider sample. If the same referrer was selected more than once, a substitute referrer was randomly selected. A weighted total of 662 helpers were selected: 157 from BDG urban, 453 from BDG rural, and 52 from NGO stratum.

## 2.8. Data collection instruments:

The following data collection instruments were used for the evaluation:

1. Questionnaire for IUD clients (Appendix-B).
2. Questionnaire for service providers.
3. Questionnaire for helpers (referrers).
4. List of IUD acceptors.
5. List of selected IUD acceptors.
6. Information sheet on payments to IUD clients, referrers,and service providers as per clinic records.
7. Information sheet on rejections, removals, re-insertions, and followup visits as per clinic records.
8. Monthly clinic performance figures from clinic records.
9. Monthly clinic performance figures from the clinic reports sent to upazila.
10. Information sheet on NGO clinic performance figures from the clinic records.
11. Working sheet for compilation of clinic performance figures within a selected upazila.
12. Upazila IUD performance submitted to MIS.

## 2.9. Implementation:

The evaluation was conducted by the Associates for Community and Population Research (ACPR). Mr. G. M. Kamal, Executive Director, ACPR worked as the Project Director, while Dr. A. U. Ahmed, Project Expert, ACPR worked as the Deputy Project Director. Dr. John Cleland and Dr. Gillian Hwei-Chuan Foo worked as consultants. The organizational set-up for the evaluation is at Appendix-C, while the list of evaluation staff is at Appendix-D.

### 2.9.1. Field work procedure:

Field interviewing entailed locating the sample IUD clients and conducting the interviews. Field work was conducted deploying eight field interviewing teams each consisting of four female interviewers, four male field assistants, one female supervisor and one team leader. Since it was difficult for females to locate scattered IUD clients in unknown rural areas, a male companion (field assistant) was provided for each one of them.

**Supervision:**

Strict supervision of field interviewing was made to ensure collection of high quality data. The team leader remained responsible for administrative and management aspects, while the female supervisor edited all completed questionnaire at the end of each day, conducted spot-checks, re-interviews, briefed the interviewers, and maintained all field control records. The female supervisor also dealt with difficult cases, especially to minimize non-responses due to refusals or deferrals. She re-interviewed every client who denied ever having had an IUD as well as a sub-sample of those having a non-referenced IUD in order to ensure that the proportion having IUDs are genuinely assessed.

**Quality control:**

Quality control (QC) procedures were implemented to ensure that the field teams were carrying out their responsibilities. There were four quality control teams each consisting of one male Quality Control Officer (QCO) and one female QCO. The QC teams visited each field interviewing team in almost every sample upazila during the field work. The male QCO checked the accuracy of attempts for locating cases and the quality of interviewing, while the female QCO was responsible for spot-checks and re-interviews of a selected sub-sample of interviewed IUD clients and cross-checked the questionnaires completed by the interviewer. The questionnaires edited by the female supervisor were checked by the QCOs and the interviewing team was briefed on specific shortcomings. The QC teams intensively searched for non-located cases in order to ensure that the interviewing team had vigorously attempted to locate every client.

### 2.9.2. Procedure followed to locate and interview clients:

The following steps were followed:

Step-1: The field interviewer attempted to locate the client by asking the villagers, ward members, or UP Chairman.

Step-2: If the interviewer failed, she sought the help of local FP workers, referrers, or any other informed person.

Step-3: In the case of a change of address, the interviewer tried to obtain the new address and contact the client.

Step-4: The interviewer checked the selected name and address with that in the couple registration book maintained by the FWA, voter's list and household list, or any other document maintained in the UP office. If the name appeared in any of these documents, a re-attempt was made. If the name did not appear in any document the interviewer probed thoroughly and took a statement from the FWA or a responsible person concerning the authenticity of the case. The interviewer documented all her attempts to locate selected clients.

Step-5: The clinic record was re-checked to ensure that no mistake was made in copying the name and address. If any mistake was identified, the sample list was corrected and a re-attempt was made to locate the client.

Step-6: When an interviewer failed, after all the above attempts, to locate a client, the team leader made attempts similar to those made by the interviewer.

Step-7: In case of the team leader's failure, the QCOs made similar attempts on a sample basis.

Step-8: Special arrangements were made to locate and interview clients who resided outside the selected upazila (or who had migrated out since the 1988 insertion). Names and addresses of such cases were clustered geographically and special interviewing teams were dispatched to locate and interview them, following the same procedures as used in the main phase of field work.

Step-9: A minimum of four attempts were made to locate clients who were temporarily away or not at home.

### 2.9.3. Procedures followed in the case of denial of insertion by selected clients:

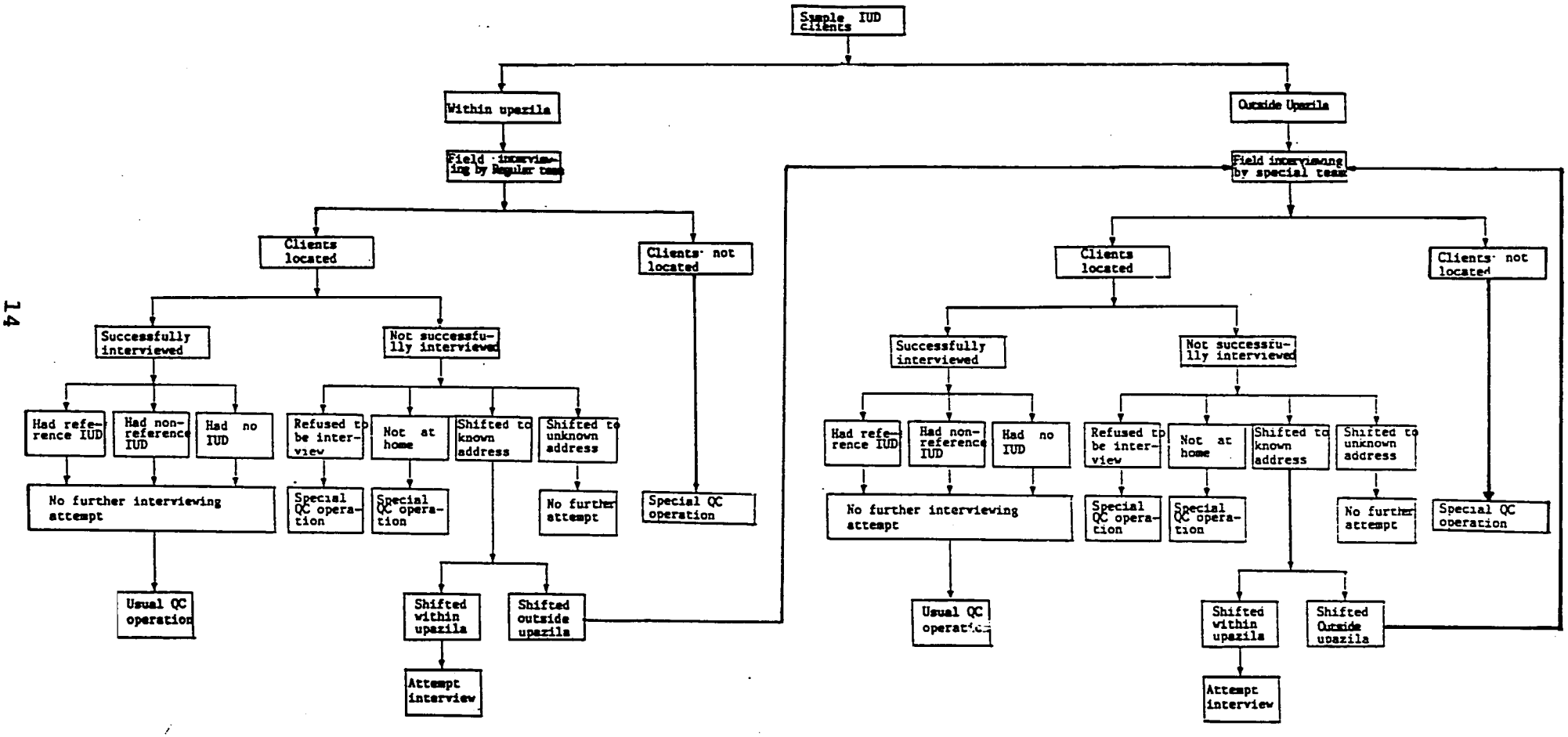
In all instances when a selected respondent denied having ever had an IUD insertion, the female supervisor re-interviewed the respondent. A second re-interview was conducted, on a sub-sample basis, by the QCOs.

The procedure that was followed to reduce non-responses is shown in Figure 2.1.

### 2.9.4. Time schedule:

The activities for the 1988 evaluation started on May 01, 1989. The field work for listing continued from May 22, 1989 to July 07, 1989, while that for data collection from July 29, 1989 to January 03, 1989. The draft report was submitted to the USAID on March 27, 1990, and the modified draft on April 22, 1990. The final report was submitted on May 14, 1990.

Figure 2.1: Procedure followed to reduce non-responses.



# Chapter-3

# VERIFICATION OF IUD PERFORMANCE

The evaluation attempted to estimate the actual IUD performance during calendar year 1988 and the proportion receiving the payments related to IUD insertions. To arrive at the estimations the following two aspects were considered:

a. performance verification; and
b. payment verification.

## 3.1. Performance verification:

Verification of performance was based on verification of MIS figures against upazila reports and verification of reported IUD clients.

### 3.1.1. Verification of MIS figures against upazila reports:

Verification of MIS reported performance figures against upazila reports was conducted by examining the consistency of clinic records with MIS figures for IUD insertions.

There are variations in reporting between different levels --- clinic, upazila, district, and MIS. With the exception of only two upazilas, the reports did not match across the different levels. The major reasons for the differences in the reporting are as follows:

a. Upazila reports are compiled before receipt of reports from all clinics; in such cases, clinic performances are often assumed and those assumptions do not later tally with the actual performance. This problem is caused partly by the fact that reports are demanded at the national level immediately after the end of the month. As a result, UFPOs have to obtain the reports from the remote clinics before the end of the month. Therefore, these clinics assume the performance for the last few days of the month, but the assumed figures do not match later with the actual performances.

b. Clinics having more than one provider may submit reports for one but not for all the providers.

c. Rejected and re-insertion cases are counted by some clinics as performed cases.

d. Due to insufficient knowledge on how to fill-out the reporting forms, referred cases are sometimes shown as performed cases.

e. Reports are not regularly submitted by all clinics. UFPOs do not maintain any work-sheet for compilation of reports. As a result, the UFPOs fail to correctly include reports that are not submitted on time.

f. Owing to unsystematic and poor compilation procedures mistakes occur at various levels.

g. Some clinics do not maintain any register and report mostly from their memory.

h. In case of unavailability of IUD money, records of payments are not made and, in some cases, clients of one month are shown in a later month when payments are made; thus the figures in the register do not match with those in the report.

i. Not all NGOs and other programs submit reports to their relevant UFPO. The UFPO does not disburse funds to all NGOs within his area of responsibility. The existence of some NGOs may not be known to the UFPO.

j. Sometimes figures are inflated at the upazila level to show higher performances.

There is frequently an absence of understanding of the terms 'referred' and 'performed' cases and the distinction between them, as a result of which 'referred' cases are sometimes reported as 'performed' cases causing an overreporting of actual performances.

In the MIS printout, NGO performance is sometimes included in the upazila performance. In other cases it is not included in the upazila performance, but, instead, is shown under other programs in an aggregated manner for all upazilas within a district. This inconsistency hindered cross-checking of the performance of each individual upazila against MIS figures. In districts where both NGO and other programs and/or multiple NGOs were working in different upazilas, it was impossible not only to segregate the performances of an upazila by BDG, NGO, and other programs, but even to ascertain the total performance of a particular upazila. Due to these reporting anomalies, estimation of the variations in reporting was not possible. Therefore, the overall assessment of 1988 IUD performance does not take into account discrepancies between MIS figures and upazila clinic records, though it is our impression that differences between the two data sources are small for the country as a whole. However, it is expected that the modified reporting procedure as adopted by the MIS Unit since August, 1988 will allow segregation of performances by BDG, NGO, and other programs within each upazila for the 1989 IUD Annual Evaluation.

### 3.1.2. Verification of reported IUD clients:

Clinic records were verified by tracing and interviewing all selected women recorded as IUD clients in 1988. Clients hailing from outside selected upazilas or who had migrated were followed-up at their current address.

#### 3.1.2.1. Results of survey verification:

As can be seen in Table 3.1(a), a total of 5086 IUD clients were sampled -- 1290 from BDG urban, 3212 from BDG rural, and 583 from the NGO stratum. At the overall level, 67.6 percent of the clients were located. Of these, 96.7 percent (equivalent to 65.4 percent of the total sample) were successfully interviewed. Only 2.2 percent of the clients could not be successfully interviewed because they were not available for interview during the period of stay of the interviewing teams in the area. A small proportion of 1.7 percent of the clients were not attempted for interview because of inaccessible communication or security reasons in the hilly areas.

It is important to note that, among the successfully interviewed clients, 7.8 percent denied having received any IUD in their lifetime, and another 6.2 percent denied having the reference IUD. Thus the proportion of clients located and verified as having the reference IUD was 51.4 percent. Although differences in the proportion located were higher for the BDG urban and BDG rural strata, the gap between the proportion located and the proportion having had the reference IUD was higher in both BDG urban and BDG rural clinics than for NGO clinics. For example, for the NGO clinics 58.8 percent cases were located, out of which 50.8 percent cases had had the reference IUD; the corresponding proportions for BDG urban were 61.0 percent and 47.0 and for BDG rural 71.9 percent and 53.3 percent respectively. The reason for this difference between the BDG and NGO clinics is mainly attributable to variations in the proportions of clients reporting that they never had the IUD. These proportions were 9.6 percent for BDG rural clinics and 6.4 percent for BDG urban clinics compared to only 1.3 percent for the NGO clinics. In some BDG clinics rejected clients are shown as performed clients because clients transportation costs are paid to them.

The experience of the field interviewing teams suggests that, in the BDG strata, FP personnel in some upazilas tend to record as IUD acceptors the names and addresses of women who have never visited the clinic. In some upazilas women who had attended clinics for MCH or general health services were recorded as IUD clients. In a few cases the same woman entered into the sample more than once, meaning that that same woman was registered as an IUD acceptor more than once. In a few upazilas the FP workers had persuaded women to pretend to be IUD acceptors when interviewed for the survey. Generally, these cases were detected during the course of the interview.

The appreciable proportion having a non-reference IUD is largely attributable to the recording of re-insertion cases and past IUD acceptors as "fresh" clients.

Nearly a quarter of the total sample of clients (23.5 percent) could not be located because the address did not exist or no such person ever lived there. Field interviewers and QCOs found that in several high performing upazilas, clinic staff are obliged to surrender a substantial proportion of IUD money to the UFPO and, as a result, they tend to compensate for this loss by giving false and fictitious entries of names and addresses as IUD clients. In so doing they seek help from the couple registration books or past IUD registers of their own clinic and/or other clinics, and also record fabricated names and addresses.

**Table 3.1(a): Details of non-responses.**

| Interview results | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| A: Client located: | 61.0 | 71.9 | 58.8 | 67.6 |
| **Successfully interviewed:** | | | | |
| - Had referenced IUD | 47.0 | 53.3 | 50.8 | 51.4 |
| - Had non-referenced IUD | 5.3 | 6.6 | 5.3 | 6.2 |
| - Never had IUD | 6.4 | 9.6 | 1.3 | 7.8 |
| **Not successfully interviewed:** | | | | |
| - Client not available | 2.3 | 2.4 | 1.4 | 2.2 |
| B: Client not located: | 38.9 | 25.5 | 41.1 | 30.7 |
| Either address does not exists or no such person ever lived there | 29.5 | 22.4 | 17.1 | 23.5 |
| Incomplete address | 4.2 | 0.8 | 18.1 | 3.7 |
| Transferred, new address not available | 5.2 | 2.3 | 5.9 | 3.5 |
| C. Not attempted for interview | 0.1 | 2.6 | 0.1 | 1.7 |
| Total | 100 | 100 | 100 | 100 |
| N | (1290) | (3212) | (583) | (5086) |

There was large variation in the prevalence of non-located clients between the BDG and NGO clinics. The proportion not located due to "address does not exist" or "no such person ever lived there" stood at 29.5 percent for BDG urban and 22.4 percent for BDG rural, while it was 17.1 percent for the NGO clinics. Conversely, the proportion that could not be located due to incomplete address was higher for NGO clinics (18.1 percent) than for BDG urban clinics (4.2 percent) and BDG rural clinics (0.8 percent). The large proportion of non-locates for NGO clinics because of incomplete addresses stems mainly from the small NGOs in the Dhaka city area. It was found that these small NGOs are not funded by any bonafide funding agency and most of them have no community-based service delivery program but consist only of small clinics, some of which do not have the minimum required clinical facilities and are mostly run by part-time personnel.

Mention should be made here of a project conducted by BFRP in 1988, "IUD study to Assess Followup Needed for Removal or Reinsertion" which followed up IUD clients having insertions during the year 1983-84. This study located 55.4 percent of the clients and successfully interviewed 49.2 percent, out of whom 45.7 percent had the reference IUD. The lower location rate in this BFRP survey (55.4 percent compared to 67.6 percent for this 1988 study reported here) reflects the fact that the sample of clients was drawn from 1983-84, resulting in an interval of four to five years between insertion and interview.

### 3.1.2.2. Contact and verification rates by selected characteristics:

Contact and interview-verification rates are more closely examined here in order to ascertain the determinants of the differences between different strata (Tables 3.1(b) and 3.1(c)).

**Large and small NGOs:**

The results from the small NGOs in Dhaka city area have heavily affected the results for the NGO stratum. For example, the proportion of clients having had the reference IUD is appreciably higher for the large NGO clinics (68.9 percent) compared to BDG urban (47.0 percent) and BDG rural clinics (53.3 percent), whereas the corresponding proportion for the small NGO clinics was strikingly low at 6.5 percent.

**Divisions/administrative regions:**

Among the four different administrative regions (divisions), the contact and verification rates are lowest in Dhaka division. For example, in Dhaka division 57.0 percent of the clients were located and 40.3 percent had had the reference IUD, while the

corresponding figures ranged between 74.9 to 70.5 percent and 60.0 to 53.4 percent, respectively, for the remaining three divisions. The observed lower rate of clients having had the reference IUD in Dhaka division is attributable to all three strata (BDG rural, BDG urban, and NGO) but particularly to the NGO stratum. In Khulna division the performance of BDG urban clinics was poor compared to the two other strata. In Chittagong division the BDG rural stratum had lower rates of contact and verification compared to the two other strata. In the NGO stratum in Rajshahi division almost all the clients (98.4 percent) were located and an equally high proportion (90.4 percent) had had the reference IUD.

**Type of location:**

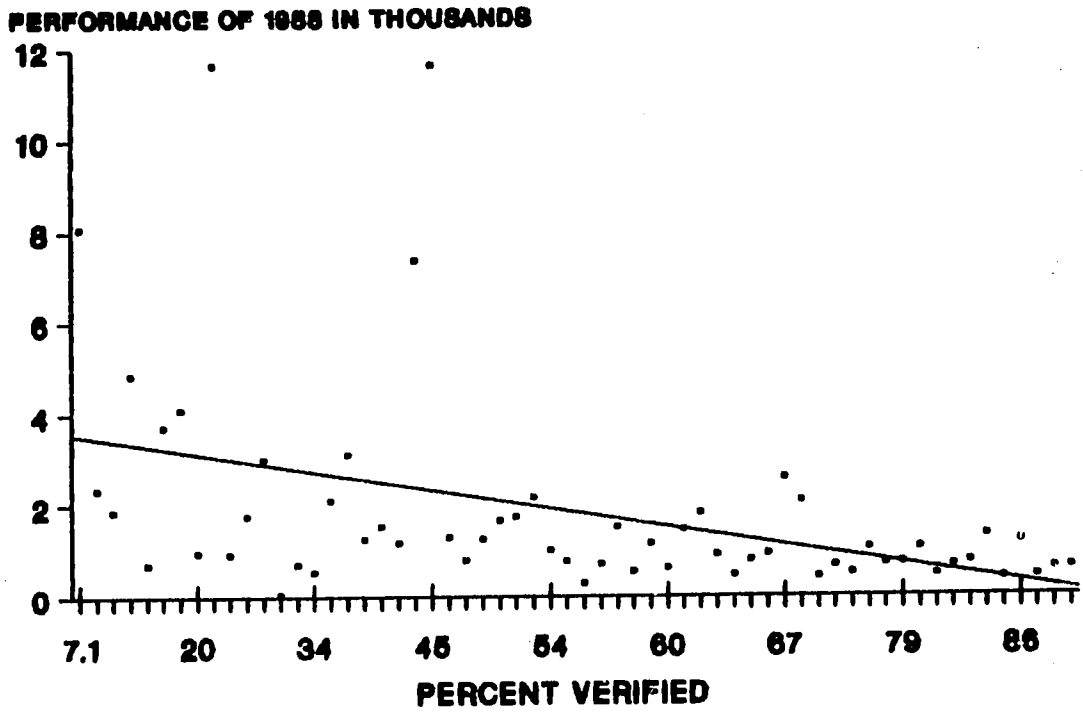
Dhaka city had the lowest rates of contact and interview verification. For example, in Dhaka city, only 36.7 percent of the clients were located and 30.4 percent had received the reference IUD; the corresponding figures for all other urban areas in the country was 67.6 percent and 53.7 percent respectively. The low rate in Dhaka city is attributable not only to the small NGO clinics but also to the BDG sector; in the capital city, only 30.3 percent of BDG clients were located and only 16.5 percent had had the reference IUD.

**Number of insertions reported in 1988:**

Contact and verification rates are much lower in high performing upazilas than medium or low performing upazilas. For example, upazilas having an annual IUD performance over 2,000 had a rate of 46.0 percent clients located and 30.2 percent clients having had the reference IUD. The corresponding rates for upazilas having an annual performance of less than 1,000 IUDs were 76.1 percent and 61.1 percent respectively. It is interesting to note that, for the upazilas having an IUD performance in the middle range (1000-2000 cases) a relatively high contact rate (71.4 percent) was recorded but conversely, the proportion having had the reference IUD was relatively low (52.3 percent). Figure 3.1 shows that, except for three upazilas, the higher the performance, the lower the proportion of cases verified.

The proportion of unverified cases was largely due to the performances of a small number of upazilas. For example, for one-fourth of the upazilas the proportion verified was up to 20 percent and for another one-seventh it was between 21 and 40 percent (Figure 3.2).

