

### নরপ্ল্যান্ট

#### পাঁচ বছর মেয়াদী পরিবার পরিকল্পনা পদ্ধতি



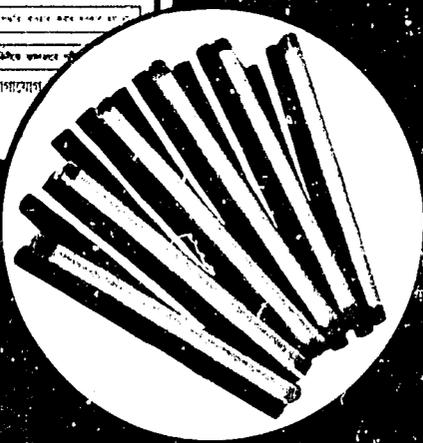


#### নরপ্ল্যান্ট সম্পর্কিত তথ্য

১। প্ল্যান্ট পিঁয়াজ পুনরুদ্ধার করে মূল অক্ষয়কর সময় সার্থী করে।	২। প্ল্যান্ট পিঁয়াজ পুনরুদ্ধার করে মূল অক্ষয়কর সময় সার্থী করে।
৩। প্ল্যান্ট পিঁয়াজ পুনরুদ্ধার করে মূল অক্ষয়কর সময় সার্থী করে।	৪। প্ল্যান্ট পিঁয়াজ পুনরুদ্ধার করে মূল অক্ষয়কর সময় সার্থী করে।
৫। প্ল্যান্ট পিঁয়াজ পুনরুদ্ধার করে মূল অক্ষয়কর সময় সার্থী করে।	৬। প্ল্যান্ট পিঁয়াজ পুনরুদ্ধার করে মূল অক্ষয়কর সময় সার্থী করে।
৭। প্ল্যান্ট পিঁয়াজ পুনরুদ্ধার করে মূল অক্ষয়কর সময় সার্থী করে।	৮। প্ল্যান্ট পিঁয়াজ পুনরুদ্ধার করে মূল অক্ষয়কর সময় সার্থী করে।

(নরপ্ল্যান্ট সম্পর্কে আরো তথ্য জানতে হলে প্রিন্সিপাল ডাকঘরের মাধ্যমে যোগাযোগ করুন।)

- ডি. বি. পল্লী, পল্লী



## **ACKNOWLEDGMENT**

We owe an enormous debt to many individuals and organizations for their contributions to making a success of this study on Assessment of the Quality of NORPLANT Services in Bangladesh. First, we are grateful to the members of the Working Group who represented the Government of Bangladesh, donors, clinical programs, and women's groups. The members of the group provided technical guidance at every stage of the study and made substantial contributions.

Mr. Jamil Hussain Chowdhury, Research Associates, ACPR deserves a very special appreciation for his commendable services from the beginning to the end of the study. He made invaluable contributions for data collection, conducting focus group discussion, and data processing.

We are grateful to Bangladesh Institute of Research for Promotion of Essential and Reproductive Health and Technologies (BIRPERHT), especially to Dr. Halida H. Akhter and Dr. Yasmin H. Ahmed who provided all possible help in conducting the study.

We highly appreciate the help and assistance received from doctors and other clinic staff from all the seven centers where NORPLANT clinical trials are going on. The Counsellors of all the centers deserve special thanks for participating in the Focus Group Discussion.

The hundreds of NORPLANT acceptors, though anonymous here, deserve our special appreciation; without their co-operation data collection would not have been possible.

We gratefully acknowledge the sincere and hard work of the field staff in carrying out the hardest possible task of locating and interviewing the NORPLANT acceptors.

We are deeply indebted to our core staff for their commendable performance at every stage of the study.

ACPR Management

## CONTENTS

	Page
ACKNOWLEDGEMENTS	i
LIST OF TABLES	iv
GLOSSARY	vii
EXECUTIVE SUMMARY	viii
<b>Chapter 1: INTRODUCTION, PURPOSE AND OBJECTIVES</b>	
1.1. Introduction	1
1.2. Purpose and objectives	2
<b>Chapter 2: METHODOLOGY AND IMPLEMENTATION</b>	
2.1. Research methods	4
2.2. Sample design	4
2.3. Data collection instruments	5
2.4. Implementation of the study	5
2.5. Training of data collection staff	6
2.6. Field work procedure	7
2.7. Data processing	8
2.8. Time schedule	9
2.9. Non-response rate	9
<b>Chapter 3: PROFILE OF NORPLANT ACCEPTORS</b>	
3.1. Demographic characteristics of acceptors	12
3.2. Social characteristics of acceptors	14
3.3. Comparisons of characteristics	15
<b>Chapter 4: THE NORPLANT DECISION MAKING PROCESS</b>	
4.1. Knowledge and use of other family planning methods	17
4.2. Reasons for discontinuation	19
4.3. Factors influencing NORPLANT decision making	22
<b>Chapter 5: PROFILE OF NORPLANT SERVICE PROVIDERS</b>	
5.1. Profile of physicians	27
5.2. Profile of counsellors	32
<b>Chapter 6: NORPLANT COUNSELLING, INSERTION AND FOLLOW-UP SERVICES</b>	
6.1. Assessment of Contra-indications	37
6.2. Counselling services	39
6.3. Insertion services	43
6.4. Followup services	45
6.5. Problems in rendering NORPLANT services	49
<b>Chapter 7: POST INSERTION EXPERIENCE</b>	
7.1. Side-effects	53
7.2. Retention rate for the NORPLANT	60

<b>Chapter 8:</b>	<b>NORPLANT REMOVAL SERVICES</b>	
8.1.	Experience of physicians with removals and re-insertions	66
8.2.	Experience of counsellors with removal and re-insertions	68
8.3.	Reasons for removal of NORPLANT	71
8.4.	Access to removal of NORPLANT	74
8.5.	Acceptors' perspective regarding difficulties related to removal	82
8.6.	Knowledge about timing of removal of NORPLANT	84
8.7.	Family planning practices after removal of NORPLANT	85
<b>Chapter 9:</b>	<b>RUMORS REGARDING NORPLANT</b>	
9.1.	Client Assessment of Rumors	88
9.2.	Physician assessment of rumors	88
9.3.	Counsellor assessment of rumors	91
<b>Chapter 10:</b>	<b>SATISFACTION WITH SERVICES AND FUTURE INTENTION TO USE</b>	
10.1.	Level of satisfaction of acceptors	93
10.2.	Intention to use NORPLANT in the future	97
<b>Chapter 11:</b>	<b>EXPANSION OF NORPLANT SERVICES</b>	102
<b>Chapter 12:</b>	<b>DISCUSSION AND POLICY ISSUES</b>	
12.1.	Discussion	109
12.2.	Policy Issues	110
12.3.	Conclusion	114
	REFERENCE	115
	APPENDICES	
	APPENDIX A: QUESTIONNAIRE FOR SURVEY OF ACCEPTORS	116
	APPENDIX B: LIST OF MEMBERS OF THE WORKING GROUP	138
	APPENDIX C: LIST OF PERSONNEL WHO PARTICIPATED IN THE STUDY	140

## LIST OF TABLES

	Page
Table-2.1:	4
Table-2.2:	10
Table-2.3:	11
Table-3.1.	13
Table-3.2:	14
Table-3.3:	16
Table-4.1:	17
Table-4.1e:	19
Table-4.2:	20
Table-4.3:	23
Table-4.4:	24
Table-4.5:	25
Table-4.6:	26
Table-5.1.1:	28
Table-5.1.2:	29
Table-5.1.3:	31
Table-5.2.1:	32
Table-5.2.2:	34
Table-5.2.3:	36
Table 6.1a:	38
Table 6.1b:	38
Table 6.1c:	39

	Page	
Table-6.2:	Nature of counselling as perceived by NORPLANT clients.	41
Table 6.3:	Summary of Results from Observation of Clinical Services for NORPLANT.	44
Table-6.4:	Follow-up services.	47
Table 6.5.1:	Problems faced in rendering NORPLANT services.	49
Table 6.5.2:	Problems faced in rendering NORPLANT services by Counsellors.	50
Table-7.1.1a:	Perceptions of physicians on side-effects.	53
Table 7.1.1b:	Perception of counsellors on side-effects.	54
Table-7.1.2:	Post insertion experiences.	56
Table-7.1.3:	Nature of advice received by source of advice (restricted to those who sought advice about problem).	60
Table-7.2a:	Cumulative proportions still using at the start of specified intervals, calculated by life table methods.	61
Table-7.2b:	Comparison of cumulative continuation rate of NORPLANT in selected countries.	62
Table-7.2c:	Comparison of the retention rates between NORPLANT and the IUD.	62
Table-7.3:	Life table analysis by individual characteristics of clients and experience of problems.	64
Table-7.4:	Status of use, by experience of problems and satisfaction with services.	65
Table-8.1.1:	Experience with removals.	66
Table 8.1.2:	Experiences with reinsertions.	67
Table-8.2:	Experiences with removal.	69
Table 8.3:	Request for removal and reasons for removal.	72
Table-8.4.1:	Access to removal of NORPLANT.	74
Table-8.4.2:	Problems Faced in NORPLANT removal.	76
Table 8.4.3:	Reasons why NORPLANT was not removed on the first, second and third requests.	78
Table-8.4.4:	Experience of clients who were denied removal from clinic.	80
Table-8.4.5:	Perceptions of the interviewers on NORPLANT removals.	81
Table-8.4.6:	Place of removal of NORPLANT by satisfaction with services (for those with removal).	82
Table-8.6:	Knowledge about timing of removal of NORPLANT.	84
Table 8.7:	Family planning practices after removal of NORPLANT.	86

	Page
Table-9.1: Rumours regarding NORPLANT as noted by clients.	89
Table 9.2: Rumors about NORPLANT as heard by physicians.	91
Table 9.3: Rumors about NORPLANT.	92
Table-10.1.1: Satisfaction with NORPLANT services.	94
Table-10.1.2: Satisfaction with services by experience of problems and whether visited the center/visited at home.	97
Table-10.2: Intension to use in the future.	98
Table 11.1: Attitude of physicians towards expansion of NORPLANT services.	102
Table 11.2: Attitude of counsellors towards expansion of NORPLANT services.	103
Table 11.3: Physicians' perceptions of problems in expanding the NORPLANT services.	103
Table 11.4: Counsellors' perceptions of problems in expanding the NORPLANT services.	104
Table 11.5: Physicians' suggestions for improvement of the existing NORPLANT services.	104
Table 11.6: Counsellors' suggestions for improvement of the existing NORPLANT services.	105
Table 11.7: The role of FWVs in NORPLANT services provision as perceived by physicians.	106

## GLOSSARY

ACPR	=	Associates for Community and Population Research.
BAVS	=	Bangladesh Association for Voluntary Sterilization.
BBS	=	Bangladesh Bureau of Statistics.
BFS	=	Bangladesh Fertility Survey.
BFRP	=	Bangladesh Fertility Research Program.
BIRPERHT	=	Bangladesh Institute of Research for Promotion of Essential & Reproductive Health and Technologies.
CPS	=	Contraceptive Prevalence Survey.
Co-PI	=	Co-Principal Investigator.
DMCH	=	Dhaka Medical College Hospital.
DPD	=	Deputy Project Director.
FGD	=	Focus Group Discussion.
FHI	=	Family Health International.
FP	=	Family Planning.
FPAB	=	Family Planning Association of Bangladesh.
FWV	=	Family Welfare Visitor.
FWA	=	Family Welfare Assistant.
GOB	=	Government of Bangladesh.
IUD	=	Intra-Uterine Device.
IPGMR	=	Institute of Post-graduate Medicine and Research.
IEC	=	Information, Education and Communication.
MFSTC	=	Mohammadpur Fertility Services and Training Center.
MCH	=	Maternal and Child Health.
MR	=	Menstrual Regulation.
NPIPP	=	NORPLANT Pre-Introductory Pilot Phase.
NGO	=	Non-government Organization.
OT	=	Operation Theatre.
PD	=	Project Director.
PMS	=	Post Marketing Surveillance
PI	=	Principal Investigator.
QCO	=	Quality Control Officer.
TBA	=	Traditional Birth Attendant.
UHC	=	Upazila Health Complex.

## EXECUTIVE SUMMARY

As in other countries, NORPLANT as a method of contraception is acceptable in Bangladesh. This study shows, that, while most clients are satisfied with the information and services they have received, there have been problems associated with the NORPLANT program, particularly regarding removal services. The study findings should serve as useful pointers to the program in its expansion phase.

---

### Purpose

This study sought to document the situation regarding the provision of NORPLANT in Bangladesh, particularly the quality of NORPLANT services in the seven centers currently offering NORPLANT, and the access acceptors have to removal services.

The purpose of this study is to provide information for use to policy makers and program managers in designing and strengthening NORPLANT services, beginning with the NORPLANT Pre-Introductory Pilot Phase (NPIPP) program.

---

### Methodology

The study included interviews with 1,151 NORPLANT users and discontinuers, and with 20 physicians and counsellors. In addition, focus group discussions were held with a group of counsellors, and clinic activities related to NORPLANT were observed at the seven centers.

---

### Client Profile

NORPLANT users in the clinical trial were, on average, 26 years old with 3.1 children. Two-thirds wanted no more children. Three-fifths of them had no education and three-quarters were from rural areas. All of the women knew of at least one other method of contraception, and 67 percent had used family planning before accepting NORPLANT.

---

### Client Satisfaction

**Most clients are satisfied with NORPLANT and with the services they have received.** The decision to use NORPLANT is generally made by clients with knowledge of other methods of family planning. The first source of information about NORPLANT is usually other NORPLANT users, while family planning workers tend to be a secondary source.

Contrary to expectation, only 17 percent of the clients said they have heard rumors associated with NORPLANT. **The most appealing aspect of the method for 86 percent of the new users is NORPLANT's long duration of effectiveness.** The 18 month continuation rate of NORPLANT (84 percent), is higher than that for IUDs (50 percent). Of current NORPLANT users, 66 percent said they would use NORPLANT again in the future and another 24 percent were undecided.

It is troubling, however, that about 10 percent of the women have been most dissatisfied with the services they received, and that their criticisms of the program appear to be justified. For the women who had side effects or complications, and who requested removal and were refused it by the clinics, sometimes even after repeated requests, the system set up to provide NORPLANT failed them.

---

### Programmatic Recommendations

It is not possible to determine exactly why some clients had such difficulty while most others had their NORPLANT removed promptly. However, **it should be stressed that such problems with removal were isolated.** Nevertheless, this study has highlighted several aspects of the NORPLANT service delivery system which should be strengthened in order to ensure that all women are accorded an acceptable level of quality service, and that all women have full access to removal of NORPLANT. This process should be overseen by a steering committee comprising government and NGO representatives. The expansion of NORPLANT provision should be phased-in slowly through a tiered mechanism to carefully assess the capability of various levels of the FP service delivery system to adequately provide NORPLANT.

---

### The relationship between the clinical trials and the NPIPP.

The conditions prevailing in the clinical trial, including special payments to service providers and clients, and frequent monitoring, will not be extant when NORPLANT is widely available. The program will have to come to terms with how it will deal with service providers who are now used to the special provisions--and with clients who, through word of mouth, have come to expect reimbursement for transportation to the clinic. The NPIPP should carefully explain to clients and providers what, if any, payments will be made.

---

### Insertion services

NORPLANT insertion and removal must be done in aseptic conditions, and with proper pre-insertion and followup counselling and care. **The expansion program must carefully assess the conditions of clinics in which NORPLANT will be**

provided. Those clinics should meet set standards before being 'accredited' to perform NORPLANT services.

The temptation to insert NORPLANT through the camp mechanism must be avoided, particularly in the initial expansion phase of the NORPLANT program, when there are few trained NORPLANT service providers throughout the country to provide follow-up services to clients.

---

### Training and supervision

Training for all levels of family planning workers is a vital component of the NORPLANT program, but particularly for counselling, treatment of side effects and complications, and for insertions and removals. Currently, lists of contraindications, side effects and complications differ among the centers and among the service providers, as do procedures for service provision.

A standard curriculum should be set and a system should be instituted that ensures that all NORPLANT service providers receive that training, and that followup of service providers is conducted to ensure that they maintain an adequate level of knowledge.

In addition, standard protocols should be developed for the management of side effects and complications, since most NORPLANT users experience some side effects, particularly menstrual irregularities. It appears that clients are prescribed mostly vitamins and iron to ease the side effects. Are those sufficient?

Refresher training and strong supervision will also help ensure more standard provision of services across centers. Training programs and supervisors should stress the importance of treating clients with dignity, imparting correct information, listening to their concerns, and ensuring they are provided with appropriate services, including removal.

---

### Job descriptions

Clarification of roles and tasks through job descriptions and reinforcement through supervision should help all levels of service providers understand their responsibilities. The clinic observations indicate that roles and responsibilities for NORPLANT are not always clear. In the NPIPP, who will provide counselling? Will it be FWVs or will a new cadre of counsellors be hired?

## **Counselling**

The importance of counselling in the provision of NORPLANT cannot be overemphasized. Clients who have been well treated and who feel welcome in the clinic will likely be satisfied users. Good counselling and communication with clients is the responsibility of all family planning staff, including program managers, field staff and clinic personnel.

---

## **Followup**

Although followup rates are high among the clients in the clinical trial, service providers listed followup as a potential problem for the expansion phase, particularly for women who come to clinics from distant parts of the country. Indeed, the study implementers were troubled that 13 percent of the original sample of NORPLANT users could not be located for interview.

**Followup schedules should be printed on client cards, and should continue to be emphasized by both doctors and counsellors.** Women should be encouraged to retain their client cards, since they will contain important information about insertion date, followup schedule and removal date.

**The cards should also contain brief information about side effects and treatment given.** In that way, clients would be free to visit other clinics at their convenience.

---

## **Removal Experience**

**It cannot be emphasized enough the harm to clients and to the program that is caused by refusal of service providers to remove NORPLANT.** While no one would deny that service providers should work with clients to retain NORPLANT if the side effects they are experiencing are temporary and not harmful to the client, no acceptor should ever feel that she is compelled to retain the implants.

While some of the women said they had difficulty having NORPLANT removed, only two of the service providers admitted refusing to remove NORPLANT. Clearly, there is a difference in perception among the clients and service providers. **The family planning program must sensitize service providers to this discrepancy, and to the experiences of those women who had to endure hardship to get the NORPLANT removed.**

---

## **Five year removal**

Perhaps partly because the clients in this study were enrolled in a clinical trial, and thus received special

counselling and reminders about followup, a large percentage of them (82 percent) knew when they were to come for five year removal. Still, a system should be instituted to ensure that women are reminded about their five-year removal date.

---

### **Monitoring and evaluation**

The NORPLANT program will require strong monitoring and evaluation, particularly during the NPIPP. In addition to monitoring of service delivery sites, an annual evaluation should be conducted to assess the quality services, and particularly assess to removal. In addition, the NPIPP represents an ideal period to conduct operations research to test mechanism to improve delivery of NORPLANT services within the FP program.

---

### **Counselling for use of other methods after NORPLANT removal**

Women who remove NORPLANT and who do not want more children, are not always receiving counselling or using another method of family planning. As a result, less than half of the women who discontinued NORPLANT, and did not want anymore children, went on to use another method of family planning.

---

### **Conclusion**

NORPLANT is an acceptable method of family planning and should be made available to the women of Bangladesh among other methods. The program, however, should be slowly phased-in in a tiered manner, expanding services to other areas only when the quality of services at each level is ensured.

---

## Chapter 1

# INTRODUCTION, PURPOSE AND OBJECTIVES

### 1.1. Introduction:

NORPLANT\* is a progestin-only hormonal contraceptive method for women. The progestin levonorgestrel is delivered into the woman's blood stream by six small silastic capsules implanted subdermally in the arm by a minor surgical technique. One set of capsules remains effective for at least five years. Removal of the capsules requires surgery similar to that used in the insertion. After removal, the woman's normal fertility returns without delay. If continuing contraceptive protection is required, a new set of NORPLANT implants may be inserted immediately (Leiras Medica, 1986) or a new method of family planning begun. As of mid-1989, an estimated 355,000 women in 44 countries had used or were using NORPLANT (Zimmerman, et al., 1990).

NORPLANT has been used in Bangladesh since 1985, when the Bangladesh Fertility Research Programme (BFRP), later renamed as Bangladesh Institute of Research for Promotion of Essential & Reproductive Health and Technologies (BIRPERHT), initiated a clinical trial in three centers in Dhaka, namely, the Dhaka Medical College Hospital (DMCH), the Institute of Post-Graduate Medicine and Research (IPGMR) and the Mohammadpur Fertility Services and Training Center (MFSTC). In that trial, 681 women were inserted with NORPLANT. By December 1990, nearly 90 percent of the women from that clinical trial had had the implants removed. Of those women, between 35 and 40 percent had completed five years of use (BFRP, 1991).