## FIGURE 3.1: RELATIONSHIP BETWEEN IUD PERFORMNCE AND PROPORTION OF CASES VERIFIED




## FIGURE 3.2: PERCENT VERIFIED BY NUMBER OF UPAZILA

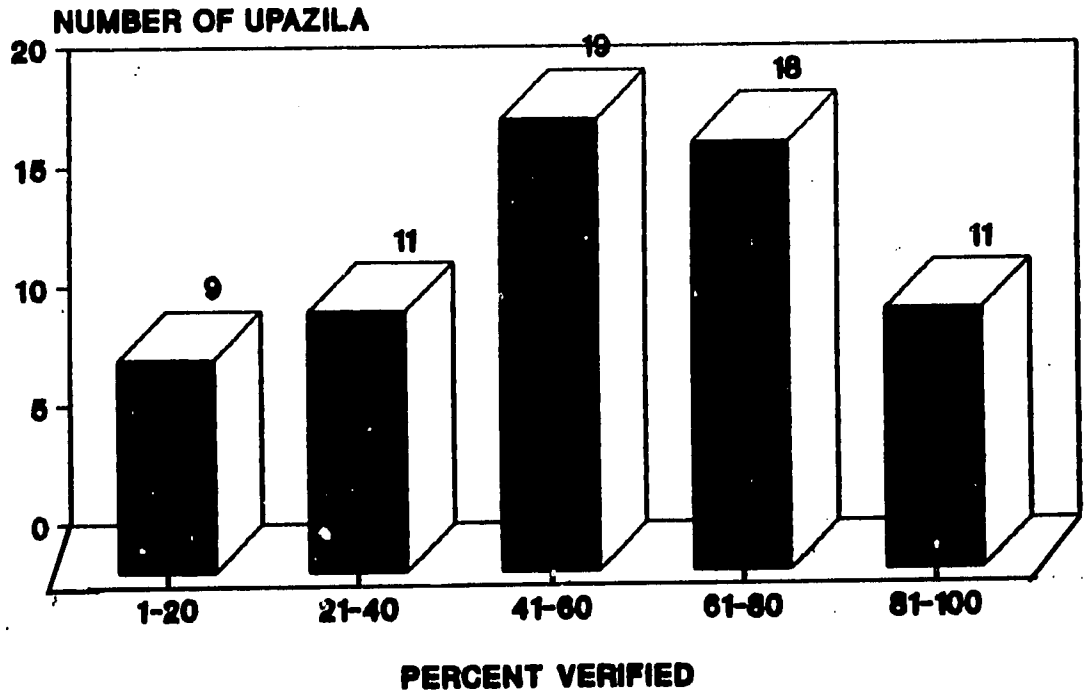


**Table 3.1(b): Proportion of reported IUD clients verified.**

| Stratum | Number of clients selected (weighted) | Located | Successfully interviewed | Had reference IUD |
|---|---|---|---|---|
| BDG Urban | 1290 | 61.0 | 58.7 | 47.0 |
| BDG Rural | 3212 | 71.9 | 69.6 | 53.3 |
| NGO (All) | 583 | 58.8 | 57.4 | 50.8 |
| NGO (Large) | 414 | 78.2 | 76.5 | 68.9 |
| NGO (Small) | 169 | 11.1 | 10.7 | 6.5 |

Table 3.1(c): Contact and response rates of clients by selected characteristics.

| | BDG | | | | | | NGO | | | All | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Urban | | | Rural | | | | | | | | |
| | Located | Successfully interviewed | Had reference IUD | Located | Successfully interviewed | Had reference IUD | Located | Successfully interviewed | Had reference IUD | Located | Successfully interviewed | Had reference IUD |
| a. Division: | | | | | | | | | | | | |
| Chittagong | 76.0 | 73.4 | 69.1 | 66.8 | 64.2 | 52.4 | 85.0 | 81.3 | 77.1 | 70.5 | 67.8 | 58.4 |
| Dhaka | 56.4 | 53.1 | 40.7 | 64.2 | 61.7 | 42.1 | 39.3 | 38.3 | 35.2 | 57.0 | 54.6 | 40.3 |
| Khulna | 52.2 | 50.3 | 36.5 | 84.2 | 82.1 | 71.1 | 88.9 | 88.9 | 55.6 | 74.9 | 73.0 | 60.0 |
| Rajshahi | 65.6 | 64.4 | 50.9 | 73.4 | 71.1 | 50.7 | 98.4 | 96.8 | 90.4 | 73.1 | 71.1 | 53.4 |
| b. Type of location: | | | | | | | | | | | | |
| Dhaka City | 30.3 | 27.2 | 16.5 | - | - | - | 38.5 | 37.5 | 34.4 | 36.7 | 35.1 | 30.4 |
| Other urban | 63.6 | 61.3 | 49.6 | - | - | - | 86.6 | 84.8 | 73.4 | 67.6 | 65.5 | 53.7 |
| Rural | - | - | - | 71.9 | 69.6 | 53.3 | - | - | - | 71.9 | 69.6 | 53.3 |
| c. Number of insertion reported in 1988 by sample upazilas: | | | | | | | | | | | | |
| < 1000 | 79.9 | 78.0 | 72.7 | 75.0 | 72.5 | 59.4 | 92.5 | 92.5 | 70.0 | 76.1 | 73.7 | 61.1 |
| 1000-2000 | 65.6 | 63.5 | 48.1 | 73.8 | 71.6 | 49.5 | 90.3 | 87.2 | 80.9 | 71.4 | 69.2 | 52.3 |
| 2000 > | 39.5 | 36.5 | 26.6 | 56.0 | 54.2 | 29.1 | 39.3 | 38.3 | 35.2 | 46.0 | 44.1 | 30.2 |

### 3.2. Estimation of verified and unverified cases:

The estimation of verified clients can be arrived at through different approaches. Three such approaches are presented below:

| Types of responses | Ways to verify | | |
|---|---|---|---|
| | Method-1 | Method-2 | Method-3 |
| A. Client located: | | | |
| Successfully interviewed: | | | |
| - Had reference IUD | Verified | Verified | Verified |
| - Had Non-reference IUD | Unverified | Unverified | Unverified |
| - Never had IUD | Unverified | Unverified | Unverified |
| Not successfully interviewed: | Proportionate to successfully interviewed clients | Proportionate to successfully interviewed clients | Excluded from the calculation |
| B. Client not located: | | | |
| - Address does not exist/no such person ever lived there | Unverified | Unverified | Unverified |
| - Incomplete address | Unverified | 50% pressumed verified<br>50% pressumed unverified | 50% pressumed verified<br>50% pressumed unverified |
| - Transferred/ migrated/died | Proportionate to successfully interviewed clients | Proportionate to successfully interviewed clients | Excluded from the calculation |

Under Method-1, the proportion of verified cases will be lower than that under the remaining two methods. There will be no difference in the estimation under methods 2 and 3. However, in order to give the benefit of the doubt and to have a liberal esti-mate of the proportion of cases verified, Method 2 is followed to arrive at the estimation. As it appears from Figure 3.3 the estimated proportion of verified IUD cases is 59.0 percent at the national level. Between the different strata, the proportion that could be verified is highest (66.2 percent) for the NGO stratum, second highest (59.3 percent) for the BDG rural stratum, and lowest (55.2 percent) for the BDG urban stratum.

**Interpretation of outcome categories**: As shown in Figure 3.3 there are 12 outcome categories. Interpretation of each of these outcome categories is presented below:

**(1) Located, interviewed, had reference IUD:**

The interpretation is straightforward. All these cases are classified as verified. Although the possibility exists that some respondents falsely claimed an IUD insertion for financial gains, there is no objective way to establish this and the number is likely to be small.

**(2) Located, interviewed, had non-reference IUD:**

This outcome category contains all respondents who had an IUD but not in the year 1988 or not at the correct clinic. As explained earlier, interviewing staff probed exhaustively to reach an unambiguous conclusion. Wherever there was any doubt, the case was classified as a reference IUD. Therefore, all these cases can be counted as unverified.

**(3) Located, interviewed, never had IUD:**

These respondents denied ever having had an IUD insertion. As described earlier, female supervisors re-interviewed all cases. There remains the possibility that a small fraction of these respondents actually had a 1988 insertion but consistently denied it to preserve confidentiality, or for some other reason. However there is no objective way of making any allowance for false denial and, therefore, all cases are counted as unverified.

**(4) and (5) Client located but not successfully interviewed:**

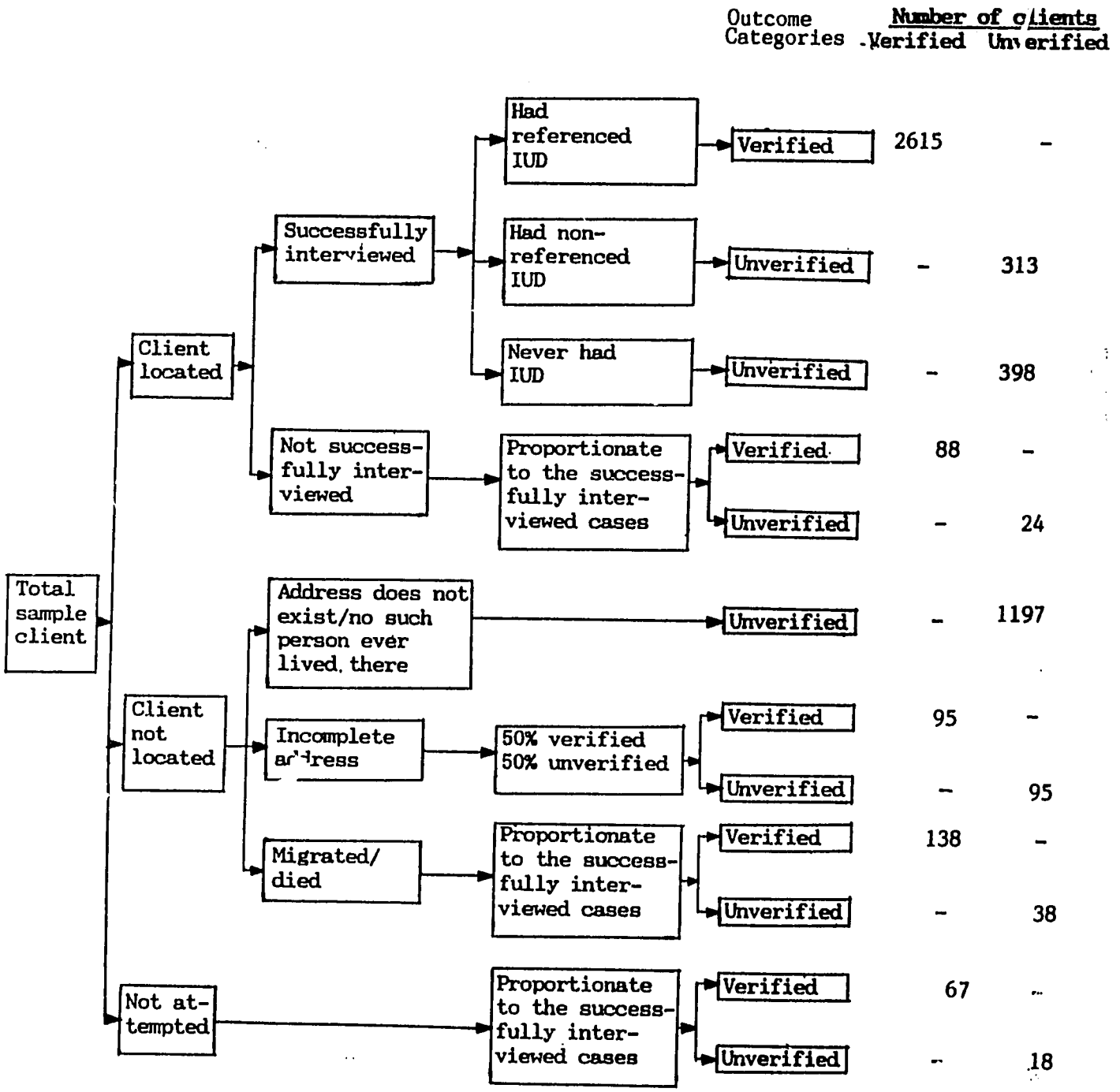
This small number of selected individuals were located but could not be interviewed, mostly because these individuals were temporarily away during the interviewing team's stay in the area. Their status as IUD acceptors is unknown and it is therefore assumed that the proportion verifiable would be the same as for successfully interviewed clients.

**(6) Address non-existent/no such person ever lived there:**

This large category is classified as unverified. In Bangladesh, it is highly unlikely that any genuine name/ address cannot be traced. However a very small proportion of genuine clients may have deliberately given false names or addresses to preserve their anonymity. As there is no objective way of making any allowance for this possibility, all cases in this category were counted as unverified.

Figure 3.3: Estimation of verified and unverified IUD cases.

National




| | | |
|---|---|---|
| Total | 3003 | 2083 |
| Percentage | 59.0 | 41.0 |

95% Confidence Interval
Lower limit = 56.9%
Upper limit = 61.1%

**(7) and (8) Incomplete address:**

Incomplete addresses (i.e. addresses that are so vague that they do not permit location of the individual, such as, Dhanmondi, Dhaka) may arise through incompetence/carelessness of staff or through a deliberate effort to disguise fictitious entries in the register. The concentration of such cases in certain selected clinics (particularly arising from the small NGOs in Dhaka) strongly suggests that the large majority of these cases are false. The 50:50 allocation of this group to verified and un-verified outcomes is somewhat arbitrary and gives a conservative or minimum estimate of falsification. All clients having incomplete address should ideally be treated as unverified, since the field offices had clearly been instructed to maintain complete address of all clients.

**(9) and (10) Migrated, (new address unavailable)/ died:**

These cases were located, in the sense that their names were known in the locality of their recorded residence. Thus they are not fictitious persons but they could not be physically located because of death, overseas migration or transfer to an unknown new address within Bangladesh. These cases were assumed to have the same likelihood of verification as successfully interviewed clients.

**(11) and (12) Not attempted:**

For miscellaneous reasons, no attempt was made to locate a very small number of respondents. The outcome of these is unknown and therefore it is assumed that the proportion verified would have been the same as was found in the successfully interviewed cases.

This description of the survey outcomes and their interpretation shows that there is a small degree of uncertainty and judgment involved in the estimation. However, the final estimated level of verification would not be greatly affected by any other reasonable judgment. Only extreme and unrealistic assumptions could make much difference to the main conclusion about the level of verification.

### 3.2.1. Standard errors and confidence limits:

The standard error of the estimate has been calculated adopting the following procedure:

a. s.e. of proportion verified $= \sqrt{\frac{p(1-p)}{n}}$ Deff.

Where,

P = Proportion verified = 0.59
n = Sample size = 5086
Deff.= Design Effect = 1.5

$$s.e. = \sqrt{\left(\frac{0.59 \times 0.41}{5086}\right) 1.5} = 0.010338$$

b. 95% Confidence interval

$= p \pm Z_a \times s.e.$

$= 0.59 \pm 2 \times 0.010338$

$= 0.59 \pm 0.0207$

Lower limit = 56.9% and upper limit = 61.1

Thus, the minimum number of IUD cases performed during 1988 in Bangladesh is 56.9 percent, while the maximum is 61.1 percent of the figure reported by the MIS unit.

## 3.3. Payment verification:

Information was obtained on the receipt of client's transportation cost, service provider's fee, and helper's fee in order to assess whether there is any consistent or significant pattern of under or over payment.

### 3.3.1. Receipt of client's transportation costs:

Two-thirds of the acceptors (65 percent) were reimbursed for their transportation costs; 61 percent received the prescribed amount of Tk. 15.00, while three percent received less than Tk.

15.00. The remaining one-third (35 percent) did not receive any money (Table 3.1(d)). The reason mentioned by most clients for not receiving the money was unavailability of IUD money at the clinic. In some clinics money was not usually given to clients. Some clients were even unaware that they were entitled to reimbursement for their transportation costs. The mean amount for those who received the money was Tk. 15.0.

Among the different strata, the proportion that was requested to collect the money later was highest for acceptors having insertions from BDG rural clinics (37 percent), followed by BDG urban clinics (33 percent), and lowest for NGO clinics (26 percent).

Table 3.1(d): Status of receipt of client's transportation costs.

| | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| | (Percent) | | | |
| None | 32.5 | 36.8 | 26.2 | 34.6 |
| < 15 Taka | 2.1 | 2.9 | 4.0 | 2.9 |
| 15 | 63.4 | 59.0 | 68.4 | 61.1 |
| > 15 | 2.0 | 1.3 | 1.4 | 1.4 |
| Total | 100 | 100 | 100 | 100 |
| Mean: overall | 10.3 | 9.5 | 11.1 | 9.9 |
| Mean for those receiving any money | 15.3 | 15.0 | 15.0 | 15.0 |
| N | 605 | 1709 | 302 | 2615 |

### 3.3.2. Receipt of service provider's fee:

The service providers were asked how much money they receive as an insertion fee. Most of the service providers (97 percent) reported being paid Tk.5 as an insertion fee (Table 3.2(a)). It is surprising that 36 percent of the NGO service providers mentioned that they do not receive any insertion fee. Although the number of NGO service providers interviewed is small, this needs to be further investigated.

About 62 percent of the service providers stated that they had received full payment, the remainder had not yet received their insertion fees, either in part or in full. The average amount that they had yet to receive was Tk.291. About one-half

did not receive the payment because they had not yet submitted their bills. The service providers usually receive their insertion fee within six weeks. Forty percent of the service providers receive money within one week. A large percentage of the providers (45 percent) also received payment within one month.

Table 3.2(a): Profile of payment of service provider's fee.

| Information | BDG Urban | BDG Rural | NGO | All |
|---|---|---|---|---|
| | (Percent) | | | |
| Amount receive as provider's fee: | | | | |
| None | 1.6 | 0.2 | 35.7 | 2.2 |
| < 5 | - | - | 1.9 | 0.1 |
| 5 | 97.9 | 99.5 | 62.4 | 97.4 |
| > 5 | 0.5 | 0.3 | - | 0.3 |
| Total | 100 | 100 | 100 | 100 |
| Mean | 5.0 | 5.0 | 4.9 | 5.0 |
| N | 120 | 356 | 23 | 500 |
| Weeks after which usually receive payment: | | | | |
| No payment is received | 1.6 | 0.2 | 35.7 | 2.2 |
| Within 1 week | 45.5 | 39.1 | 29.9 | 40.2 |
| Within 2 weeks | 7.8 | 5.9 | 5.5 | 6.3 |
| Within 3 weeks | 2.4 | 0.1 | - | 0.7 |
| Within 4 weeks | 32.7 | 50.0 | 27.2 | 44.7 |
| 4 weeks + | 10.0 | 4.8 | - | 5.9 |
| Total | 100 | 100 | 100 | 100 |
| N | 120 | 356 | 23 | 500 |
| Mean | 4.8 | 6.6 | 2.7 | 6.0 |
| Whether received full payment: | | | | |
| Yes | 62.7 | 61.8 | 52.4 | 61.5 |
| No | 11.7 | 19.0 | - | 16.4 |
| Service provider was not posted at present clinic in 1988 | 24.0 | 19.0 | 11.9 | 19.9 |
| No payment received | 1.6 | 0.2 | 35.7 | 2.2 |
| Total | 100 | 100 | 100 | 100 |
| N | 120 | 356 | 23 | 500 |

| Information | BDG | | | |
|---|---|---|---|---|
| | Urban | Rural | NGO | All |
| | | (Percent) | | |
| Amount not yet received (in taka): | | | | |
| 1 -100 | 27.7 | 22.4 | - | 5.1 |
| 101-250 | 41.1 | 43.7 | - | 18.5 |
| 251-500 | 10.2 | 11.0 | - | 43.2 |
| 501 + | 19.4 | 20.6 | - | 10.8 |
| Don't know | 1.7 | 2.3 | - | 20.3 |
| Mean(taka) | 247.5 | 303.1 | - | 291.2 |
| N | 18 | 67 | - | 86 |
| Reasons for not receiving: | | | | |
| Bill not yet submitted | 14.2 | 55.3 | - | 46.5 |
| Shortage of funds | 20.1 | 19.7 | - | 19.8 |
| Bill submitted but not yet paid | 18.3 | 14.1 | - | 15.0 |
| Other | 47.4 | 10.9 | - | 18.7 |
| Total | 100 | 100 | - | 100 |
| N | 18 | 67 | - | 86 |

### 3.3.2.1. Proportion of service provider's fee not yet received:

Estimation of the proportion of insertion fee not yet received by service providers was difficult for the following reasons:

a. some service providers could not provide the actual number of IUD insertions performed by them in 1988 and the amount of money not yet received;

b. some service providers who were working in the selected clinics in 1988 were transferred and the newly joined service providers could only give partial information; and

c. some service providers had not yet submitted their claims for the insertion fee.

As such, those service providers from whom complete information could not be obtained were excluded from the analysis for estimating the proportion of insertion fee not yet received. Table 3.2(b) shows that the mean amount of money that was receivable as insertion fee to the service providers was Tk. 556 and the mean amount of money that has not yet been received by the service providers was Tk. 29. Thus, it appears that 5.2 percent of the insertion fees had not yet been received by the

service providers, excluding those who had not as yet submitted the claim bills and for whom complete information could not be obtained. The fees may ultimately be paid, albeit after a long delay.

**Table 3.2(b): Proportion of IUD insertion fee not yet received by the service providers for the insertions done in 1988.**

| | BDG | | | |
|---|---|---|---|---|
| | Urban | Rural | NGO | All |
| Mean amount of insertion fee receivable | 584 | 508 | 1364 | 556 |
| Mean amount of insertion fee not yet received | 10 | 36 | - | 29 |
| Percentage of insertion fee not yet received | 1.7 | 7.1 | - | 5.2 |
| N[1] | 77 | 256 | 12 | 345 |

[1] N is the total number of service providers excluding those who did not yet submit the claim bills and for whom complete information could not be obtained.

### 3.3.3. Receipt of helper's fee:

Ninety-six percent of the helpers know that the referral fee is not currently being paid, and about the same percentage reported that it was paid formerly. Over four-fifths of the helpers mentioned that the referral fee was Tk. 15.00 per IUD acceptor, while one-tenth cited Tk. 45.00. This difference in the reported referral fee may be explained by the fact that a Dai used to be paid Tk. 45.00, while a non-Dai Tk. 15.00 as referral fee. About 73 percent of the referrers received referral fees for all the clients referred by them during 1988 (Table 3.2(c)). The remaining 27 percent had not received the referral fee for some portion of the cases referred by them. The average amount of money that they were due was Tk.192. The reasons for not receiving the fee were 'fund exhausted' reported by 33 percent, and 'referral fee is not paid', reported by 46 percent, the later suggesting that some of these helpers may be referring to the fact that this payment was withdrawn after October 1988.

The helpers were also asked whether they pay any money to the clients in addition to the Tk.15 the clients usually receive as transportation cost. About five percent of the helpers mentioned having paid some money to the clients. The average amount of money they reportedly paid to the clients was Tk.20.

### 3.3.3.1. Proportion of referral fee not yet paid:

Estimation of the proportion of referral fee not yet paid to the helpers was not possible for the following reasons:

a. data on number of cases referred by the selected helpers were collected for the whole of the calendar year 1988, while the referral fee was paid up to October 1988;

b. it is likely that some helpers excluded the referral fees for cases referred in November and December 1988, while the others might not have done so; and

c. since the helpers do not maintain records of the clients referred, it is unlikely that their answers on this are very accurate.

Under these circumstances, it is reasonable to refrain from making any estimation of the proportion of referral fees that has not been paid to the helpers.

Table 3.2(c) Information on payments of IUD referral fees.

| Information | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| | (Percent) | | | |
| Whether referral fee is currently being paid: | | | | |
| Yes | 3.1 | 2.2 | 1.4 | 2.3 |
| No | 94.6 | 96.1 | 96.8 | 95.8 |
| Don't know | 2.3 | 1.7 | 1.8 | 1.8 |
| Whether referral fee was paid in the past: | | | | |
| Yes | 92.9 | 95.6 | 93.7 | 94.8 |
| No | 1.7 | 0.4 | 2.7 | 0.9 |
| Don't remember | - | - | 0.4 | 0.0 |
| Amount paid as referral fee: | | | | |
| None | - | 1.9 | 0.9 | 1.4 |
| < Tk.15 | 0.5 | 2.4 | 1.9 | 1.9 |
| Tk.15 | 90.6 | 80.9 | 79.3 | 83.1 |
| Tk.16-44 | 0.3 | 2.0 | - | 1.5 |
| Tk.45 | 7.7 | 12.5 | - | 10.4 |
| Tk.46+ | - | 0.1 | 13.3 | 1.1 |
| Don't know | 1.0 | 0.2 | 4.6 | 0.8 |

| Information | BDG Urban | BDG Rural | NGO | All |
|---|---|---|---|---|
| | (Percent) | | | |
| Whether received all the referral fees for clients referred in 1988: | | | | |
| Yes | 83.6 | 69.9 | 69.9 | 73.2 |
| No | 14.4 | 29.1 | 29.1 | 25.6 |
| Don't remember | 2.0 | 1.0 | 1.0 | 1.2 |
| Mean amount of referral fees not yet received by the referrers (in taka): | 127.8 | 168.7 | 479.0 | 192.2 |
| N | 20 | 102 | 13 | 135 |
| Reasons for not receiving the referral fees as yet: | | | | |
| Fund exhaushed | 42.1 | 34.7 | 1.7 | 33.0 |
| Referral fee is not paid | 43.6 | 43.5 | 73.1 | 45.9 |
| Other | 2.0 | 18.3 | 19.6 | 16.2 |
| Don't know | 12.3 | 3.5 | 5.6 | 4.8 |
| N | 20 | 102 | 13 | 135 |
| Whether referrers pay any money to clients: | | | | |
| Yes | 7.1 | 3.8 | 10.8 | 5.2 |
| No | 92.9 | 96.2 | 89.2 | 94.8 |
| How much money and what other things are being paid (restricted to those making any addl. payment): | | | | |
| Mean taka | 14.2 | 26.3 | 10.6 | 19.8 |
| Other things | 6.5 | - | 8.9 | 3.7 |
| N | 157 | 453 | 52 | 662 |

# Chapter-4

# PROFILE OF IUD ACCEPTORS, PROVIDERS, AND HELPERS

## 4.1. Profile of IUD acceptors:

The profile of the IUD acceptors presented here and summarized in Table 4.1(a) includes selected socio-economic and demographic characteristics as well as knowledge and use of other contraceptive methods.