An acceptability study, conducted in 1987 after all users had completed their 18 month follow-up, found that the users were quite satisfied with NORPLANT. Ninety-four percent of the continuers and 52 percent of the discontinuers expressed satisfaction with the method. NORPLANT's long duration, efficacy, and convenience of use were commonly cited as advantages, while bleeding problems were mentioned as the major undesired effect. Of those who had NORPLANT removed within 18 months of insertion, 38 percent reported that getting the implants removed took "little" effort on their part, 52 percent said it took "some" effort, and 10 percent said it required "a lot" of effort (BFRP, 1990).

In 1988, the clinical trial was expanded to include the three original centers, and four additional centers, namely the Family Planning Association of Bangladesh (FPAB)/Dhaka,

---

\* NORPLANT is the registered trade mark of The Population Council for contraceptive subdermal implants.

Bangladesh Association for Voluntary Sterilization (BAVS)/Khulna, Upazila Health Complex (UHC)/Gazaria, and FPAB/Rangpur. By December 1990, a total of 2,657 women had been enrolled in this clinical trial.

In mid-1990, the question of access to removal was raised at 2 centers. Investigations showed that most removal requests were due to menstrual problems, and that the counselling women received was inadequate. The donor agency expressed concern about this situation, particularly in the light of plans to expand NORPLANT nationwide, initially to 20,000 women through 32 centers, and the impact this situation could have on the willingness of women to use a method they did not feel they had control over. USAID/Dhaka requested FHI to conduct, in collaboration with the Associates for Community and Population Research (ACPR), and URC/Bangladesh, a study on the quality of NORPLANT Services and particularly access to removal.

NORPLANT is among the most provider-dependent methods of contraception available today, since it requires surgery for both insertion and removal. Although the surgery is minor, it does require that the provider is well trained. For removal, either before or after five years, users have to find service providers, who are not only trained in NORPLANT but are also willing to remove the implants. NORPLANT is not free of side-effects; it requires good counselling both before insertion and during followup visits.

The planned expansion of the services is being implemented under a project entitled "NORPLANT Pre-introductory Pilot Phase (NPIPP), which will phase-in services in 32 centers from both the Government of Bangladesh (GOB) and NGO sectors over the next 18 months. The NPIPP is designed to "evaluate the possibility of introduction of NORPLANT in normal programmatic conditions rather than specially equipped clinical facilities" (BFRP, 1989).

As NORPLANT expands into the national family planning program of Bangladesh, careful attention must be given to ensuring high quality NORPLANT services, particularly counselling and management of side effects. Also, there is a need to assuring women, especially those who wish to have NORPLANT removed before five years, access to removal by trained service providers. The program runs the risk of being accused of forcing women to keep the implants against their wishes if women perceive that they do not have full access to removal.

## **1.2. Purpose and objectives:**

The purpose of this study is to assess the quality of service provisions particularly those related to access to NORPLANT removal. It is expected that by providing such information to program managers, policy makers, and donors, adequate effort will be made to ensure that the expansion of NORPLANT will be phased in a manner to provide quality services.

The specific objectives of this study were to:

- a. collect selected socio-demographic characteristics of NORPLANT acceptors;
- b. collect information on acceptors' knowledge of NORPLANT and other methods of family planning;
- c. collect information on the decision making process of NORPLANT acceptors;
- d. ascertain the extent and quality of counselling and follow-up, as well as problems associated with these services;
- e. assess the side-effects and complications associated with NORPLANT acceptance;
- f. estimate the retention rate for the NORPLANT;
- g. assess the reasons for removal, and access to NORPLANT removal services;
- h. assess the extent of satisfaction of the acceptors of NORPLANT services; and
- i. draw comparisons of selected variables between NORPLANT and IUD users.

## Chapter 2

# METHODOLOGY AND IMPLEMENTATION

A combination of quantitative and qualitative research methods were used to obtain information on the quality of NORPLANT services. The mixture of different methods, or triangulation, allowed collection of similar information from different sources, and to assess the validity of the data.

### 2.1. Research methods:

Four different methods were used, namely, a survey of NORPLANT acceptors, observation of clinical services, in-depth interview of service providers, and focus group discussions with counsellors.

### 2.2. Sample design:

**Survey of NORPLANT acceptors:** Half of the NORPLANT acceptors from each of the seven centers were randomly selected into the sample of 1,327 clients. Acceptors were defined as those who had had NORPLANT inserted through December 1990, excluding those who had the device from the three centers in the initial phase. The number of NORPLANT insertions done by each center during the reference period and the number of acceptors drawn into the sample are shown in Table 2.1.

**Table-2.1: Number of insertions and samples drawn.**

Center	Number of insertions	Samples drawn
DMCH	532	266
IPGMR	399	199
MFSTC	513	256
FPA,B Dhaka	298	150
FPA,B Rangpur	303	152
BAVS, Khulna	398	199
UHC, Gazaria	209	105
Total	2,652	1,327

DMCH - Dhaka Medical College Hospital.  
IPGMR - Institute of Post Graduate Medicine and Research.  
MFSTC - Mohammadpur Fertility Services and Training Center.  
FPA,B - Family Planning Association of Bangladesh.  
BAVS - Bangladesh Association for Voluntary Sterilization.  
UHC - Upazila Health Complex

This relatively large sample size was chosen in order to ensure a reasonable cell size for meaningful analysis of data, especially those related to access to removal, by center, since differences were assumed to exist between centers due to diversities in their composition as well as in geographic location.

**Observation of clinical services:** Clinical services were observed for three consecutive days in each of the seven centers.

**Focus group discussion (FGD) with counsellors:** An FGD was conducted with the counsellors of all the seven centers.

**In-depth interviews of service providers:** Physicians and counsellors currently providing NORPLANT services at the seven centers were interviewed.

### **2.3. Data collection instruments:**

**Survey of NORPLANT acceptors:** A structured questionnaire was used for collection of data from the NORPLANT acceptors. In addition, for those NORPLANT acceptors who reported that they had requested NORPLANT removal and had difficulty in getting it removed, trained interviewers conducted open-ended interviews with them to elicit detailed information on the problems related to removals. Such detailed probing was considered necessary to determine the extent and quality of counseling provided to the client as well as access to removal. A copy of the questionnaire for survey of acceptors is at Appendix-A.

**Observation of clinical services:** A Clinic Observation Guide was developed, and well trained research staff were engaged to observe the clinic facilities and quality of clinical services for three consecutive days in each clinic.

**In-depth interviews:** Two separate in-depth interview guides were used for collection of data from the NORPLANT service providers, namely, doctors and counsellors.

**FGD with counsellors:** A guideline for conducting the FGD with the counsellors of all centers was developed. The objectives of the FGD were to ascertain the role of counsellors regarding pre-and post-counselling, such as assuring informed consent, providing options for other services and access to removal.

### **2.4. Implementation of the study:**

A Working Group on Quality of NORPLANT Services guided the study. Dr. Barkat-e-Khuda of URC/Bangladesh served as the Chair of the Working Group. The list of members of the Working Group is found in Appendix-B. Under the direction of the Working Group and Family Health International (FHI), The Associates for Community and Population Research (ACPR) conducted the study.

Dr. Barkat-e-Khuda of URC/Bangladesh and Dr. Karen Hardee Cleaveland of FHI provided scientific and technical guidance to the study. Mr. G.M. Kamal of ACPR worked as Project Director (PD), and was responsible for working with Dr. Khuda and Dr. Hardee-Cleaveland on the design of the study. He was also responsible for implementation of data collection, and designing the data analysis plan, and for writing the first draft of the final report with Dr. Khuda and Dr. Hardee-Cleaveland prior to presentation to the Working Group. Members of the Working Group reviewed and made suggestions on the data collection instruments, the analysis and tabulation plans and on the study report. Mr. J.H. Chowdhury of ACPR worked as Deputy Project Director (DPD) and remained responsible to the PD.

**Pretesting and finalization of data collection instruments:** Data collection instruments were prepared in collaboration with FHI and after careful review by the Working Group. Draft data collection instruments were pretested in one urban and one rural center. Prior to pretesting, the sample for the survey was selected in order to ensure that the survey respondents were excluded from pretest interviews. Professional staff of ACPR were engaged in conducting the pretest interviewing.

After analysis of the pretest results, the data collection instruments were modified and circulated among the Working Group members for review. Based on their review comments and subsequent discussions in the meetings of the Working Group the instruments were finalized.

**Sample selection:** The Client Register at each center was used as the sampling frame for selection of client samples. Since half of the clients were selected in the sample, either the odd number or the even number was selected as the first random selection and thereafter every alternate number was selected, as shown below:

DMCH, Dhaka	Odd number
IPGMR, Dhaka	Even number
MFSTC, Dhaka	Odd number
FPA,B, Dhaka	Even number
UHC, Gozaria	Odd number
FPA,B, Rangpur	Even number
BAVS, Khulna	Odd number

## **2.5. Training of data collection staff:**

**Training of pretest staff:** The pretest staff were selected from among the professional staff of ACPR, and as such needed training only on the use of the instruments.

**Training of interviewers, supervisors, and QCOs:** All field staff received a two week training. During the training period, at least two practice interviews were conducted by each trainee. The practice interviews were conducted upon clients who were not to be selected for the regular interviewing. Apart from the ACPR

professional staff, resource persons for the training were drawn from those who were directly involved with the clinical trial and with the study, such as, BIRPERHT (BFRP), MFSTC, Dr. Khuda and a few members of the Working Group.

The supervisors and the Quality Control Officers (QCOs) were given some supervisory training separately at the end of the regular training class for the last three days of the training.

**Training of staff for qualitative data collection:** Two professionally skilled and experienced mid-level staff of ACPR, one having medical and the other social science background, were engaged for the clinical observations and in-depth interviews. Both underwent the regular training with the field staff for quantitative data collection, in addition, they were given one week's additional training on qualitative aspects, particularly related to NORPLANT services. They have conducted similar observations and in-depth interviews in connection with several previous studies including the IUD evaluation study, and they were already trained to obtain such information.

## **2.6. Field work procedure:**

**Field work for survey of acceptors:** At the time of designing the study, it was assumed that all acceptors were drawn from within the catchment areas of the respective centers. As such, ACPR proposed seven teams, each with one male supervisor and two female interviewers. Ideally, each female interviewer needs a male companion to locate clients and to travel to the rural areas. This strategy of involving one male field assistant with each female interviewer was tried in the IUD annual evaluation and was found quite efficient. However, during the first phase of the field work for the study we found that the majority of the acceptors were from outside the catchment areas of the centers (discussed below). As such, the field work strategy was modified deploying seven field assistants to allow one male assistant to accompany each female interviewer. Even with this additional manpower, the field work took one month longer than anticipated.

Those NORPLANT acceptors who had requested removal but who had not had the device removed were identified by the QCOs during their visit to the field and in-depth interviews were conducted in order to ascertain details about the requests for removal, appropriateness of the advice given by clinic staff, whether the advice helped modify the decisions of the acceptors, and level of satisfaction of the acceptors with the outcome. A list of personnel who participated in the study is at Appendix-C.

**Observation of clinical services:** Clinical service facilities and the quality of the services were observed in each clinic for three consecutive days. While a Hawthorne effect is always an issue in observation (the observer affects the behavior being observed), three full days' observations was considered to

be less prone to this effect. The observers stayed in the clinic from the beginning to the end of the clinic hours. The observations were made during the field work for the acceptor survey in order to facilitate supervision of the field work by the observers. The observer with medical background observed the medical aspects, and the observer with social science background observed the counselling aspects. However, they also interchanged their roles to share experiences between them.

**In-depth interviews of service providers:** Physicians and counsellors were interviewed using in-depth interview guides by the observers at the end of the three days of observation of the clinical services in order that interview topics do not influence the provider performance during observation. As with the observations, the observers with medical background usually interviewed the doctor and that with social science background interviewed the counsellor.

**Focus group discussion:** A focus group discussion was conducted with the counsellors of all the seven centers. The PD and the DPD worked as moderator and notetaker respectively. The two observers were also present to facilitate in-depth probing on issues identified during the observations.

**Supervision and quality control:** Strict supervision of field interviewing was made to ensure collection of high quality data. At the end of each day, the supervisor edited the questionnaires and discussed the results with the interviewers and gave solutions to the points raised by them. Supervisory visits were also made by the senior professional staff of ACPR.

Quality control (QC) operation was conducted to reinterview about 10 percent of the sample acceptors. There were two QC teams, each consisting of one male and one female QCO. The QC teams comprised experienced core staff of ACPR. The QC teams visited the centers during the time the field interviewing team was working in that area. QC interviews were conducted for selected samples and at the end of QC interviews in each area the QC team verified the questionnaires completed by them with those of the interviewers. Discrepancies were corrected where possible, while complete re-interviews were conducted in case of major discrepancies. QCOs organised briefing sessions with the team visited, and helped solve their problems.

## **2.7. Data processing:**

The Data Processing Manager of ACPR was responsible for data management. Data management comprised registration and documentation, editing and edit verification, coding and coding verification, computerization and validation of data, and preparation of the tabulation plan and a set of tables.

**Categorisation of responses to open-ended questions:** All responses to open-ended questions were categorized, following formal procedures of categorisation.

**Data analysis and preparation of the final report:** The PD and DPD were responsible for preparation of the tabulation plan, data analyses, and preparation of first draft report. The draft tabulation and analysis plans were prepared by the PD and DPD, and reviewed by the Working Group members and by FHI. Upon having their review comments the plans were finalized. The first draft report was prepared by the PD and DPD with Dr. Khuda and Dr. Hardee-Cleaveland.

#### **2.8. Time schedule:**

The preparatory work for the study started from January 09, 1991. Due to the Gulf War the signing of the agreement between FHI and ACPR was delayed until June 14, 1991 and the activities were kept in abeyance. Field work for data collection was conducted between September 07 and November 10, 1991. The first report was prepared by December 07, 1991 and the final draft was circulated among the Working Group members by December 12, 1991.

#### **2.9. Non-response rate:**

Thirteen percent of the NORPLANT acceptors could not be successfully interviewed. The major reasons for non-response were that the address of the acceptors could not be located (7.2 percent), and acceptors had moved without leaving forwarding addresses (3.2 percent). Two percent of the acceptors had moved to remote areas (Table-2.2).

The high rate of non-response is primarily attributable to MFSTC (25.0 percent) and FPAB/Dhaka (23.3 percent), and also to some extent to IPGMR (15.6 percent). Accuracy and completeness in recording and updating the addresses of the acceptors were likely to be responsible for variations in the rate of non-response.

Discussions were held with the clinic staff about how they provide followup to those who could not be located even with the help of the clinic staff. The clinic staff opined that a few of those clients come for followup on their own even though their addresses are not traceable.

While designing the study we understood that no center would select acceptors from outside their respective catchment areas in order to ensure followup visits in case of non-reporting by the acceptors. But, in reality, over one-half (54.3 percent) of the acceptors were drawn from outside the catchment areas (Table-2.3). As reported by some of the centers, rejection of clients reporting from distant areas was abandoned due to initial instances of falsification of addresses by the clients due to their fear of rejection.

**Table-2.2: Non-response rate and reasons for non-response.**

Interview results	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
Successfully Interviewed	91.4	84.4	75.0	76.7	99.3	94.5	91.4	86.9
Not successfully Interviewed	8.6	15.6	25.0	23.3	0.7	5.5	8.6	13.1
<b>Reasons for non-response:</b>								
Not available	0.4	1.0	0.8	1.3	-	-	-	0.5
Change of residence to remote districts	1.5	3.5	2.7	1.3	-	0.5	-	1.6
Transferred but address not found	1.5	5.0	5.1	9.3	-	0.5	1.0	3.2
Migrated outside	-	0.5	-	2.0	-	1.0	-	0.5
Died	-	-	-	0.7	-	0.5	-	0.2
Address could not be located	5.3	5.5	16.4	8.7	0.7	3.0	7.6	7.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>N</b>	<b>266</b>	<b>199</b>	<b>256</b>	<b>150</b>	<b>152</b>	<b>199</b>	<b>105</b>	<b>1327</b>

The catchment area for each center is defined as follows:

- the entire city areas for centers located in the metropolitan city;
- the entire municipality area of the district headquarters for centers located at the district headquarters; and
- the entire upazila for centers located at the upazila headquarters.

DMCH and BAVS drew nearly three-fourths of their acceptors from outside the catchment area, while in other centers about one-third were drawn from outside, except UHC, Gazaria which drew only 6.7 percent of their acceptors from outside Gazaria upazila (Table 2.3).

**Table-2.3: Distribution of NORPLANT acceptors within or outside the catchment areas by center.**

Area	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
	(Percent)							
Within catchment area	25.9	65.3	62.5	68.7	62.5	27.6	93.3	45.7
Successfully interviewed	85.5	93.1	76.3	74.8	98.9	98.2	93.9	86.1
Not successfully interviewed	14.5	6.9	23.7	25.2	1.1	1.8	6.1	13.9
Outside catchment area	74.1	34.7	37.5	31.3	37.5	72.4	6.7	54.3
Successfully interviewed	93.4	68.1	72.9	80.9	100.0	93.1	57.1	87.5
Not successfully interviewed	6.6	31.9	27.1	19.1	-	6.9	42.9	12.5
Total	100	100	100	100	100	100	100	100
N	266	199	256	150	152	199	105	1327

## Chapter 3

# PROFILE OF NORPLANT ACCEPTORS

The profile of NORPLANT acceptors is presented in terms of their demographic and social characteristics (Tables 3.1 and 3.2). Finally their characteristics are compared with those of the acceptors of tubectomy and IUDs (Table 3.3.).

### 3.1. Demographic characteristics of acceptors:

**Age:** The mean age of the acceptors was 28.6 years at the time of interview. One-fifth (19 percent) of the acceptors were below 25 years of age, two-thirds (68 percent) between 25-34 years, and the rest (13 percent) between 35-44 years.

**Marital status:** Virtually all of the acceptors (99 percent) were married at the time of interview.

**Number of living children:** The mean number of living children of the NORPLANT acceptors was 3.1 at the time of interview. This number is slightly higher than the mean total desired family size of 2.9 reported by all currently married women interviewed in the 1989 BFS. The mean number of living children among current users of any method was 3.4 according to the 1989 CPS and 3.1 according to the 1989 BFS, indicating that NORPLANT acceptors are drawn from among women having a similar parity level as of the current users of any method. There is, however, a difference of one child between the women at the BAVS/Khulna clinic (2.7 children) and those at the UHC/Gazaria clinic (3.7 children).

**Desire for more children:** Two-thirds (66 percent) of the NORPLANT acceptors did not desire any more children, and another 14 percent were undecided on whether to have an additional child or not. Only 9 percent desired another child during the next 1-4 years. These findings suggest that NORPLANT is regarded as a terminal method by most of the acceptors. However, for about one-fifth it constitutes a spacing method.

**Table-3.1. Demographic characteristics of NORPLANT acceptors.**

Variables	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>a. Age (Years):</b>								
< 20	2	1	2	1	-	1	1	1
20-24	14	14	24	20	21	24	10	18
25-29	38	41	42	40	42	47	40	42
30-34	28	34	22	31	28	20	20	26
35-39	16	8	8	6	9	6	23	11
40-44	2	2	2	2	-	2	6	2
Total	100	100	100	100	100	100	100	100
Mean age	29.4	29.0	27.6	28.6	28.1	27.7	30.3	28.6
<b>b. Marital status:</b>								
Currently married	100	99	97	97	100	98	100	99
Other	-	1	3	3	-	2	-	1
Total	100	100	100	100	100	100	100	100
<b>c. Number of living children:</b>								
0	0	-	1	-	-	-	-	0
1	8	8	17	11	12	17	6	12
2	24	31	34	28	35	39	18	30
3	26	25	19	26	29	20	30	25
4	20	17	17	19	15	17	17	17
5+	22	19	12	16	9	7	29	16
Total	100	100	100	100	100	100	100	100
Mean number	3.4	3.2	2.8	3.1	2.8	2.7	3.7	3.1
<b>d. Desire for more children (in months):</b>								
< 12 months	-	-	-	-	-	1	-	0
12-23 "	4	2	4	2	2	5	-	3
24-35 "	1	3	4	3	2	4	4	3
36-47 "	2	3	4	4	5	3	2	3
48 + "	11	4	16	17	7	13	3	11
Undecided	11	19	11	13	18	14	15	14
No more	71	69	61	61	66	60	76	66
Total	100	100	100	100	100	100	100	100
N	243	167	191	115	151	188	96	1151

### 3.2. Social characteristics of acceptors:

**Education:** Three-fifths of the NORPLANT acceptors (59 percent) had no education. Slightly over one-quarter (28 percent) had some education below the primary level and only 13 percent above the primary level. Among the centers the proportion having no education varied from 51 percent for BAVS/Khulna to 68 percent for FPAB/Rangpur.