### 4.1.1. Socio-economic profile of IUD acceptors:

**Education**: Half of the IUD acceptors (50 percent) have attended school. The equivalent figure for all married women of reproductive age (MWRA) for the whole country is 31 percent. Thus IUD acceptors are drawn disproportionately from the more educated sectors. Compared to the current users of any method, the IUD acceptors are more educated. Husbands of IUD acceptors are relatively more educated than their wives. The proportion of husbands of IUD acceptors who have attended school is 64 percent.

**Religion**: Of the IUD acceptors surveyed, 86 percent were Muslim and 14 percent Hindu. This religious composition is similar to that for all MWRA as reported in the 1989 BFS (Muslim, 86 percent; Hindu 13 percent).

**Employment**: At the time of interview, a quarter of the acceptors (24 percent) were gainfully employed. This figure contrasts markedly with the level of employment among all MWRA, which, according to the 1989 BFS is only 14 percent. This difference partly reflects the higher educational background of IUD acceptors.

**Husband's occupation**: The occupations of the husbands of the IUD acceptors fall into four major categories: cultivation (30 percent), daily labour (25 percent), service (25 percent) and business/trading (20 percent).

**Land ownership**: Two-thirds (62 percent) of the families of the IUD acceptors own land. Land ownership appears to be somewhat lower among the families of IUD acceptors than for the general population. In the 1989 BFS, 70 percent of all MWRA reported that their family owned agricultural land.

**Table 4.1(a): Socio-economic profile of IUD acceptors.**

| | GDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| | | (percent) | | |
| **Education:** | | | | |
| No Education | 43.9 | 55.9 | 33.2 | 50.5 |
| Primary | 30.2 | 31.0 | 27.2 | 30.3 |
| Secondary | 23.9 | 13.0 | 36.2 | 18.2 |
| Higher Secondary and above | 2.0 | 0.1 | 3.4 | 1.0 |
| Total | 100 | 100 | 100 | 100 |
| **Husband's education:** | | | | |
| No Education | 31.3 | 41.5 | 16.8 | 36.2 |
| Primary | 21.7 | 22.1 | 22.2 | 22.0 |
| Secondary | 37.6 | 32.9 | 45.2 | 35.5 |
| Higher Secondary and above | 9.2 | 3.4 | 14.5 | 6.0 |
| Don't know | 0.2 | 0.1 | 1.3 | 0.3 |
| Total | 100 | 100 | 100 | 100 |
| **Religion:** | | | | |
| Islam | 86.0 | 84.5 | 89.8 | 85.5 |
| Hinduism | 13.8 | 15.3 | 9.5 | 14.3 |
| Christianity | 0.1 | - | 0.1 | 0.0 |
| Buddhism | 0.1 | 0.2 | 0.6 | 0.2 |
| Other | - | 0.0 | - | 0.0 |
| Total | 100 | 100 | 100 | 100 |
| **Employment:** | | | | |
| Never | 67.6 | 74.2 | 65.4 | 71.7 |
| Past | 5.3 | 3.5 | 8.8 | 4.5 |
| Current | 27.1 | 22.3 | 25.8 | 23.8 |
| Total | 100 | 100 | 100 | 100 |
| **Husband's occupation:** | | | | |
| Cultivation | 22.3 | 37.2 | 7.7 | 30.2 |
| Business/Trading | 25.7 | 14.7 | 33.8 | 19.5 |
| Service | 24.1 | 24.5 | 26.8 | 24.6 |
| Daily labour | 27.0 | 23.5 | 30.1 | 25.1 |
| Unemployed/student | 0.7 | 0.0 | 1.6 | 0.5 |
| Other | 0.2 | 0.1 | - | 0.1 |
| Total | 100 | 100 | 100 | 100 |
| **Land ownership:** | | | | |
| Yes | 60.7 | 64.1 | 55.0 | 62.3 |
| No | 39.3 | 35.9 | 45.0 | 37.7 |
| Total | 100 | 100 | 100 | 100 |
| N | 605 | 1709 | 302 | 2615 |

### 4.1.2. Demographic profile of the IUD acceptors:

**Marital status**: Among all strata the overwhelming majority of acceptors surveyed were currently married at the time of interview. Only one percent of the acceptors were either separated or divorced at the time of the survey and 0.4 percent had lost their husbands between the time they accepted the reference IUD and the date of interview.

**Age**: The mean age of the acceptors at the time of interview was 26.1 years. At least 91 percent of the acceptors were below the age of 34 years; 63 percent were between 20 and 29 years of age. In terms of biological effectiveness, the age profile of IUD acceptors is favourable to fertility reduction. Fecundity is highest at ages 20 to 29 and it is within this age span that the majority of acceptors fall.

**Number of living children**: The mean number of living children at the time of interview was 2.8. This number is almost identical to the mean total desired family size of 2.9 reported by all MWRAs in the 1989 BFS.

**Interval between last pregnancy termination and reference insertion**: Nearly one-third (29 percent) of the acceptors had their IUD insertion within six months of termination of their last pregnancy and a quarter (26 percent) between 12-23 months. The mean interval between the last pregnancy termination and reference insertion was 21.4 months. These results suggest that there may be some overlap between post-partum amenorrhoea and IUD use. On average, women are protected from conception for a twelve-month period following the birth of a child because of post-partum amenorrhoea (BFS, 1989). Early post-partum insertion may thus result in a double protection.

**Desire for more children**: Nearly two-thirds of the acceptors (63 percent) did not want any more children, while over a quarter (29 percent) wanted to have a child after two or more years. This suggests that, although the IUD is largely regarded as a terminal method, it nevertheless constitutes a spacing method for many women.

### 4.1.3. Profile of IUD acceptors in terms of knowledge and use of other family planning methods:

**Knowledge of methods and sources**: Knowledge of at least one modern method and of one reversible method, apart from the IUD is universal (100 percent) (Table 4.1(c)). Similarly, knowledge of at least one source of any modern method or any reversible method is also universal, 100 percent and 100 percent respectively. Clearly, IUD clients are universally aware of the main alternatives.

**Table-4.1(b): Demographic profile of IUD acceptors.**

| | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| Marital status: | | (Percent) | | |
| Currently married | 99.1 | 98.2 | 98.7 | 98.5 |
| Currently widowed | 0.1 | 0.6 | 0.1 | 0.4 |
| Currently separated/ Divorced | 0.8 | 1.2 | 1.2 | 1.1 |
| Total | 100 | 100 | 100 | 100 |
| Age: | | | | |
| < 20 | 11.1 | 10.6 | 14.1 | 11.1 |
| 20-24 | 33.1 | 35.0 | 34.5 | 34.5 |
| 25-29 | 28.2 | 29.0 | 28.3 | 28.7 |
| 30-34 | 19.4 | 16.1 | 16.3 | 16.9 |
| 35-39 | 6.5 | 6.2 | 5.8 | 6.2 |
| 40-44 | 1.3 | 2.4 | 0.7 | 2.0 |
| 45+ | 0.4 | 0.7 | 0.3 | 0.6 |
| Total | 100 | 100 | 100 | 100 |
| Mean age | 26.2 | 26.1 | 25.5 | 26.1 |
| Number of living children: | | | | |
| 0 | 0.2 | 0.9 | 0.8 | 0.7 |
| 1 | 17.1 | 20.8 | 24.1 | 20.3 |
| 2 | 26.7 | 27.1 | 33.2 | 27.7 |
| 3 | 27.5 | 23.0 | 23.6 | 24.1 |
| 4 | 13.4 | 15.5 | 10.1 | 14.4 |
| 5+ | 15.1 | 12.7 | 8.2 | 12.8 |
| Total | 100 | 100 | 100 | 100 |
| Mean | 2.9 | 2.8 | 2.5 | 2.8 |
| N | 605 | 1709 | 302 | 2615 |
| Interval between last pregnancy termination and reference insertion: | | | | |
| 0-6 months | 33.9 | 27.3 | 30.3 | 29.2 |
| 7-11 " | 13.5 | 14.1 | 15.6 | 14.1 |
| 12-23 " | 23.8 | 27.4 | 25.7 | 26.4 |
| 24-35 " | 9.6 | 13.8 | 8.0 | 12.1 |
| 36-47 " | 7.0 | 6.6 | 8.0 | 6.9 |
| 48-59 " | 3.9 | 3.4 | 3.6 | 3.6 |
| 60+ " | 8.3 | 7.4 | 8.8 | 7.7 |
| Total | 100 | 100 | 100 | 100 |
| Mean | 21.4 | 21.3 | 22.0 | 21.4 |
| N | 604 | 1707 | 302 | 2612 |
| Desire for more children: | | | | |
| Yes, next 12 months | 6.8 | 6.8 | 5.4 | 6.6 |
| Yes, 13-23 months | 0.6 | 0.3 | 2.2 | 0.6 |
| Yes, 24+ months | 26.5 | 29.5 | 33.0 | 29.2 |
| Yes, D.K. timing | 1.3 | 0.4 | 1.0 | 0.7 |
| No more | 64.8 | 63.0 | 58.4 | 62.9 |
| Total | 100 | 100 | 100 | 100 |
| N | 599 | 1678 | 298 | 2575 |

Similarly, knowledge of at least one source for specific methods among IUD acceptors is high. Knowledge of sources for the pill and female sterilization is practically universal (99 percent and 98 percent respectively). This high level of knowledge of specific methods as well as of their sources suggest that IUD acceptors base their acceptance of this method on choice rather than on ignorance of alternative methods.

**Ever use of methods other than IUD:** Of the IUD acceptors, 71 percent have used at least one method besides the IUD. Three-fifths (59 percent) had used the pill and about one-third (29 percent) the condom. The most important conclusion to be drawn from these results is that the IUD is not typically the first method used. Most IUD acceptors have prior experience of contraception. It may be inferred that IUD clients are rather highly motivated to control their fertility.

**FP method used during one month prior to IUD acceptance:** Two-thirds (67 percent) of the IUD acceptors surveyed said that they had not used any contraceptive method in the month prior to insertion of the reference IUD. Among those who had, the majority (16 percent) had used the pill followed by condom (6 percent), MR (5 percent), and the IUD (2 percent). It is of interest to note that about five percent of acceptors had an MR (Menstrual Regulation) performed in the month before accepting the IUD. In both the BDG and NGO programs, IUD insertions might have been performed following an MR procedure.

**Reasons for stopping the method used during the month prior to acceptance of the IUD:** The main reason for stopping the use of the oral pill was side-effects, especially headache and nausea. For the condom, 'husband dislikes or feels uncomfortable' and 'not safe/breaks during use' were the major reasons. For those who were using the IUD, the major reason to have it replaced by another IUD was the expiry of effective duration of the previous IUD.

**Table-4.1(c): Profile of IUD acceptors in terms of knowledge and use of other methods.**

| | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| Knowledge of specific methods: | (percent) | | | |
| Pill | 100.0 | 99.4 | 100.0 | 99.6 |
| Condom | 97.1 | 94.0 | 98.5 | 95.2 |
| Foam | 46.3 | 35.6 | 55.9 | 40.4 |
| Injection | 92.6 | 93.4 | 97.0 | 93.7 |
| Female sterilization | 99.2 | 98.7 | 99.9 | 98.9 |
| Male sterilization | 89.0 | 88.8 | 93.0 | 89.3 |

| | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| Knowledge of any source for specific methods: | | | | |
| Pill | 99.6 | 98.9 | 98.0 | 99.0 |
| Condom | 94.0 | 91.4 | 94.8 | 92.4 |
| Foam | 32.8 | 25.9 | 42.6 | 29.4 |
| Injection | 89.0 | 87.7 | 93.2 | 88.6 |
| Female sterilization | 98.1 | 98.0 | 97.7 | 98.0 |
| Male sterilization | 85.1 | 85.0 | 87.4 | 85.3 |
| Ever use of specified methods: | | | | |
| Pill | 61.3 | 56.9 | 67.1 | 59.1 |
| Condom | 37.1 | 24.2 | 37.6 | 28.7 |
| Foam | 7.0 | 4.6 | 9.7 | 5.8 |
| Injection | 8.3 | 6.1 | 9.6 | 7.0 |
| Female sterilization | 1.7 | 2.2 | 1.9 | 2.0 |
| Male sterilization | - | 0.6 | - | 0.4 |
| Other | 6.8 | 5.6 | 6.3 | 5.9 |
| Ever used at least one method, apart from IUD: | | | | |
| Yes | 75.3 | 68.6 | 78.6 | 71.3 |
| No | 24.7 | 31.4 | 21.4 | 28.7 |
| Total | 100 | 100 | 100 | 100 |
| N | 605 | 1709 | 302 | 2615 |
| FP method used during one month prior to IUD acceptance: | | | | |
| Pill | 15.0 | 14.2 | 24.4 | 15.6 |
| Condom | 7.1 | 4.9 | 12.6 | 6.3 |
| Foam etc. | 0.1 | 0.2 | 0.4 | 0.2 |
| Injection | 0.6 | 0.9 | 1.4 | 0.9 |
| IUD | 2.7 | 1.7 | 1.1 | 1.9 |
| Vasectomy | - | 0.1 | - | 0.1 |
| MR | 6.5 | 4.1 | 5.4 | 4.8 |
| Other | 1.7 | 3.0 | 4.7 | 2.9 |
| No method | 66.3 | 70.9 | 50.0 | 67.3 |
| Total | 100 | 100 | 100 | 100 |
| N | 605 | 1709 | 302 | 2615 |

| | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| Reasons for stopping the method used during the month prior to acceptance of IUD : | | | | |
| **Oral pill:** | | | | |
| Heavy menstrual bleeding/ Irregular menstruation | 3.4 | 5.8 | 4.0 | 4.9 |
| Cessation of/scanty menstruation | - | 0.9 | 1.7 | 0.8 |
| Headache/nausea | 41.8 | 62.9 | 36.2 | 53.3 |
| Weakness/sickness | 7.8 | 3.3 | 3.4 | 4.4 |
| Hazardous to use | 19.4 | 12.6 | 33.3 | 17.9 |
| Health reasons | 1.4 | 4.1 | 9.6 | 4.5 |
| Problem in extended use of pill | 6.3 | 3.2 | 5.7 | 4.4 |
| Weight gain | 11.4 | 1.8 | 3.4 | 4.2 |
| Scanty breast milk | - | 2.1 | 1.7 | 1.5 |
| Other | 8.4 | 3.4 | 1.2 | 4.1 |
| N | 91 | 243 | 74 | 408 |
| **Condom:** | | | | |
| Husband dislikes/feels uncomfortable | 31.5 | 46.8 | 50.3 | 43.6 |
| Not safe/breaks | 59.6 | 37.1 | 21.1 | 39.3 |
| Infection/Itching in vagina | 0.8 | 5.6 | 4.4 | 4.1 |
| Hazardous to use | 4.3 | 6.3 | 16.3 | 8.1 |
| Other | 3.7 | 4.3 | 7.9 | 4.6 |
| N | 43 | 84 | 38 | 165 |
| **Injection:** | | | | |
| Heavy menstrual bleeding/ Irregular menstruation | 7.6 | 15.3 | 78.8 | 24.9 |
| Cessation of/scanty menstruation | 11.2 | 15.2 | 10.6 | 13.8 |
| Headache/nausea | - | - | 10.6 | 1.8 |
| Weakness/sickness | 27.4 | 16.0 | - | 15.0 |
| Other | 53.8 | 53.6 | - | 44.5 |
| N | 4 | 16 | 4 | 23 |

| | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| IUD: | | | | |
| Expiry of the term | 60.3 | 80.7 | 75.5 | 73.6 |
| Fallen out | 1.7 | 6.6 | 24.5 | 6.2 |
| Other | 38.1 | 12.7 | - | 19.5 |
| N | 16 | 30 | 3 | 49 |
| Foam: | | | | |
| Not safe/less effective | - | - | 33.3 | 8.7 |
| Hazardous to use | 100.0 | 77.3 | - | 58.9 |
| Infection/itching in vagina | - | 22.7 | 66.7 | 32.3 |
| N | 0 | 3 | 1 | 5 |
| Traditional method: | | | | |
| Not safe/less effective | 61.3 | 84.2 | 94.2 | 82.9 |
| Not always possible to abide by | 32.3 | 5.2 | 5.8 | 9.0 |
| Other | 6.5 | 10.6 | - | 8.0 |
| N | 10 | 52 | 14 | 77 |

## 4.2. Profile of service providers and helpers:

**Age** The average age of the service providers is 32.8 years, while that of the helpers is 33.2 (Table 4.2).

**Marital status**: About 92 percent of the service providers and 78 percent of the helpers are currently married.

**Religion**: About 74 percent of the service providers and 75 percent of the helpers are Muslims.

**Education**: Data on education were not collected from service providers. About eight percent of the helpers are illiterate, and thirteen percent have primary level of education; these helpers are mostly volunteers, such as, TBA/Dai, Aya/Midwife, or users. The remainder have a higher level of education.

**Designation**: Most of the service providers (97 percent) are FWVs. Seventy percent of the helpers are FP field workers, and another eight percent are FP clinical staff (Table 4.2(e)). About 13 percent of the helpers are TBAs or Dais.

**Length of service**: On an average, the service providers and the helpers worked in family planning for about 9 years.

**Table-4.2: Profile of service providers and helpers.**

| Characteristics | Service provider | Helper |
|---|---|---|
| | (Percent) | |
| a. **Age**: | | |
| < 20 | 0.1 | 1.6 |
| 20-24 | 4.9 | 9.4 |
| 25-29 | 29.4 | 17.6 |
| 30-34 | 44.8 | 34.0 |
| 35-39 | 15.1 | 22.5 |
| 40-44 | 4.6 | 5.8 |
| 45-49 | 1.0 | 3.5 |
| 50+ | 0.1 | 5.5 |
| Total | 100 | 100 |
| Mean | 32.8 | 33.2 |
| b. **Marital status**: | | |
| Currently married | 91.6 | 77.9 |
| Unmarried | 4.8 | 6.9 |
| Widow/widower | 2.9 | 12.6 |
| Divorced/separated | 0.7 | 2.6 |
| Total | 100 | 100 |
| c. **Religion**: | | |
| Islam | 73.8 | 74.7 |
| Hinduism | 25.7 | 24.1 |
| Christianity | 0.4 | 0.6 |
| Buddhism | 0.1 | 0.6 |
| Total | 100 | 100 |
| d. **Level of education**: | | |
| Illiterate | - | 8.2 |
| Primary level | - | 12.8 |
| Class VI-IX | - | 26.2 |
| SSC | - | 40.5 |
| HSC | - | 10.1 |
| Graduate and above | - | 2.2 |
| Total | - | 100 |

| Characteristics | Service provider | Helper |
|---|---|---|
| | (Percent) | |
| e. **Designation:** | | |
| Medical Officer/Doctor | 0.9 | - |
| FWV/LHV/LFPV | 97.4 | 2.3 |
| Senior Staff Nurse/Staff Nurse/Paramedics | 1.0 | - |
| Clinical staff/Aya/Midwife | 0.7 | 5.0 |
| FWA/FW-NGO | | 70.2 |
| TBA/Dai | - | 13.3 |
| Housewife/user | - | 3.9 |
| Other | - | 5.3 |
| Total | 100 | 100 |
| f. **Length of service:** | | |
| 0 | 2.0 | - |
| 1 | 2.5 | 6.6 |
| 2-3 | 4.2 | 12.0 |
| 4-5 | 11.9 | 9.4 |
| 6-7 | 15.7 | 7.3 |
| 8-9 | 15.2 | 6.7 |
| 10+ | 48.5 | 58.0 |
| Total | 100 | 100 |
| Mean | 9.3 | 9.5 |
| N | 500 | 662 |

## 4.3. Training and refresher training obtained by service providers:

**Training:** The service providers were asked about the institutions from which they received the training, number of IUD insertions performed during the training, and time and place of refresher training. Most of the providers in the BDG clinics received their training from the BDG training institutions such as the Family Welfare Visitor Training Institutes (FWVTIs), and Mother and Child Welfare Centers (MCWCs), Mother and Child Health Training Institute (MCHTI). However, the places of training for the providers of NGO clinics varied widely (Table 4.3(a)). About fifty one percent of the service providers in NGO clinics obtained training from the FWVTIs and MCHTI and one-fifth from NGO clinics.

Ninety-four percent of the service providers in BDG urban, 92 percent in BDG rural, and 83 percent in NGO clinics performed IUD insertions during the training (Table 4.3(b)). The average number of IUD insertions performed during the training period was 20, being 24 for BDG urban, 19 for BDG rural, and 20 for NGO service providers (Table 4.3(c)).

About eight percent of the providers reported that they had not performed any IUD insertion during the training period. The single most important reason for them was that those FWVs who were formerly Lady Health Visitors (LHVs), had not been required as part of their LHV training to perform IUD insertions; this was mentioned by 63.0 percent of the providers who have not performed any IUD insertions during training. One-fourth of the providers who had not performed any IUD insertions during training cited a shortage of IUD clients during the time of training as the reason (Table 4.3(d)). To maintain the quality of service, it is important to ensure that all trainees perform a minimum number of IUD insertions during their training.

**Refresher training:** The service providers were asked whether they had received any refresher training. The majority of the service providers in BDG clinics obtained refresher training from the government institutes and clinics; 56 percent of NGO service providers obtained their refresher training from NGO clinics (Table 4.3(e)).

**Table 4.3: Training and refreshers training obtained by service providers.**

| Designation/length of services | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| a. **Institution/centers from where training received:** | (Percent) | | | |
| FWVTI/TCRI/LFVI/MCHTI | 92.3 | 96.7 | 50.9 | 93.6 |
| Medical college | 1.2 | - | 9.2 | 0.7 |
| MCWC | 4.6 | 3.3 | 5.4 | 3.7 |
| Model FP Clinics/MFSTC | - | - | 3.6 | 0.2 |
| Nursing training centre | 0.6 | - | 1.8 | 0.2 |
| NGO clinics | - | - | 21.8 | 1.0 |
| Other | 1.3 | - | 6.4 | 0.6 |
| No training received | - | - | 0.9 | 0.0 |
| Total | 100 | 100 | 100 | 100 |
| b. **Percentages who inserted IUD during training:** | 93.5 | 91.9 | 82.8 | 91.8 |
| N | 120 | 356 | 23 | 500 |

| Designation/length of services | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| c. **Number of IUD performed:** | (Percent) | | | |
| < 10 | 31.4 | 29.5 | 31.2 | 30.0 |
| 10-20 | 39.2 | 48.1 | 42.8 | 45.7 |
| 21 + | 28.6 | 22.2 | 25.0 | 23.9 |
| Don't remember | 0.8 | 0.3 | 1.1 | 0.4 |
| Total | 100 | 100 | 100 | 100 |
| N | 113 | 328 | 19 | 459 |
| Mean | 23.5 | 19.0 | 20.2 | 20.1 |
| d. **Reasons for not performing:** | | | | |
| Shortage of IUD clients | 27.7 | 26.9 | 5.2 | 25.0 |
| Lack of confidence in inserting IUD | 21.9 | - | 10.4 | 5.2 |
| IUD insertions were not practiced during LHV training | 50.4 | 66.5 | 72.3 | 63.0 |
| Other | - | 6.6 | 12.1 | 6.8 |
| Total | 100 | 100 | 100 | 100 |
| N | 8 | 29 | 4 | 41 |
| e. **Institutions/centers from where refresher training was received** | | | | |
| FWVTI/TCRI/LFVI/MCHTI | 77.9 | 82.4 | 4.8 | 78.5 |
| Medical college | 3.1 | 3.0 | - | 3.0 |
| MCWC | 5.3 | 0.9 | 15.3 | 2.4 |
| Model FP clinics/MFSTC | 5.6 | 1.3 | 23.8 | 3.1 |
| NGO clinics | 6.3 | 6.0 | 56.1 | 7.8 |
| Other | 1.8 | 6.4 | - | 5.2 |
| Total | 100 | 100 | 100 | 100 |
| N | 120 | 356 | 23 | 500 |

## 4.4. Level of knowledge of service providers and helpers:

The level of knowledge of the service providers and helpers was assessed for their understanding of the contra-indications, side-effects, and effective duration of the IUD.

**Contra-indications**: The service providers and helpers were asked to state the conditions in which an IUD cannot be inserted. Only unprompted responses were recorded. The results reveal that many conditions which are not real contra-indications were mentioned as contra-indications by both service providers and helpers. However, the most frequently mentioned contra-indications are 'white discharge', 'heavy menstrual bleeding' 'fibroid/tumor in uterus' and 'pain in lower abdomen', (Table 4.4(a)).

**Side-effects:** Table 4.4(b) presents the side-effects associated with IUD use cited by service providers and helpers. The most frequently mentioned side-effects were, 'pain in lower abdomen', and 'excessive menstrual bleeding'; followed by 'infection in uterus' and 'irregular menstrual bleeding'. Among other stated side-effects were, 'displacement of the IUD', 'perforation of the uterus', 'ectopic pregnancy', 'expulsion of the IUD', and 'husband's discomfort during intercourse'.

**Effectiveness duration of the IUD:** The current supply of CT-380A was followed by the previous supply of CT-200. As it appears, most of the providers are using CT-380A, and some of the providers are still using CT-200. At the initial stage of supply, the effective duration of CT-380A was considered as 3 years. Later, the consideration of the duration was changed to 4 years. As a result, among the helpers about one-half said that the duration was 3 years, while the other half 4 years.

The service providers and the helpers were asked about the effective duration of the IUD. Most of the service providers (98 percent) and helpers (94 percent) stated the duration as three to four years. Thus, there are still a few service providers and helpers who do not have updated knowledge on the effective duration of the IUD (Table 4.4(c)).

**Table 4.4: Knowledge of service providers and helpers concerning contra-indications, side-effects, and effective duration of the IUD.**

| Topics | Service provider | Helper |
|---|---|---|
| a. **Contra-indications:** | (Percent) | |
| Tender cervix | 95.0 | - |
| White discharge | 79.7 | 71.3 |
| Heavy menstrual bleeding | 79.7 | 64.9 |
| Fibroid/tumor in uterus | 73.4 | 54.5 |
| Pain in lower abdomen | 53.0 | 48.5 |
| No previous birth | 50.2 | 42.4 |
| Pregnancy | 42.4 | 42.4 |
| Severe anemia | 52.2 | 32.5 |
| High blood pressure | 37.8 | 24.7 |
| Diabetic | 37.0 | 16.8 |
| Inter menstrual/post coital bleeding | 25.6 | - |
| History of recent septic abortion | 13.3 | 4.0 |
| Severe dysmenorrhea | 24.4 | - |
| Other | 38.3 | 33.2 |

| Topics | Service provider | Helper |
|---|---|---|
| | (Percent) | |
| b. **Side-effects**: | | |
| Pain in lower abdomen | 91.9 | 81.0 |
| Excessive menstrual bleeding | 90.8 | 83.9 |
| Irregular menstrual bleeding/ spotting | 71.0 | 70.0 |
| Infection in uterus/white discharge | 75.8 | 68.7 |
| Displacement of the IUD/missing thread | 56.6 | 31.6 |
| Ectopic pregnancy/pregnancy | 44.0 | 12.2 |
| Perforation of uterus | 43.0 | 10.7 |
| Expulsion of the IUD | 55.1 | 9.6 |
| Husband's discomfort during intercourse | 23.7 | 17.2 |
| Other | 23.8 | 13.5 |
| c. **Effective duration of the IUD**: | | |
| 0 - 2 Years | 1.2 | 2.3 |
| 3 - 4 Years | 97.7 | 94.4 |
| 5 Years and above | 1.1 | 3.3 |
| Total | 100 | 100 |
| Mean | 3.9 | 4.5 |
| d. **Number of clients having IUD in-situ after the effective duration**: | | |
| 1-5 | 0.4 | 75.0 |
| 6+ | 99.6 | 3.5 |
| Don't know | - | 19.8 |
| Total | 100 | 100 |
| Mean (clients) | 8.0 | 1.0 |

# Chapter-5

# PRE-INSERTION SERVICES

The decision to accept an IUD lies in the knowledge about the IUD and the source of service. The findings presented in Chapter 4 reflect that the decision to accept an IUD is taken in full knowledge of alternative family planning methods and of its sources. The presentation in this chapter shows that the FP field workers play as an important a role as the service providers in providing information to clients, screening them to some extent, and counselling them pre- and post-insertion.

## 5.1. Decision making process:

**Sources of information and influence:** As is apparent in Table 5.1(a), FP workers and other IUD users are the initial sources of information for the majority of IUD acceptors, with 51 percent of IUD acceptors citing FP workers and 31 percent citing other IUD acceptors.

In terms of sources providing the most information on the IUD (Table 5.1(b)), FP workers are again cited as the source of most information (61 percent) followed by other IUD users (26 percent). Similarly, as evident in Table 5.1(c), over half of the acceptors (51 percent) reported that FP workers were the main source of influence on their decision to accept an IUD, while 21 percent respondents mentioned other IUD users. For 14 percent of the acceptors, husbands were the main source of influence.

**Persons with whom discussed:** Except for only two percent of respondents, virtually all the acceptors reported having discussed the IUD with someone prior to the insertion. The range of people with whom the method was discussed is wide, but they are mainly the husband (77 percent), FP workers (77 percent), and other IUD users (56 percent) (Table 5.1(d)).

These data, together with those mentioned in the preceding section, testify to the important role of IUD users in disseminating information to other women. Further increases in the popularity of the IUD depend to a considerable extent on the satisfaction of existing users. In turn, this conclusion underscores the need to provide a high quality of IUD service that will increase method satisfaction among users.

**Nature of decision-making:** Table 5.1.(f) presents the distribution of IUD acceptors according to the length of time during which IUD acceptance was considered. On average, the IUD acceptors had thought about the IUD for six months. For the

majority of the acceptors (59 percent) there was a gap of a week between their final decision to accept the IUD and its actual insertion.

**Accompaniment and distance to clinic:** As is apparent from Table 5.1.(h), the majority of IUD acceptors (80 percent) did not go alone to the clinic for the IUD insertion. Only 13 percent of the acceptors interviewed said that they had gone alone. FP workers (40 percent) and 'relative/friend/neighbour' (41 percent) are the persons most frequently identified as accompanying the IUD acceptor to the clinic. TBAs/Dais accompanied six percent of the clients. Nearly one-third (32 percent) of the acceptors reported having taken their child/children with them to the clinic. It should be noted that seven percent of IUD acceptors had had the IUD inserted in their home.

It is of interest to compare these findings with similar results for tubectomy acceptors taken from the Compensation Payments Study of 1987 (Huq and Ahmad, 1989, Table 4.21). The proportion of clients accompanied by FP workers is similar for both methods, but tubectomy acceptors are more likely than IUD acceptors to be accompanied by dais and self-employed agents.

For all acceptors who had the 1988 IUD inserted in a clinic, the mean distance between the clinic and the IUD acceptor's home is 3.1 miles. The mean distance is higher for acceptors who had the insertion at an NGO clinic (3.5 miles) than for those using BDG urban (2.9 miles) and BDG rural clinics (3.1 miles). Nearly a quarter (21 percent) of the acceptors reported having travelled five or more miles, the proportion being highest for NGO clinics (25 percent) compared to BDG rural (21 percent) and BDG urban clinics (19 percent). These distances are considerably shorter than those reported by tubectomy clients in the Compensation Payments Study (urban 12 miles, rural 6 miles), a difference that reflects the fact that many IUDs are inserted at FWCs rather than at upazila health complexes.

**Reasons for choosing the IUD:** In Table 5.1(j), the reasons cited for choosing the IUD and the proportion of acceptors who cite each reason are presented. The most frequently mentioned reasons for choosing the IUD are 'disadvantages of other methods' cited by 85 percent of respondents and 'effectiveness of the IUD' cited by 82 percent. Forty one percent of the acceptors stated that they were motivated by others. There was little variation between strata in terms of the proportions mentioning the different reasons. However, the proportion mentioning effectiveness of the IUD as the reason underlying their choice was relatively lower in the NGO stratum, (58 percent) compared to the BDG urban (86 percent) and BDG rural (85 percent) strata.

The finding that disadvantages of other methods is the most commonly stated reason for IUD acceptance is consistent with data presented earlier on ever-use of other methods. However, the existence of a minority (11 percent) who cited lack of prior knowledge of other methods as a reason for IUD acceptance is puzzling, in view of the almost universal awareness of alternative modern methods and their supply sources.

**Type of referrer:** Table 5.1(k) shows the distribution of acceptors according to the type of referrer as recorded in the clinic register. FP workers were the referrers for the majority (76 percent) of the acceptors, while 13 percent were referred by dais and nine percent by others. A small proportion of one percent acceptors were classified as self-referred. The majority of the acceptors in the BDG clinics were referred by BDG FP workers and in the NGO clinics by NGO FP workers. However, significant minorities of BDG clinic clients were referred by NGO workers: 12 percent in urban clinics and six percent in rural clinics. Dais referred 14 percent of the acceptors in the BDG clinics, while their contribution to NGO clinics was smaller -- only three percent. On the other hand, the proportion that was referred by others or self-referred was higher for NGO clinics than for BDG clinics. It should be noted that the actual proportion of self-referred clients may be higher than that shown here since some self-referred cases are likely to be shown against the names of FP workers so as to inflate their performance figures.

**Table 5.1: Decision making process about IUD.**

| | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| | (Percent) | | | |
| a. Source of first knowledge: | | | | |
| Husband | 3.2 | 3.9 | 5.8 | 3.9 |
| Relative | 1.9 | 3.6 | 4.3 | 3.3 |
| Friend/neighbour | 4.3 | 3.6 | 2.8 | 3.6 |
| FP worker | 48.3 | 51.9 | 52.0 | 51.2 |
| Dai/TBA | 3.2 | 5.1 | 1.7 | 4.3 |
| Radio/TV/Newspaper | 4.5 | 2.3 | 3.1 | 2.9 |
| IUD user | 34.2 | 29.4 | 29.2 | 30.5 |
| Other | 0.4 | 0.2 | 1.1 | 0.3 |
| Total | 100 | 100 | 100 | 100 |

| | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| **b. Source of most information:** | | | | |
| Husband | 2.4 | 3.2 | 2.5 | 3.0 |
| Relative | 2.4 | 2.4 | 2.7 | 2.4 |
| Friend/neighbour | 1.8 | 1.2 | 0.6 | 1.3 |
| FP worker | 58.9 | 60.5 | 65.3 | 60.7 |
| Dai/TBA | 3.9 | 6.4 | 1.9 | 5.3 |
| Radio/TV/ Newspaper | 1.3 | 0.2 | 0.3 | 0.5 |
| IUD user | 29.1 | 25.6 | 25.2 | 26.4 |
| Other | 0.2 | 0.5 | 1.0 | 0.4 |
| Total | 100 | 100 | 100 | 100 |
| **c. Source of most influence:** | | | | |
| Husband | 7.4 | 15.4 | 14.6 | 13.5 |
| Relative | 2.5 | 2.4 | 2.8 | 2.4 |
| Friend/neighbour | 1.6 | 0.4 | 0.6 | 0.7 |
| FP worker | 52.5 | 50.5 | 53.5 | 51.4 |
| Dai/TBA | 4.3 | 4.3 | 1.1 | 3.9 |
| Radio/TV/ Newspaper | 0.4 | 0.1 | 0.1 | 0.2 |
| IUD user | 26.3 | 19.5 | 20.8 | 21.2 |
| Self | 5.0 | 7.2 | 5.1 | 6.4 |
| Other | - | 0.2 | 1.4 | 0.3 |
| Total | 100 | 100 | 100 | 100 |
| **d. Persons with whom discussed:** | | | | |
| No one | 1.6 | 1.2 | 3.2 | 1.5 |
| Husband | 72.4 | 78.7 | 74.0 | 76.7 |
| Relative | 8.0 | 8.7 | 7.4 | 8.4 |
| Friend/neighbour | 9.0 | 9.8 | 9.5 | 9.6 |
| FP worker | 73.7 | 76.8 | 80.8 | 76.5 |
| Dai/TBA | 6.0 | 8.5 | 3.6 | 7.4 |
| IUD user | 56.2 | 55.4 | 56.7 | 55.7 |
| Other | 0.5 | 0.5 | 1.0 | 0.5 |
| **e. Discussion with IUD users:** | | | | |
| No IUD users known | 18.4 | 21.7 | 15.4 | 20.2 |
| IUD user known, but not discussed | 24.8 | 21.1 | 26.2 | 22.6 |
| Discussed with IUD users | 56.8 | 57.2 | 58.4 | 57.2 |
| Total | 100 | 100 | 100 | 100 |

| | BDG Urban | BDG Rural | NGO | All |
|---|---|---|---|---|
| f. Number of months during which IUD acceptance was considered: | | | | |
| 0 | 14.3 | 11.3 | 18.3 | 12.8 |
| 1 | 18.7 | 20.6 | 19.2 | 20.0 |
| 2 | 14.6 | 18.5 | 16.0 | 17.3 |
| 3 | 12.5 | 13.0 | 10.8 | 12.6 |
| 4 | 5.1 | 5.0 | 3.1 | 4.8 |
| 5 | 2.7 | 3.8 | 1.8 | 3.3 |
| 6 | 8.2 | 5.6 | 3.8 | 6.0 |
| 7+ | 23.9 | 22.2 | 27.0 | 23.2 |
| Total | 100 | 100 | 100 | 100 |
| Mean | 5.9 | 6.0 | 6.1 | 6.0 |
| Median | 3.0 | 2.0 | 2.0 | 2.0 |
| g. Interval in days between decision and insertion: | | | | |
| 0 | 13.0 | 8.0 | 15.7 | 10.2 |
| 1 | 4.9 | 4.5 | 7.4 | 4.9 |
| 2 | 8.1 | 8.4 | 7.3 | 8.2 |
| 3 | 10.0 | 10.0 | 10.0 | 10.0 |
| 4 | 7.4 | 8.5 | 4.2 | 7.7 |
| 5+ | 56.6 | 60.6 | 55.1 | 59.0 |
| Don't remember | - | - | 0.3 | 0.0 |
| Total | 100 | 100 | 100 | 100 |
| Mean | 6.6 | 6.0 | 6.5 | 6.2 |
| Median | 5.0 | 5.0 | 5.0 | 5.0 |
| h. Accompaniment to clinic: | | | | |
| Insertion done at home | 3.1 | 7.3 | 9.6 | 6.6 |
| No one | 14.3 | 13.1 | 9.6 | 13.0 |
| FP worker | 42.4 | 38.9 | 42.0 | 40.1 |
| TBA/Dai | 5.1 | 6.8 | 2.7 | 5.9 |
| Relative etc. | 40.6 | 39.9 | 46.2 | 40.8 |
| Child | 26.9 | 34.4 | 31.3 | 32.3 |
| Other | 1.0 | 1.5 | 0.3 | 1.3 |
| i. Distance to clinic in miles: | | | | |
| 0 | 20.9 | 18.0 | 21.9 | 19.1 |
| 1 | 26.5 | 25.7 | 20.4 | 25.3 |
| 2 | 16.4 | 15.7 | 12.9 | 15.5 |
| 3 | 11.9 | 13.8 | 14.2 | 13.5 |
| 4 | 5.5 | 5.7 | 4.9 | 5.5 |
| 5+ | 18.6 | 21.1 | 25.2 | 21.0 |
| Don't remember | 0.2 | 0.0 | 0.5 | 0.1 |
| Total | 100 | 100 | 100 | 100 |
| Mean | 2.9 | 3.1 | 3.5 | 3.1 |
| Median | 2.0 | 2.0 | 2.0 | 2.0 |

| | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| j. Reasons for choosing IUD: | | | | |
| Effectiveness/quality/ advantages of IUD | 86.0 | 85.3 | 58.1 | 82.3 |
| Disadvantages of other methods | 90.0 | 83.0 | 82.7 | 84.6 |
| Motivation by others | 35.5 | 42.9 | 38.9 | 40.7 |
| Health reason | 8.2 | 9.4 | 8.3 | 9.0 |
| Absence of prior knowledge on other methods | 7.9 | 12.5 | 12.0 | 11.4 |
| Advised by service provider after MR | 2.0 | 1.1 | 2.1 | 1.4 |
| k. Type of referrer: | | | | |
| BDG FP field worker | 64.5 | 69.0 | 1.3 | 60.2 |
| NGO FP field worker | 12.4 | 6.3 | 76.6 | 15.8 |
| FP field worker (unspecified) | 0.3 | 0.2 | 0.1 | 0.2 |
| Reg. Dai | 15.2 | 14.0 | 2.8 | 12.5 |
| Reg. Agent | - | 1.1 | - | 0.7 |
| Self | 2.7 | 0.5 | 3.8 | 1.4 |
| Other | 6.9 | 8.9 | 15.4 | 9.2 |
| Total | 100 | 100 | 100 | 100 |
| N | 605 | 1709 | 302 | 2615 |

## 5.2. Nature of counselling:

The IUD acceptors were asked whether anyone had counselled them on:

a) the length of effectiveness of the IUD;
b) the need for a follow-up visit;
c) side-effects; and
d) response to problems.

The percentage of acceptors who reported having received counselling on these issues is shown in Table 5.2. As it appears from the table, it is of some concern that only 60 percent of the clients recalled advice about side-effects and only 67 percent about the need for a follow-up visit. The results suggest that counselling is more comprehensive at NGO than at BDG clinics. Inadequate advice may be partly responsible for low continuation rates and further emphasis on counselling during training may be required.

**Source of counselling:** The main sources of counselling were the doctor/FWV/counsellor (68 percent) and FP workers (64 percent). IUD users were also a source of such information for 39 percent of the acceptors (Table 5.2(b)). Compared to the BDG strata, for IUD acceptors using NGO clinics the doctor/FWV/ counsellor and the FP worker were the source of information for a relatively larger proportion of acceptors. Dais, who were reported to be a source of such information by eight percent of respondents appear to have played a more important role for BDG clients than for NGO clients.

For those IUD acceptors who were counselled, the mean perceived length of effectiveness of the IUD was 3.3 years. For 71 percent of respondents, the perceived length of effectiveness was three years, and for nearly a quarter (23 percent), four years (Table 5.2(c)).

Table 5.2(d) shows the distribution of acceptors according to the type of advice received from the clinic concerning a follow-up visit. Nearly one quarter (22 percent) of the acceptors were asked to report to the clinic within 15 days, 18 percent within 16-30 days, and 24 percent in the case of any problem.

The possible side-effects that were mentioned during counselling were: heavier bleeding (50 percent); abdominal pain (45 percent); and spotting (17 percent) (Table 5.2(e)). Approximately three-quarters (77 percent) of the acceptors were advised to report to the clinic and a quarter (23 percent) to contact a FP worker in the event of experiencing any side-effects or complications (Table 5.2(f)).

The figures in Table 5.2(g) suggest that there is variation in the performance of BDG versus NGO clinics with regard to IUD insertion counselling services. In order to assess the level of counselling and differences between the strata, a scoring plan was developed giving a score of '1' for each of the four topics covered in counselling. By totalling the score for each individual acceptor, the level of counselling was ascertained. It appears from Table 5.2(g), at the overall level about one-half of the acceptors (48 percent) had been counselled on all these issues, while 28 percent acceptors had received counselling on 75 percent of these issues. It is clear that performance of the NGO clinics with respect to counselling exceeded that of the BDG clinics. The mean score on counselling was 3.2, being higher (3.6) for NGO than for BDG urban and BDG rural (3.1).

**Table 5.2: Nature of counselling.**

| | BDG Urban | BDG Rural | NGO | All |
|---|---|---|---|---|
| a. Major topics on which counselled: | | | | |
| Length of effectiveness | 97.0 | 98.0 | 97.4 | 97.7 |
| Need for follow-up visit | 68.0 | 62.3 | 91.9* | 67.0 |
| Information on side-effects | 55.3 | 59.7 | 74.5* | 60.4 |
| Response to problems | 91.1 | 91.3 | 92.8 | 91.4 |
| b. Source of counselling: | | | | |
| None | 3.0 | 2.0 | 2.6 | 2.3 |
| Doctor/FWV/counsellor | 64.3 | 67.8 | 79.2 | 68.3 |
| FP worker | 59.3 | 64.3 | 69.8 | 63.8 |
| TBA/Dai | 5.9 | 9.2 | 2.5 | 7.7 |
| Agent | 0.1 | 0.1 | 0.5 | 0.1 |
| IUD user | 42.7 | 38.8 | 36.4 | 39.4 |
| Other | 4.2 | 5.1 | 3.7 | 4.8 |
| N | 815 | 1260 | 632 | 2707 |
| c. For counselled clients: perceived length of effectiveness in years: | | | | |
| 1 | 0.2 | 0.4 | - | 0.3 |
| 2 | 1.4 | 2.7 | 2.6 | 2.4 |
| 3 | 72.9 | 73.5 | 51.3 | 70.8 |
| 4 | 21.5 | 20.1 | 39.7 | 22.6 |
| 5+ | 4.0 | 3.1 | 6.4 | 3.7 |
| D.K. | - | 0.2 | - | 0.2 |
| Total | 100 | 100 | 100 | 100 |
| N | 587 | 1674 | 294 | 2555 |
| Mean | 3.3 | 3.2 | 3.5 | 3.3 |
| d. Counselling about need for check up visit: | | | | |
| No counselling | 32.0 | 37.7 | 8.1* | 33.0 |
| Within 15 days | 22.6 | 17.7 | 47.6 | 22.3 |
| 16-30 days | 21.1 | 16.1 | 24.1 | 18.1 |
| For problem | 22.8 | 26.4 | 12.9 | 24.0 |
| At expiry of term | 0.3 | 1.4 | 0.5 | 1.1 |
| Other | 1.1 | 0.7 | 6.8 | 1.5 |
| D.K. | 0.1 | - | - | 0.0 |
| Total | 100 | 100 | 100 | 100 |

* The differences between BDG urban and NGO, and the BDG rural and NGO are statistically significant at $p<.01$.

| | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| e. Counselling about side-effects: | | | | |
| No counselling | 44.7 | 40.3 | 25.5* | 39.6 |
| % mentioning: | | | | |
| Pain in abdomen | 39.0 | 44.3 | 57.8 | 44.7 |
| Heavier menstruation | 44.2 | 49.2 | 62.5 | 49.5 |
| Spotting | 16.2 | 15.6 | 24.9 | 16.8 |
| Expulsion | 9.2 | 8.0 | 14.7 | 9.0 |
| Perforation | 1.6 | 0.6 | 2.5 | 1.1 |
| Ectopic pregnancy | 0.8 | 0.2 | 0.4 | 0.4 |
| Other | 2.0 | 2.0 | 6.9 | 2.6 |
| f. Counselling about response to problems: | | | | |
| No counselling | 8.9 | 8.7 | 7.2 | 8.6 |
| % mentioning: | | | | |
| Report to clinic | 78.0 | 75.7 | 82.9 | 77.1 |
| Contact field worker | 19.6 | 23.4 | 23.1 | 22.5 |
| Contact doctor | 6.5 | 5.4 | 8.4 | 6.0 |
| Other | 1.0 | 1.1 | - | 0.9 |
| g. Amount of counselling : | | | | |
| Summary score** | | | | |
| 0 | 0.6 | 0.6 | 0.6 | 0.6 |
| 1 | 6.4 | 6.3 | 3.3 | 6.0 |
| 2 | 20.0 | 18.9 | 5.2 | 17.6 |
| 3 | 27.0 | 29.6 | 20.8 | 28.0 |
| 4 | 46.0 | 44.6 | 70.1 | 47.8 |
| Total | 100 | 100 | 100 | 100 |
| (mean score) | 3.1 | 3.1 | 3.6 | 3.2 |
| N | 605 | 1709 | 302 | 2615 |

* The differences between BDG urban and NGO, and the BDG rural and NGO are statistically significant at $p<.01$.