**Residence:** Nearly three-quarters of the NORPLANT acceptors were from rural areas and one-fifth were from either urban residential (16 percent) or slum areas (4 percent). The remaining 9 percent were from suburban areas. It is important that all except one out of the seven centers are located in the urban areas, but they have drawn most of their clients from rural areas. Among the urban clinics, FPAB/Dhaka, IPGMR, and MFSTC drew a relatively lower proportion of rural clients (42-52 percent) compared to DMCH (77 percent), BAVS/Khulna (89 percent) and FPAB/Rangpur (93 percent). These findings show that NORPLANT acceptors are well dispersed in both rural and urban areas across the country, despite the restrictions for the centers not to draw clients from outside of their respective catchment areas. Thus, contrary to the assumption that NORPLANT users in Bangladesh are likely to be drawn from among the urban population, there has been a wide-spread acceptance of the device all over the country and as a result knowledge about the method is being disseminated through a word-of-mouth communication, since there is no publicity about this method and not even the family planning field workers discuss it during their home visits.

**Table-3.2: Social characteristics of NORPLANT acceptors**

Characteristics	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Cazaria	ALL
(Percent)								
<b>a. Education:</b>								
No education	58	62	60	54	68	51	64	59
Primary	29	29	26	27	22	32	30	28
Secondary	13	9	13	18	10	17	6	13
Higher secondary and above	-	-	1	1	-	-	-	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>b. Residence:</b>								
Urban residential	12	16	37	30	5	9	-	16
Urban slum	1	13	9	2	-	1	-	4
Sub-urban	10	24	2	26	2	1	2	9
Rural area	77	47	52	42	93	89	98	71
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>N</b>	<b>243</b>	<b>167</b>	<b>191</b>	<b>115</b>	<b>151</b>	<b>188</b>	<b>96</b>	<b>1151</b>

### 3.3. Comparisons of characteristics:

Since NORPLANT is a long acting contraceptive device, the characteristics of its acceptors are likely to be more comparable with those of similar methods like IUDs and also, to some extent, tubectomy. Selected characteristics of acceptors of NORPLANT, IUDs, and tubectomy are compared in table 3.3 for three variables--age, parity, and education--because these variables are believed to influence the contraceptive behavior of Bangladeshi women. The level of education is unlikely to be affected by the time lag between time of acceptance and interview since most of the users are unlikely to attain further education. The number of their living children are also unlikely to change unless there is a death of a child, or the use of any contraception is discontinued to have more children, or due to contraceptive failure. In order to draw a true comparison, however, the age of the users of all of the three methods at the time of acceptance has been considered.

It may be worth mentioning that the NORPLANT users in this study accepted the device between the calendar years 1988 and 1990, while the IUDs users accepted in 1989, and tubectomy acceptors between the months of August and October of 1987. These differences in the time period of acceptance are likely to have some bearing on the comparability of the variables, since the contraceptive use rate is gradually increasing, especially in rural areas. Also, user characteristics are sharply changing to the effect that a relatively large proportion of illiterate, younger, and low parity women in both rural areas and urban slums have increasingly been practicing family planning. The contraceptive prevalence rate for any method increased from 25 percent in 1985 to 33 percent in 1989 and to about 40 percent in 1991 (CPS 1985, 1989, and 1991).

**Age:** The mean ages of acceptors of NORPLANT, IUD, and tubectomy at the time of acceptance are quite similar, 26.4, 26.2, and 26.6 respectively. Fecundity is highest in Bangladesh during 20-29 years. The proportion of acceptors below the age of 29 years was highest for NORPLANT acceptors (78 percent), intermediate for tubectomy acceptors (76 percent), and lowest for IUD acceptors (72 percent).

**Parity:** The mean number of children was highest for tubectomy acceptors (3.6), intermediate for NORPLANT acceptors (3.1), and lowest for IUD acceptors (2.8). Again, the proportion having more than 2 children was highest for tubectomy acceptors (82 percent), intermediate for NORPLANT acceptors (58 percent), and lowest for IUD acceptors (49 percent). The proportion of acceptors having only one child was highest for IUD acceptors (23 percent) compared to NORPLANT acceptors (12 percent).

The proportion either desiring no more children or undecided was thus much higher among NORPLANT acceptors (81 percent) compared to IUD acceptors (60 percent), indicating that NORPLANT may be perceived more as a terminal method than is the IUD,

although NORPLANT acceptors may not want to opt for sterilization.

**Education:** Only 16 percent of the females above five years of age are literate in Bangladesh (BBS, 1991). The proportion who had no education was highest for tubectomy acceptors (83 percent), intermediate for NORPLANT acceptors (59 percent), and lowest for IUD acceptors (46 percent).

The findings show that the IUD acceptors are drawn from more educated, younger, and lower parity women, while NORPLANT acceptors from a relatively less educated, middle age group, of average parity women. Tubectomy acceptors in Bangladesh are drawn mostly from illiterate, higher age and high parity women.

**Table-3.3: Comparison of selected characteristics of NORPLANT acceptors with acceptors of the IUDs in 1989 and Tubectomy in 1987.**

Characteristics	Tubectomy SCFP/1987	IUD 1989	NORPLANT 1991
	(Percent)		
<b>Education:</b>			
No education	83	46	59
Primary	14	35	28
Secondary and above	3	19	13
<b>Age (years):</b>			
< 20	4	15	9
20-24	34	31	32
25-29	38	26	37
30-34	17	16	16
35+	7	12	6
Mean age	26.6	26.2	26.4
<b>Parity:</b>			
< 2	1	23	12
2	17	28	30
3	41	21	25
4 +	41	28	33
Mean	3.6	2.8	3.1
<b>Proportion desiring no more child:</b>	-	60	81

Source: 1. SCFP - Study on Compensation Payments and Family Planning in Bangladesh, 1987 (Women who accepted tubectomy during the months from August-October, 1987).  
 2. IUD - IUD Annual Evaluation, 1989 (Women who accepted The IUDs during the calendar year 1989).  
 3. NORPLANT - Assessment of Quality of NORPLANT services in Bangladesh, 1991 (Women who accepted NORPLANT between the calendar years 1988 and 1990).

## Chapter 4

# THE NORPLANT DECISION MAKING PROCESS

The decision to accept NORPLANT is likely to be influenced mostly by clinic staff, since the clinical trial was based on selection of clients through motivation of those who attend the clinic for some other method of contraception and not on referral of clients by field workers. As shown earlier, however, the women in the clinical trial reside throughout the country, suggesting that through word of mouth, information about NORPLANT has spread in Bangladesh. This chapter analyses the factors influencing women's choice to use NORPLANT, including their knowledge and use of other methods of family planning and the sources of their information regarding NORPLANT.

### 4.1. Knowledge and use of other family planning methods:

All of the NORPLANT users had knowledge of at least one modern method of family planning (Table-4.1a). Similarly, knowledge of any source of any modern reversible method was almost universal (Table-4.1b). Thus, NORPLANT acceptors are universally aware of the main options of contraception and their sources of supply.

**Ever use of methods other than NORPLANT:** Two-thirds of the NORPLANT acceptors had ever used any other method prior to use of NORPLANT (Table-4.1c). Nearly three-fifths (56 percent) had used the pill. Among other methods used were injectables (16 percent), IUD (14 percent), and condom (1 percent) (Table-4.1d). These findings suggest that NORPLANT is not typically the first method that the Bangladesh women are using; rather, the vast majority of the acceptors had prior experience with contraception.

**Table-4.1: Knowledge and use of other family planning methods.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
<b>a. Knowledge of specific methods:</b> (Percent)								
(Prompted plus unprompted)								
Pill	100	100	100	100	100	100	100	100
Condom	96	98	98	98	100	97	87	97
Vaginal barrier method	37	32	39	49	29	30	22	35
Injection	99	99	100	100	100	96	99	99
IUD	98	99	98	99	100	98	98	99
Female steriliz- ation	100	100	100	100	100	100	100	100
Male sterilization	89	94	93	97	98	100	76	93
Menstrual Regula- tion	87	89	93	91	88	96	68	89

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>b. Knowledge of any source for specific methods:</b>								
Pill	100	100	100	99	100	100	100	100
Condom	95	98	97	96	100	97	87	96
Vaginal method	37	31	37	48	29	30	21	34
Injection	98	99	98	98	100	96	98	98
IUD	97	99	97	97	99	98	97	98
Female sterilization	100	100	99	97	100	100	100	100
Male sterilization	88	94	92	95	98	100	76	92
Menstrual Regulation	87	89	92	89	88	96	67	88
<b>c. Ever used at least one method, apart from NORPLANT:</b>								
Yes	61	67	76	83	60	71	49	67
No	39	33	24	17	40	29	51	33
<b>d. Ever use of specified methods (other than NORPLANT):</b>								
Pill	51	59	69	78	44	52	38	56
Condom	9	7	15	24	15	14	5	12
Vaginal method	3	2	3	6	2	4	-	3
Injection	10	14	23	19	19	17	15	16
IUD	15	9	14	20	17	17	10	14
Female sterilization	-	-	1	-	1	1	1	0
Male sterilization	-	-	-	-	-	1	-	0
Menstrual Regulation	3	5	9	14	14	8	2	8
Traditional methods	9	6	13	12	7	18	15	11
N	243	167	191	115	151	188	96	1151

**Comparison with IUD and tubectomy users:** In terms of knowledge and use of other family planning methods, there is a similarity between the IUD users and NORPLANT acceptors except that the proportion of women having ever used any other method prior to use of IUD or NORPLANT was slightly higher for IUD users (75 percent) than for NORPLANT acceptors (65 percent) (Table-4.1e).

**Table-4.1e: Comparisons of ever use of other family planning methods.**

Variable	Tubectomy 1987	IUD 1989	Norplant 1991
Population having ever used any method prior to acceptance of tubectomy/IUD/NORPLANT	29	75	65

Note: The NORPLANT acceptors drawn in the sample were those who started using between the calendar years 1988 and 1990, while the IUD users referred to were those who had had the insertions during the calendar year 1989.

**4.2. Reasons for discontinuation:**

Women were asked their reasons for discontinuing the previous method they had used. Responses were collected for up to three past methods, and are recorded in table 4.2 for oral pills, IUDs, injections, condoms and the safe period. Reasons for discontinuation of NORPLANT are discussed in Chapter 8.

Women discontinued these methods for different reasons. While menstrual irregularities were cited as the most common reason for discontinuation of the IUD (48 percent) and the injectable (57 percent), pill users discontinued mainly due to dizziness/nausea or lack of appetite (64 percent). Another important reason for discontinuation of the IUD was abdominal pain and discharge (20 percent), while discontinuers of injectables also mentioned the hazard and inconvenience of travelling frequently to the center (29 percent). Pill users cited the inconvenience of pill use as a reason for discontinuation (36 percent). Condom users were dissuaded from using condoms because their husbands did not like the device (60 percent), and they did not feel fully protected from pregnancy by the condom (48 percent). Users of the safe period discontinued use due to the difficulty of following the restrictions - for both the husband and wife (35 percent) and also because they did not feel fully protected from conception (32 percent).

**Table-4.2: Reasons for discontinuation.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent.)								
<b>a. Oral pill:</b>								
Dizziness/nausea/ loss of appetite	69	57	65	67	67	58	67	64
Inconvenience of pill use/may forget or miss the pill	44	39	39	35	38	21	33	36
Weakness/loss of weight/health problems	12	16	22	23	21	15	23	18
To switch over to long term method	2	18	6	11	16	22	10	11
Menstrual disorders	15	8	9	7	9	9	13	10
Burning sensation in body/limbs/ blurred vision	11	4	5	7	7	3	10	7
Irregular supply/ cannot afford to buy	3	6	5	4	-	4	-	4
Other	11	4	6	12	4	7	3	9
N	115	83	107	75	58	76	30	544

**b. IUD:**

Menstrual disorders	47	50	42	52	60	32	78	48
Lower abdominal pain/excessive white discharge	19	14	12	17	44	7	33	20
Weakness/loss of weight/health problem	6	29	15	17	12	16	11	14
Husband does not like discomfort during intercourse	11	7	15	13	28	7	-	13
Fear of infection/ tumor in the uterus	8	21	23	13	4	10	-	12

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
Duration of IUD is over	11	7	8	9	4	13	-	9
IUD was not set properly/fear of expulsion and perforation	6	-	4	4	-	23	-	7
Automatic expulsion of IUD	3	-	-	4	16	7	-	5
Other	12	15	8	13	4	3	11	8
N	36	14	26	23	25	31	9	164

**c. Injection:**

Menstrual disorders	61	58	51	60	72	57	33	57
Hazard to go to clinic frequently travelling is expensive	26	11	46	15	20	23	58	29
Weakness/loss of weight/health reasons	9	37	17	10	28	10	17	18
Lower abdominal pain/white discharge pelvic pain	9	16	2	15	12	7	-	8
Fat/weight gain	4	16	2	-	4	-	-	4
Shortage of supply	4	-	5	10	-	7	-	4
To switch over to long-term method	4	5	5	-	4	7	-	4
Other	12	5	12	10	8	6	-	8
N	23	19	41	20	25	30	12	170

**d. Condom:**

Husband does not like	58	73	64	58	72	46	60	60
Not safe/may burst	58	55	44	27	61	54	40	48
Inconvenience to use every day	-	-	4	8	-	4	20	4
Itching/burning sensation in cervix/infection in uterus	-	-	-	8	6	4	-	3
Want more children	-	-	-	4	-	4	-	2
Other	5	-	4	12	6	-	-	4
N	19	11	25	26	18	24	5	128

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>e. Safe period:</b>								
Not possible to strictly follow restrictions	39	50	31	20	75	27	50	35
Husband does not like/do not want to go by restriction	31	25	50	20	75	23	50	35
Not safe/fear of conception	31	50	19	80	25	32	25	32
Mistake in counting days	23	25	-	-	-	-	25	7
Other	-	-	-	-	-	9	-	3
N	13	4	16	5	4	22	4	68

#### 4.3. Factors influencing NORPLANT decision making:

As discussed earlier, the decision to accept NORPLANT was taken with knowledge of other options of contraception and their sources of supply. Nevertheless, the decision should also be based on the knowledge of the device itself. Therefore, women were asked about their sources of information, topics they discussed, influences on decision making, and reasons for their preference of NORPLANT over other methods.

**Sources of information:** Contrary to expectation, past users were the single most important source of information on NORPLANT (63 percent), followed by 'worker in home' (20 percent), and 'worker in clinic' (14 percent) (Table-4.3a). For slightly over one-half of the acceptors, there was only one source of information about NORPLANT. One-quarter referred to NORPLANT users again as a second source of information. Among some acceptors reinforcements might have been needed from more than one user. FP workers were also mentioned as a second source of information by 15 percent of the acceptors. Other responses were mentioned by no more than 4 percent of the acceptors (Table-4.3b).

**Whether knew any NORPLANT user prior to having the NORPLANT:** Three-quarters of the acceptors mentioned that they knew of a NORPLANT user prior to accepting NORPLANT (Table-4.3c).

**Table-4.3: Sources of information on NORPLANT:**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>a. First source of information about NORPLANT:</b>								
NORPLANT user, in home	89	65	64	47	29	47	65	61
Worker, in home	4	18	10	27	38	40	6	20
Worker, in clinic	4	12	19	15	29	5	22	13
NORPLANT user, in clinic	2	2	2	7	-	1	-	2
Other	1	3	5	4	4	7	7	4
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>b. Other sources of information:</b>								
No body else	51	54	55	49	62	60	53	55
NORPLANT user	37	29	22	24	31	14	31	27
FP worker	3	7	18	25	19	27	6	15
Relative/Friend/ Neighbor	10	2	5	4	-	1	6	4
Husband	1	4	3	5	1	2	7	3
Dai/TBA	-	11	-	-	2	-	-	2
Radio/TV/Newspaper	1	1	-	-	-	-	-	0
Other	-	2	-	1	1	2	-	1
<b>c. Whether knew any NORPLANT user prior to having the NORPLANT:</b>								
Yes	95	79	78	71	58	71	80	78
No	5	21	22	29	42	29	20	22
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>N</b>	<b>243</b>	<b>167</b>	<b>191</b>	<b>115</b>	<b>151</b>	<b>188</b>	<b>96</b>	<b>1151</b>

**Persons with whom discussed prior to having the NORPLANT:** Prior to acceptance, most acceptors discussed NORPLANT with their husbands (81 percent), and with another user (74 percent). One-quarter of the acceptors mentioned that they discussed NORPLANT with a FP worker before insertion (Table-4.4a).

**Topics discussed with those persons:** A wide range of topics were discussed by the clients prior to acceptance. Two-fifths of the acceptors mentioned that the discussion had included taking the consent of their husbands. Discussions centered mostly on 'advantages of NORPLANT' (50 percent), 'whether there would be

pain in the arm' (46 percent), 'effective duration' (36 percent) 'any problem in doing household work' (30 percent), and 'where is it inserted' (23 percent), Other areas of interest for discussion included: 'disadvantages/side-effects' (17 percent), 'where is it available' (15 percent) and 'whether can it be removed in case of any problem' (15 percent). Other points were each mentioned by less more than 4 percent of the acceptors (Table-4.4b).

**Whether husband knows:** Husbands of over 83 percent of the acceptors knew about their wives' acceptance of NORPLANT before insertion, while most of the rest (16 percent) knew after the insertion. Among those acceptors whose husbands had known before the insertion, almost all (93 percent) said that they themselves suggested the method to their husbands, while the rest (7 percent) said that their husbands suggested the method to them (Table-4.5).

**Reasons for choosing the NORPLANT over other FP methods:** The most frequently mentioned reason for choosing NORPLANT over other FP methods was that 'NORPLANT is a long-term method (86 percent). This was followed by such responses as 'other methods have side-effects' (46 percent), 'NORPLANT has less side-effects' (25 percent), and 'other methods are hazardous to use' (24 percent). One-fifth of the acceptors mentioned that they had accepted NORPLANT because they were advised to do so by clinic staff, FP workers, or by another NORPLANT user (Table-4.6).

**Table-4.4: Discussions prior to NORPLANT decision.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>a. Persons consulted prior to having the NORPLANT:</b>								
None	0	6	2	4	8	-	-	3
Husband	85	71	81	68	83	87	85	81
NORPLANT user	95	73	75	67	50	64	80	74
FP worker	11	10	22	53	40	42	23	26
Relative/friend/ neighbor	5	1	4	4	1	5	5	4
Dai/TBA	-	16	1	-	6	1	-	3
Other	1	5	1	6	4	3	-	2
N	243	167	191	115	151	188	96	1151

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>b. Topics discussed with those persons:</b>								
Advantages of NORPLANT	47	34	59	40	55	64	41	50
Whether there would be pain in the arm	66	33	40	52	10	50	62	46
Took husband's consent	36	57	27	28	62	34	43	40
Effective duration of NORPLANT	30	69	27	37	41	24	32	36
Any problem in doing household work	44	24	31	37	11	25	37	30
Where is it inserted	11	29	31	26	27	25	11	23
Disadvantages/ side-effect	36	10	9	26	5	11	20	17
Whether can be removed if any problem	9	31	13	11	32	7	7	15
Where is it available	10	30	16	7	25	12	2	15
What are the other restrictions	8	4	3	4	-	1	2	4
How does it look	1	6	1	4	11	1	1	3
Any problem during coitus	3	1	1	8	-	1	3	2
Other	0	1	1	-	-	3	-	1
N	242	167	187	111	139	188	96	1120

**Table-4.5: Knowledge of husband regarding NORPLANT.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>a. Whether husband knows about her NORPLANT use:</b>								
Knew before insertion	87	76	86	71	86	88	87	84
Knew after insertion	13	23	14	27	13	11	12	16
Not known	-	1	1	2	1	1	1	1
Total	100	100	100	100	100	100	100	100
N	243	167	191	115	151	188	96	1151

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>b. Whether husband suggested the acceptance of the NORPLANT:</b>								
Respondent suggested	97	93	93	95	82	92	99	93
Husband suggested	3	7	7	5	18	8	1	7
Total	100	100	100	100	100	100	100	100
N	211	127	164	82	130	165	83	962

**Table-4.6: Reasons for choosing NORPLANT over other FP methods:**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
NORPLANT is a long term method	77	72	95	87	97	84	96	86
Other methods have side-effects	54	60	39	52	41	40	22	46
NORPLANT has less side-effects	12	31	22	36	50	20	13	25
Other methods are hazardous to use	31	31	25	19	11	19	35	24
Advised by clinic/FP worker/other NORPLANT user	10	14	13	30	25	31	31	20
NORPLANT can be removed when desired	23	17	14	14	15	12	26	17
NORPLANT is less hazardous to use	7	4	18	20	9	15	4	11
Lack of knowledge/shortage of supply of other method	3	3	1	6	4	11	-	4
Other methods are not safe	0	4	2	1	5	4	-	2
Other	3	-	1	-	-	1	-	1
N	243	167	191	115	151	188	96	1151

## Chapter 5

# PROFILE OF NORPLANT SERVICE PROVIDERS

In-depth interviews were conducted with service providers in the seven centers, including 11 physicians and 10 counsellors. The interviews were designed to collect data on training received, the role of the service providers in the delivery of NORPLANT, the assessment of contraindications, counselling, side-effects, complications and follow-up, experience with removals and reinsertions, rumors, and the attitude of service providers toward the expansion of NORPLANT services. The views of these physicians and counsellors offer a picture of the current provision of NORPLANT and the opportunities for the expansion of the program.