**A score of '1' was given for each of the four topics (length of effectiveness of IUD, need for followup visits, information on side-effects, and response to problems) covered in counselling.

## 5.3. Counselling services provided by helpers:

The helpers were asked about the information that they usually provide to the clients prior to referral for the IUD and after insertion of the IUD. The majority of helpers stated that before referring a client for the IUD insertion, they inform the client about the advantages of the IUD (93 percent), and about the effective duration of the IUD (83 percent) (Table 5.3(a)). Mentions are also made on the disadvantages of the IUD (61 percent) and possible side-effects (49 percent). About one-fourth (29 percent) also mentioned that they enquire of the contra-indications.

Sixty-four percent of the helpers reported that they ask the clients to return to the clinic for a follow-up visit (Table 5.3(b)). Nearly half of the helpers mentioned that they inform the clients about possible side-effects, tell them not to lift heavy objects, and also advise them to inform them or the clinic in case of side-effects or complications. Two-fifths of the helpers mentioned that they instruct their clients to check their IUD thread.

It is important to note that 86 percent of the helpers advise their clients to abstain from coitus for a certain period. Most of the providers similarly reported that they advise their clients to abstain from coitus. At the same time, about 96 percent of the acceptors reported that they were advised to abstain from coitus (Table 5.2(a)). A certain period of sexual abstinance following an IUD insertion is not indicated by the guidelines in the IUD manual and is not medically indicated. Neither is the restriction on heavy lifting cited by half of the helpers. These misconceptions which may unduly frighten clients or discourage potential acceptors, need to be eliminated perhaps through refresher training to service providers and through discussion with helpers in monthly meetings.

**Table 5.3: Information provided to the client by the helper prior to referring clients to the clinic and after the IUD insertion.**

| Information provided | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| a. **Prior to referrering clients:** | (Percent) | | | |
| Advantages of the IUD | 94.0 | 92.9 | 93.2 | 93.2 |
| Inform effective duration of IUD | 80.1 | 85.0 | 78.3 | 83.3 |
| Disadvantages of the IUD | 68.9 | 56.5 | 71.8 | 60.7 |
| Inform possible side-effects | 53.5 | 46.1 | 62.5 | 49.1 |
| Enquire contra-indications | 27.9 | 26.7 | 50.2 | 28.8 |
| Describe size and shape of IUD | 8.2 | 10.3 | 16.7 | 10.3 |
| Describe IUD insertion procedure | 8.0 | 10.6 | 9.1 | 9.9 |
| Other | 3.1 | 4.4 | 4.1 | 4.1 |
| b. **After the IUD insertion:** | | | | |
| Abstain from coitus | 86.5 | 85.6 | 84.7 | 85.8 |
| Come for follow-up | 66.2 | 61.5 | 81.1 | 64.2 |
| Refrain from lifting heavy object | 48.0 | 57.5 | 48.9 | 54.5 |
| Probable side-effects | 54.2 | 45.2 | 59.3 | 48.4 |
| Inform side-effects/complications | 47.1 | 44.9 | 54.7 | 46.2 |
| Check IUD thread | 49.4 | 39.3 | 38.5 | 41.6 |
| Effective duration of IUD | 40.8 | 42.4 | 41.0 | 41.9 |
| Other | 6.0 | 4.7 | 8.4 | 5.3 |
| N | 157 | 453 | 52 | 662 |

* The differences between BDG urban and NGO, and the BDG rural and NGO are statistically significant at $p<.05$.

# Chapter-6

# INSERTION SERVICES

## 6.1. Possession of functional equipments:

Certain equipment is essential in order to perform quality IUD insertion. Service providers were asked whether they had any IUD manual and the equipment for providing IUD services. About 82 percent of the service providers said that they were in possession of an IUD manual, but the proportion was notably lower among NGO service providers (only 53 percent) (Table 6.1(a)).

As is apparent from Table 6.1(b), the majority of service providers (ranging from 93 to 98 percent) stated that they had on hand the following equipment for performing IUD insertions: sponge holder, speculum, uterine sound, scissors, artery forceps and gloves. The availability of the following items was reported by a lower proportion of service providers (65 to 88 percent): kidney tray, volsellum, bowl for cotton, and antiseptic solution. It is important to note, however, that 38 percent of service providers said that they did not have an IUD insertion table and 32 percent did not have a stove/sterilizer for sterilizing their instruments. Consumable items are also not regularly respelled as is evidenced by the fact that a quarter of service providers reported not having antiseptic solution in stock at the time of interview. Generally, NGO clinics were better equipped than BDG clinics.

Table 6.1: Reported possession of IUD manual and equipment for IUD insertion available to the provider.

| Possession of IUD manual and equipment and materials | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| | (Percent) | | | |
| a. Type of manual: | | | | |
| None | 21.5 | 14.4 | 47.0 | 17.6 |
| C-T 380 manual | 40.3 | 60.3 | 34.4 | 54.3 |
| IUD Manual | 37.8 | 25.2 | 12.1 | 27.6 |
| Other | 0.4 | 0.1 | 6.5 | 0.5 |
| Total | 100 | 100 | 100 | 100 |

| | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| | (Percent) | | | |
| b. Equipment: | | | | |
| Sponge holder | 96.6 | 93.4 | 99.1 | 94.5 |
| Speculum | 96.8 | 98.7 | 100.0 | 98.3 |
| Valsellum (Tenaculum) | 69.7 | 61.3 | 94.6 | 64.9 |
| Uterine sound | 94.9 | 97.2 | 97.3 | 96.7 |
| Scissors | 96.1 | 95.6 | 100.0 | 95.9 |
| Artery Forcep | 96.1 | 96.4 | 99.1 | 96.5 |
| Kidney Tray | 89.3 | 87.3 | 96.4 | 88.2 |
| Bowl for cotton | 64.5 | 63.3 | 97.3 | 65.2 |
| Gloves | 93.7 | 95.5 | 100.0 | 95.4 |
| Copper-T | 98.7 | 90.2 | 98.2 | 92.6 |
| Savlon/Dettol | 75.5 | 74.2 | 98.2 | 75.5 |
| Stove/Cooker/Heater/ Sterilizer/Autoclave | 67.1 | 65.8 | 98.2 | 67.6 |
| IUD insertion table | 71.8 | 56.1 | 94.6 | 61.6 |
| Other | 8.9 | 13.9 | 23.5 | 13.1 |
| N | 120 | 356 | 23 | 500 |

## 6.2. Steps followed in performing an IUD insertion:

To assess whether the service providers follow systematic steps in performing an IUD insertion, providers were asked to describe the steps they follow. As it appears from Table 6.2 all the listed steps are reported as followed by most of the service providers across all the three strata.

Service providers were asked whether they use hand gloves. About 95 percent stated that they use hand gloves regularly, and most of the remainder use the gloves sometimes. Providers were also asked about how they sterilize their equipment. Very few providers reported using an autoclave or sterilizer for sterilization of equipment. The common practices of sterilization appear to be boiling in water, using antiseptic solution, and both boiling and using antiseptic solution. One-third of the service providers said that they use antiseptic solution to sterilize their instruments. Antiseptic solution alone does not sterile the equipment. As such, use of metal instruments without boiling or autoclaving might be a source of infection.

Service providers were requested to demonstrate how they push the IUD into the inserter, that is, whether they do it keeping the IUD inside the plastic cover or after removing it

from the plastic cover. About 80 percent of the service providers reported preparing the IUD while keeping it inside the plastic cover, and most of the remainder do so after removing it from the plastic cover using hand gloves. The former method is preferable because it permits very little chance of infection.

Table 6.2: Reported steps followed by providers in performing IUD insertions and health precautions.

| Steps followed/health precautions | BDG Urban | BDG Rural | NGO | All |
|---|---|---|---|---|
| | (Percent) | | | |
| **a. Steps followed:** | | | | |
| Clinical registration | 100.0 | 100.0 | 98.2 | 99.6 |
| Pre-counselling | 97.1 | 100.0 | 99.1 | 99.3 |
| Selection of the client/ case history/assessment of contra-indications | 100.0 | 100.0 | 98.2 | 99.9 |
| Preparation of instruments | 98.3 | 97.7 | 99.1 | 97.9 |
| Putting on gloves | 98.9 | 99.8 | 99.1 | 99.5 |
| Bimanual/P.V. examination | 100.0 | 100.0 | 99.1 | 100.0 |
| IUD insertion | 100.0 | 100.0 | 99.1 | 100.0 |
| Post-insertion counselling | 100.0 | 100.0 | 99.1 | 100.0 |
| Feeling the thread | 99.3 | 100.0 | 98.2 | 99.7 |
| Patient rest time | 98.4 | 99.5 | 92.0 | 98.9 |
| Payment | 99.3 | 98.7 | 99.1 | 98.9 |
| Other | 99.6 | 99.9 | 81.4 | 99.0 |
| **b. Use of hand gloves:** | | | | |
| Always | 92.0 | 95.4 | 100.0 | 95.2 |
| Sometimes | 8.0 | 3.5 | - | 4.4 |
| Never | - | 0.5 | - | 0.4 |
| **c. Sterilization process:** | | | | |
| Boil in water | 34.0 | 32.3 | 54.7* | 33.8 |
| Use autoclave | 7.0 | 3.4 | 25.2* | 5.3 |
| Use sterilizer | 9.0 | 3.2 | 40.6* | 6.3 |
| Use antiseptic solution | 26.0 | 38.3 | 27.0 | 34.8 |
| Boil and use antiseptic solution | 43.0 | 33.3 | 24.5 | 35.3 |

* The differences between BDG urban and NGO, and the BDG rural and NGO are statistically significant at $p<.05$.

| Steps followed/health precautions | BDG Urban | BDG Rural | NGO | All |
|---|---|---|---|---|
| | (Percent) | | | |
| **d. Process of pushing the C-T into the inserter:** | | | | |
| Push the C-T keeping it inside the plastic cover | 78.0 | 81.5 | 71.4 | 80.2 |
| Push the C-T removing it from the plastic cover using gloves | 19.6 | 15.5 | 27.6 | 17.0 |
| Push the C-T removing it from the plastic cover without gloves | 2.4 | 1.7 | - | 1.8 |
| Other | - | 0.5 | 0.9 | 0.4 |
| Don't know | - | 0.8 | - | 0.6 |
| Total | 100 | 100 | 100 | 100 |
| N | 120 | 356 | 23 | 500 |

## 6.3. Record keeping:

In the IUD program, the clinics providing IUD services are supposed to maintain certificate books and a payment register. Usually, payment of the providers' fee is made upon having a certificate confirming insertion of each IUD. Clients' attendance registers, certificate books, and payment registers were being maintained by most of the service providers, but records of re-insertions, follow-ups, removals, and complications are not properly maintained (Table 6.3). The greatest negligence was observed in recording the complete addresses of IUD clients.

**Table 6.3: Registers maintained by the providers for IUD insertions.**

| Name of register | BDG Urban | BDG Rural | NGO | All |
|---|---|---|---|---|
| | (Percent) | | | |
| Clients attendance register | 98.2 | 98.0 | 97.3 | 98.0 |
| Rejection register | 27.3 | 25.0 | 54.7 | 27.0 |
| Removal register | 49.3 | 44.3 | 69.3 | 46.6 |
| Follow-up register | 47.6 | 40.1 | 81.9 | 43.8 |
| Complication register | 29.2 | 22.0 | 41.0 | 24.6 |
| Payment register | 83.2 | 68.9 | 68.6 | 72.3 |
| Certificate Book | 80.4 | 90.9 | 25.6 | 85.3 |
| N | 120 | 356 | 23 | 500 |

## 6.4. Availability of IUD money:

Slightly over a quarter (28 percent) of the service providers did not have any advance IUD money at their disposal (Table 6.4). Those who had any advance, had on average Tk.236. When advance IUD money is not available, the service providers make payments and obtain re-imbursement claim later (43 percent) or advise the clients to receive payment later (38 percent), or the insertion is done without payment (11 percent).

**Table-6.4: Availability of IUD money and measures taken when there is no money available.**

| | BDG | | | |
|---|---|---|---|---|
| | Urban | Rural | NGO | All |
| | (Percent) | | | |
| Amount in hand at present: | | | | |
| No payment is made | 6.3 | - | 63.3 | 4.5 |
| None | 26.9 | 28.7 | 18.6 | 27.7 |
| 1 -50 | 7.1 | 11.2 | 1.8 | 9.8 |
| 51 -100 | 7.5 | 11.2 | - | 9.8 |
| 101 -150 | 8.5 | 9.8 | - | 9.0 |
| 151 -200 | 6.2 | 4.7 | 2.7 | 5.0 |
| 201 -250 | 4.5 | 8.2 | 1.8 | 7.0 |
| 251 -500 | 12.9 | 9.7 | 3.8 | 10.2 |
| 501 + | 19.8 | 16.4 | 7.1 | 16.8 |
| Don't know | 0.3 | 0.1 | 0.9 | 0.2 |
| Total | 100 | 100 | 100 | 100 |
| Mean for those having any money (Taka) | 272.6 | 224.7 | 240.3 | 236.3 |
| N | 120 | 355 | 23 | 498 |
| Expected days of receiving the money by the providers: (Limited to those not having any cash) | | | | |
| 0-7 days | 57.2 | 68.3 | 100.0 | 65.8 |
| 8-14 days | 18.0 | 10.6 | - | 12.6 |
| 15-21 days | 17.0 | 6.0 | - | 9.2 |
| 21-30 days | 7.8 | 6.5 | - | 6.7 |
| 30 + days | - | 8.6 | - | 5.7 |
| Total | 100 | 100 | 100 | 100 |
| Mean (days) | 8.7 | 12.7 | 2.0 | 11.4 |

| | BDG | | | |
|---|---|---|---|---|
| | Urban | Rural | NGO | All |
| Measures taken when there is no cash at hand: | | | | |
| Providers make payment and obtain re-imbursement claim later | 47.2 | 41.3 | 40.9 | 42.7 |
| Advise to receive payment later | 37.3 | 39.8 | 11.7 | 37.9 |
| If clients want, insertion is done without payment | 6.9 | 12.1 | 7.7 | 10.7 |
| Stop inserting IUD | 1.3 | 10.7 | - | 8.0 |
| No provision for fund | 1.0 | 1.0 | - | 1.0 |
| Other | 13.6 | 8.2 | 36.8 | 10.7 |
| N | 120 | 356 | 23 | 500 |

## 6.5. Problems in rendering IUD services:

The service providers were asked about the common problems they face in rendering IUD services. About 61 percent of the service providers reported having no problem (Table 6.5). About 88 percent of NGO service providers reported not having any problem as compared to 64 percent for BDG urban and 59 percent for BDG rural service providers. The important problems which the service providers face were 'shortage of equipment and supply,' (24 percent) and 'shortage of funds/irregular flow of funds' (10 percent) 'Shortage of medicine' and 'shortage of accommodation in unions having no FWC' were also mentioned by about seven percent of the service providers.

**Table 6.5: Types of problems faced in rendering the IUD services.**

| Types of problem | BDG | | | |
|---|---|---|---|---|
| | Urban | Rural | NGO | All |
| | (Percent) | | | |
| No problem | 63.5 | 58.8 | 88.0* | 61.3 |
| Shortage of equipment and supply | 17.3 | 27.6 | 0.9 | 23.9 |
| Shortage of funds/irregular flow of funds | 11.0 | 9.8 | 4.7 | 9.8 |
| Shortage of medicine | 8.0 | 7.1 | 0.9 | 7.0 |
| Shortage of IUD | 2.2 | 1.2 | 0.9 | 1.4 |
| Objection by the husband/ religious taboos | 4.5 | 8.2 | 1.8 | 7.0 |
| Shortage of accommodation in unions having no UHFWC | 7.6 | 6.8 | - | 6.7 |
| Difficulty in side-effects management | - | 1.8 | 0.9 | 1.3 |
| Other | 12.4 | 4.6 | 5.4 | 6.5 |
| N | 120 | 356 | 23 | 500 |

* The differences between BDG and NGO are statistically significant at $p<.01$.

# Chapter-7

# POST-INSERTION EXPERIENCE

This chapter contains information on post-insertion follow-up visit, experience of problems or side-effects, sources and nature of advice regarding side-effects, status of IUD use, retention rate of IUD, reasons for removal, and satisfaction with IUD services.

## 7.1. Follow-up:

Three-quarters (75 percent) of the IUD acceptors had a follow-up, either they themselves returned to the clinic or were visited at home (Table 7.1(a)). The question on clinic revisit asked explicitly about returns for treatment or counselling. Nevertheless it is likely that some of these revisits were solely for the purpose of removal. The remaining quarter (26 percent) either did not return to the clinic or were not visited at their household following the IUD insertion. Forty one percent visited the clinic and 53 percent were visited at their household. One-fifth of the acceptors (19 percent) had a follow-up both at the clinic and in the household. The proportion having both clinic and home visit was appreciable for NGO clinics (40 percent) compared to BDG urban (17 percent) and BDG rural (16 percent).

Table 7.1(b) shows that 59 percent of the acceptors did not go to the clinic for a follow-up visit. The proportion returning to the clinic within two months of the insertion was 29 percent. The remaining 12 percent reported to the clinic after two months. The median interval between insertion and follow-up for those who went to the clinic for a follow-up visit was one month.

Between the strata, the proportion returning for a follow-up visit was higher for NGO clinics (63 percent), compared to BDG urban (41 percent) and BDG rural clinics (37 percent). These findings may reflect the better counselling provided by the NGO clinics in comparison to the BDG clinics. It certainly does not reflect greater proximity. It will be recalled from earlier discussion that NGO clients had to travel further on average than BDG clients. Indeed as seen in Table 7.2, distance does influence the probability of a return visit. The percentage returning falls from 48 percent for those living within a mile of the clinic to 31 percent for those living five or more miles away.

Slightly over one-half (53 percent) of the acceptors received a follow-up visit in their home. As in the case of follow-up visits paid to a clinic, the proportion of acceptors visited at home was higher for clients from NGO clinics (64

percent) than for those from BDG urban (50 percent) and BDG rural clinics (52 percent) (Table 7.1(a)). Most of these visits were paid within two months of insertion and almost all the home visits were made by FP workers. The median interval between insertion and home visit was seven days. These findings are also indicative of the relatively better follow-up service provided by NGO field workers compared to BDG field workers.

## 7.2 Side-effects:

Forty percent of the acceptors reported having experienced no problems or side-effects (Table 7.1(e)). Nearly two-fifths (38 percent) of all acceptors mentioned suffering from heavy menstrual bleeding. About a quarter (26 percent) mentioned having lower abdominal pain. Eleven percent of the acceptors reported having foul smelling (white) discharge and a similar proportion experienced spotting. A minority of 5 percent reported having pain in the lower abdomen with fever, indicating the possibility of infection. The median number of days at which the acceptors had the severest problem was 30 days (Table 7.1(f)).

As shown in Table 7.1(g), a fifth of the acceptors (19 percent) who had experienced side-effects said that they suffered from functional impairment caused by the problem. The proportion reporting functional impairment was higher for NGO clinics (31 percent) than for BDG urban (20 percent) and BDG rural clinics (17 percent). The median number of days for which the acceptors could not carry on with their normal work was seven, being again higher for NGO clinics (9 days) than for BDG urban (8 days) and BDG rural clinics (7 days). It is unclear why NGO clients should be more likely to report functional impairment and report longer durations of disability than BDG clients, but it is possible that the higher educational status of NGO clients may be responsible. Educated women may be more sensitive to the side-effects and less stoical in their response.

Among those IUD acceptors experiencing problems, 17 percent did not seek any advice (Table 7.1(h)). One-half (53 percent) went to an FWV/doctor, while 38 percent approached a FP worker. For those who sought advice, 61 percent were prescribed medicine and 25 percent were advised to have the IUD removed. Over a quarter (29 percent) reported that they were informed that the initial problems and discomforts would disappear and were advised to retain the IUD; another 22 percent were advised to go to the clinic or were taken to the clinic (Table 7.1(i)). At the time of interview the problems had been resolved for 84 percent of those experiencing problems and unresolved for the remainder (Table 7.1(j)). These findings did not vary significantly by strata.

Table 7.3 presents the type of advice given to acceptors by the source of such advice. The nature of advice given to IUD acceptors who sought help was quite uniform among the medical and

paramedical personnel, i.e., Doctor, FWV, or FWA. The nature of advice given by 'other' was very different from the general pattern. 'Other' took their clients to clinics (44 percent) and advised the acceptors to take good food (21 percent); they also tended to recommend removal of the IUD more frequently (39 percent), and a very high proportion (76 percent) tended to advise their clients to take medicine. The 'other' category typically comprise 'relations/friends/neighbours'.

## 7.3. Status of use of IUD:

Slightly over one-half of the acceptors (53 percent) were using the reference IUD at the time of interview, two-fifths (42 percent) had had it removed, and for five percent the IUD had been expelled. Only 0.2 percent had become pregnant with the IUD in-situ (Table 7.1(k)).

Use status at the time of the survey is related to the experience of problems, amount of counselling, and stated satisfaction with services (Tables 7.5, 7.6, and 7.7). Three-fourths of acceptors reporting side-effects with functional impairment had had the device removed, compared to only one-quarter of those with side-effects, but no functional impairment, and 17 percent of those who reported no side-effects. Of potentially greater interest is the finding that the amount of counselling is negatively related to the likelihood of removal. The percentage who had the device removed falls from about 53 percent among women who received advice on only one aspect to 45 percent among those who received counselling on all four aspects. Similarly, a much higher proportion of continuing users (23 percent) expressed themselves to be highly satisfied with services than women who had the IUD removed (12 percent). These results strongly suggest that the quality of service has a large impact on IUD retention, but it is impossible to establish cause and effect with certainty. There is a universal human tendency to justify behavior. Thus women who, for whatever reason, decide to stop using the IUD may be tempted to blame the adequacy of services even when criticism is unwarranted.

## 7.4. Retention rate for the IUD:

To calculate continuation rates of IUD use --- or proportions still using at specified durations after insertion --life table analysis was used. This procedure takes into account the variable 'Observation' period. Thus some respondents were interviewed only six or seven months after the 1988 insertion, while others were interviewed 20 or more months after insertion. Life table techniques permit the inclusion in the analysis of women up until the end of their observation period.

The results are shown in Table 7.1(l). Two months after insertion, 91 percent of women are still using the IUD. The proportion falls to 78 percent after six months. The twelve

month retention rate is about 63 percent and consequently the estimate after 18 months is just 50 percent. Details of the life table analysis is in Appendix-E. These results are broadly similar to findings from other countries in this region. Results of the IUD study conducted by BFRP observed similar rates of retention (Akhter at. al., 1987). However, special project areas, such as the ICDDR,B's MCH FP project area at Matlab, had higher rates of IUD retention -- 82 percent at the end of 12 months (Rob, 1987).

## 7.5. Reasons for removal:

As shown in Table 7.1(m), the single most important reason for removal was heavy menstrual bleeding and/or cramps: this was mentioned by 59 percent of those who had had the IUD removed. The next most commonly cited reason was lower abdominal pain (28 percent) followed by irregular menstruation (18 percent) and foul smelling (white) discharge (17 percent). Twelve percent of the acceptors had the IUD removed because their husbands objected or found it uncomfortable during intercourse. In general terms, the reported reasons for removal vary little by duration of use (Table 7.4). Very early removal, however, is particularly associated with infection (itching, and pain in the lower abdomen with fever. It may also be noted that a small minority (6 percent) reported desire for another child as a reason. But the credibility of this answer is doubtful, because the prevalence of this reason for removal does not increase with duration of use. It is implausible, for instance, that this motive for removal could be as common among women who had the device taken out after two months, as among women who had used it for at least six months. As expected, removal of the IUD was much more common among those reporting functional impairment (69 percent) than among those with side-effects but no impairment (25 percent) or among those with no problem (12 percent). Details may be found in Table 7.5.

About two-thirds of the acceptors (64 percent) had the IUD removed at the clinic, while 31 percent had it removed in their own house or in a relative's house (Table 7.1(n)). This result implies that many IUDs are removed by non-clinical personnel. There is little variation by strata. For BDG rural clinics the proportion having the IUDs removed at the client's/relative's house is relatively higher (35 percent) compared to that for BDG urban (22 percent) and NGO clinics (25 percent). Of those who had had the IUD removed or who had expelled it, only 0.9 percent had had a re-insertion (Table 7.1(o)).

At the time of the interview a quarter of the IUD acceptors (25 percent) were not using any contraceptives (Table 7.1(p)). About 54 percent were using the IUD and the remaining 21 percent were using contraceptives, primarily, oral pills (14 percent).

## 7.6. Satisfaction with services:

The IUD acceptors in this study were asked whether they were satisfied with the services they had received at the time of insertion and in subsequent follow-up. The majority of the clients (71 percent) were either satisfied or highly satisfied, and a quarter (24 percent) were somewhat satisfied. Thus, only five percent of the acceptors were not at all satisfied (Table 7.1(q)).

Another indicator of satisfaction was taken by asking the acceptors whether they had recommended the IUD to others. Slightly over one-half (53 percent) replied in the affirmative (Table 7.1(r)).

As shown in Table 7.7, the level of satisfaction is positively related to use status: the proportion of acceptors still using the IUD is higher for those having a relatively higher level of satisfaction. Similarly, the experience of side-effects is related, in the expected manner, with satisfaction. A much more important finding is that individuals who received a home visit are very much more likely to express satisfaction than those who did not receive a home visit (Table 7.9). This result has obvious practical implications for the future improvement of IUD services.

The amount of counselling was found to be positively associated with level of satisfaction (Table 7.10). The small minority who were counselled on only one of the four items were very unlikely to be satisfied. Only 56 percent were classified in this way. The level of satisfaction rises to 68 percent among respondents who were counselled on two or three items. Satisfaction is highest (77 percent) for those who received advice on all four aspects of IUD use.

**Table 7.1: Post-insertion experience.**

| | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| a. Status of follow-up: | | | | |
| Not followed-up | 26.3 | 27.4 | 13.3* | 25.5 |
| Followed-up | 73.7 | 72.6 | 36.7 | 74.5 |
| At clinic | 40.6 | 36.8 | 63.0 | 40.7 |
| At home | 50.1 | 52.1 | 63.8 | 53.0 |
| Both at clinic and at home | 17.0 | 16.3 | 40.1 | 19.2 |
| Total | 100 | 100 | 100 | 100 |

* The differences between BDG and NGO strata are statistically significant at $p<.01$.

| | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| b. Timing of re-visit to clinic: | | | | |
| No revisit | 59.3 | 63.4 | 37.1 | 59.2 |
| 0 | - | 0.3 | - | 0.2 |
| 1-6 days | 2.4 | 3.4 | 4.1 | 3.3 |
| 7-13 days | 5.8 | 5.3 | 8.1 | 5.8 |
| 14-20 days | 5.5 | 2.9 | 16.3 | 5.1 |
| 21-27 days | 0.1 | 0.7 | 1.3 | 0.7 |
| 28-60 days | 15.1 | 12.3 | 21.4 | 14.0 |
| 60+ days | 11.8 | 11.7 | 11.7 | 11.7 |
| Total | 100 | 100 | 100 | 100 |
| (median for those who were ever visited) | 30.0 | 30.0 | 30.0 | 30.0 |
| c. Timing of home visit: | | | | |
| No visit | 49.9 | 47.9 | 36.2 | 47.1 |
| 0 | 0.6 | 1.7 | 0.7 | 1.3 |
| 1-6 days | 15.5 | 16.1 | 14.0 | 15.7 |
| 7-13 days | 13.0 | 17.1 | 18.0 | 16.3 |
| 14-20 days | 6.8 | 6.5 | 12.4 | 7.2 |
| 21-27 days | - | 0.2 | 0.6 | 0.2 |
| 28-60 days | 10.5 | 8.5 | 14.6 | 9.7 |
| 60+ days | 3.2 | 1.8 | 2.8 | 2.2 |
| Don't know | 0.4 | 0.2 | 0.7 | 0.3 |
| Total | 100 | 100 | 100 | 100 |
| (median for those who were ever visited) | 7.0 | 7.0 | 12.0 | 7.0 |
| d. Identity of home visitor: | | | | |
| FP worker | 48.3 | 49.7 | 58.7 | 50.5 |
| Other | 1.8 | 2.4 | 5.1 | 2.5 |
| None | 49.9 | 47.9 | 36.2 | 47.0 |
| Total | 100 | 100 | 100 | 100 |

| | BDG Urban | BDG Rural | NGO | All |
|---|---|---|---|---|
| e. Experience of problems/ side-effects: | | | | |
| None | 37.9 | 41.5 | 38.5 | 40.3 |
| Heavy menstrual bleeding | 34.9 | 38.1 | 42.9 | 37.9 |
| Pain in lower abdomen | 28.0 | 24.7 | 29.6 | 26.0 |
| Foul smelling(white) discharge | 11.2 | 10.3 | 12.4 | 10.7 |
| Irregular menstruation/ spotting | 9.5 | 8.4 | 15.1 | 9.4 |
| Infection/itching | 4.9 | 3.0 | 12.1 | 4.5 |
| Pain in lower abdomen with fever | 4.8 | 4.7 | 10.3 | 5.4 |
| Discomfort during intercourse | 4.6 | 6.4 | 4.2 | 5.7 |
| Missing thread | 0.1 | 0.4 | 0.7 | 0.4 |
| Perforation of the uterus | - | 0.1 | 0.1 | 0.1 |
| Other | 5.0 | 4.6 | 6.1 | 4.8 |
| f. Timing of (severest) problem: | | | | |
| No problem | 37.9 | 41.5 | 38.5 | 40.4 |
| 0 | 6.0 | 2.4 | 5.7 | 3.6 |
| 1-6 days | 8.8 | 7.7 | 8.1 | 8.0 |
| 7-13 days | 4.3 | 6.4 | 8.1 | 6.1 |
| 14-20 days | 3.6 | 5.7 | 4.9 | 5.1 |
| 21-27 days | 2.3 | 2.4 | 2.3 | 2.4 |
| 28-60 days | 19.6 | 18.2 | 18.9 | 18.6 |
| 60+ days | 17.6 | 15.5 | 13.5 | 15.7 |
| Don't remember | - | 0.2 | - | 0.1 |
| Total | 100 | 100 | 100 | 100 |
| (median for those with problem) | 30.0 | 30.0 | 28.0 | 30.0 |
| N | 605 | 1709 | 302 | 2615 |
| g. Duration of functional impairment caused by problem (restricted to those with problem): | | | | |
| No impairment | 80.5 | 82.8 | 69.4* | 80.7 |
| 1-2 days | 2.9 | 2.0 | 0.4 | 2.0 |
| 3-4 days | 3.8 | 3.7 | 5.8 | 4.0 |
| 5-6 days | 1.7 | 1.4 | 1.9 | 1.5 |
| 7-13 days | 3.8 | 5.9 | 10.0 | 5.9 |
| 14-20 days | 3.6 | 2.1 | 6.3 | 3.0 |
| 21-27 days | - | 0.1 | 0.2 | 0.1 |
| 28-60 days | 3.0 | 1.8 | 5.8 | 2.5 |
| 60+ days | 0.7 | 0.2 | 0.2 | 0.3 |
| Total | 100 | 100 | 100 | 100 |
| (median number of days) | 8.0 | 7.0 | 9.0 | 7.0 |
| N | 376 | 1000 | 186 | 1561 |

* The differences between BDG and NGO strata are statistically significant at $p<.01$.

| | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| h. Source of advice for problem (restricted to those with problem): | | | | |
| No advice sought | 16.7 | 16.7 | 19.3 | 17.0 |
| FWV/Doctor | 57.3 | 52.3 | 45.5 | 52.7 |
| FP worker | 36.7 | 38.1 | 42.5 | 38.3 |
| Dai/TBA | 2.5 | 4.3 | 0.9 | 3.5 |
| Other | 1.5 | 1.1 | 9.1 | 2.2 |
| N | 376 | 1000 | 186 | 1561 |
| i. Nature of advice given (restricted to those with advice): | | | | |
| Prescribed medicine | 56.5 | 62.9 | 60.1 | 61.0 |
| Informed that initial problems and discomforts will disappear and advised to retain the IUD | 29.8 | 28.6 | 31.4 | 29.2 |
| Advised to remove the IUD/removed the IUD | 29.1 | 24.2 | 19.9 | 24.9 |
| Advised to go to the clinic/Took the client to the clinic | 18.9 | 19.8 | 42.7 | 22.2 |
| Advised to refrain from intercourse for a few days | 3.7 | 1.3 | 3.3 | 2.1 |
| Advised to take good food/cold drinks | 2.5 | 2.7 | 14.1 | 4.0 |
| No advice/action | 0.9 | 1.5 | 0.6 | 1.3 |
| Other | 1.7 | 2.8 | 8.9 | 3.2 |
| N | 313 | 832 | 150 | 1295 |
| j. Whether problem has been resolved (for those with problem): | | | | |
| Yes | 84.9 | 83.8 | 83.1 | 84.0 |
| No | 15.1 | 16.2 | 16.9 | 16.0 |
| Total | 100 | 100 | 100 | 100 |
| N | 376 | 1000 | 186 | 1561 |

| | BDG Urban | BDG Rural | NGO | All |
|---|---|---|---|---|
| k. Status of use of IUD (first segment): | | | | |
| Expelled | 5.4 | 5.3 | 4.5 | 5.3 |
| Pregnancy in-situ | 0.5 | 0.1 | - | 0.2 |
| Removed | 41.5 | 42.6 | 35.4 | 41.5 |
| Still using | 52.6 | 52.0 | 60.1 | 53.0 |
| Total | 100 | 100 | 100 | 100 |
| l. Cumulative proportions still using at the start of specified intervals (all reasons), calculated by life table methods: | | | | |
| 2 months | 0.92 | 0.90 | 0.91 | 0.91 |
| 4 months | 0.84 | 0.83 | 0.79 | 0.82 |
| 6 months | 0.78 | 0.79 | 0.76 | 0.78 |
| 8 months | 0.70 | 0.73 | 0.72 | 0.72 |
| 10 months | 0.65 | 0.66 | 0.67 | 0.67 |
| 12 months | 0.60 | 0.61 | 0.60 | 0.63 |
| 14 months | 0.55 | 0.56 | 0.56 | 0.58 |
| 16 months | 0.51 | 0.52 | 0.54 | 0.53 |
| 18 months | 0.48 | 0.47 | 0.54 | 0.50 |
| m. Reasons for removal (For those with removal) | | | | |
| Heavy menstrual bleeding and/or cramp | 54.0 | 59.4 | 63.4 | 58.5 |
| Pain in lower abdomen | 28.6 | 27.2 | 34.8 | 28.3 |
| Irregular menstruation/spotting | 17.6 | 15.4 | 32.7 | 17.6 |
| Foul smelling (white) discharge | 18.3 | 16.4 | 20.2 | 17.2 |
| Objection by husband/ discomfort during intercourse | 10.4 | 13.7 | 5.8 | 12.1 |
| Pain in lower abdomen with fever | 8.4 | 8.0 | 23.6 | 9.7 |
| Infection/itching | 9.6 | 5.7 | 15.9 | 7.6 |
| Desire for children | 5.0 | 6.2 | 5.6 | 5.9 |
| On health grounds (not related to IUD) | 2.6 | 2.5 | 3.5 | 2.7 |
| Other | 12.7 | 14.8 | 16.8 | 14.5 |

| | BDG Urban | BDG Rural | NGO | All |
|---|---|---|---|---|
| n. Place of removal (restricted to those with removal): | | | | |
| Govt. hospital/clinic | 71.4 | 58.0 | 9.0 | 56.3 |
| NGO clinic | 2.9 | 1.0 | 61.0 | 7.4 |
| Private clinic/doctor | 0.8 | 2.7 | 3.6 | 2.3 |
| Client's/relative's house | 22.4 | 35.2 | 24.8 | 31.2 |
| Provider's house | 2.3 | 2.7 | 0.8 | 2.4 |
| Other | 0.2 | 0.4 | 0.8 | 0.4 |
| Total | 100 | 100 | 100 | 100 |
| N | 251 | 727 | 107 | 1086 |
| o. Whether re-insertion was performed (for those with removal, expulsion): | | | | |
| Yes | 1.9 | 0.7 | 0.7 | 0.9 |
| No | 98.1 | 99.3 | 99.3 | 99.1 |
| Total | 100 | 100 | 100 | 100 |
| N | 284 | 819 | 121 | 1223 |
| p. Contraceptive use status at the time of survey: | | | | |
| IUD (first segment) | 53.2 | 52.7 | 60.2* | 53.7 |
| IUD (second or later segment) | 0.9 | 0.3 | 0.3 | 0.4 |
| Sterilization | 1.5 | 2.2 | 1.6 | 2.0 |
| Pill | 14.3 | 13.3 | 14.0 | 13.6 |
| Condom | 3.7 | 2.5 | 3.6 | 2.9 |
| Injection | 1.8 | 2.2 | 0.3 | 1.9 |
| Foam/Jelly, etc. | 0.3 | 0.0 | - | 0.1 |
| No method | 24.3 | 26.8 | 20.0 | 25.4 |
| Total | 100 | 100 | 100 | 100 |
| q. Satisfaction with services: | | | | |
| Highly satisfied | 17.7 | 16.0 | 26.4** | 17.6 |
| Satisfied | 58.5 | 54.2 | 41.2 | 53.7 |
| Somewhat satisfied | 20.8 | 24.7 | 26.2 | 23.9 |
| Not at all satisfied | 3.0 | 5.1 | 6.2 | 4.8 |
| Total | 100 | 100 | 100 | 100 |

* The differences between BDG and NGO strata are statistically significant at $p<.05$.

** The differences between BDG and NGO strata are statistically significant at $p<.01$.

| | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| r. Whether IUD was recommended to others: | | | | |
| Yes | 59.6 | 50.2 | 55.2 | 53.0 |
| No | 40.4 | 49.8 | 44.8 | 47.0 |
| Total | 100 | 100 | 100 | 100 |

Table-7.2: Whether re-visited clinic, by distance from clinic.

| Distance in miles | Visited clinic | | Total | N |
|---|---|---|---|---|
| | Yes* | No | | |
| 0 | 48.0 | 52.0 | 100 | 500 |
| 1 | 47.3 | 52.7 | 100 | 661 |
| 2 | 39.5 | 60.5 | 100 | 406 |
| 3 | 38.4 | 61.6 | 100 | 351 |
| 4 | 33.2 | 66.8 | 100 | 145 |
| 5 + | 30.5 | 69.5 | 100 | 549 |
| Don't know | 31.1 | 68.9 | 100 | 3 |
| All | 40.7 | 59.3 | 100 | 2615 |

* Correlation co-efficient between distance from the clinic and visit to the clinic, r= - 0.563.

Table-7.3 Nature of advice received by source of advice (restricted to those who sought advice about problem)

| Source of advice | Nature of advice | | | | | | | | N |
|---|---|---|---|---|---|---|---|---|---|
| | Removal | Took/go to clinic | Medicine | Advised to retain IUD | Refrain in intercourse | Good food | No advice | Other | |
| FWV/doctor | 28.2 | 20.6 | 64.5 | 28.5 | 2.9 | 3.5 | 0.[illegible] | 3.4 | 822 |
| FWA | 10.1 | 29.0 | 59.0 | 32.0 | 2.6 | 3.4 | 1.2 | 3.5 | 598 |
| Dai/TBA | 34.2 | 23.7 | 36.6 | 39.3 | - | 1.9 | 10.6 | - | 54 |
| Other | 39.1 | 44.1 | 75.9 | 17.5 | - | 20.8 | - | 3.7 | 34 |
| All | 24.9 | 22.2 | 61.0 | 29.2 | 2.1 | 4.0 | 1.3 | 3.2 | 1295 |

Table-7.4: Reason for removal, by length of use (for those with removal).

| Length of use (month) | Reason | | | | | | | | | | N |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Heavy menstrual bleeding | Irregular menstruation/Spotting | Foul smelling discharge | Infection/ itching | Pain in lower abdomen | Pain in lower abdomen with fever | Objection by husband/ discomfort during intercourse | Desire for children | For health grounds (not related to IUD) | Other | |
| 0 | 62.9 | 6.4 | 9.0 | 9.8 | 26.9 | 15.1 | 7.4 | 0.7 | 1.9 | 14.7 | 123 |
| 1 | 53.2 | 3.1 | 14.9 | 3.6 | 34.9 | 9.8 | 11.8 | 3.9 | 0.6 | 18.8 | 71 |
| 2 | 63.4 | 30.3 | 11.8 | 2.7 | 22.7 | 3.8 | 6.3 | 8.5 | 2.6 | 6.8 | 88 |
| 3-5 | 57.0 | 19.0 | 20.9 | 7.2 | 27.9 | 10.2 | 11.4 | 5.8 | 5.8 | 17.8 | 197 |
| 6 + | 58.1 | 19.4 | 18.7 | 8.4 | 28.7 | 9.2 | 14.2 | 6.8 | 2.7 | 14.0 | 606 |
| All | 58.5 | 17.6 | 17.2 | 7.6 | 28.3 | 9.7 | 12.1 | 5.9 | 2.7 | 14.5 | 1086 |

Table-7.5: Summary of use, by experience of problems.

| Problem | Use (first segment)* | | Total | N |
|---|---|---|---|---|
| | Removed/expelled | Still using | | |
| Yes, and functional impairment | 73.6 | 26.2 | 100 | 1311 |
| Yes, but no functional impairment | 29.3 | 70.7 | 100 | 250 |
| No problem | 17.2 | 82.8 | 100 | 1054 |
| All | 46.8 | 53.2 | 100 | 2615 |

* Chi-square = 787, significant at $p<.01$.

Table-7.6: Status of use, by amount of counselling (summary score).

| Amount of counselling (summary score) | Use (first segment)* | | Total | N |
|---|---|---|---|---|
| | Removed/expelled | Still using | | |
| 0 | 69.4 | 30.6 | 100 | 6 |
| 1 | 53.3 | 46.7 | 100 | 156 |
| 2 | 47.6 | 52.4 | 100 | 459 |
| 3 | 47.4 | 52.6 | 100 | 731 |
| 4 | 44.9 | 55.1 | 100 | 1253 |
| All | 46.8 | 53.2 | 100 | 2615 |

* Correlation co-efficient between the scores of counselling and still use of IUD, r =.874.

Table-7.7: Satisfaction with services by status of use.

| Status of use | Satisfaction* | | | | Total | N |
|---|---|---|---|---|---|---|
| | Highly satis. | Satisfied | Somewhat satisfied | Not at all satisfied | | |
| Removed/expelled | 11.9 | 48.6 | 30.9 | 8.6 | 100 | 122 |
| Still using | 22.5 | 58.1 | 17.8 | 1.6 | 100 | 139 |
| All | 17.6 | 53.7 | 23.9 | 4.8 | 100 | 261 |

* Chi-square = 166.04, significant at p<.01.

Table-7.8: Satisfaction with services, by experience of problems.

| Problem | Satisfaction | | | | Total | N |
|---|---|---|---|---|---|---|
| | Highly satis. | Satisfied | Somewhat satisfied | Not at all satisfied | | |
| Yes, and functional impairment | 13.1 | 50.2 | 28.3 | 8.4 | 100 | 131 |
| Yes, but no functional impairment | 12.1 | 53.5 | 28.8 | 5.7 | 100 | 25 |
| No problem | 24.4 | 58.0 | 17.3 | 0.3 | 100 | 105 |
| All | 17.6 | 53.7 | 23.9 | 4.8 | 100 | 261 |

Table-7.9: Satisfaction with services, by whether visited clinic/ visited at home.

| Visit | Satisfaction | | | | | N |
|---|---|---|---|---|---|---|
| | Highly satis. | Satisfied | Somewhat satisfied | Not at all satisfied | Total | |
| Clinic & home visit | 23.3 | 55.0 | 20.0 | 1.8 | 100 | 50 |
| Clinic visit only | 12.3 | 44.3 | 29.7 | 13.7 | 100 | 56 |
| Home visit only | 22.4 | 56.5 | 19.7 | 1.4 | 100 | 88 |
| No visit | 11.3 | 56.8 | 27.7 | 4.2 | 100 | 66 |
| All | 17.6 | 53.7 | 23.9 | 4.8 | 100 | 261 |

Table-7.10: Percentages who are highly satisfied or satisfied with services, by type of clinic and amount of counselling (Summary Score).

| Amount of counselling | BDG | | NGO | All |
|---|---|---|---|---|
| | Urban | Rural | | |
| 0 % | 25.0 | 63.6 | - | 56.3 |
| N | (4) | (11) | (2) | (16) |
| 1 % | 51.3 | 61.1 | 30.0 | 56.4 |
| N | (39) | (108) | (10) | (156) |
| 2 % | 77.7 | 64.1 | 56.3 | 67.5 |
| N | (121) | (323) | (16) | (459) |
| 3 % | 76.1 | 66.9 | 46.0 | 67.0 |
| N | (163) | (505) | (63) | (731) |
| 4 % | 79.9 | 76.2 | 76.9 | 77.0 |
| N | (278) | (762) | (212) | (1253) |
| All | 76.0 | 70.1 | 67.5 | 71.2 |
| | (605) | (1709) | (302) | (2615) |

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# APPENDIX A

# WEIGHTING FACTORS

IUD ANNUAL EVALUATION - 1988
WEIGHTING FACTOR

Stratum : BDG Urban

$$K = \frac{\text{Total Col-3}}{\text{Total Col-5}} = 0.0140238$$

(Second stage probablity p2 = 0.0521190)

| District | Upazila | UZ MIS Performance (Jan-Dec'88) (1) | First stage selection Probability (p1) (2) | Selected Sample size (SSS) (3) | 1 / p1 x p2 (4) | Raised sample size Col-3 x Col-4 (5) | Weighting factor K x Col-4 (6) | Weighted Sample Col-3 x Col-6 (7) |
|---|---|---|---|---|---|---|---|---|
| Dinajpur | Kotwali | 1728 | 0.3168316 | 75 | 60.5585454 | 4541.8909 | 0.8492609 | 63.6945 |
| Nilphamari | Saidpur | 1519 | 0.2785111 | 74 | 68.8908299 | 5097.9214 | 0.9661112 | 71.4922 |
| Kurigram | Kurigram | 530 | 0.0971763 | 26 | 197.4438297 | 5133.5395 | 2.7689127 | 71.9917 |
| Bogra | Bogra | 2574 | 0.4719471 | 73 | 40.6546853 | 2967.7920 | 0.5701331 | 41.6197 |
| Pabna | Pabna | 1147 | 0.2103043 | 61 | 91.2338018 | 5565.2619 | 1.2794445 | 78.0461 |
| Jhenaidah | Moheshpur | 622 | 0.1140447 | 21 | 168.2398290 | 3533.0364 | 2.3593617 | 49.5465 |
| Khulna | Daulatpur | 4077 | 0.7475247 | 185 | 25.6671931 | 4748.4307 | 0.3599515 | 66.5910 |
| Khulna | Kotwali | 8050 | 1.0000000 | 366 | 19.1868608 | 7022.3910 | 0.2690726 | 98.4805 |
| Bagerhat | Bagerhat | 1508 | 0.2764943 | 51 | 69.3933322 | 3539.0599 | 0.9731582 | 49.6310 |
| Barisal | Kotwali | 1276 | 0.2339567 | 68 | 82.0103071 | 5576.7008 | 1.1500961 | 78.2065 |
| Madaripur | Madaripur | 1382 | 0.2533920 | 72 | 75.7200733 | 5451.8452 | 1.0618831 | 76.4555 |
| Dhaka | Tejgaon | 3693 | 0.6771177 | 254 | 28.3360792 | 7197.3641 | 0.3973795 | 100.9343 |
| Narayangonj | Narayanganj | 1234 | 0.2262559 | 67 | 84.8015934 | 5681.7067 | 1.1892405 | 79.6791 |
| Sherpur | Sherpur | 1133 | 0.2077374 | 59 | 92.3611291 | 5449.3066 | 1.2952540 | 76.4199 |
| Mymensingh | Gouripur | 1735 | 0.3181151 | 79 | 60.3142096 | 4764.8225 | 0.8458344 | 66.8209 |
| Moulvi Bazar | Sreemangal | 654 | 0.1199119 | 31 | 160.0079795 | 4960.2473 | 2.2439199 | 69.5615 |
| Comilla | Kotwali | 651 | 0.1193619 | 35 | 160.7452699 | 5626.0844 | 2.2542595 | 78.8990 |
| Chittagong | Double Mooring | 2149 | 0.3940227 | 101 | 48.6948108 | 4918.1758 | 0.6823862 | 68.9715 |
| Total | | 35662 | | 1698 | | 91776 | | 1287 |