### 5.1. Profile of physicians:

The profile of physicians in terms of the training they have received is provided in Table 5.1.1, while that in terms of their role in rendering NORPLANT services is contained in Tables 5.1.2. and 5.1.3. Other information from the in-depth interviews with the physicians is contained in later chapters.

**Training:** Out of the 11 physicians interviewed in the 7 centers, all received basic training on NORPLANT, while 3 of them also received a refresher training. Seven out of 11 received the training from BIRPERHT (formerly BFRP), and one each from DMCH and MFSTC, and one each from Indonesia and Sri Lanka. Five of them received training for a week and another three for about two weeks. Two did not remember the duration, while one in IPGMR received only one day of training.

**Cases observed:** Four of them observed 10 or more insertions during training, while the other 7 observed no more than 6 insertions.

**Cases performed:** Except for 2 physicians, none performed more than 6 insertions during the training. All the physicians were confident about their ability to insert the NORPLANT and all of them were satisfied with their training.

**Refresher training need:** Four physicians indicated the need for refresher training, while the rest thought no further training was necessary. Management of side-effects and complications was the most frequently mentioned topic for refresher training. Sharing of experiences with other providers, details about the selection criteria, and the latest ideas about the pharmacology of NORPLANT were among the other topics mentioned.

**Table-5.1.1: Profile of physicians in terms of training obtained.**

All centers	
<b>a. Centers from where the basic training was received:</b>	
BIRPERHT	7
MFSTC	1
DMCH	1
Indonesia	1
Sri Lanka	1
<b>b. Duration of training (in days):</b>	
1	1
5	1
6	1
7	3
10	1
12	1
14	1
Don't remember	2
<b>c. Whether any refresher training was received:</b>	
Yes	3
No	8
<b>d. Number of insertions observed during the basic training:</b>	
5	5
6	2
10	2
15	1
25	1
<b>e. Number of implantations performed during the basic training:</b>	
2	1
3	1
4	2
5	4
6	1
15	1
25	1

---

All centers	
-------------	--

---

**f. Whether require a refresher training:**

Yes	4
No	7

---

**i. Topics to be covered in refresher training:**  
(multiple responses possible)

Management of side-effects/ • complications	3
Sharing of experience with other providers	1
Details about selection criteria	1
Latest ideas about pharmacology of NORPLANT	1

---

**Duration of NORPLANT experience:** Nine of the 11 physicians interviewed have been rendering NORPLANT services for 3 years or more, while two physicians have had less than three years of experience.

**Job descriptions:** Three out of the eleven physicians interviewed said that they were not given any job description; out of the remaining eight, four could show them, while the rest could not show their job description because it was kept somewhere else.

**Review of activities:** All of the eleven physicians mentioned that their activities are regularly reviewed, mostly by BIRPERHT, The center chief, or FHI. Nine out of 11 physicians said their knowledge is updated, mainly through workshops, seminars, meetings, mail from BIRPERHT, and through journals.

**Table-5.1.2: Profile of physicians in terms of their role in rendering NORPLANT services.**

---

All centers	
-------------	--

---

**a. Duration of NORPLANT service rendered:**  
(in years)

1	1
2	1
3	6
4	1
6	1
7	1

---

**b. Whether there is any job description for the provider:**

Yes, shown	4
Yes, not shown	4
No job description given	3

---

**c. Reasons for not showing the job description:**

Kept somewhere else	4
---------------------	---

---

**d. Whether the activities are reviewed:**

Yes	11
No	-

---

**e. Who conducts the review:  
(multiple responses possible)**

Center chief	5
BIRPERHT	8
FHI	3

---

**f. Whether there is any arrangement for updating provider's knowledge:**

Yes	9
No	2

---

**g. Arrangements for updating with latest information:  
(multiple responses possible)**

Workshop/seminar/meeting	5
Mail from BIRPERHT	6
Journals	4

---

**Physicians' role in rendering NORPLANT services:** According to the physicians, both they and the counsellors screen the clients for NORPLANT, by asking them a series of questions, physical examinations and laboratory tests. Both the physicians and counsellors prepare clients for NORPLANT services, while in one center, counsellors work with other service providers to sterilize the instruments. Physicians conduct the insertions and removals (Table-5.1.3).

**Table-5.1.3: Who renders what services,  
according to physicians.  
(Multiple responses possible)**

All centers	
<b>a. Who screens the clients:</b>	
Provider	11
Counsellor	6
Paramedic	2
Clinical Assistant	1
<b>b. Procedure of screening:</b>	
Asking questions	7
Physical examination	7
Laboratory tests	7
<b>c. Who does the physical examination:</b>	
Provider	9
Counsellor	1
Paramedic	2
Clinical Assistant	1
<b>d. Who prepares the client:</b>	
Provider	7
Counsellor	5
OT sister	1
Paramedic	1
<b>e. Who sterilizes the instruments:</b>	
OT sister	1
Clinical assistant	1
Paramedic	2
Technician	3
Aya	2
Nurse	1
Counsellor	1
<b>f. Procedure of sterilization:</b>	
<b>Metal instrument:</b>	
Autoclave	7
Boil in water	3
<b>Gloves/Linen:</b>	
Autoclave	6
Use disposable gloves	1

---

All centers

---

**g. Who performs the insertion:**

Provider herself	7
Another provider	6

---

**5.2. Profile of counsellors:**

The profile of counsellors in terms of the training they have obtained is provided in Table 5.2.1, while that in terms of their role in rendering NORPLANT services is contained in Tables 5.2.2 and 5.2.3. Other information from the in-depth interviews with the counsellors is contained in later chapters.

**Training:** Out of the 10 counsellors interviewed in the 7 centers, 8 received basic training from BIRPERHT, while the other 2 received no training. The duration of training was less than a week for 4 counsellors and a week for the remaining 4. Of the eight who received basic training, all, except 2, also received refresher training. All the counsellors were in favour of receiving further training.

**Topics covered during refresher training:** Regarding the topics to be covered during the refresher training, 6 counsellors mentioned 'procedure of better counselling', 3 mentioned 'details about contra-indications', and 2 mentioned 'management of side-effects and complications'. Other topics were each mentioned by only one counsellor.

**Table-5.2.1: Profile of counsellors in terms of training obtained.**

---

All centers

---

**d. Centers from where the basic training was received:**

No training received	2
BIRPERHT	8

---

**b. Duration of training:**

< 1 week	4
1 week	4

---

**c. Whether any refresher training was received:**

Yes	6
No	2

---

**d. Whether require a refresher training:**

Yes	10
No	-

---

**e. Topics to be covered in refresher training:**

Procedure of better counselling	6
Detail about contraindications	3
Management procedure of side-effects/ complications	2
Sharing the experience of other countries	1
Consequences if not removed after duration	1
Detail about selection criteria	1
Advantage/disadvantage of NORPLANT	1
Role of counsellor during insertion	1
Insertion/removal procedure	1

---

In the FGD, counsellors articulated the following list of topics for further training:

- How to ensure that the client has understood the contents of counselling.
- How to counsel clients with excessive bleeding.
- Under what situations should NORPLANT be removed.
- Whether there is any chance of developing cancer after long duration use of the implant.
- If a client dies with the NORPLANT in-situ, whether doctors from the center would be willing to go and remove the implants from the dead body. Women are afraid if they are buried with the NORPLANT in-situ they may not be in peace in the grave.

- If the implant is not removed after five years whether it would cause any problem. Because some clients go to the village after insertion and it may not be possible to come back for removal.
- Long term side-effects of implants.
- Whether vaginal discharge is a side-effect of Norplant.
- Some clients have serious dizziness. Is that a side-effect of NORPLANT?

**Duration of NORPLANT experience:** Out of the 10 counsellors, 2 have been rendering services for a year or less, 6 for 2-4 years, and the remaining 2 for more than 5 years.

**Job description:** Seven of the 10 counsellors said they did not have any written job description, and those who had could not show them said they were lost or kept somewhere else.

**Review of activities:** All of the 10 counsellors mentioned that their activities are regularly reviewed, mostly by BIRPERHT, the center chief, or by a supervisor. Half of the counsellors said that their knowledge was being updated mainly through mail from BIRPERHT, and also through conferences and magazines.

**Table-5.2.2: Profile of counsellors in terms of their role in rendering NORPLANT services.**

All centers	
<b>a. Duration of NORPLANT service rendered:</b> (in years)	
<1	1
1	1
2	2
3	3
4	1
5	1
6 +	1
<b>b. Whether there is any job description for the counsellor:</b>	
Yes, shown	-
Yes, not shown	3
No job description given in written	7

---

All centers

---

**c. Reasons for not showing the job description:**

Lost	2
Kept somewhere else	1

---

**d. Whether the activities are reviewed:**

Yes	10
No	-

---

**e. Who conducts the review:**

Center chief	3
Supervisor	2
BIRPERHT	8

---

**f. Whether there is any arrangement for updating counsellor's knowledge:**

Yes	5
No	5

---

**g. Arrangement for updating with latest information:  
(multiple response possible)**

Mail from BFRP (BIRPERHT)	3
Conference	1
Magazine	1
By letter/over telephone	1

---

**Role of Counsellors in rendering NORPLANT services:** Counsellors begin by registering clients who come for family planning. The forms maintained for clients vary somewhat by center, partly depending on whether the centers are included in the WHC post-marketing surveillance study in addition to the BIRPERHT/FHI clinical trial. Only in two centers do counsellors keep detailed address registers (Table 5.2.3). All, except one counsellor, explain different contraceptive methods to the clients before a decision to accept NORPLANT is made. Both the counsellors and physicians screen clients for NORPLANT use, and the counsellors specifically talk to the women about NORPLANT (see Chapter 6).

**Table-5.2.3: Who renders what services, according to counsellors.**

All centers	
<b>a. Who registers the clients:</b>	
Counsellor	9
<b>b. Registers and forms maintained for NORPLANT clients:</b>	
Admission form	9
Client registration book	8
Followup register	8
Payment register	8
Selection criteria form	8
Removal register	7
Followup form	7
Unscheduled visit register	7
Medicine register	6
Consent form	5
Rejected client register	4
Users satisfaction form	3
Detail address register	3
<b>c. Selection procedure for client:</b>	
Client demand	10
Choices are offered and then client decides	6
<b>d. Discuss about different contraceptive:</b>	
Yes	9
No	1
<b>e. Who screens the clients:</b>	
Provider	9
Counsellor	9
FWV	1
Clinical Assistant	1
Paramedic	2

## Chapter 6

# NORPLANT COUNSELLING, INSERTION AND FOLLOW-UP SERVICES

This chapter deals with services rendered before, during, and after insertion of the NORPLANT.

### 6.1. Assessment of contra-indications:

The responses obtained from the physicians and the counsellors regarding contraindications of NORPLANT, as presented in Table-6.1a and 6.1b respectively, suggest that the checklist provided by BIRPERHT is not followed routinely by all the centers, since many important contraindications were not mentioned by either the physicians or the counsellors.

Physicians listed 17 contraindications for which they check. Contraindications mentioned by at least 7 physicians included 'suspected, or known pregnancy' 'pregnancy hepatitis', 'blurred vision', and 'history of injectable contraceptive within the past six months'.

Counsellors listed 22 contraindications for which they check, although for 10 of those listed, only 1 counsellor mentioned each. The most common contraindications cited by the counsellors were jaundice (9) and suspected pregnancy (8).

**Anticipatory counselling:** Counsellors discuss possible side effects with the clients, although not consistently among the centers. The side-effects for which women most consistently received information from the counsellors include 'menstrual disorders' (7), 'loss of appetite' (7), 'amenorrhea' (6), and burning sensation in hands body (6).

**Table-6.1a: Assessment of contraindications for NORPLANT insertions as perceived by the physicians.**

	All centers
Cerebrovascular disease	8
Suspected pregnancy	7
Known pregnancy	7
Pregnancy hepatitis	7
Blurred vision	7
History of injectable contraceptive before 6 months	7
Thromboembolic disorders	6
Jaundice	5
Breast cancer	5
Exclusive breast-feeding	5
Acute liver disease	4
Abnormal P/V bleeding	4
Age beyond 18-40 years	4
Body weight more than 70 kg.	4
Pelvic inflammatory disease	2
Diabetes	2
According to check list	2
History of migraine/headache	1

**Table 6.1b: Assessment of contraindications for NORPLANT insertions as perceived by the counsellors.**

	All centers
Jaundice	9
Suspected pregnancy	8
Pregnancy hepatitis	4
Breast cancer	4
Exclusive breast-feeding	4
Anaemic	3
Cerebrovascular disease	2
Age beyond 18-40 years	2
Menstrual disorder	2
Possibility of followup	2
Known pregnancy	2
Diabetes	2
Acute liver disease	1
Thromboembolic disorders	1
High blood pressure	1
At least two child	1
Eczema	1
Convulsion during delivery	1
Tumour in abdomen or any where in body	1
Body weight more than 58kg	1
Seven days after menstruation	1
Itching in whole body	1

**Table-6.1c: Anticipatory counselling about possible side-effects as reported by counsellors.**

	All centers
Menstrual disorder	7
Loss of appetite	7
Burning sensation in hands/body	6
Amenorrhoea	6
Dizziness/headache/nausea	5
Pain in body/neck/abdomen	4
Weight gain	2
Loss of libido	2
Itching in implantation site	2
Infection at the implantation site	1

## 6.2. Counselling services:

Counselling may be defined as "face to face communication in which one person helps another to make decisions and to act on them" (Gallen, 1987). Past studies in Bangladesh have showed that client satisfaction is positively associated with counselling, and thereby influences the continuation rate of family planning methods. Moreover, anticipatory counselling on probable side-effects and what to do in case of complications also influence the rate of continuation (Kamal et al. 1990). Despite all these positive influences, counselling is inadequately done in most clinics dealing with MCH and FP clients in Bangladesh. Ideally, counselling should be provided before, during, and after the insertion. It is important to note that, unlike usual MCH and FP clinics where the provider herself provides both counselling and insertion services, all the NORPLANT centers have separate counsellors. Although professional background is not an essential pre-requisite, appropriate training should be provided to anyone responsible for counselling. As mentioned in the previous chapter, two out of the 10 counsellors had received no training and none of them could show their job descriptions.

**Major topics on which counselled:** All of the NORPLANT acceptors were counselled on effective duration, need for follow-up, possible side-effects and their management, and when to report for removal (Table-6.2).

**Sources of counselling:** Four-fifths of the acceptors reported that the doctor or the counsellor was the source of counselling. Less than one-half mentioned that NORPLANT users counselled them, while another one-fifth (19 percent) mentioned of the FP worker as a source of counselling (Table-6.2a).

**Perceived length of effectiveness:** All of the acceptors mentioned 5 years as the length of effectiveness of the NORPLANT data (not shown in the table).

**Counselling on the need for follow-up visits:** During the clinic observations, it was found that standardized messages for follow-up requirements are well documented in each clinic, and the counsellors reported that these messages are properly disseminated during counselling. Findings presented in Table-6.2b show that 89 percent of the acceptors knew that the first follow-up visit was one month after insertion, 61 percent said that the second visit was after 5/6/8 months, and 55 percent new that the third visit was after one year, and that the fourth visit was after two years. This may reflect more on the memory lapses of the acceptors than on the negligence of the counsellors. However, clients from BAVS/Khulna and MFSTC were less aware than other clients on the proper regimen for follow-up. For example, while knowledge of the first followup was reported by 89-94 percent of the acceptors from the other centers, it was reported by only 72 percent of the acceptors from BAVS/Khulna; the situation is much worse regarding the second and third visits. Counselling about the need for second and third visits was lowest for MFSTC, only 35 and 27 percent respectively reporting being counselled about the need for such visits. These findings suggest that although the counsellors do inform the acceptors about the need for the first followup, they are less likely to emphasise the need for subsequent followup. This is true even through all of the physicians and counsellors in the centers said they counsel on the proper sequence of followup.

**Counselling about side-effects:** Eight percent of the acceptors mentioned not having been counselled about possible side-effects. However, most (91 percent) mentioned that they were informed about possible menstrual irregularities. Other aspects on which anticipatory counselling was given included such messages as: 'not to worry/problems will automatically pass away' (19 percent) and 'dizziness/nausea/headache' (16 percent). (Table 6.2c).

**Counselling about response to problems:** Except one percent, all the acceptors mentioned that they were told by the counsellors to report to the clinic in case of any problem (Table 6.2d).

**Whether learnt everything considered necessary to know:** Apart from 9 percent, all the acceptors mentioned that they learnt everything from the clinic which they considered necessary to know (Table-6.2e).

**Table-6.2: Nature of counselling as perceived by NORPLANT clients.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>a. Source of counselling on major topics:</b>								
Doctor/counsellor	84	80	90	76	68	68	83	79
NORPLANT user	59	62	43	42	46	21	32	45
FP worker	5	8	7	32	34	44	6	19
TBA/Dai	-	11	2	1	7	1	-	3
Agent	-	1	1	1	-	-	-	0
Other	-	5	-	-	2	1	1	1
Don't know	0	-	-	-	-	-	1	0
N	243	167	191	115	151	188	96	1151
<b>b. Counselling about need for follow-up visit:</b>								
Come after a month for first follow-up	94	92	92	90	93	72	89	89
Come after 5/6/8 months for second follow-up	76	68	36	58	88	43	64	61
Come after one year/ two years for third and fourth follow-up	74	55	27	47	88	38	55	55
Come after 2 months/3 months for second follow-up	37	34	16	17	31	11	44	27
Open bandage after 5-7 days	5	9	7	10	5	19	67	14
Report to clinic in case of problem	5	19	13	24	16	3	7	12
Check the date on the card to report to clinic	2	9	2	12	8	9	1	6
Do not remember anything	2	1	-	1	-	-	3	1
Other	1	1	-	4	-	-	1	2

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
--	------	-------	-------	---------------	-----------------	----------------	----------------	-----

(Percent)

**c. Counselling about side effects:**

Menstrual irregularities	96	80	95	97	85	95	83	91
Not to worry/problems will automatically pass away	11	20	19	28	27	25	6	19
Dizziness/nausea/headache	12	13	12	5	30	21	24	16
Lower abdominal pain	8	10	8	8	28	4	2	10
Pain in the upper arm/body	3	1	6	8	1	9	3	4
Weakness/sickness	1	2	1	2	5	6	-	3
To keep insertion spot dry for a week	5	1	-	4	-	4	-	2
Report to clinic in case of problem	0	1	1	-	3	1	-	1
Fat/weight gain	-	-	1	1	-	3	-	1
Will provide medicine if needed	-	2	-	2	1	1	-	1
To have enough fluid	-	-	-	2	-	1	-	0
Avoid heavy work for some days	0	-	-	2	-	5	-	1
Loss of hair/breast milk reduction	-	-	1	-	1	1	-	0
Fever/abscess	-	1	-	5	1	1	-	1
Other	1	2	-	1	2	5	-	2
No counselling	3	19	4	3	14	3	15	8

**d. Counselling about response to problems:**

Report to clinic in case of problem	99	100	100	100	99	97	100	99
Report to clinic for removal	1	1	-	2	1	1	-	1
Advised not to go to outside practitioners	-	-	2	2	-	-	-	1
Take good food	-	-	-	1	-	10	-	2

**e. Whether learnt everything considered necessary to know:**

Yes	91	90	95	90	89	90	91	91
No	9	10	5	10	11	10	9	9
Total	100	100	100	100	100	100	100	100
N	243	167	191	115	151	188	96	1151

### 6.3. Insertion services:

Findings in this section are primarily based on data from the interviews with the service providers and the observations of clinical services.

**Physical facilities:** With the exception of one center, all the NORPLANT clinical trial centers are better equipped as family planning service centers than most others in the country. These centers have most of the facilities needed for maintaining proper clinical care for NORPLANT services. However, areas identified for improvements in the future relate to the privacy and cleanliness of the operating theatre (OT) and provision of multiple sets of instruments. Out of the seven centers observed, in three centers the OTs used for NORPLANT insertions were part of a room, usually separated by curtains. In one center the same small room was used as the OT for simultaneously conducting vasectomies and NORPLANT insertions. The NORPLANT clients not only felt embarrassed, but also resisted the male OT assistant taking off their blouses for the removal of NORPLANT. In one center, the OT room has doors on both sides, and people come and go without regard for aseptic precaution. In three out of the 7 centers, the physicians use one set of instruments for insertion and removal of multiple cases without proper sterilization of the instruments between cases. The usual practice is to clean the instrument with savlon solution, which does not meet with accepted guideline for aseptic procedures.

**Aseptic precautions:** Apart from the above mentioned lapses in maintaining aseptic precautions, a practice observed in 5 out of the 7 centers was that the physicians put gloves on one hand only, generally without washing their hands.

**Job responsibilities:** As mentioned in chapter 5.2, none of the counsellors could show their job descriptions. However, the results of the interviews with the physicians and counsellors show certain delineation of job responsibilities between the physician and the counsellor. It may be mentioned that there are also other categories of workers in the clinic who assist in NORPLANT services besides the physicians and counsellors, but who are unlikely to be oriented with the NORPLANT protocol. Thus, the possibility of some of those workers providing incorrect information to the clients attending the clinics for treatment of side-effects or complications or for removal cannot be ruled out.

**Who renders what services:** Screening of clients is done by physicians as well as by counsellors or paramedics. The counsellors screen the clients in general terms, while the physicians, and in some centers the paramedics, screen for medical aspects. In all 7 centers, screening is done by asking questions, physical examinations, and laboratory tests. The physical examination is done by physicians in all the centers, but it is also done by paramedics in two centers, the counsellor in one center, and the clinical assistant in another. In all the centers, clients are prepared by physicians, except for DMCH

where the counsellor does so. Counsellors appear to help prepare the clients in five centers, and in the remaining two, the OT sister/Paramedic performs that task.

Sterilization of instruments is done by a wide range of auxiliary staff like the technician, Aya, OT sister, clinic assistant, paramedic, and counsellor. All of the centers use autoclaves for sterilization of metal instruments; three centers, however, mentioned sterilization by boiling in water. Gloves and linen are autoclaved in all the centers, except at UHC/Gazaria where they mentioned the use of disposable gloves. NORPLANT insertions are performed by physicians in all the centers.

**Procedure of insertion:** As mentioned in the methodology section, clinical services were observed for 3 consecutive days in each of the 7 centers. Although as many as 18 clients came to 6 out of the 7 centers, only 3 clients in one center were provided with NORPLANT; the remaining 15 clients were rejected. A careful analyses of the reasons for rejection show that at least one-third of those rejections were made on invalid grounds, presumably to avoid insertions in the presence of the observers. However, as can be seen from Table 6.3, a large number of clients attended for followup, with or without side-effects or complications and for removal of NORPLANT, and they were appropriately served by all the centers. These findings are discussed in chapters 7 and 8.

**Table-6.3: Summary of Results from Observation of Clinical Services for NORPLANT.**

Center	Date of observation	Number of clients attended and serviced						Total client attended
		New clients	Inser- ted	Rejec- ted	Follow- up	Side- effect	Remo- val	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
DMCH	16-18 Sep	4	-	5	9	8	1	14
IPGMR	23-25 Sep	1	-	1	7	5	-	8
MFSTC	12-14 Oct	3	-	3	13	7	1	17
FPAB,D	04-06 Nov	-	-	-	3	3	-	3
FPAB,R	05-07 Oct	5	-	5	14	10	2	21
BAVS,K	28-30 Sep	3	3	-	19	15	6	28
UHC,G	21-23 Oct	2	-	2	9	4	-	11
<b>Total</b>		<b>18</b>	<b>3</b>	<b>15</b>	<b>74</b>	<b>52</b>	<b>10</b>	<b>102</b>

#### **6.4. Followup services:**

NORPLANT clients are given a short version of the client card while detailed information is retained in the clinical card. The dates of insertion and subsequent visits are recorded on the client card along with a short description of side-effects/complications and treatment given. All but 3 acceptors, mentioned that they had received client cards. Two-thirds of the acceptors could show their cards; of those, all but 5 percent were updated (Table 6.4a).

The acceptors were, however, not asked to state the reasons for their inability to show the cards. Nevertheless, results of other studies show that retention of the client card is hindered mainly due to carelessness on the part of the clients, migration, change of residence, repair/reconstruction of houses, and shortage of place for safe keeping. Lack of emphasis on the retention of the cards was also found to be attributable to their (Kamal et al., 1991).

**Rate of followup:** The mean number of times the acceptors had returned to the clinic is shown in Table 6.4b. As per the NORPLANT Protocol, an acceptor is scheduled to return to the clinic at the end of one month from the date of insertion for the first followup, at the end of 6 months for the second followup, at the end of 12 months for the third followup, and at the end of each subsequent year for next followup up to the date of expiry of the device.

Unscheduled visits are frequently made, primarily for getting advice and treatment for side-effects and complications. Visits for follow up are considerably higher than the recommended number during the first year, but the reverse is true after the first year, when especially after the initial six months of use, NORPLANT acceptors seem to settle down in terms of side effects and complications.

**Delays in follow-up and reasons for the delay:** Two-thirds of the acceptors were never late in reporting to the clinic for follow-up (Table 6.4c). The reasons for delays among the remaining one-third were varied, including such responses as 'busy with household work' (29 percent), 'lack of money' (15 percent), 'went to village/parental home' (13 percent), 'no one to accompany' (12 percent), 'bad communication/center is far away' (8 percent), 'sickness/illness' (8 percent), and 'forgot the date' (7 percent) (Table 6.4d).

**Contact by clinic staff:** According to both physicians and counsellors, clients are counselled to return for followup according to the prescribed schedule. When clients do not return for followup, service providers generally send for the client in person or through a letter. Slightly over one-third (37 percent) of the respondents said that they had been contacted by the

clinic for followup. Counsellors were asked in the FGD about clients who do not return for followup. Their responses follow:

**If a client does not report for followup what do you usually do ?**

- No letter is issued for the first follow-up.
- For all follow-ups from six month onwards a letter is issued to remind the client at least one week ahead of the date of follow-up.
- In two centers, a letter for follow-up is mailed at the first week of each month. If a client does not report, they wait for three days and mail a second letter.
- One center has a male counsellor who visits the clients in case they fail to report for follow-up.
- Two centers have messengers for the PMS project to visit clients who fail to report for follow-up.
- No client from distant upazilas are visited for follow-up.

**What are the problems you face in providing followup to a client who fails to report to the clinic ?**

- Without a messenger, followup cannot be ensured.
- It is difficult for the counsellor to visit the clients.
- Sometimes for cases lost to follow-up, counsellors make home visits. When they do so they have to give the responsibility of the center to another counsellor.
- One center has a referrer who is paid referral fees at the time of insertion. This referrer works as a messenger for cases lost to follow-up.

**How do you ensure followup to clients from distant areas ?**

- Clients even from distant areas come for regular follow-up (from Mymensing, Comilla, Laksham).
- Many clients report after they receive a letter.
- The PMS records five addresses, present, permanent, relatives, etc. so it is easy to make contact.

**Level of satisfactions:** Eighty-six percent of the acceptors were either satisfied or somewhat satisfied with the advice or

treatment received from the clinic related to the problems they were facing (Table 6.4f).

**Table-6.4: Follow-up services.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>a. Availability of card:</b>								
No card given	0	1	-	-	-	-	-	0
Shown, updated	67	66	51	64	78	51	55	62
Shown, not updated	7	2	10	3	-	1	9	5
Could not be shown	26	31	39	33	22	48	36	33
Total	100	100	100	100	100	100	100	100
N	243	167	191	115	151	188	96	1151

**b. No. of times returned to clinic after insertion:**

Length of use	N	Ideal No. of visit	Mean No. of visit
0-1 month	5	1	2.8
2-6 months	25	2	4.1
7-12 months	91	3	3.5
13-24 months	489	4	3.6
25-36 months	419	5	4.0
37-48 months	94	6	4.5
49-60 months	1	7	6.0

**c. Whether respondent had been late for followup:**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
Yes	44	29	36	37	21	28	35	33
No	56	71	64	63	79	72	65	67
Total	100	100	100	100	100	100	100	100
N	243	167	186	115	151	183	95	1140

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
--	------	-------	-------	---------------	-----------------	----------------	----------------	-----

(Percent)

**d. Reasons for being late for followup:**

Busy with house- hold work	26	31	39	26	25	27	27	29
Lack of money	17	14	21	10	3	15	15	15
Went to village/ parental home	9	20	9	24	9	19	3	13
No accompanier	16	12	3	24	13	14	-	12
Bad communication/ center is away	4	12	11	2	9	8	15	8
Sickness	9	6	8	2	13	6	18	8
Forgot the date	8	2	3	5	13	8	12	7
There was no problem	7	4	11	2	9	6	3	6
Card was lost/ left at village home	3	2	2	2	3	-	3	2
Center was closed	-	2	2	2	-	2	3	1
No medicine was given during follow-up	1	2	-	-	-	4	-	1
Was angry because of neglect by clinic staff	-	2	-	-	-	-	-	0
Other	5	2	2	-	3	2	-	2
N	106	49	66	42	32	52	33	380

**e. Whether clinic contacted acceptors for followup:**

Yes	51	37	14	35	45	29	53	37
No	49	63	86	65	55	71	47	63

**f. Whether satisfied with the advice/  
treatment provided by the clinic:**

Yes	86	86	91	85	92	72	95	36
No	14	14	9	15	8	28	5	14
N	243	167	191	115	151	188	96	1151

**6.5. Problems in rendering NORPLANT services:**

**Problems as perceived by the physicians:** Three of the physicians said they faced no problems in the provision of NORPLANT; of the others, 6 experienced problems with clients who do not come for follow-up on schedule or who have moved. Three others have experienced problems with management of side-effects or complications. Two doctors each faced problems associated with rumors and superstition, and assessment of contraindications (Table 6.5.1).

**Table-6.5.1: Problems faced in rendering NORPLANT services.**

All centers	
(Number)	
<b>a. Problems faced in rendering NORPLANT services:</b> (multiple responses possible)	
Clients do not come for followup on schedule/followup to migrated clients	5
No problem faced	3
Management of side effects/ complications	3
Rumors/superstition	2
Assessment of contraindication	2
Low budget for medicine	1
Clients are disturbed for frequent interviewing	1
<b>b. With whom the problem was discussed:</b> (multiple responses possible)	
Center chief	5
BIRPERHT	3
Supervisor	2
Another provider	1
<b>c. Whether there is any unresolved problem:</b>	
Yes	2
No	9
<b>d. Unresolved problems:</b>	
No fund for expansion phase	1
PI & Co PI were absent from Aug.90-Aug.91	1

Problems are usually discussed with the center chief, BIRPERHT, or the supervisor (Table 6.5.1b). Two out of the 11 physicians interviewed mentioned that they had unresolved problems (Table 6.5.1c).

**Problems as perceived by the counsellors:** Nine out of the 10 counsellors interviewed mentioned facing problems in providing NORPLANT. As shown in Table 6.5.2a, the counsellors gave a long list of problems, including providing followup to those who do not return, management of side-effects, shortage of medicine, husbands of acceptors create problems, acceptors demand money for unscheduled visits, and some acceptors cannot give accurate addresses.

Problems are usually discussed by the counsellors with providers (7 out of 10), BIRPERHT (3 out of 10), and the center chief (2 out of 10) (Table 6.5.2b). Four out of the 10 counsellors interviewed mentioned having unresolved problems (Table 6.5.2c), including 'no solution to those who have menstrual disorders' and 'no provision (to meet the transportation costs) for unscheduled followup visits' (Table 6.5.2d).

**Table-6.5.2: Problems faced in rendering NORPLANT services by Counsellors.**

	All centers
<b>a. Problems faced in rendering NORPLANT services:</b>	
Followup to those who don't return or migrate	4
Shortage of medicine	4
Husbands create problem	3
Acceptors demand money for unscheduled visits	2
Some acceptors can't tell accurate address	2
Management of side-effects/ complications	1
Acceptors get upset rejection after assessment of contraindications	1
Clients become unhappy when listen to bad things about NORPLANT	1
Inadequate logistics supply	1
Exclusive physician needed for NORPLANT	1
Some clients disagree to PV examination	1
No problem faced	1

---

All centers

---

**b. With whom the problems were discussed:**

Providers	7
BIRPERHT	3
Center chief	2

---

**c. Whether there is any unresolved problem:**

Yes	4
No	6

---

**d. Unresolved problems:**

No solution to menstrual disorder	3
No payment for unschedule followup	2

---

In the FGD, counsellors listed the following problems they face in providing NORPLANT services.

- Lack of money for medicine, correspondence, and stationery.
- Travelling cost is not commensurate with distance. There should be 2 to 3 different rates.
- Some clients think that all the responsibilities are with the clinic, so they demand medicine. If it is not supplied, they are displeased.
- We face both human and financial resource constraints for follow-up.
- Lack of adequate treatment facilities for clients having complications, but who are not willing to remove.
- Clients also demand medicine for ailments not related to NORPLANT.
- Some women do not want to undergo a pelvic examination, thus we have to reject them.
- We are underpaid compared to our heavy work load.
- Autoclaving is a problem when there is strike in the Autoclave center.

- Although some clients are self-motivated for FP, they put all the blame on the clinic if anything goes wrong.
- Some clients come to the hospital for other purposes, but they demand money for follow-up.

The clinic observations revealed certain problems related to the provision of NORPLANT. In one center, for example, the doctor had to ask the counsellor what should be done for clients in the case of bleeding problems. The doctor was told by the counsellor to give iron tablets only. In some centers the counsellor provides most followup and treatment of side-effects. Only serious cases are referred to the doctor. In some centers medicine is not available for clients. Privacy for clients tends to be a problem. In some centers, male and female clients are counselled simultaneously in the same room. Waiting time for clients can be long. In one center, clients had to wait on the doctor who was late.

## Chapter 7

### POST INSERTION EXPERIENCE

This chapter contains information related to problems and side-effects, sources and nature of advice regarding the side-effects experienced by clients, and the retention rate for the NORPLANT and IUD. The perceptions of physicians and counsellors on side-effects are also discussed.

#### 7.1. Side-effects:

**Perceptions of physicians on side-effects:** According to the physicians, the most common side-effects of NORPLANT are menstrual disturbances, nausea, dizziness, headaches, amenorrhoea, and insertion site infections (Table 7.1.1a).

**Table-7.1.1a: Perceptions of physicians on side-effects.**

Side-effect	All centers
Menstrual disturbance	8
Amenorrhoea	8
Nausea/dizziness/headache	6
Insertion site infection	5
Weight loss	3
Weight gain	3
Loss of appetite	3
Depression	3
Changes of libido	2
General weakness	2
Pain in left arm	2
Acne	1
Jaundice	1

**Perceptions of counsellors on side-effects:** The list of side effects from which clients suffer as reported by the counsellors differed somewhat from that of the doctors, although 'menstrual disturbances' again topped the list (Table 7.1.1b). While 8 of the 11 physicians interviewed mentioned amenorrhoea' as a side-effect, only 1 of the 10 counsellors did so. Second on the counsellors list of side-effects was 'dizziness, headache and nausea'.

**Table-7.1.1b: Perception of counsellors on side-effects.**

Side-effects	All centers
Menstrual disturbance	8
Dizziness/headache/nausea	7
Weight gain	4
Burning sensation in body	4
Changes of libido	3
Loss of appetite	1
Infection at the implantation site	2
Lower abdominal pain	2
Amenorrhoea	1

**Experience related to problems and side-effects by acceptors:** Nearly three-quarters of the clients have had problems or side-effects after having NORPLANT inserted. Nearly three-fifths of all acceptors complained of menstrual problems, namely, 'spotting/irregular menstruation' (31 percent), and 'slightly more menstrual bleeding' (19 percent). 'Dizziness/headache' was also mentioned by 8 percent of the acceptors (Table-7.1.2a).

**Details of menstrual irregularities:** When asked about the details of menstrual irregularities, two-fifths mentioned 'too much bleeding' and another two-fifths cited 'long menstrual cycles'. One-quarter of those having menstrual irregularities said they had 'irregular bleeding'. Another one-fifth had 'Amenorrhoea,' and about one-tenth had 'scanty menses'. 'Bleeding too often' was also mentioned by 13 percent of those having menstrual irregularities (Table 7.1.2b).

**Reasons for considering menstrual irregularities as a problem:** Nearly one-half of those having menstrual irregularities consider it a problem, because they had suffered from 'weakness/loss of weight/inertia of limbs', and over two-fifths mentioned that they had 'difficulty in performing religious rites'. About one-quarter mentioned that they had problems in doing household work, and another one-quarter had 'coital inconveniences'. Among other reasons for considering the menstrual irregularities as a problem were 'dizziness/headache/nausea' (13 percent), 'abdominal pain' (8 percent), and burning sensation in limbs/eyes/body' (7 percent) (Table 7.1.2c).

**Timing of severest problem:** The median number of days after which the most severe problem occurred was 48. About 17 percent had the problem within the first two weeks of insertion, another 22 percent between three weeks and two months, 13 percent between 2 and 3 months, and the remaining 33 percent three months or later (Table 7.1.2d).

**Similarity of problems with NORPLANT, and other FP methods used:** Three-fifths of those who had ever used any FP method other than NORPLANT, and who mentioned having problems with NORPLANT, reported that the problems with NORPLANT were more severe than those they experienced with other FP methods (Table 7.1.2e).

**Persons with whom the problems were discussed:** Virtually all of the acceptors (96 percent) discussed the problems they faced with NORPLANT with someone. Three-quarters of them discussed them with the doctor, and slightly over one-third discussed the problems with the counsellor of the clinic. Eight percent discussed them with FWAs, and 4 percent with a doctor outside of the clinic (Table-7.1.2f).

**Nature of service/advice received:** Eighty-seven percent of those who received any advice mentioned that medicine was prescribed; however, the proportion mentioning this was lower for BAVS/Khulna (67 percent) than for the remaining centers (82-97 percent). Three-fifths mentioned that they were informed that the initial problems and discomforts would disappear and were advised to retain the NORPLANT. The proportion of acceptors who received such counselling was lower in UHC/Gazaria (40 percent) than in the other centers (Table-7.1.2g).

**Whether problems were resolved:** Slightly over one-half of those with problems mentioned that their most severe problem had been resolved before the date of the interview, while two-fifths said the problem had not been resolved (Table-7.1.2h).

**Unresolved problems:** The most frequently mentioned unresolved problems related to the persistence of such menstrual disorders as 'a lot more bleeding' (15 percent), 'spotting/irregular menstruation' (21 percent), and 'slightly more bleeding' (7 percent). About one-fifth of those having unresolved problems cited of persistence of 'dizziness or headache'.

**Functional impairment due to the problem:** Over one-tenth of the acceptors complained of functional impairment due to the problems they suffered as a result of the implantation of NORPLANT. The median number of days of impairment was 15.

Women receiving advice from doctors other than those from the clinic from where the NORPLANT was inserted, or from FWAs, were more likely to be advised for removal of the implant than were women who received the advice from the doctor or counsellor from the clinic (Table-7.1.3).