IUD ANNUAL EVALUATION - 1988
WEIGHTING FACTOR

Stratum : BDG Rural

$$K = \frac{\text{Total Col-3}}{\text{Total Col-5}} = 0.0140238$$

(Second stage probablity p2 = 0.0521190)

| District | Upazila | UZ MIS Performance (Jan-Dec'88) (1) | First stage selection Probability (p1) (2) | Selected Sample size (SSS) (3) | 1 / p1 x p2 (4) | Raised sample size Col-3 x Col-4 (5) | Weighting factor K x Col-4 (6) | Weighted Sample Col-3 x Col-6 (7) |
|---|---|---|---|---|---|---|---|---|
| Dinajpur | Birol | 696 | 0.1274958 | 38 | 150.4901403 | 5718.6253 | 2.1104436 | 80.1966 |
| Nilphamari | Jaldhaka | 778 | 0.1425169 | 40 | 134.6286709 | 5385.1468 | 1.8884055 | 75.5202 |
| Rangpur | Pirganj | 2995 | 0.5486352 | 135 | 34.9719029 | 4721.2176 | 0.4904400 | 66.2094 |
| Rangpur | Mithapukur | 2304 | 0.4586920 | 144 | 41.8295083 | 6023.4491 | 0.5866086 | 84.4716 |
| Kurigram | Chilmari | 899 | 0.1646821 | 45 | 116.5084780 | 5242.8815 | 1.6338915 | 73.5251 |
| Gaibandha | Sundarganj | 2077 | 0.3804726 | 67 | 50.4290212 | 3378.7444 | 0.7072065 | 47.3828 |
| Gaibandha | Palashbari | 3088 | 0.5656713 | 161 | 33.9187454 | 5460.9160 | 0.4753697 | 76.5828 |
| Bogra | Shibgonj | 737 | 0.1350064 | 37 | 142.1181576 | 5258.3718 | 1.9930366 | 73.7423 |
| Joypurhat | Panchbibi | 993 | 0.1819014 | 52 | 105.4794566 | 5484.9317 | 1.4792228 | 76.9195 |
| Noagaon | Dhamoirhat | 691 | 0.1265799 | 36 | 151.5790487 | 5456.8457 | 2.1257142 | 75.5257 |
| Rajshahi | Tanore | 413 | 0.0756548 | 21 | 253.6106213 | 5325.8230 | 3.5565846 | 74.6882 |
| Pabna | Bera | 608 | 0.1113757 | 30 | 172.2715173 | 5168.1455 | 2.4159013 | 72.4770 |
| Kushtia | Daulatpur | 581 | 0.1064297 | 30 | 180.2773176 | 5408.3195 | 2.5281730 | 75.8451 |
| Jhenaidah | Sailkupa | 614 | 0.1124748 | 33 | 170.5880858 | 5629.4068 | 2.3922931 | 78.9456 |
| Jessore | Sarsha | 1035 | 0.1895951 | 50 | 101.1991387 | 5059.9569 | 1.4191964 | 70.9598 |
| Jessore | Chowgacha | 756 | 0.1384869 | 39 | 138.5463956 | 5403.3094 | 1.9429469 | 75.7749 |
| Khulna | Batiaghata | 1435 | 0.2628686 | 71 | 72.9903108 | 5182.3120 | 1.0236015 | 72.6757 |
| Bagerhat | Rampal | 439 | 0.0804176 | 22 | 238.5903190 | 5248.9870 | 3.3459429 | 73.6107 |
| Satkhira | Kaliganj | 1037 | 0.1899615 | 52 | 101.[illegible]9946 | 5252.2051 | 1.4164591 | 73.6558 |
| Barguna | Betagi | 482 | 0.0882945 | 26 | 217.3052776 | 5649.9372 | 3.0474457 | 79.2335 |
| Barisal | Babuganj | 455 | 0.0833485 | 24 | 230.2004335 | 5524.8104 | 3.2282848 | 77.4788 |
| Bhola | Lalmohan | 490 | 0.0897600 | 24 | 213.7573622 | 5130.1766 | 2.9976904 | 71.9445 |
| Gopalganj | Kasiani | 672 | 0.1230994 | 28 | 155.8647795 | 4364.2138 | 2.1858164 | 61.2028 |
| Madaripur | Shibchar | 2068 | 0.3788239 | 102 | 50.6484961 | 5166.1466 | 0.7102843 | 72.4489 |

IUD ANNUAL EVALUATION - 1988
WEIGHTING FACTOR

Stratum : BDG Rural

$$K = \frac{\text{Total Col-3}}{\text{Total Col-5}} = 0.0140238$$

(Second stage probablity p2 = 0.0521190)

| District | Upazila | UZ MIS Performance (Jan-Dec'88) (1) | First stage selection Probability (p1) (2) | Selected Sample size (SSS) (3) | 1 / p1 x p2 (4) | Raised sample size Col-3 x Col-4 (5) | Weighting factor K x Col-4 (6) | Weighted Sample Col-3 x Col-6 (7) |
|---|---|---|---|---|---|---|---|---|
| Faridpur | Alfadanga | 904 | 0.1655980 | 59 | 115.8640855 | 6835.9810 | 1.6248547 | 97.8664 |
| Dhaka | Keraniganj | 2316 | 0.4242535 | 121 | 45.2249912 | 5472.2239 | 0.6342262 | 76.7413 |
| Munshiganj | Serajdikhan | 953 | 0.1745740 | 49 | 109.9067492 | 5385.4307 | 1.5413102 | 75.5241 |
| Narsingdi | Shibpur | 1850 | 0.3388899 | 120 | 36.6167974 | 6794.0156 | 0.7939826 | 95.2779 |
| Tangail | Mirzapur | 537 | 0.0983696 | 29 | 195.0486820 | 5656.4117 | 2.7353237 | 79.3243 |
| Jamalpur | Islampur | 710 | 0.1300604 | 39 | 147.5226958 | 5753.3851 | 2.0688287 | 80.6843 |
| Mymensingh | Fulbaria | 1232 | 0.2256823 | 62 | 85.0171273 | 5271.0618 | 1.1922631 | 73.9203 |
| Mymensingh | Iswarganj | 4822 | 0.8833119 | 217 | 21.7215015 | 4713.5658 | 0.3046179 | 66.1020 |
| Mymensingh | Nandail | 1644 | 0.3011540 | 86 | 63.7111273 | 5479.1569 | 0.8934721 | 76.8386 |
| Kishoreganj | Tarail | 406 | 0.0743725 | 22 | 257.9832712 | 5675.6319 | 3.6179057 | 79.5939 |
| Sylhet | Golapganj | 752 | 0.1377541 | 38 | 139.2834103 | 5292.7695 | 1.9532826 | 74.2247 |
| Moulvi Bazar | Kulaura | 918 | 0.1681626 | 47 | 114.0970753 | 5362.5625 | 1.6000745 | 75.2035 |
| Brahmanbaria | Sarail | 683 | 0.1251144 | 34 | 153.3545366 | 5214.0542 | 2.1506133 | 73.1208 |
| Comilla | Debidwar | 677 | 0.1240153 | 36 | 154.7136590 | 5569.6917 | 2.1696734 | 78.1082 |
| Feni | Sonagazi | 366 | 0.0670452 | 20 | 286.1779939 | 5723.5598 | 4.0133029 | 80.2660 |
| Chittagong | Sitakunda | 772 | 0.1414178 | 39 | 135.6750058 | 5291.3252 | 1.9026791 | 74.2044 |
| Chittagong | Banshkhali | 689 | 0.1262135 | 35 | 152.0190854 | 5320.6679 | 2.1318852 | 74.6159 |
| Khagrachari | Panchhari | 39 | 0.0071441 | 3 | 2685.6932066 | 8057.0796 | 37.6636243 | 112.9908 |
| Total | | 46813 | | 2363 | | 228513 | | 3205 |

IUD ANNUAL EVALUATION - 1988
WEIGHTING FACTOR

Stratum : NGO

$$K = \frac{\text{Total Col-3}}{\text{Total Col-5}} = 0.0140238$$

(Second stage probablity p2 = 0.0336700)

| District | Upazila | UZ MIS Performance (Jul-Dec'88) (1) | First stage selection Probability (p1) (2) | Selected Sample size (SSS) (3) | 1 / p1 x p2 (4) | Raised sample size Col-3 x Col-4 (5) | Weighting factor K x Col-4 (6) | Weighted Sample Col-3 x Col-6 (7) |
|---|---|---|---|---|---|---|---|---|
| Rangpur | Kotwali | 591 | 0.3026113 | 43 | 98.1458051 | 4220.2696 | 1.3763771 | 59.1842 |
| Natore | Natore | 303 | 0.1551459 | 10 | 191.4329009 | 1914.3290 | 2.6846167 | 26.8461 |
| Jhenaidah | Jhenaidaha | 179 | 0.0916538 | | 324.0458082 | | 4.5443536 | |
| Bagerhat | Morelganj | 131 | 0.0670762 | 9 | 442.7804452 | 3985.0240 | 6.2094644 | 55.8851 |
| Dhaka | Mirpur | 5813 | 1.0000000 | 341 | 29.7000297 | 10127.7101 | 0.4165072 | 142.0289 |
| Dhaka | Tejgaon | 5812 | 1.0000000 | 484 | 29.7000297 | 14374.8143 | 0.4165072 | 201.5894 |
| Munshiganj | Lohajong | 31 | 0.0158730 | | 1871.1037422 | | 26.2399846 | |
| Narayangonj | Narayanganj | 3679 | 1.0000000 | 65 | 29.7000297 | 1930.5019 | 0.4165072 | 27.0729 |
| Narsingdi | Raipura | 50 | 0.0256016 | | 1160.0849048 | | 16.2687986 | |
| Comilla | Kotwali | 649 | 0.3323092 | 45 | 89.3746838 | 4021.8607 | 1.2533726 | 56.4017 |
| Chittagong | Kotwali | 900 | 0.4608294 | 28 | 64.4490774 | 1804.5741 | 0.9038209 | 25.3069 |
| Total | | 18138 | | 1025 | | 42379 | | 594 |
| Grand Total | | 100613 | | 5086 | | 362668 | | 5086 |

# APPENDIX B

# CLIENT QUESTIONNAIRE

# IUD ANNUAL EVALUATION 1988

## CLIENT QUESTIONNAIRE

ASSOCIATES FOR COMMUNITY AND POPULATION RESEARCH
House No.60, Road No.2A, Dhanmondi R.A., Dhaka-1209.

IUD ANNUAL EVALUATION-1988

## SAMPLE IDENTIFICATION

Year of evaluation [ ][ ] Converted client No. [ ][ ][ ][ ] Stratum [ ]

District [ ][ ] Upazila [ ][ ] Sample client No. [ ][ ][ ][ ]

## INFORMATION FROM CLINIC RECORDS

A. CLIENT IDENTIFICATION

Name of client: _____

Name of husband: _____

Address: House No./Village: _____

Road No./Union: _____

Upazila: _____ District: _____

Client Registration No. [ ][ ][ ][ ] Date of insertion: _____

Number of living children: Son _____ Daughter _____ Total _____

B. CLINIC IDENTIFICATION

Name of clinic: _____ Code [ ][ ]

Name of NGO: _____

Address: _____

_____

C. REFERRER IDENTIFICATION

Name of referrer: _____

Address of referrer: _____

_____

Type of referrer:

| | | | |
|---|---|---|---|
| BDG FP Field worker | 1 | Registered Dai | 4 |
| NGO FP Field worker | 2 | Registered Agent | 5 |
| FP Field worker (not ascertained whether BDG or NGO) | 3 | Self | 6 |
| | | Other _____ (Specify) | 7 |

D. REINSERTIONS

Whether the client was reinserted with IUD during the period:

| | | | | | |
|---|---|---|---|---|---|
| Yes | 1 | No (SKIP TO E) | 2 | No record (SKIP TO E) | 3 |

Number of reinsertions: [ ]

Date of reinsertion: 1st _____ 2nd _____ 3rd _____

E. REMOVAL

Whether the client's IUD has been removed:

| | | | | | |
|---|---|---|---|---|---|
| Yes | 1 | No (SKIP TO F) | 2 | No record (SKIP TO F) | 3 |

Date of removal: _____

Reasons for removal: _____

F. INFORMATION COLLECTED BY

Name: _____ Code: [ ][ ] Date: _____

INFORMATION ON ATTEMPTS TO LOCATE THE CLIENT

| Attempt No. | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Date | | | | |
| Person Assisting* | | | | |
| Result Codes** | | | | |
| Interviewer Code | | | | |

*PERSON ASSISTING

| | | | |
|---|---|---|---|
| None | 1 | Village Peers | 5 |
| Referrer | 2 | Villagers | 6 |
| BDG FP Worker | 3 | Ward Members | 7 |
| NGO FP Worker | 4 | Other _____ (Specify) | 8 |

**RESULT CODES

| | | | |
|---|---|---|---|
| Client located | 1 | Address does not exist/ Not found | 5 |
| Address found, but no such person ever lived at that address | 2 | Address given on forms was incomplete | 6 |
| Address found, but client has permanently left that address | 3 | No attempt made to locate client _____ (Specify) | 7 |
| Address found, but client was only temporarily visiting there | 4 | Other _____ (Specify) | 8 |

INTERVIEWER: IF THE RESULT CODE IS OTHER THAN 1, WRITE DOWN BELOW THE REASONS AND COLLECT EVIDENCES FROM LOCAL FWA, FPA, NGO WORKERS, REFERRERS, AND WARD MEMBERS.

Reasons: _____

_____

_____

## Interview Information

| Interview Call | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Date | | | | |
| Result Code* | | | | |
| Interviewer Code | | | | |

*Result Codes

| | | | |
|---|---|---|---|
| Completed | 1 | Refused | 4 |
| Respondent not available | 2 | Other _____ (Specify) | 5 |
| Deferred | 3 | | |

## Supervision and Data Processing Information

| | | | |
|---|---|---|---|
| Scrutinized ☐ | Reinterviewed or spot checked ☐ | Edited ☐ | Coded ☐ |
| By ☐☐ | By ☐☐ | By ☐☐ | By ☐☐ |
| Date _____ | Date _____ | Date _____ | Date _____ |

Section-1

RESPONDENT'S BACKGROUND

Time Started: _____

| | RESPONSE | SKIP |
|---|---|---|
| 101. How old are you ? (PROBE FOR AGE IN COMPLETED YEARS) | Age [ ][ ] | |
| 102. Have you ever attended school ? IF YES what was the highest level of school you attended ? | No School 1 --▶<br>Madrasha 2<br>Primary 3<br>High School 4<br>College 5 | 104 |
| 103. What was the highest class you passed ? | Class or Year [ ][ ] | |
| 104. What is your religion ? | Islam 1<br>Hinduism 2<br>Christianity 3<br>Buddhism 4<br>Other_____ (specify) 5 | |
| 105. Have you ever worked for payment in cash or kind ? | Yes 1<br>No 2 | |
| 106. Are you currently working for payment ? | Yes 1<br>No 2 | |

| | RESPONSE | SKIP |
|---|---|---|
| 107. Are you currently married ? | Currently married 1<br>Never married 2 --▶<br>Widow 3<br>Separated/ Divorced 4 | <br>111 |
| INTERVIEWER: ASK 108 TO 110 ABOUT CURRENT OR LAST HUSBAND | | |
| 108. Has your husband ever attended school ? IF YES what was the highest level of school he attended ? | No School 1 --▶<br>Madrasha 2<br>Primary 3<br>High School 4<br>College 5<br>Don't know 6 | 110 |
| 109. What was the highest class he passed ? | Class or Year [ ][ ] | |
| 110. What is(was) the main occupation of your husband ?<br>Occupation: _____ | [ ][ ] | |
| 111. Does your family own any agricultural land ? | Yes 1<br>No 2 | |

## Section-2

## CHILD BEARING

| | RESPONSE | SKIP |
|---|---|---|
| 201. Now I would like to ask you about all the births that you have had during your life. Have you ever given birth to any child ? | Yes 1<br>No 2 --> | 204 |
| 202. Do you have any son or daughter that you have given birth to who is living with you ? IF YES How many sons ? How many daughters ? IF NONE ENTER '0' | Sons at home [ ]<br>Daughters at home [ ] | |
| 203. Do you have any son or daughter that you have given birth to who is not living with you ? PROBE<br><br>Any (other) son or daughter who is grown up and married ? IF YES How many sons ? How many daughters ? IF NONE ENTER '0' | Sons away [ ]<br>Daughters away [ ] | |
| 204. Have you given birth to a boy or girl who was born alive but later died ? PROBE Any (other)boy or girl who showed any sign of life but died after a few hours or days ? IF NONE ENTER '0' | Sons died [ ]<br>Daughters died [ ] | |
| 205. ADD 202-204 AND ENTER TOTAL | Total live births [ ][ ] | |

206. Just to make sure that I have this right. You have had a total of____ live born children. Is that correct?

Yes [ ] No [ ]

(PROBE AND CORRECT 202-205)

| | RESPONSE | SKIP |
|---|---|---|
| INTERVIEWER: CHECK Q.202 AND 203.IF THE RESPONDENT HAS NO LIVING CHILD, SKIP TO 209; OR ELSE ASK 207. | | |
| 207. How old is your youngest living child ? | [ ][ ] Years [ ][ ] Months | |
| 208. After this child did you ever get pregnant ? | Yes 1<br>No 2 | → 211 |
| 209. How did your last pregnancy terminate? (Probe) | Live birth 1<br>Still birth 2<br>MR/Abortion 3<br>Miscarriage 4<br>Currently pregnant 5<br>Never been pregnant 6<br>Other _____ (specify) 7 | → 211 |
| 210. How long ago did this _____ happen to you ? (result) | [ ][ ] Months ago | |
| 211. Do you want to have any (more) children ? | Yes 1<br>No 2 | → 301 |
| 212. How many (more) children do you want ? | [ ] | |
| 213. When do you want to have your next baby ? | [ ][ ] Months after | |

## SECTION-3

## KNOWLEDGE AND USE OF CONTRACEPTIVES

301. You may know that there are various ways a couple can delay o avoid pregnancy. Which of these ways or methods have you hear about ?

| |
|---|
| INTERVIEWER: DO NOT READ OUT ANY METHOD TO THE RESPONDENT CIRCLE RESPONSE IN COLUMN-2 AT TABLE-3.1 ALL METHOD SPONTANEOUSLY MENTIONED BY THE RESPONDENT. PROBE AND BE SUR WHETHER SHE KNOWS OF ANY OTHER METHOD, CIRCLE RESPONSE I COLUMN-2 FOR ANY OTHER METHOD MENTIONED SPONTANEOUSLY. |

302. There are methods of family planning other than those you hav mentioned. I want to know for sure whether you have heard of an of them ?

| |
|---|
| INTERVIEWER: PLEASE READ OUT THE DESCRIPTIONS OF THE METHODS TH RESPONDENT DID NOT SPONTANEOUSLY MENTION AND CIRCLE RESPONSE I COLUMN-3. |

303. Do you know any place or person from where _____ can b obtained ?
(method)
If yes, what are the places or persons do you know ?

| |
|---|
| INTERVIEWER: PLEASE DESCRIBE ALL THE METHODS CIRCLED YES EITHER COLUMN-2 OR 3 AND WRITE THE CODE NUMBERS OF SOURCES I COLUMN-4. |

304. Have you or your husband ever used _____ ?
(method)

| |
|---|
| INTERVIEWER: PLEASE ASK ABOUT ALL THE METHODS CIRCLED YES I EITHER COLUMN-2 OR 3 AND CIRCLE RESPONSE IN COLUMN-5. |

TABLE-3.1: CONTRACEPTIVE KNOWLEDGE AND EVER USE.

| Method and descriptions (1) | 301 Knowledge (Unprompted) (2) | 302 Knowledge (Prompted) (3) | 303 Knowledge of the source* (4) | 304 Ever use (5) |
|---|---|---|---|---|
| 01 PILL: Women can take a pill every day. | Yes 1 | Yes 2 No 3 | | Yes 2 No 3 |
| 02 CONDOM Men can use a rubber sheath on their penis during intercourse | Yes 1 | Yes 2 No 3 | | Yes 2 No 3 |
| 03 FOAM TABLET/JELLY/ EMKO/CREAM/DIAPH-RAGM: Women can place a tablet, cream or a rubber object inside their vagina before intercourse | Yes 1 | Yes 2 No 3 | | Yes 2 No 3 |
| 04 INJECTION: Women can have an injection by a doctor or health worker which stops them getting pregnant for several months | Yes 1 | Yes 2 No 3 | | Yes 2 No 3 |
| 05 IUD/Copper T/Coil: Women can have a small object placed inside their uterus by a doctor or health worker. | Yes 1 | Yes 2 No 3 | | Yes 2 No 3 |
| 06 FEMALE STERILIZA-TION: Women can have an operation at a hospital or health centre to stop them having any more children. | Yes 1 | Yes 2 No 3 | | Yes 2 No 3 |
| 07 MALE STERILIATION: Men can have an operation at a hospital or health centre to stop any more children. | Yes 1 | Yes 2 No 3 | | Yes 2 No 3 |
| 08 MR: Women can have termination of an early pregnancy by clearing their menstruation by Doc/FWV | Yes 1 | Yes 2 No 3 | | Yes 2 No 3 |
| 09 OTHER: (Specify)_____ | Yes 1 | ========== | ========== | Yes 2 No 3 |

* PLACE/PERSON CODE

| | | | |
|---|---|---|---|
| Hospital/clinic | 01 | General store/shops | 04 |
| FP field worker | 02 | Other | 05 |
| Pharmacy | 03 | Don't know | 06 |

| | RESPONSE | | SKIP |
|---|---|---|---|
| 305. Are you or your husband currently using any method ? | Yes | 1 | |
| | No | 2 | ---▶307 |
| 306. What method are you or your husband currently using ? | Pill | 01 | |
| | Condom | 02 | |
| | Foam etc. | 03 | |
| | Injection | 04 | |
| | IUD | 05 | ---▶309 |
| | Tubectomy | 06 | |
| | Vasectomy | 07 | |
| | Other | 08 | |
| 307. INTERVIEWER: SEE 304: IF YES IN Q 304 COLUMN-5 ROW-05, TICK CODE-1, OR ELSE CODE-2.<br>EVER USED IUD [1] (SKIP TO 309)<br>NEVER USED IUD [2] ↓ | | | |
| 308. Have you ever accepted the IUD (Coil or C-T) ? (PROBE) | Yes | 1 | |
| | No | 2 | ---▶313 |
| 309. How many times have you accepted such IUD ? | Times [ ] | | |

310. I would like to ask you a few questions relating to the IUDs tha you have accepted.
I will ask you questions beginning with the IUD that you ar currently using (or, the last one that you have had used).

| | Latest IUD | Earlier IUD | Even earlier IU |
|---|---|---|---|
| 311. When did you accept this IUD(Coil/C-T)? | Date _____ or [ ][ ] Months ago | Date _____ or [ ][ ] Months ago | Date _____ or [ ][ ] Months ag |
| 312. Where did you accept this IUD (Coil/ C-T)? (PROBE) | In the clinic 1<br>Name of clinic _____<br>Address: _____<br>_____<br>In own house 2<br>Other place 3<br>_____ (Specify) | In the clinic 1<br>Name of clinic _____<br>Address: _____<br>_____<br>In own house 2<br>Other place 3<br>_____ (Specify) | In the clinic 1<br>Name of clinic _____<br>Address: _____<br>_____<br>In own house<br>Other place<br>_____ (Specify) |

| | RESPONSE | | SKIP |
|---|---|---|---|
| 313. SPECIAL INSTRUCTIONS<br>INTERVIEWER: CHECK ALL INFORMATION GIVEN BY THE RESPONDENT IN RESPONSE TO QUESTIONS FROM 305 ONWARD. EXAMINE THOROUGHLY WHETHER THE REPORTED INFORMATION REGARDING THE IUD (Coil/C-T) HAD IN 1988 MATCHES WITH THOSE RECORDED AND CIRCLE THE APPROPRIATE CODE. | Both the clinic and time match | 1 | -> 314 |
| | Clinic matches but time does not match | 2 | -> 344 |
| | Time matches but clinic does not match | 3 | -> 346 |
| | Neither clinic nor time matches | 4 | -> 348 |
| | Never accepted IUD | 5 | -> 348 |