**Table-7.1.2: Post insertion experiences.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>a. Major problems/side effects experienced:</b>								
None	23	37	29	26	37	25	16	28
Spotting/Irregular menstruation	33	22	36	31	29	37	27	31
Slightly more menstrual bleeding	26	19	11	21	10	16	33	19
Dizziness/Headache	8	7	6	7	11	7	16	8
A lot more bleeding	6	9	6	9	8	6	3	7
Changes in weight	-	-	3	1	-	2	-	1
Changes of libido	1	-	-	2	-	-	-	0
Depression	-	-	1	-	-	1	-	0
Other	3	5	8	4	5	7	5	6
Total	100	100	100	100	100	100	100	100
N	243	167	191	115	151	188	96	1151
<b>b. Details of menstrual irregularities: (multiple responses possible)</b>								
Too much bleeding	31	66	39	47	66	27	38	42
Long menstrual cycles	55	18	31	41	16	39	75	40
Amenorrhoea	20	21	34	36	6	48	12	27
Too irregular bleeding	15	29	29	18	56	28	7	25
Bleeding too often	13	4	16	18	13	16	8	13
Scanty menses	13	5	12	4	16	13	10	11
Other	1	6	2	4	1	2	-	2
N	159	85	106	73	70	127	61	681

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>c. Why menstrual irregularities was considered as a problem:</b> (multiple responses possible)								
Weakness/loss of weight/inertia of limbs	30	73	45	38	71	53	32	47
Difficulty in performing religious rites	55	40	33	45	69	14	61	43
Coital inconvenience	24	31	19	19	31	14	38	24
Problems in doing household works	16	26	15	23	29	27	33	23
Husband/mother-in-law was annoyed	20	8	25	15	9	21	2	16
Dizziness/headache/nausea	6	11	9	10	13	30	12	13
Abdominal pain/pelvic pain	8	5	9	7	10	11	2	8
Burning sensation in limbs/eyes/body	8	7	5	11	3	7	7	7
Problems of movement	9	8	1	1	-	2	8	4
Felt heavy as if pregnant	2	4	6	6	-	3	-	3
Loss of appetite	1	5	8	7	-	2	-	3
Clothes, beds cannot be kept pure	6	-	5	7	-	1	-	3
Lower abdomen got hard and stiff	1	2	2	3	1	2	-	2
Infection in the cervix because of excessive bleeding	3	-	3	3	1	1	5	2
Continuous fever	1	-	-	1	-	2	2	1
Other	1	3	-	1	-	2	-	1
N	159	85	106	73	70	127	61	681

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
--	------	-------	-------	---------------	-----------------	----------------	----------------	-----

(Percent)

**d. Timing of (severest) problem:**

0-6 days after insertion	1	6	2	6	-	1	-	2
7-14 days after insertion	22	31	17	24	7	35	11	22
15-30 days after insertion	11	11	23	18	12	20	6	15
31-60 days after insertion	16	10	20	13	16	16	11	15
61-90 days after insertion	14	12	13	8	19	11	15	13
91+ days after insertion	36	30	25	31	46	17	57	33
Total	100	100	100	100	100	100	100	100
N	187	105	135	85	95	142	81	830

Median (for those with problem)	72	36	36	36	72	24	108	48
---------------------------------	----	----	----	----	----	----	-----	----

**e. Whether problem with NORPLANT was more or less compared to other FP methods used:**

More	50	68	65	55	56	64	63	60
Less	50	32	35	45	44	36	37	40
Total	100	100	100	100	100	100	100	100
N	113	69	105	73	55	88	41	541

**f. Persons with whom the problems were discussed:  
(multiple responses possible)**

None	6	3	6	4	2	5	1	4
Doctor from clinic	80	94	69	66	92	54	90	76
Other doctor	3	-	4	6	-	6	7	4
Counsellor from clinic	34	25	59	49	4	35	38	36
FWV	1	-	-	-	-	2	-	1
FWA	-	-	5	18	6	24	-	8
Dai/TBA	-	4	-	-	-	1	-	1
Other	1	-	-	-	1	1	-	0
N	187	105	135	85	95	142	81	830

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>g. Nature of service/advice received: (restricted to those with advice) (multiple responses possible)</b>								
Prescribed medicine	97	95	82	88	91	67	95	87
Informed that initial problems will disappear	56	78	59	70	82	59	40	63
Removed the NORPLANT	4	4	12	5	2	4	26	7
Advised to go to the clinic	5	1	4	18	3	13	4	7
Advised to remove the NORPLANT	3	2	6	9	1	15	-	5
Took to the clinic	-	-	-	4	-	2	-	1
No advice/action	-	2	-	-	-	2	-	1
Other	6	2	13	5	-	10	24	8
N	176	102	127	82	93	135	80	715
<b>h. Whether problems has been resolved (for those with problem):</b>								
Severest problem resolved	42	65	58	55	65	52	56	55
Severest problem not resolved	55	31	42	38	33	44	44	42
Resolved but another problem continuing	3	4	1	7	2	4	-	3
N	187	105	135	85	95	142	81	830
<b>i. Unresolved problems:</b>								
A lot more bleeding	43	38	65	47	30	52	28	45
Spotting/Irregular menstruation	28	27	5	16	12	15	42	21
Dizziness/Headache	17	22	9	16	39	13	25	18
Slightly more mens- trual bleeding	7	5	5	3	18	7	-	7
Weakness/lethargy	4	3	-	5	3	6	-	3
Changes of libido	-	-	-	8	-	2	-	1
Depression	1	-	2	-	-	2	-	1
Abdominal pain	1	-	-	-	-	3	-	1
Changes in weight	-	-	5	3	-	2	-	1
Burning sensation in body/limbs	-	-	-	3	-	1	-	1
Insertion site got hard	-	-	2	-	-	-	-	0
Other	5	8	9	8	-	9	6	6
N	108	37	57	38	33	68	36	377

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>j. Functional impairment due to the problem:</b>								
No impairment	93	74	87	93	86	94	83	88
1-3 days	1	-	1	1	-	-	4	1
4-6 days	1	4	1	1	3	1	1	2
7-14 days	1	10	2	1	3	2	4	3
15-30 days	3	9	4	2	7	1	8	5
30 days +	1	4	5	1	-	2	1	2
Total	100	100	100	100	100	100	100	100
N	187	105	135	85	95	142	81	830
Median number of days (for those having impairment)	15	12	30	14	15	16	13	15

**Table-7.1.3: Nature of advice received by source of advice (restricted to those who sought advice about problem).**

Source of advice	Nature of advice								N
	Advised to remove	Remove	Advised to go to the clinic	Took the client to the clinic	Prescribed medicine	Retain the NORPLANT	No advise/ no action	Other	
(multiple responses possible)									
Doctor from clinic	4	9	4	0	90	64	1	8	634
Other doctor	23	26	32	-	87	55	-	16	31
Counsellor from clinic	8	10	4	1	86	55	1	15	296
FWV	-	-	50	-	50	50	50	25	4
FWA	13	7	45	8	66	60	3	3	62
Dai/TBA	-	-	20	-	100	100	-	-	5
Other	-	-	33	-	100	67	-	33	3
All	5	7	7	1	87	63	1	8	795

## 7.2. Retention rate for the NORPLANT:

Life table analysis techniques were used to calculate the continuation rate of NORPLANT use, or the proportions of acceptors still using NORPLANT at specified durations after insertion. This analysis procedure takes into account the

variable 'observation period'. NORPLANT acceptors considered in this study were drawn with the cohort that had the insertions between 1988 and 1990 and included both continues and discontinues in the sample. Therefore, some respondents were interviewed after 9-10 months of the insertions, while others were interviewed after 2-3 years. Life table technique permits the inclusion of acceptors in the analysis up until the end of their observation period.

Table 7.2a shows that three months after insertion, 99 percent of the acceptors were still using the NORPLANT. The proportion declined slightly to 97 percent after six months, to 95 percent after 9 months, and to 92 percent at the end of a year. The two-year retention rate was 75 percent and the three year rate was 61 percent. Results of the study conducted by BIRPERHT at the end of 36 months of the first phase clinical trial estimated the continuation rate at the end of 12, 24, and 36 months at 94, 72, and 56 percent respectively (Hannan, 1990).

Among the different centers, the retention rates were relatively high for DMCH, FPAB/Rangpur, FPAB/Dhaka, and UHC/Gazaria compared to the remaining three centers BAVS/Khulna, MFSTC, and IPGMR.

**Table-7.2a. Cumulative proportions still using at the start of specified intervals, calculated by life table methods.**

Months	DMCH	IPGMR	MFSTC	FPAB	FPAB	BAVS	UHC	ALL
				Dhaka	Rangpur			
3	1.00	.98	.99	.99	.99	.99	1.00	.99
6	.98	.95	.96	.98	.98	.95	.98	.97
9	.97	.93	.92	.97	.97	.92	.98	.95
12	.95	.92	.87	.93	.97	.87	.92	.92
18	.89	.80	.79	.84	.93	.74	.86	.84
24	.85	.72	.67	.78	.86	.63	.73	.75
30	.78	.66	.62	.68	.77	.55	.66	.68
36	.74	.59	.57	.57	.68	.46	.66	.61
N	243	167	191	115	151	188	96	1151

**Comparison of the retention rate between Bangladesh and other countries:** Table 7.2b shows that there are wide variations in the continuation rates among different countries. However, the continuation rates are largely similar among such Asiatic countries as Indonesia, China, Thailand, Sri Lanka, and Bangladesh. The continuation rates were relatively lower in American and Latin American countries, except for Chile.

**Table-7.2b: Comparison of cumulative continuation rate of NORPLANT in selected countries.**

Country/study	N	Continuation rate (by year)				
		1	2	3	4	5
Chile	491	90	82	72	63	55
United States	396	82	65	50	44	*
Dominican Republic	1,009	79	60	44	33	25
Scandinavia	377	76	60	53	37	33
Egypt	250	90	69	63	59	58
Columbia	389	92	76	68	*	*
Indonesia	437	95	92	88	82	78
Bangladesh	1,151	92	75	61	*	*
China	10,710	94	82	*	*	*
Thailand	365	94	82	*	*	*
Srilanka	400	99	*	*	*	*

Source: Studies in Family Planning Vol.19, No.2, March/April/1988.  
 \* Data not available.

**Comparison of the retention rate of NORPLANT with IUD:** Table 7.2c shows that the retention rates for NORPLANT are much higher compared to those of the IUD. For example, the retention rate at the end of one year was 92 percent for NORPLANT compared to 63 percent for the IUD, and, at the end of 18 months, the retention rate was 84 percent for NORPLANT compared to 50 percent for the IUD.

**Table-7.2c: Comparison of the retention rates between NORPLANT and the IUD.**

Months	IUD 1988	NORPLANT 1988-90
2	.91	-
3	-	.99
4	.82	-
6	.78	.97
8	.72	-
9	-	.95
10	.67	-
12	.63	.92
18	.50	.84

Analysis has also been performed to examine variations in the retention rates by individual characteristics of acceptors (Table-7.3). The following variables were considered:

- age
- number of living children
- desire for another child
- ever use of FP method prior to insertion
- education
- experience of problems

As expected, older women, who have a large number of children, and who wanted no more children, had higher retention rates. For example, the retention rates for women older than 29 years was 94 percent at the end of one year, 79 percent at the end of two years, and 66 percent at the end of three years, while the corresponding rates for those who were younger were 90, 72, and 57 percent, respectively.

Prior use of another contraceptive, or the resort to MR immediately before the insertion, would likely be associated with a longer duration of retention because a history of contraception implies a sustained level of motivation for regulating fertility. But a reversal was found to be true (Table-7.3d). The retention rate for those who had ever used any FP method prior to acceptance of NORPLANT was lower, 89 percent at the end of one year, 69 percent at the end of two years, and 53 percent at the end of three years compared to 97, 87, and 77 percent, respectively, for those who had never used a contraceptive prior to the insertion of NORPLANT. Similar findings were also found for IUD acceptors. Explanations for these results are speculative, however, it could be that women who tried and discontinued other methods in the past may be more susceptible to side-effects, and therefore less likely to find NORPLANT acceptable.

Educated women were found to continue the use of NORPLANT for slightly shorter duration compared to the less educated and illiterate women. For example, the retention rate for the women having no education was 93 percent at the end of one year, 78 percent at the end of two years, and 62 percent at the end of three years, while the comparable rates for those having primary level of education was lower at 91, 73, and 62 respectively. For those women having secondary education and above, the retention rate was much lower 88, 68, and 53 percent, respectively (Table-7.3e).

Functional impairment due to side-effects or complications was found to be highly correlated with levels of retention. For example, the retention rates for women having side-effects causing functional impairment sharply declined from 83 percent at the end of the first year to 35 percent at the end of the second year, and to as low as 14 percent at the end of the third year, as compared to 91, 74, and 61 percent for those who did have side-effects or problems but no functional impairment; the

comparable rates for those who had no problem was appreciably high at 97, 91, and 80 percent, respectively (Table 7.3f). It is important to note, however, that one-fourth of experiencing functional impairment were still using the NORPLANT, and that the median duration of functional impairment was 15 days (Table-7.4a).

The level of satisfaction with the services was also found to be highly correlated with retention rates. Women who are highly satisfied or satisfied are more likely to use the NORPLANT for longer duration than those who are either somewhat or not at all satisfied. The retention rate sharply declined from those who were highly satisfied (77 percent), to those who were somewhat satisfied (53 percent) and to those who were not at all satisfied (36 percent) (Table 7.4b).

**Table-7.3: Life table analysis by individual characteristics of clients and experience of problems.**

	N	Retention rates for the NORPLANT (months)							
		3	6	9	12	18	24	30	36
<b>a. Age:</b>									
< 29	702	.99	.96	.94	.90	.82	.72	.64	.57
30 +	449	.99	.98	.96	.94	.86	.79	.73	.66
<b>b. Number of living children:</b>									
< 2	135	.99	.96	.93	.87	.78	.64	.53	.40
2	350	.99	.97	.94	.91	.85	.73	.65	.60
3 +	666	.99	.97	.96	.93	.84	.78	.72	.66
<b>c. Desire for another child:</b>									
Yes/uncertain	390	.99	.97	.94	.90	.83	.72	.66	.57
No	761	.99	.97	.95	.92	.84	.76	.69	.63
<b>d. Ever-use of FP method prior to insertion:</b>									
Yes	770	.99	.96	.93	.89	.79	.69	.61	.53
No	381	1.00	.99	.98	.97	.93	.87	.83	.77

	N	Retention rates for the NORPLANT (months)							
		3	6	9	12	18	24	30	36
<b>e. Education:</b>									
No education	679	.99	.97	.95	.93	.84	.78	.69	.62
Primary	323	.99	.96	.94	.91	.83	.73	.66	.62
Secondary and above	149	.99	.96	.95	.88	.79	.68	.64	.53

**f. Experience of problems:**

Yes, and functional impairment	99	.98	.91	.87	.83	.55	.35	.25	.14
Yes, but no functional impairment	731	.99	.96	.94	.91	.82	.74	.66	.61
No problem	321	.99	.99	.98	.97	.96	.91	.88	.80

**Table-7.4: Status of use, by experience of problems and satisfaction with services.**

	Removed	Still using	Total	N
<b>a. Experience of problems:</b>				
Yes, and functional impairment	75	25	100	99
Yes, but no functional impairment	28	72	100	731
No problem	11	89	100	321
All	27	73	100	1151

**b. Satisfaction with services:**

Highly satisfied	23	77	100	244
Satisfied	25	75	100	769
Somewhat satisfied	47	53	100	113
Not at all satisfied	64	36	100	25
All	27	73	100	1151

## Chapter 8

### NORPLANT REMOVAL SERVICES

This chapter deals with requests for removal, reasons for removal, access to removal, family planning practices after removal of NORPLANT, and knowledge about the time of removal. The experiences, of service providers with removal and re-insertions are also discussed.

#### 8.1. Experience of physicians with removals and re-insertions:

All of the physicians interviewed have had experience with NORPLANT removal. When clients request removals, they are generally asked the reason. If the problem can be resolved without removal, the service providers attempt to do so. None of the physicians interviewed said they had refused a removal. For those clients who had retained NORPLANT for five years, the clinics sent them a letter or a message through a worker or referrer reminding them to return for removal, if the clients themselves do not come (Table 8.1.1).

Table 8.1.1g gives the responses of the physicians regarding the steps they generally take to ensure the return of clients after five years. No response was dominant among the physicians, although seven reported reminding the clients through visits, letters or at the time of the final follow-up visit, and three reported reminding clients that NORPLANT loses its effectiveness after five years.

Seven of the physicians interviewed have had experience with a total of 27 reinsertions, mostly related to women who had completed five years of use (Table 8.1.2).

**Table-8.1.1: Experience with removals.**

<hr/>	
All centers	
<hr/>	
<b>a. Whether removed any NORPLANT:</b>	
Yes	11
<hr/>	
<b>b. What is usually done for a client who requests for removal:</b>	
Ask reason	4
Give treatment	4
Remove, if reason is genuine	4
Try to motivate	3
<hr/>	

---

All centers

---

**c. What is done if a removal  
is unnecessarily requested:**

Removal done	9
Try to motivate	4
Give treatment	1

---

**d. Whether refused to remove the  
NORPLANT:**

Never refused	11
---------------	----

---

**e. Whether faced any problem in  
removing the NORPLANT:**

Yes	3
No	8

---

**f. Arrangements for removal or  
reinsertion after 5 years:**

Send a letter	10
Inform through referrer/worker	8

---

**g. Suggestions for ensuring return  
of acceptors after 5 years:**

Emphasise to client about ineffecti- vity after 5 years	3
Send message/letter	3
Inform through referrer	2
Reminder during last followup visit	2
Payment of transportation cost	2
Provision for removal by any doctor	1

---

**Table-8.1.2: Experiences with reinsertions.**

---

All centers

---

**a. Whether reinsertion any NORPLANT:**

Yes	7
No	4

---

	All centers
<b>b. Number of re-insertions :</b>	
1	1
2	1
3	2
4	-
5	1
6	1
7	1
<b>c. Months after which re-insertions were done:</b>	
<3 months	1
24 months	1
On completion of 5 years	5
<b>d. Reasons for removal for re-insertion clients:</b>	
Effective duration completed	7
Desire more child	1
Due to side-effects	1

### 8.2. Experience of counsellors with removal and re-insertions:

Of the 10 counsellors interviewed, 8 said they have not refused removal. In one case that the client was refused removal, the woman took her file and said she would have the NORPLANT removed elsewhere. The other client refused was satisfied with the treatment given, according to the counsellor (Table 8.2).

For removal or re-insertion after five years, the counsellors send letters to the clients and inform them through a worker. The most common suggestion for reminding women to return for removal is to inform them through a referrer (Table 8.2i).

**Table-8.2: Experiences with removal.**

---

All centers

---

**a. Who took decision for removal**

Provider and counsellor	5
Counsellor alone	4
Paramedic alone	1

---

**b. Whether refused for removal:**

Yes	2
No	8

---

**c. Reasons for refusal to remove the NORPLANT:**

Never refused	8
Removal was not necessary	1
All services were closed due to failure of water supply/doctor's strike	1

---

**d. What is told to a client when refused to remove the NORPLANT:**

Treatment given	1
Suggested to come after few days	1

---

**e. Reactions of the clients when refused:**

Clients was satisfied	2
Clients said they will remove from outside	1

---

**f. Whether faced any problem with any clients or her accompaniers because of refusal to remove:**

Yes	1
No	9

---

**g. Type of problems:**

Client took the file with her	1
-------------------------------	---

---

**h. Arrangements for removal or re-insertion after 5 years:**

Send a letter	10
Inform through referrer/worker	8

---

**i. Suggestions for ensuring return of acceptors after 5 years:**

Inform through referrer	7
Emphasise to client about ineffectivity after 5 years	3
Send message/letter	3
Payment of transportation cost	2
Try to motivate for removal	2
Reminder during last followup visit	2

---

Counsellors were asked in the FGDs about removal. Their response are as follows:

**How do you determine whether a NORPLANT will be removed or not, when removal is requested ?**

- If a client is interested, the NORPLANT is removed.
- Clients having problems sometimes come to the clinic three times in a month, so the urgency of removal can be assessed.
- Treatment is given for bleeding disturbances and other side-effects; if medicine does not cure it, removal is agreed to.
- Some clients raise social and family disturbances, like child's ill health, poverty, lack of peace in conjugal life. Their problem is more mental than physical; if they insist on removal, we do it.
- When clients are adamant, we agree.
- Some clients are persuaded not to remove, they go back satisfied; others who cannot be persuaded, are sent to the doctor for removal.

**Some clients go to private doctors for removal of NORPLANT. What, in your opinion, are the reasons for them not to report to the clinic ?**

- To avoid hazards of travelling to the center.
- They are scared that we may persuade them not to remove as we did at their first request.
- Some may feel that it may not be removed, and that the counsellor may be annoyed by the request.
- Some are persuaded by others to remove the implant outside, considering that the method is of five years duration and further that the center would not agree to remove it earlier.
- Some clients get assurance and medicine and return home, but still remove the implants from outside.
- One client had the implant removed after 15 days, after reading an adverse report by 'Ubinig'. She thought we would not remove it after only 15 days.
- Some think that since they have no problem, removal may not be agreed to.
- Some clients do not want to displease the counsellor by requesting removal.
- The travelling cost of Tk.30 is too meagre for clients who come from long distances.
- Sometimes private practitioners in their greed to earn money persuade clients that their other ailments (fever, cold) are due to the insertion, and motivate the clients to have the implants removed through them.
- Sometimes all capsules cannot be removed by the center, so the client then go elsewhere.
- Some clients prefer their or their husband's doctor friends.
- In case the provider is absent, a client seeking removal is annoyed and go elsewhere for removal.

### **8.3. Reasons for removal of NORPLANT:**

One-third of the total acceptors had requested removal by the time of the interview (Table-8.3a). The rate of removal was lowest for the DMCH acceptors, intermediate for FPAB/Rangpur and FPAB/Dhaka, and highest for the other centers. In fifteen percent of those who had requested removal, the device was not

removed. Those who had had the device removed, had a varied range of experiences discussed below.

**Main reason for removal:** The single most important reason for removal was menstrual disorders, mentioned by two-thirds of those having removals. Another 9 percent of the acceptors had the device removed because they wanted more children, and 7 percent because their husband either died or went abroad, and 'dizziness/loss of appetite' (6 percent). Other reasons together accounted for 13 percent. (Table-8.3b).

**Other reasons for removal:** One-third of those who had had the removals did not have a second reason for removal. Slightly over one-quarter cited 'dizziness/headache/loss of appetite' and another one-quarter mentioned 'weakness/sickness/loss of weight' as a secondary reason for removal. 'Menstrual disorders' was mentioned as a second reason for removal by 15 percent of the acceptors having removals. Adding this 15 percent to the percent who mentioned menstrual disorders as the major reason, it appears that 81 percent of those having the device removed were concerned about the menstrual disorders they had experienced due to use of NORPLANT.

**Table-8.3: Request for removal and reasons for removal.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>a. Request for removal:</b>								
Never requested for removal	80	64	64	63	76	57	61	67
Requested and removed by the same center	16	26	31	24	21	29	28	25
Requested and removed but not by the center from where inserted	0	5	1	2	1	9	1	3
Requested, but not removed	4	5	4	11	2	5	10	5
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>N</b>	<b>243</b>	<b>167</b>	<b>191</b>	<b>115</b>	<b>151</b>	<b>188</b>	<b>96</b>	<b>1151</b>

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>b. Main reason for removal: (For those with removal)</b>								
Menstrual disorders	73	64	62	60	64	67	75	66
Want more children	10	10	5	7	6	11	11	9
Husband died/ went abroad	5	8	12	17	-	6	-	7
Dizziness/loss of appetite	-	8	5	7	9	4	11	6
Weakness/sickness	3	2	3	-	6	1	4	3
Other health problems	3	6	5	-	-	1	-	3
Infection/swelling	-	4	2	-	6	1	-	2
5 years was over	-	-	-	-	-	-	-	-
Changes of libido	7	-	-	3	-	-	-	1
Follow-up was difficult	-	-	2	3	-	-	-	1
Weight gain	-	-	3	-	-	3	-	1
Pain/infection in uterus/inflammation of cervix	-	-	2	-	3	3	-	1
Religious reason	-	-	-	-	3	-	-	0
Pregnancy in-situ	-	-	-	-	3	-	-	0
Abdominal pain	-	-	-	3	-	-	-	0
Other	-	-	-	-	-	3	-	1
Total	100	100	100	100	100	100	100	100
N	40	52	60	30	33	72	28	315
<b>c. Other reasons for removal: (For those with removal)</b>								
No other reason	50	35	35	23	36	15	36	32
Dizziness/headache/ loss of appetite	18	21	30	40	27	35	21	28
Weakness/sickness/ loss of weight	15	29	22	30	24	40	21	27
Menstrual disorders	8	17	20	20	12	17	7	15
Lower abdominal pain/renal problem	3	10	7	7	6	10	4	7
Burning sensation of limbs/pain/ swelling of arm	-	8	8	7	9	6	18	7
Changes of libido	15	2	2	-	-	6	14	5
Health problems like gastric/ fever	3	2	-	3	-	6	4	3
Prayer and fasting was difficult	3	-	-	7	-	1	4	2
Want more children	3	-	-	-	-	-	-	0
Husband vasectomized	-	-	-	-	-	1	-	0
Other	-	4	-	3	-	1	-	1
N	40	52	60	30	33	72	28	315

#### 8.4. Access to removal of NORPLANT:

For most women using NORPLANT in Bangladesh, access to removal is not a problem. In these seven centers, 90 percent of the women who requested removal were able to have the NORPLANT removed at the same center where it was inserted. However, among one-tenth of these acceptors who had the NORPLANT removed, they felt compelled to have it removed from a place or person other than the center from where it was inserted (Table-8.4.1a). The proportion having removals from a different place was highest for BAVS/Khulna (24 percent), second highest for IPGMR (15 percent), and third highest for FPAB/Dhaka (7 percent).

**Reasons for not going to the same center for removal:** Twelve out of the 31 who had the removals from outside mentioned that the clinic refused to remove the device. This reason was cited by acceptors from almost all the centers. Other reasons were cited by clients mostly from BAVS/Khulna and also from IPGMR. For example, 4 out of the 17 from BAVS/Khulna and one out of the 8 from IPGMR reported of the clinic staffs' unwillingness to remove the device before five years. Furthermore, 2 out of the 8 from IPGMR and 1 out of the 17 from BAVS/Khulna reported having been threatened with legal action if they created pressure for removal and were scolded using derogatory language. Other reasons cited by acceptors from BAVS/Khulna included: 'wanted five thousand taka', (mentioned by 2 out of 17 acceptors), 'doctor was absent', 'did not find the referrer', 'clinic is far away, and 'clinic staff gave no importance.' The last reason was also mentioned by the only client refused by MFSTC (Table 8.4.1b).

**Table-8.4.1: Access to removal of NORPLANT.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
<b>a. Whether removed from the same center from where implanted (restricted to those with removal)</b>								
	(Percent)							
Same center	98	85	98	93	97	76	96	90
Different place	2	15	2	7	3	24	4	10
Total	100	100	100	100	100	100	100	100
N	40	52	60	30	33	72	28	315

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Number)								
<b>b. Reasons for not going to the same center for removal:</b>								
Removal was refused	1	4	-	1	1	4	1	12
Clinic staff said no removal before five years	-	1	-	-	-	4	-	5
Thought that it would not be removed	-	2	-	1	-	-	-	3
Threatened to be sued if create pressure for removal/scolded using filthy languages	-	2	-	-	-	1	-	3
Clinic is far away	-	-	-	-	-	3	-	3
Wanted five thousand taka	-	-	-	-	-	2	-	2
Clinic staff gave no importance	-	-	1	-	-	1	-	2
Did not find the referrer	-	-	-	-	-	2	-	2
Doctor was absent	-	-	-	-	-	2	-	2
Husband did not take the acceptor to clinic	-	-	-	-	-	1	-	1
N	1	8	1	2	1	17	1	31

**The main problem in getting the NORPLANT removed:** Most of the women who requested removal experienced no problem in getting the implants removed. Four-fifths of the acceptors who had removals said that they faced no problems. About one-tenth said it was very painful and 4 percent reported a lot of bleeding. Two percent of the acceptors mentioned that capsules were located after much difficulty (Table-8.4.4a).

**Number of visits required for removal:** Nearly one-half of the acceptors having removals mentioned that the NORPLANT was removed at the first request (Table 8.4.2c); 22 percent had to go twice, and 15 percent three times. Five percent of those having removals had to go for four times, and one percent had to go five or more times (Table 8.4.2d).

**Proportions having removals from a different place:** As noted earlier, 10 percent of the acceptors having removals had the NORPLANT removed from a place other than from where it was

inserted. Out of those 31 cases, one did not go to the center from where it was inserted because she did not think that the clinic would remove it. Ten went to a different place after being refused once, 5 twice, 7 three times, 4 four times, 2 six times, and 2 eight times (Table 8.4.2d).

**Gap between the first request and removal:** As mentioned earlier, about one-half had had the removals on the same day and another one-quarter had the removal within a month. However, for 14 percent the gap varied between one and two months, and for 2 percent the removal took more than two months (Table 8.4.2c).

**Table-8.4.2. Problems Faced in NORPLANT removal.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
<b>a. Main problem in getting the NORPLANT removed:</b>								
	(Percent)							
No problem	82	76	85	89	88	75	85	82
Was very painful	10	7	7	-	6	18	11	9
Too much bleeding	5	4	5	11	3	2	-	4
Capsules were located after too much difficulty	3	4	2	-	3	4	-	2
Too difficult to remove broken capsules	-	4	2	-	-	-	-	1
Fainted	-	2	-	-	-	2	-	1
Pull of the vein	-	-	-	-	-	-	4	0
All capsules could not be removed	-	2	-	-	-	-	-	0
Total	100	100	100	100	100	100	100	100
N	39	44	59	28	32	55	27	284
<b>b. Whether the NORPLANT was removed at the first request:</b>								
Yes	50	33	62	23	49	64	21	48
No	46	49	36	70	48	13	75	42
Removed from different place	3	15	2	7	3	24	4	10
N	40	52	60	30	33	72	28	315
<b>c. Number of visits required for removal:</b>								
Removed at the first request	50	33	62	23	49	64	21	48
2	20	25	23	33	33	10	25	22
3	22	19	10	34	15	1	21	15
4	5	8	-	3	-	1	21	5
5	-	-	3	-	-	-	4	1
6	-	-	-	-	-	-	4	0
Removed from different place	3	15	2	7	3	24	4	10
N	40	52	60	30	33	72	28	315

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
--	------	-------	-------	---------------	-----------------	----------------	----------------	-----

**d. Number of visits to the clinic for removal from where inserted by those having removals from a different place:**

Visits:	(Number)							
0	-	-	-	-	-	1	-	1
1	-	1	1	1	-	7	-	10
2	1	1	-	-	-	3	-	5
3	-	4	-	1	1	1	-	7
4	-	1	-	-	-	2	1	4
5	-	-	-	-	-	-	-	-
6	-	1	-	-	-	1	-	2
7	-	-	-	-	-	-	-	-
8	-	-	-	-	-	2	-	2
N	1	8	1	2	1	17	1	31

**e. Gap between the first request and removal (in days):**

0	50	33	61	23	49	64	21	48
1-6	5	13	12	10	9	1	18	8
7-30	15	22	12	33	24	4	43	18
31-60	22	15	12	23	15	4	14	14
60 +	5	2	2	3	-	3	-	2
Removed from different place	3	15	2	7	3	24	4	10
N	40	52	60	30	33	72	28	315

**Reasons why NORPLANT was not removed at first request:** Over two-thirds of the acceptors whose NORPLANT was not removed at the first request mentioned that they were advised to retain it and, when needed, were given medicine and were told that the initial problems would not last long. One-seventh mentioned that either the doctor was absent or was too busy. In addition to other reasons mentioned, seven percent said that they were told that NORPLANT would not be removed before the expiration of 5 years. Reasons for failure to have the removals at the second and third times were also quite similar to those mentioned for the first time (Table 8.4.3b-c).

**Satisfaction with services for removal:** Other than the 16 percent of those having had the NORPLANT removed from the clinic from where it was inserted, all others were either highly satisfied (12 percent), satisfied (54 percent), or somewhat satisfied (18 percent) (Table 8.4.3d).

**Table-8.4.3: Reasons why NORPLANT was not removed on the first, second and third requests:**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
<b>a. First time:</b>								
	(Percent)							
Advised to retain/ gave medicine	80	63	59	48	71	44	64	61
Rush in clinic/ doctor was busy	-	9	5	13	-	4	14	7
Said no removal before 5 years	5	3	9	13	-	17	-	7
Doctor was absent	-	3	14	-	-	9	18	6
Weakness/anaemic/ infection at insertion site	5	-	5	-	-	-	5	2
Advised to consult other physician	-	-	-	-	-	8	-	2
Advised to motivate husband	-	3	-	4	6	-	-	2
Clinic staff shouted and said they would not remove	-	-	-	-	-	9	-	1
Asked to come with money/card/X-Ray	-	-	-	-	-	9	-	1
All the capsules could not be located	-	-	-	-	6	-	-	1
Other	5	3	-	4	-	-	-	2
N	20	35	22	23	17	23	22	162
<b>b. Second time:</b>								
Removed at 2nd visit	40	38	64	46	65	44	32	46
Advised to retain/ gave medicine	45	36	27	46	29	13	50	36
Doctor was absent	5	6	5	5	-	13	9	6
Said no removal before 5 years	5	3	-	-	-	19	-	3
Rush in clinic/ doctor was busy	-	3	5	-	-	-	9	2
Asked to come with money/card/X-Ray	-	3	-	-	-	6	-	2
Weakness/anaemic/ infection at insertion site	-	3	-	-	6	-	-	2
Clinic staff shouted and said they would not remove	-	3	-	-	-	6	-	1
All the capsules could not be located	-	3	-	-	-	-	-	1
Advised to consult other physician	5	-	-	-	-	-	-	1
Advised to motivate husband	-	-	-	5	-	-	-	1
Other	-	3	-	-	-	-	-	1
N	20	34	22	22	17	16	22	153

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
<b>c. Third time:</b>								
Removed at 3rd visit	73	55	88	83	67	17	40	60
Advised to retain/ gave medicine	27	15	-	8	17	-	40	18
Said no removal before 5 years	-	15	-	-	-	67	-	9
Rush in clinic/ doctor was busy	-	-	-	8	-	-	13	4
Doctor was absent	-	-	13	-	-	17	-	3
All the capsules could not be located	-	5	-	-	17	-	-	3
N	11	20	8	12	6	6	15	76

**d. Satisfaction with services for removal:**

Highly satisfied	8	6	32	7	-	14	7	12
Satisfied	58	50	55	37	73	50	61	54
Somewhat satisfied	17	24	7	43	18	10	25	18
Not at all satisfied	17	19	6	13	9	26	7	16
Total	100	100	100	100	100	100	100	100
N	40	52	60	30	33	72	28	315

**Reasons for refusal to remove:** As mentioned earlier, eight percent of all acceptors, or 24 percent of those who requested removal, reported having been refused removal by the centers. One-half of them were advised to take medicine or supplied with medicine and one-sixth (17 percent) were advised to retain it. Another one-sixth were told that 'NORPLANT is expensive', it won't be removed easily (16 percent) and about an equal proportion (14 percent) were told that 'it would not be removed before 5 years'. Other reasons for refusals were, 'no problem, why to remove' (9 percent), 'doctor was absent' (4 percent), and 'inserted in a camp but asked to go to clinic for removal' (3 percent) (Table-8.4.4a).

**Satisfaction with counselling by the clinic:** Of those who were refused removals, less than one-half were satisfied with the counselling provided by the clinic, while over one-half were not satisfied (Table-8.4.4b).

**Reasons for dissatisfaction:** Out of the 51 acceptors who were dissatisfied because removals were refused to them, 31 mentioned that they were dissatisfied because their requests were

turned down (56 percent). Seven out of the 51 said that the 'medicine given was useless', 5 said 'only prescription was given', and 7 complained of misbehavior by the clinic staff (Table 8.4.4c).

An analysis of the satisfaction of those who discontinued by their place of NORPLANT removal, shows that of place of removal does affect clients' level of satisfaction with the NORPLANT services (Table 8.4.6). Of the women who had their NORPLANT removed at the clinic in which it had been inserted, 73 percent were satisfied or highly satisfied with the NORPLANT services, compared to only 10 percent of those who had had their implants removed elsewhere.

**Comments from interviewers:** Interviewers were asked to record their observations regarding cases which were refused removals. The purpose of obtaining such observations was to have some idea of what the acceptors feel about the clinic staff when a removal request is turned down. Although these are judgments on the part of the interviewers, the comments presented in Table 8.4.5 indicate that while clients having serious problems or genuine grounds for removal are sometimes turned down, some removals are done even for minor reasons. Also, interviewers observations show that some clinic staff treated the clients badly, and some clients had to spend money to get their device removed from outside.

**Table-8.4.4: Experience of clients who were denied removal from clinic.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>a. Reasons for refusal to remove: (For those having been refused)</b>								
Advised/gave medicine	50	41	56	60	75	31	82	50
Advised to retain NORPLANT is expensive, won't be removed easily	20	12	22	53	-	8	-	17
Would not remove before five years	10	18	6	26	-	19	9	16
No problem, why to remove	20	11	-	13	-	19	18	14
Doctor was absent	-	11	22	7	25	7	-	9
Inserted in a satellite camp but asked to go to clinic for removal	-	-	11	-	-	12	-	4
Rush in clinic	-	-	11	-	-	-	-	3
Other	10	12	11	-	-	-	-	1
N	10	17	9	15	4	26	11	92

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
<b>b. Whether satisfied with counselling by the clinic:</b>								
	(Percent)							
Yes	60	23	67	53	75	19	82	45
No	40	77	33	47	25	81	18	55
Total	100	100	100	100	100	100	100	100
N	10	17	9	15	4	26	11	92

<b>c. Reasons for being dissatisfied:</b>								
	(Number)							
Refusal to remove Medicine given was useless	3	10	-	4	1	11	2	31
Clinic staff misbehaved	1	1	-	1	-	4	-	7
Only prescription given	-	3	-	-	-	4	-	7
No conveyance given	-	-	1	2	-	2	-	5
Worker did not visit	-	-	-	-	-	1	-	1
Other	-	2	2	-	-	1	-	5
N	4	13	3	7	1	21	2	51

**Table-8.4.5. Perceptions of the interviewers on NORPLANT removals.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>Comments of interviewers:</b>								
Clients are given treatment/medicine/ counselling	30	-	57	47	50	15	18	25
Clients with serious problems are even refused	20	29	-	13	25	27	9	20
Clients spent money outside for removal	-	18	11	-	25	23	9	13
Clinic staff mis- behave/reluctant to listen	-	-	11	20	-	14	27	12
Medicine/treatment should be ensured	10	18	-	13	25	4	9	10

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
	(Percent)							
Removals are requested even with minor problems	10	6	11	13	-	-	9	7
Clients get dissatisfied for non-payment	20	6	11	-	-	-	18	7
Travelling to clinic is expensive	-	-	-	-	-	12	-	3
Clients relate insertion to other diseases	-	-	-	-	-	7	-	2
Someone should visit the clients	-	12	-	-	-	-	-	2
Removed even for minor reasons	-	12	-	-	-	-	-	2
Divorcees is even refused	-	6	-	-	-	-	-	1
Other	10	-	-	-	-	-	9	2
N	10	17	9	15	4	26	11	92

**Table-8.4.6: Place of removal of NORPLANT by satisfaction with services (for those with removal).**

	Place of removal	
	Same place	Different place
Highly satisfied	14	-
Satisfied	59	10
Somewhat satisfied	19	10
Not at all satisfied	8	80
Total	100	100
N	284	31

### 8.5. Acceptors' perspective regarding difficulties related to removal:

Usually, when a removal is requested, the clinic staff try to ascertain the reason for removal and to determine whether removal is actually necessary or not. If, in their judgment, removal is not warranted, they usually advise the acceptor to retain the device and also prescribe or give the necessary medicine. Most of the acceptors (85 percent) were satisfied with the services related to removal. Thus, not too many clients were dissatisfied with the clinics. However, in view of the newness

of the device in Bangladesh, and the non-availability of trained persons in the country to remove it other than from those trained in the selected clinical trial, it is extremely important to understand why, in the case of the 10 percent denied, they were not given the service they requested (removal), some even after repeated requests.

Unfortunately, in a few cases where the acceptors were deliberately refused removal, and finding no other alternative, they had to resort to untrained doctors or to quacks. Without knowing the exact location and position of the capsules as well as the techniques with which it can be removed, they made multiple incisions without even using local anesthesia. Some clients narrated their experience about the nature of refusal by the center and types of sufferings they had to undergo to get the implants removed from outside.

One client said, "During the removal there was profuse bleeding. I cannot simply explain the pain I had and the way the quack used his knife on me. Only God knows how I suffered. I thought my hands were cut into pieces." The client had been having continuous bleeding, and could not have relations with her husband, who, because of that, decided to marry again. The client narrated all of this, but the counsellor did not listen to her. She again went to the clinic and requested that the counsellor allow her to meet the doctor. The counsellor rebuked her. "How dare you say that. If the doctor finds out, she will send you to jail." The client, then, proposed to bring her husband, but the counsellor threatened to also send the husband to jail. Narrating all of this the client said to the research staff, "Apa (Madam), we are poor people, I returned home fearing that the doctor might really send me to jail."

In some cases women received removal from the clinic, but were badly treated in the process. Removal for another client was refused as many as eight times. She stated, "The last two years I spent with the implant as if I were in hell. My inability to meet my husband due to continuous bleeding and his desire to marry again as well as the harassment by the hospital made me feel that had I not been a mother I would have committed suicide by taking poison." Another client reported that when her NORPLANT was being removed, she was feeling too much pain. She told the doctor that she had not experienced such pain at the time of insertion. The doctor got annoyed and scolded the client using very harsh and derogatory language, then she pulled out all the capsules together to remove the NORPLANT, causing immense pain to the client.

In some other cases, clients easily obtained removal from outside the clinic, although they should never have been expected to do so.

### 8.6. Knowledge about timing of removal of NORPLANT:

Acceptors who were currently using NORPLANT at the time of interview were asked two questions to assess their knowledge related to the timing of removal of the NORPLANT. These included: the date of removal, and if they planned to use the NORPLANT for a total duration of five years. As expected, it was difficult for some acceptors to calculate the date of removal, although the percentage of women who do know when the five years will be completed is quite high. Those who referred to a time frame falling 3 months before or after the 5 years have been grouped together. Table 8.6 shows that 82 percent of the acceptors had almost accurate knowledge as to when they would need to have the implant removed. One percent of the women could not estimate the expected date of removal.

**Sources of knowledge about the date of removal:** Nearly three-fourths of the acceptors who were currently using NORPLANT, and who could estimate the expected date of removal, mentioned that they had been told about the date of removal by the clinic staff. Almost all of the remaining women (27 percent) mentioned that the date of removal was written on the client card (8.6b).

**Suggestions for reminding NORPLANT users to return for removal after five years:** Nearly two-fifths of the acceptors suggested that a messenger or worker should be sent to remind NORPLANT users to return after completion of five years. One-quarter suggested the need to send a letter, and another one-quarter said that clients should be reminded during followup visits. One-sixth of the acceptors suggested that the date of removal should be written on the card, and that the clients should be advised to preserve the card (Table-8.6c).