314. (FOR RESPONDENTS WHERE BOTH CLINIC AND TIME MATCH) INTERVIE PLEASE ASK Q.315 TO Q.355 FOR THE IUD INSERTED DURING 1988. IF M THAN ONE INSERTION IN 1988, ASK ABOUT CURRENT OR LAST IUD(Coil T). START WITH, " I would like to ask you few questions about IUD (Coil/C-T) you had from _____ on _____
(write clinic name) (write date)

| | RESPONSE | SKIP |
|---|---|---|
| 315. INTERVIEWER: CHECK Q. 312; IF THE RESPONDENT HAD THE IUD IN OWN HOUSE, SKIP TO 317, OR ELSE ASK: Did anyone accompany you to the clinic/_____ ? (place) | Yes 1<br>No 2 --> 317 | |
| 316. Who did accompany you to the clinic/there ? (PROBE FOR CHILD) | FP worker 1<br>TBA/Dai 2<br>Relative/Neighbour/Friend 3<br>Child 4<br>Other _____ (Specify) 5 | |
| 317. Are you using this IUD (Coil/C-T) till now ? (INTERVIEWER: PROBE FOR EXPULSION/ REMOVAL, IF NOT CURRENTLY USING) | Now using 1 -->323<br>Fallen out 2 -->320<br>Removed 3 | |
| 318. Why did you get it removed ? (PROBE) | Heavy menstrual bleeding/and/or cramp 01<br>Irregular menstruation/spotting 02<br>Foul smelling (white) discharge 03<br>Infection/itching 04<br>Pain in lower abdomen 05<br>Pain in lower abdomen with fever 06<br>Objection by husband/discomfort during intercourse 07<br>Desire for children 08<br>For health grounds (not related to IUD) 09<br>Other _____ (Specify) 10 | |

| | RESPONSE | SKIP |
|---|---|---|
| 319. From where did you get it removed ?<br><br>Clinic/Place: _____ | [ ][ ] | |
| 320. For how many months did you use the IUD (Coil/C-T) before it fell out/ it was removed ? | [ ][ ]<br>Months after acceptance | |
| 321. Did you use another IUD (Coil/C-T) or any other method after expulsion/ removal of this IUD (Coil/C-T) ? | None 1<br><br>Another IUD 2<br><br>Other method 3 | --> 323 |
| 322. What was that method ?<br><br>Method _____ | [ ][ ] | |
| 323. Did you/have you become pregnant while using this IUD (Coil/C-T) ? | Yes 1<br><br>No 2 | --> 325 |
| 324. How many months after the insertion did you conceive ? | [ ][ ]<br>Months after | |
| 325. Did you receive money for accepting this IUD (Coil/C-T) ?<br>(IF YES) How much money did you receive ?<br>(IF NO, ENTER 00) | [ ][ ]<br>Taka | |
| 326. Among all the methods of FP why did you choose the IUD (Coil/C-T) ?<br>(PROBE)<br>Reasons: _____<br><br>_____ | [ ][ ] | |
| 327. Did you or your husband use any family planning method during one month prior to your acceptance of this _____ IUD (Coil/C-T) ?<br>(recorded)<br>(PROBE) | Yes 1<br><br>No 2 | --> 330 |

| | RESPONSE | SKIP |
|---|---|---|
| 328. What family planning method did you use at that time ? | Pill 01<br>Condom 02<br>Foam etc. 03<br>Injection 04<br>IUD 05<br>Tubectomy 06<br>Vasectomy 07<br>MR 08 --> 330<br>Other 09 | |
| 329. You have mentioned that you/your husband had used _____ prior (method) to your acceptance of the IUD. Why did you leave that method to accept IUD? (PROBE)<br>Reasons: _____<br>_____ | [ ][ ] | |
| 330. Did you ever visit the clinic for counselling or treatment after accepting the IUD (Coil/C-T) ? (PROBE) | Went to same clinic 1<br>Went to another clinic 2<br>Did not go 3 --> 332 | |
| 331. After how many days of insertion did you first visit the clinic/ place ? | [ ][ ] Days after | |
| 332. Did any worker come to your house to see you ? (PROBE) | Lady health FP worker came 1<br>Somebody else came _____ (Specify) 2<br>No one visited 3 --> 334 | |
| 333. After how many days of insertion were you first visited by any worker ? | [ ][ ] Days after | |

| | RESPONSE | SKIP |
|---|---|---|
| 334. Have you experienced any particular problem or inconvenience as a result of using the IUD ? | Yes 1<br>No 2 | -->342 |
| 335. What are the problems or inconveniences ? | Heavy menstrual bleeding 01<br>Irregular menstruation/spotting 02<br>Foul smelling (white) discharge 03<br>Infection/ itching 04<br>Pain in lower abdomen 05<br>Pain in lower abdomen with fever 06<br>Discomfort during intercourse 07<br>Missing thread 08<br>Perforation of the uterus 09<br>Other _____ (Specify) 10 | |
| 336. After how many days of IUD insertion did this problem occur ? (INTERVIEWER: RECORD ANSWER FOR THE SEVEREST PROBLEM/INCONVENIENCE) | [ ][ ] Days after | |
| 337. Did you discuss the problem or inconvenience with any FP worker or clinician ? | Yes 1<br>No 2 | --> 340 |
| 338. Whom did you discuss with ? | FWV/Doctor 1<br>FWA 2<br>Dai/TBA 3<br>Other _____ (Specify) 4 | |

| | RESPONSE | SKIP |
|---|---|---|
| 339. What did the person do for you or advise you ? | Advised to remove the IUD/ removed the IUD 1<br>Advised to go to the clinic 2<br>Took the client to the clinic 3<br>Prescribed medicine 4<br>Informed that initial problems and discomforts will disappear and advised to retain the IUD 5<br>Advised to refrain from intercourse for a few days 6<br>Advised to take good food/cold drinks 7<br>No advice/action 8<br>Other _____ (Specify) 9 | |
| 340. Has the problem or inconvenience been resolved ? | Yes 1<br>No 2 | |
| 341. Did the problem or inconvenience stop you doing your normal duties ? IF YES, For how many days ? (IF NO, Enter 00) | [ ][ ] Days | |
| 342. To what extent are you satisfied with the services you received in connection with having the IUD and for subsequent followup/treatment ? Would you say, you are highly satisfied, satisfied, somewhat satisfied, or not at all satisfied ? | Highly satisfied 1<br>Satisfied 2<br>Somewhat satisfied 3<br>Not at all satisfied 4 | |

| | RESPONSE | SKIP |
|---|---|---|
| 343. Did you advise anyone to accept the IUD (Coil/C-T) ? | Yes 1<br>No 2 | >351 |
| 344. (FOR RESPONDENTS WHERE CLINIC MATCHES BUT TIME DOES NOT MATCH) Did you visit the _____ (recorded clinic) clinic during _____ (month) of _____ (year) last? | Yes 1<br>No 2<br>Do not remember 3 | >351 |
| 345. Why did you visit that place ? (PROBE) | For general treatment 1<br>For having an IUD 2<br>For having an MR 3<br>For immunization 4<br>Other _____ (Specify) 5 | 351 |
| 346. (FOR RESPONDENTS WHERE TIME MATCHES BUT CLINIC DOES NOT MATCH) Did you ever visit the _____ (recorded clinic) ? | Yes 1<br>No 2<br>Do not remember 3 | >352 |
| 347. Why did you visit that place ? (PROBE) | For general treatment 1<br>For having an IUD 2<br>For having an MR 3<br>For immunization 4<br>Other _____ (Specify) 5 | >351 |
| 348. (FOR RESPONDENTS WHERE NEITHER CLINIC NOR TIME MATCH OR WHO HAVE NEVER ACCEPTED AN IUD) Did you visit the _____ (recorded clinic) clinic during _____ (year) last ? | Yes 1<br>No 2 | >350 |
| 349. INTERVIEWER: IF NO, RECORD YOUR COMMENTS ON THE CLINIC/DATE<br>Comments: _____<br>_____ | [ ][ ] | >352 |

| | RESPONSE | SKIP |
|---|---|---|
| 350. Why did you go there ? (PROBE) | For general treatment 1<br>For having an IUD 2<br>For having an MR 3<br>For immunization 4<br>Other _____ 5<br>(Specify) | |
| 351. How far is the _____ (recorded clinic) clinic from your house ? | [ ][ ] miles | |
| 352. Did you ever go to a clinic or some other place for accepting the IUD (Coil/C-T) but you were not inserted with the IUD (Coil/C-T) ? | Yes 1<br>No 2 --> | 356 |
| 353. Where did you go ?<br>Clinic/Place: _____ | [ ][ ] | |
| 354. When did you go there last to accept the IUD (Coil/C-T) ? | [ ][ ] Months ago | |
| 355. Please tell me the reasons why you were refused IUD (Coil/C-T) ? | Pregnancy/ suspected pregnancy 1<br>Infection in uterus 2<br>Pelvic Inflamatory diseases 3<br>Anemia 4<br>Any other contraindication 5<br>Shortage of fund 6<br>Doctor/FWV was not available 7<br>Shortage of IUD 8<br>Other _____ 9<br>(Specify) | |

356. INTERVIEWER: CHECK Q. 304 AND 308. IF YES IN Q. 304, COLUMN-5 ROW-05 OR YES IN Q. 308 TICK CODE-1 OR ELSE TICK CODE-2 BELOW.

EVER USED IUD [1] ↓

NEVER USED IUD [2]

(SKIP TO 425 )

SECTION-4

DECISION MAKING PROCESS
(ONLY FOR EVER USERS OF IUD)

| | RESPONSE | SKIP |
|---|---|---|
| 401. Now I would like to discuss with you about how you took the decision to have the IUD. Please tell me how did you come to the decision to have the first IUD (Coil/C-T) ?<br><br>Verbatim:_____<br>_____ | [ ][ ] | |
| 402. Please tell me where or from whom did you first hear about the IUD (Coil/C-T) ? | Husband 1<br>Relative ____ (Specify) 2<br>Friend/ neighbour 3<br>FP Worker 4<br>Dai/TBA 5<br>Radio/TV/ Newspaper 6<br>IUD user 7<br>Other ____ (Specify) 8 | |
| 403. Before having the IUD (Coil/C-T) insertion did you discuss anything about the IUD (Coil/C-T) with anybody? | Yes 1<br>No 2 --> | 405 |

| | RESPONSE | | SKIP |
|---|---|---|---|
| 404. Who are the persons you discussed with ? (PROBE, anyone else ?) | Husband | 1 | |
| | Relative _____ (Specify) | 2 | |
| | Friend/neighbour | 3 | |
| | FP worker | 4 | |
| | DAI/TBA | 5 | |
| | IUD user | 6 | |
| | Other _____ (Specify) | 7 | |
| 405. From whom did you obtain most information about the IUD(Coil/C-T)? (PROBE FOR THE TYPE OF PERSON) | Husband | 1 | |
| | Relative_____ (Specify) | 2 | |
| | Friend/ neighbour | 3 | |
| | FP Worker | 4 | |
| | Dai/TBA | 5 | |
| | Radio/TV/ Newspaper | 6 | |
| | IUD user | 7 | |
| | Other _____ (Specify) | 8 | |
| 406. Which person had the most influence on your decision to have the IUD (Coil/C-T) ? (PROBE FOR THE TYPE OF PERSON) | Husband | 1 | |
| | Relative_____ (Specify) | 2 | |
| | Friend/ neighbour | 3 | |
| | FP Worker | 4 | |
| | Dai/TBA | 5 | |
| | Radio/TV/ Newspaper | 6 | |
| | IUD user | 7 | |
| | Self | 8 | |
| | Other _____ (Specify) | 9 | |

| | RESPONSE | SKIP |
|---|---|---|
| 407. How many persons do you know who have accepted IUD (Coil/C-T) ? (IF NONE, record 00 in the box and SKIP TO 409) | Number [ ][ ] | |
| 408. Did you discuss about the IUD (Coil/C-T) with anyone of them before you accepted the IUD(Coil/C-T)? | Yes 1<br>No 2 | |
| 409. How long before the insertion of (the first) IUD (Coil/C-T) did you start thinking about having the IUD (Coil/C-T) ? | [ ][ ] Months before insertion | |
| 410. How long before the insertion of (the first) IUD (Coil/C-T) did you decide to have the IUD (Coil/C-T) ? | [ ][ ] Days before insertion | |
| 411. Was it primarily your own decision or did someone else persuade you to take the decision? | Primarily own decision 1<br>Someone else persuaded 2<br>Self decision and persuasion of someone else 3 | |
| 412. Does your husband know that you have had an IUD(Coil/C-T) inserted ? | Yes 1 --> 414<br>No 2<br>Not currently married 3 --> 414 | |
| 413. Why didn't you tell your husband ? Verbatim: _____ | [ ][ ] | |
| 414. Did any one tell you about how long the IUD(Coil/C-T) remains effective in preventing pregnancy ? | Yes 1<br>No 2 --> 417 | |

| | RESPONSE | SKIP |
|---|---|---|
| 415. How long ? | [ ] Years | |
| 416. Who told you that ? | Doctor/FWV Counsellor 1<br>FP worker 2<br>TBA/Dai 3<br>Agent 4<br>IUD user 5<br>Other _____ (Specify) 6 | |
| 417. Did any one in the clinic tell you that you should come back to the clinic to have a check-up some days after the insertion ? | Yes 1<br>No 2 --> | 419 |
| 418. How many days after the IUD(Coil/C-T) insertion were you advised to come back for the check-up ? | Within 15 days of insertion 1<br>After 15 days but within a month of insertion 2<br>Whenever there is a problem 3<br>At expire of the term 4<br>Other _____ (Specify) 5 | |
| 419. Did any one in the clinic tell you that you should not have intercourse for a few days after having the IUD (Coil/C-T) insertion ? | Yes 1<br>No 2 --> | 421 |
| 420. For how many days ? | [ ][ ] Days | |

| | RESPONSE | SKIP |
|---|---|---|
| 421. Did any one tell you that after the IUD(Coil/C-T) insertion you may have some problem or inconvenience ? | Yes 1<br>No 2 --> | 423 |
| 422. What did they tell you ? | Pain in lower abdomen 1<br>Slightly more menstrual bleeding 2<br>Spotting/ irregular menstruation 3<br>Expulsion of IUD 4<br>Perforation of uterus 5<br>Ectopic pregnancy 6<br>Other _____ (Specify) 7 | |
| 423. Did they tell you what should you do if you face any problem ? | Yes 1<br>No 2 --> | 425 |
| 424. What did they tell you ? | Report to clinic 1<br>Contact the Field Worker 2<br>Contact a doctor 3<br>Other _____ (Specify) 4 | |

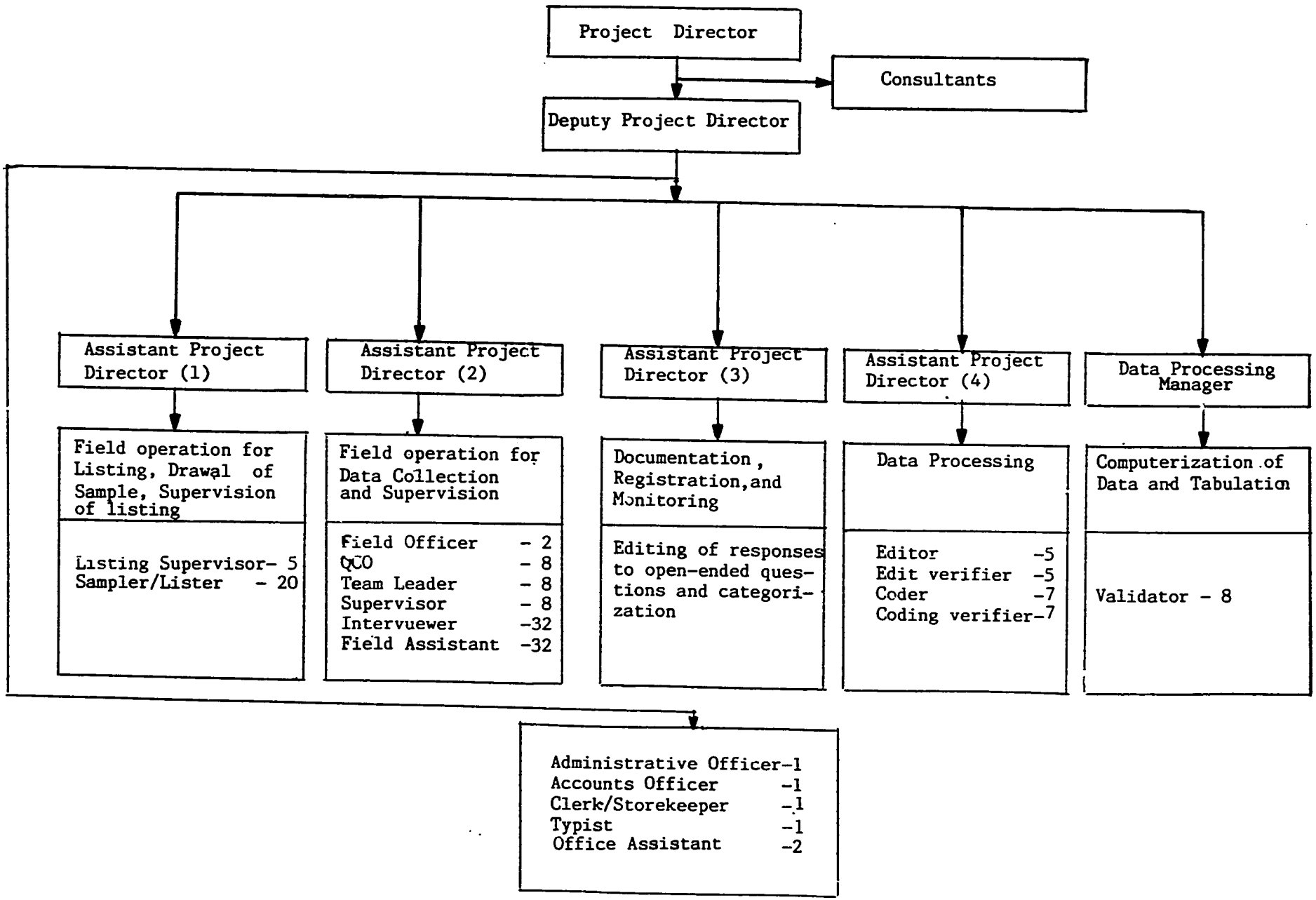
425. INTERVIEWER: BEFORE LEAVING THE RESPONDENT CHECK THE KE QUESTIONS, THANK THE RESPONDENT, AND TERMINATE INTERVIEW.

Time Ended: _____

# APPENDIX C

# ORGANIZATIONAL SET-UP

ORGANISATIONAL CHART



# APPENDIX D

# LIST OF EVALUATION STAFF

## LIST OF EVALUATION STAFF

Key Personnel:

Mr. G.M. Kamal
Dr. Ashrafuddin Ahmed
Mr. Nurul Islam
Mr. A.P.M.Shafiur Rahman
Dr. Altaf Hossain
Ms. Tauhida Nasrin
Ms. Nurun Nahar

Field Officer:

Mr. Abu Taher
Mr. Abdus Samad

Quality Control Officer:

Mr. Bahauddin Ahmed
Mr. Dulal Md. Abdur Rasheed
Mr. Md. Rezaul Houque
Mr. Mominul Hoque
Mr. Reaz Hossain
Ms. Samsun Nahar Akhtary
Ms. Alam Ara Arjumand Banu
Ms. Kamola Sarker
Ms. Nilima Islam

Team Leader:

Mr. Zahirul Islam
Mr. Azimuddin
Mr. M. Saleh Ahmed
Mr. Afil Uddin
Mr. Sk. Shahidul Islam
Mr. Mesbah Uddin
Mr. Zillur Rahman
Mr. Abu Saleh Md. Yaqub Mia
Mr. Mayen Uddin
Mr. Mainul Islam
Mr. Hasanul Bari

Supervisor:

Mr. Prokash Chandra Nag
Mr. Zakir Hossain
Ms. Sonali Sarker
Ms. Chand Sultana
Ms. Farida Yasmin
Ms. Akhter Nahar Nazma
Ms. Fatema Begum
Ms. Abeda Aziz
Ms. B.M.Rokeya Chowdhury
Ms. Shamima J. Faruki
Ms. Mahafuza Khatun

Interviewer:

Ms. Shanti Rani Das
Ms. Aruna Bala
Ms. Safia Mahbub
Ms. Aklima Khatun
Ms. Monowara Pervin
Ms. Chandana Datta
Ms. Mahfuza Begum
Ms. Ferdous Ara Begum
Ms. Fuara Akhter
Ms. Piara Begum
Ms. Ashrafun Huq
Ms. Nilufer Begum
Ms. Khadiza Khanom
Ms. Soheli Rahman
Ms. Asma Shirin
Ms. Rowshan Nabi
Ms. B. Meher Afzun
Ms. Babi Joynab
Ms. Ferdousi Pervin
Ms. Jesmin Begum
Ms. Rehena Begum
Ms. Razia Khatun
Ms. Azmun Nahar
Ms. Arefa Begum
Ms. Hosne Ara Beauty
Ms. Hosneara
Ms. Suraiya Khatun
Ms. Smriti R. Biswas
Ms. Mahmuda Khatun
Ms. Reba Rani Mridha
Ms. Sayda Begum
Ms. Mina Rani Biswas
Ms. Nasrin Jahan
Ms. Shamoly Roy
Ms. Jbunnesa
Ms. Nasima Chowdhury
Ms. Roksana Pervin
Ms. Babya Khan
Ms. Kanon Bala
Ms. Papia Rani Shaha

Secrtarial Staff:

Ms. Salma Alam
Ms. Nurun Nahar
Ms. Shahin Akhter
Mr. Md. Abdur Rahim Khan
Mr. Ali Haider
Mr. Shah Alam

# APPENDIX E

# LIFE TABLE ANALYSIS

ALL

Estimated Survival Function

Number of Observations Exiting = 898
Number of Observations Censored = 1118
Number of Observations = 2016

Estimated Life Table

| Duration Months | | Enter | Censored | At Risk | Exiting | Cum. Surv. (Std. Err.) | Hazard Rate (Std. Err.) |
|---|---|---|---|---|---|---|---|
| .0- | 2.0 | 2016 | 2 | 2015 | 186 (.0923) | 1.0000 ( .0000) | .0484 ( .0035) |
| 2.0- | 4.0 | 1828 | 1 | 1827 | 167 (.0914) | .9077 ( .0064) | .0479 ( .0037) |
| 4.0- | 6.0 | 1660 | 1 | 1659 | 95 (.0572) | .8247 ( .0085) | .0295 ( .0030) |
| 6.0- | 8.0 | 1564 | 16 | 1556 | 109 (.0701) | .7775 ( .0093) | .0363 ( .0035) |
| 8.0- | 10.0 | 1439 | 80 | 1399 | 100 (.0715) | .7231 ( .0100) | .0371 ( .0037) |
| 10.0- | 12.0 | 1259 | 188 | 1165 | 79 (.0678) | .6714 ( .0105) | .0351 ( .0039) |
| 12.0- | 14.0 | 992 | 229 | 877 | 70 (.0798) | .6259 ( .0110) | .0415 ( .0050) |
| 14.0- | 16.0 | 693 | 179 | 603 | 44 (.0729) | .5759 ( .0116) | .0378 ( .0057) |
| 16.0 | 18.0 | 470 | 145 | 397 | 28 (.0704) | .5339 ( .0124) | .0365 ( .0069) |
| 18.0- | 20.0 | 297 | 277 | 158 | 20 (.1262) | .4963 ( .0134) | .0673 ( .0150) |

+.....+.....+.....+.....+.....+.....+.....+.....+.....+.....+