**Table-8.6. Knowledge about timing of removal of NORPLANT.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
<b>a. Accuracy of knowledge about the date of removal if used for five years at a stretch:</b>								
	(Percent)							
< 48 months	2	-	-	1	2	2	-	1
48-54 "	3	1	4	1	-	9	6	3
55-57 "	8	2	7	3	-	2	13	5
58-63 "	74	88	81	84	95	81	68	82
64 + "	12	7	7	6	3	5	10	8
Don't know	1	2	1	5	-	1	3	1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>N</b>	<b>203</b>	<b>115</b>	<b>131</b>	<b>85</b>	<b>118</b>	<b>116</b>	<b>68</b>	<b>836</b>

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>b. Sources of knowledge about the date of removal:</b>								
Clinic card	21	38	20	25	52	17	12	27
Clinic staff	76	63	75	75	48	77	86	71
Friends/relations/ neighbors	3	-	1	-	3	2	3	2
Other	5	-	5	3	-	5	5	3
N	201	112	130	81	118	115	66	823

**c. Suggestions on the best way to remind NORPLANT users to return for removal after five years.**

Send a messenger/ worker	53	36	28	55	25	62	56	44
Send a letter	35	24	29	17	19	10	31	24
Remind during follow-up	12	33	29	23	50	14	5	24
Write the date and advise to preserve the card	12	24	10	12	34	11	15	16
Worker should take the client to clinic	1	1	1	4	1	2	-	1
Neighbor may remind	-	-	1	-	-	2	-	0
Client herself should remember	1	-	11	4	1	7	-	4
Other	-	-	-	2	-	-	-	0
Don't know	-	-	1	-	-	-	-	0
N	243	167	191	115	151	188	96	1151

**8.7. Family planning practices after removal of NORPLANT:**

As discussed earlier, 72 percent of the acceptors were using the NORPLANT at the time of interview. Of those having removed the implants, 48 percent were not using any contraceptive at the time of interview; the rest were using mostly oral pills (34 percent), traditional methods (8 percent) injectables (5 percent), condom (3 percent), and tubectomy (1 percent). An additional one percent had had menstrual regulation (Table-8.7a). Among the centers, non-use of family planning methods after removal of NORPLANT appeared to be higher in DMCH (68 percent) and IPGMR (59 percent) compared to the remaining centers (32-46 percent).

**Reasons for non-use:** Two-fifths of the acceptors having had removals were not using any contraceptive because they wanted more children and another two-fifths (38 percent) were not using due to health reasons. One-tenth of the acceptors were not using because their husbands were living elsewhere (Table-8.7b).

**Counselling by clinic staff on use of FP methods:** Four-fifths of the acceptors who were not using any contraceptives after removal of NORPLANT, excluding those desiring more children, said that they were not counselled by the clinic staff; the remaining one-fifth mentioned that they had been advised by clinic staff to use other method of contraception or have NORPLANT again (Table-8.7c).

Thus, it appears that the majority of those who had removals, but who did not desire additional children, were not counselled to use another method of contraception, despite being at risk for pregnancy.

**Table-8.7: Family planning practices after removal of NORPLANT.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
<b>a. Use of family planning method after removal of NORPLANT:</b>								
(Percent)								
None	68	59	42	40	46	43	32	48
Pill	30	31	38	50	27	35	29	34
Condom	-	-	3	3	6	3	4	3
Vaginal method	-	-	-	-	-	-	-	-
Injection	2	6	5	3	12	1	7	5
IUD	-	-	-	-	-	-	-	-
Tubectomy	-	-	2	-	3	3	-	1
Vasectomy	-	-	-	-	-	1	-	0
MR	-	2	2	3	-	-	4	1
Other	-	2	8	-	6	14	25	8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>N</b>	<b>40</b>	<b>52</b>	<b>60</b>	<b>30</b>	<b>33</b>	<b>72</b>	<b>28</b>	<b>315</b>
<b>b. Reasons for not using any family planning method after removal of NORPLANT:</b>								
Desires a child	44	39	20	42	33	52	56	40
For health reasons	37	45	44	17	60	26	33	38
Husband lives elsewhere	15	16	8	17	-	3	11	10
Husband dislikes FP	-	-	-	8	-	-	-	1
Other	4	-	20	17	-	16	-	9
<b>N</b>	<b>27</b>	<b>31</b>	<b>25</b>	<b>12</b>	<b>15</b>	<b>31</b>	<b>9</b>	<b>150</b>

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>c. Counselling by clinic staff on use of FP methods after removal of NORPLANT (excluding those desiring children):</b>								
No counselling	80	74	80	86	60	93	50	79
Take pill	13	11	-	-	30	-	25	9
Chose any other method	7	5	10	-	-	-	-	4
Have IUD instead	-	-	-	14	-	-	-	1
Have injectables	-	-	5	-	-	-	-	1
Have ligation	-	-	-	14	10	-	25	3
Use condom	-	5	-	-	-	7	-	2
Have NORPLANT again	-	5	5	-	-	-	-	2
N	15	21	20	7	10	15	4	90

## RUMORS REGARDING NORPLANT

It was anticipated that rumors regarding NORPLANT would be prevalent in Bangladesh. Both the clients and service providers were quarried about rumors they have heard, if any, the sources for the rumors, and if they believe them. Interestingly, a larger percentage of service providers than clients report having heard rumors about NORPLANT. The most common rumor heard by clients and service providers alike is that NORPLANT can cause cancer. Sources for the rumors differ though, reflecting different means of communication among the clients and service providers. Most of the clients hear rumors from neighbors or relatives, whereas physicians listed newspapers as their primary source of information. Both physicians and counsellors also listed clients as a primary source of rumors about NORPLANT, implying that clients do ask questions of the service providers in hopes of learning more about the method.

### 9.1. Client assessment of rumors:

Contrary to expectation, only 17 percent of the clients said they have heard rumors regarding NORPLANT, ranging from 9 percent of the women at FPAB/Rangpur to 25 percent of the women at UHC/Gazaria (table 9.1). Of those who have heard rumors, the three most common of the more than 16 rumors listed (and mentioned by clients from each center) are that the women will 'develop cancer' (22 percent), that NORPLANT may 'cause death' (19 percent) and that it is a 'sin if buried with the implant in-situ' (13 percent). One other rumor, also listed by women from each center, is that NORPLANT can cause 'permanent sterility' (9 percent). The most rumors were listed by clients at BAVS/Khulna (at least 14 rumors), compared to 6 rumors listed by the clients at FPAB/Rangpur.

When asked about sources for the rumors they have heard, the clients from each center overwhelmingly mentioned 'neighbors/relatives/village' (91 percent). 'Family planning workers' were listed by 3 percent as the source of the rumors, and no other source was more than 2 percent of the clients. Less than one-half of the women (42 percent) said they have discussed the rumors with clinic staff. Only 6 percent of the women said they believed the rumors, and another 6 percent were not sure about them.

### 9.2. Physician assessment of rumors:

Nine of the eleven physicians reported having heard of rumors associated with NORPLANT. The most commonly heard of the 10 rumors listed was that NORPLANT causes cancer at the site of

insertion or in the uterus or some other part of the body' (6) or that clients are being 'used as guinea pigs' (5). Other rumors are listed in table 9.2.1. Sources for the rumors include newspapers, clients, an NGO, magazines, and village practitioners. Only one of the physicians believes the rumors, and all of them have discussed them with clinic staff.

**Table-9.1: Rumours regarding NCRPLANT as noted by clients.**

	DMCH	JPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
<b>a. Whether heard any rumours: (Percent)</b>								
Yes	15	10	19	19	9	22	25	17
No	85	90	81	81	91	78	75	83
N	243	167	191	115	151	188	96	1151
<b>b. What are the rumours: (multiple responses possible)</b>								
Develop cancer	19	56	25	32	14	7	17	22
May cause death	24	19	19	14	14	19	21	19
Sin if buried with the implant in-situ	22	7	17	14	14	7	4	13
The insertion site/ bones will rot/will mix with bones	5	-	17	5	-	10	25	10
Permanent sterility	19	6	6	5	14	5	8	9
Develop paralysis/ swelling of arms	-	13	6	18	36	5	-	8
Develop other diseases like gastric/jaundice/ Kidney/intestinal infection/swelling of veins, problems with vision	8	6	-	9	7	14	-	7
Blood transforms into water	5	-	3	5	-	12	8	6
Implant will be absorbed in the flesh	5	-	3	5	-	10	13	6
Develop stone in the stomach	5	6	-	-	-	2	-	2
Conception after insertion may produce disabled child	-	-	3	5	-	3	-	2
Amenorrhoea and tumour in the body	-	-	-	-	-	5	-	1
Problems in chest/ lungs	-	-	-	-	-	5	-	1
Bending of the body as in old age	-	-	3	-	-	-	-	1
May have pregnancy in-situ	3	-	-	-	-	-	-	1
Other	5	13	-	5	-	2	8	4
N	37	16	36	22	14	42	24	191

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
--	------	-------	-------	---------------	-----------------	----------------	----------------	-----

(Percent)

**c. Sources of rumours:**

Neighbor/relative/ village	92	88	83	82	100	95	100	91
Family planning worker	3	6	-	5	-	7	-	3
Doctor in the clinic	3	-	3	5	-	-	-	2
Other patient in the clinic	-	6	6	-	-	-	-	2
Private practitioners	-	-	-	5	-	-	-	1
NORPLANT user in the clinic	-	-	3	5	-	-	-	1
Religious leader	-	-	3	-	-	-	-	1
Counsellors in the clinic	-	-	3	-	-	-	-	1
Ayas in private clinics	3	-	-	-	-	-	-	1
N	37	16	36	22	14	42	24	191

**d. Whether discussed the rumours with any clinic staff:**

Yes	27	25	58	46	29	48	50	42
No	73	75	41	54	71	52	50	58
Total	100	100	100	100	100	100	100	100
N	37	16	36	22	14	42	24	191

**e. Whether believed the rumours:**

Yes	5	-	11	5	-	2	13	6
No	92	88	81	91	93	88	88	88
Not sure	3	12	8	4	7	10	-	6
Total	100	100	100	100	100	100	100	100
N	37	16	36	22	14	42	24	191

**Table-9.2: Rumors about NORPLANT as heard by physicians.**

All centers	
<b>a. Whether heard any rumors about NORPLANT:</b>	
Yes	9
No	2
<b>b. Rumors:</b>	
Using as guinea-pig	5
Cancer at implantation site/uterus/ body	6
Will destroy health	2
Infertility	2
Will never be removed	1
NORPLANT will move in the body	1
Irregular menstruation will cause blindness	1
Odema	1
Joints will be stiff	1
Weight gain	1
<b>c. Sources of rumors:</b>	
Newspaper	3
Client	3
NGO (Ubinig)	1
Magazine	1
Village practitioner	1
<b>d. Whether discussed about rumors with the clinic personnel:</b>	
Yes	9
<b>e. Whether believed the rumors:</b>	
Yes	1
No	8

**9.3. Counsellor assessment of rumors:**

All 10 counsellors have heard rumors associated with NORPLANT, and, probably since they have more contact with clients than do the physicians, they listed 14 rumors that they have heard (table 9.3). Their list also more accurately matches the list of the clients. They also listed 'cancer at implantation site/uterus/anywhere in the body' most frequently (7). Other rumors each mentioned by 3 counsellors were that: 'God will punish the client if she dies with NORPLANT in-situ', that NORPLANT can cause 'infertility,' and that 'prosperity will be hindered.'

All 10 of the counsellors said they had heard rumors from clients, and 1 counsellor each mentioned 'neighbors' and 'village

people' as sources for the rumors. While 8 of the 10 respondents said they had discussed the rumors with clinic staff, 3 said they were not sure whether or not they believed the rumors.

**Table-9.3: Rumors about NORPLANT.**

All centers	
<b>a. Whether heard any rumors about NORPLANT:</b>	
Yes	10
No	-
<b>b. Rumors:</b>	
Cancer at implantation site/uterus/ any where in the body	7
Prosperity will be hindered	3
God will punish if dies with NORPLANT in-situ	3
Infertility	3
Infant will die due to influences of evil spirit	2
NORPLANT may move anywhere in the body	2
Relate other illness to NORPLANT	1
Capsules will block the throat	1
It is no medicine, cut pieces of saline tube	1
Blood will be infected and will cause death	1
Will be absorbed in the body	1
Tumour in stomach	1
Reduces sex desire	1
Irregular menstruation will cause blindness	1
<b>c. Sources of rumors:</b>	
Client	10
Neighbour	1
Village people	1
<b>d. Whether discussed about rumors with the clinic personnel:</b>	
Yes	8
No	2
<b>e. Whether believed the rumors:</b>	
No	7
Not sure (in case of one, of 4-6 rumors)	3

## SATISFACTION WITH SERVICES AND FUTURE INTENTION TO USE

### 10.1. Level of satisfaction of acceptors:

**Treatment from the clinic:** The majority of clients at all the centers (94 percent) expressed satisfaction with the behavior of the clinic staff during their followup visits. Four percent of the clients said that the service providers had 'misbehaved/used bad language/scolded' them, and an additional 2 percent said that they had not been given 'adequate medicine' or that they had been 'asked to come later' (Table 10.1a).

**Satisfaction with specific aspects of the service:** Clients were asked about their satisfaction with five specific aspects of the clinic, including the clinic's location, waiting time, counselling provided, privacy, and the clinician's behavior. While three aspects of the services received at least 96 percent approval rating from the clients (counselling, privacy, and clinicians' behavior), 69 percent were happy with the location of the clinic, and 87 percent with the time they had to wait for service (Table 10.1b). On average, clients had to travel for one and a half hours to reach the clinic, ranging from over 2 hours for those attending DMCH to one hour for those at FPAB/Dhaka. Ninety percent of the clients said they experienced no problem reaching the clinic, while five percent complained that they had to spend time and money to reach the clinic and another 2 percent said that transportation was not always available, or that traveling was hazardous (Table 10.1d).

**Satisfaction with services:** Most of the women (88 percent) were satisfied or highly satisfied with the services they had received. An additional 10 percent were at least somewhat satisfied with the services. Only 2 percent of the clients were not at all satisfied. Table 10.1f lists the reasons for dissatisfaction among those 2 percent of the clients. Most commonly listed complaints were that the clinic 'did not give quality/adequate medicine,' that the clinic 'did not remove the NORPLANT in spite of problems,' and that the service providers 'misbehaved when requested for removal/scolded the client.'

**Table-10.1.1: Satisfaction with NORPLANT services.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	EAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>a. Consideration of the behavior of the clinic staff during followup:</b>								
Behaved well	95	93	98	97	98	83	99	94
Misbehaved/used bad language/scolded	4	5	1	2	1	12	1	4
Did not give adequate medicine/asked to come later	3	2	-	1	-	3	-	2
Neglected because poor	-	-	1	-	-	2	-	0
Did not listen carefully/do not answer questions	-	1	-	-	-	2	-	0
Asked for money for removal	-	-	-	-	-	2	-	0
Asked to go elsewhere for removal	-	1	-	-	-	1	-	0
Did not believe that we had problems	-	-	1	-	1	1	-	0
Said that none had problems why you should have	-	1	-	-	1	-	-	0
Other	-	1	-	-	-	-	-	0
N	243	167	191	115	151	188	96	1151
<b>b. Satisfaction with specific aspects related to clinical services:</b>								
Location of clinic	63	73	68	60	87	58	88	69
Waiting time	91	74	94	75	82	92	99	87
Counselling provided	98	96	99	99	97	90	100	97
Privacy provided	99	99	100	100	99	96	100	99
Clinicians' behavior	98	98	100	98	99	82	98	96
N	243	167	191	115	151	188	96	1151
<b>c. Time required to reach the center (in minutes):</b>								
< 15	1	1	3	2	1	3	12	3
15-30	9	11	27	26	13	21	22	18
31-60	10	27	35	45	33	28	30	28
61-120	29	45	25	23	36	29	28	31
121 +	51	16	10	4	17	19	8	21
Total	100	100	100	100	100	100	100	100
N	243	167	191	115	151	188	96	1151
Mean (minutes)	150	97	75	63	89	90	69	96

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>d. Problems in reaching the center:</b>								
No problem	80	92	93	84	97	89	98	90
Had to spend money and time	10	2	2	10	-	9	-	5
Rush in the bus	9	2	2	5	1	-	-	3
Transport was not always available/ travelling hazard	4	3	1	1	2	-	-	2
Difficulty in travelling by boat/bus/rickshaw	3	2	-	2	-	-	-	1
Child cried and wanted to go with mother/difficulty in carrying the child	3	-	1	2	-	1	1	1
Walking was difficult/ water and mud on the way	2	-	-	-	1	-	1	1
No one to accompany	5	1	1	-	-	-	-	1
Had road accident	-	1	1	-	-	1	-	1
Vomiting and dizziness while travelling by bus	0	-	-	1	-	1	-	0
Other	-	-	2	3	-	-	-	1
N	243	167	191	115	151	188	96	1151

**e. Level of satisfaction with NORPLANT (including insertion) services:**

Highly satisfied	7	20	42	24	27	16	18	21
Satisfied	82	65	53	58	70	63	71	67
Somewhat satisfied	10	11	4	17	4	15	10	10
Not at all satisfied	1	4	1	2	-	6	1	2
Total	100	100	100	100	100	100	100	100
N	243	167	191	115	151	188	96	1151

(Number)

**f. Reasons for dissatisfaction:**

Did not give quality/ adequate medicine	2	-	-	1	-	6	-	9
Refusal to remove the NORPLANT in- spite of problems	-	4	-	1	-	4	-	9

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
	(Percent)							
Misbehaved when requested for removal/scolded	-	-	1	1	-	6	1	9
We travelled with much difficulty but they did not show concern about our problems	1	1	-	1	-	1	1	5
Don't provide any counselling	-	1	-	-	-	-	-	1
Paid less than what is spent for travelling	-	-	-	1	-	-	-	1
Long waiting time during follow-up	-	-	-	-	-	1	-	1
Had to pay each time for the card	-	-	-	1	-	-	-	1
N	3	6	1	2	-	12	1	25

Note: The question on the Bangla questionnaire for the data in 10.1e could have been interpreted by the respondents as satisfaction with the overall NORPLANT services or with the insertion services only. It is likely that the number of respondents who were dissatisfied with the overall services they received would have been higher if the question had been more clearly put to them.

Analysis was conducted to assess clients' satisfaction with services by whether or not the clients had experienced problems and by the type of followup they had received. Even among those clients who had experienced a functional impairment, 71 percent were satisfied or highly satisfied with the services they had received. An additional 22 percent were at least somewhat satisfied. The results were similar among women who had experienced side effects but no functional impairment (Table 10.1.2a).

Clients who were visited at home in addition to visiting the clinic were slightly more likely to be satisfied or highly satisfied (92 percent) than were women who had only visited the clinic (Table 10.1.2b). These findings indicate that field workers and clinic staff who visit women in their homes could potentially provide reassurance and assistance to NORPLANT users.

**Table-10.1.2: Satisfaction with services by experience of problems and whether visited the center/visited at home.**

	Satisfaction				Total	N
	Highly satisfied	Satisfied	Somewhat satisfied	Not at all satisfied		
<b>a. Experience of problems:</b>						
Yes, and functional impairment	13	58	22	7	100	99
Yes, but no functional impairment	17	70	11	2	100	731
No problem	34	52	4	-	100	321
All	21	67	10	2	100	1151
<b>b. Whether visited center/visited at home:</b>						
Clinic & home visit	19	73	7	1	100	425
Clinic visit only	23	63	11	3	100	715
Home visit only	-	50	50	-	100	2
No visit	11	56	22	11	100	9
All	21	67	10	2	100	1151

**10.2. Intention to use NORPLANT in the future:**

**Future intentions:** Clients were asked about their intention regarding future use of NORPLANT. Two-thirds of the women who were currently using NORPLANT said they would use it again in the future, while 24 percent were not sure. Ten percent of the women said they did not plan to use NORPLANT again (Table 10.2a). Of the women who were not currently using NORPLANT, the situation is reversed--three-quarters said they had no intention of using NORPLANT in the future. While 11 percent were not sure, 15 percent of those women said they would use NORPLANT again in the future (Table 10.2b).

**Reasons for not intending future NORPLANT use:** Of the current users of NORPLANT who said they did not intend to use NORPLANT in the future, 42 percent said they would wait until they had removed their current NORPLANT before deciding on future use. An additional 16 percent said that they were currently experiencing side effects; if those went away they would consider future use. Twelve percent said that they would not use NORPLANT in the future due to menstrual disorders (Table 10.2c).

Of the women not currently using NORPLANT, nearly half (47 percent) said they would not use NORPLANT again in the future because they had suffered from side effects from the time of insertion, and for that reason NORPLANT did not suit them. An additional 27 percent mentioned menstrual disturbances as the reason they would not use NORPLANT in the future. Other reasons are listed in table 10.2d.

**Use by friends, neighbors or relatives:** When asked if they thought friends, neighbors or relatives would be interested in using NORPLANT, only 9 percent said they do not think so. Of the others, 13 percent were uncertain whether or not others would be interested, while 78 percent said they did think others would be interested in using NORPLANT (Table 10.2e). Eighty-one percent of the clients said they had advised others to use NORPLANT, and another 71 percent said they intended to advise others in the future to use NORPLANT (Table 10.2f-g). Of those who did not intend to advise others to use NORPLANT, three-quarters would not do so primarily because they had experienced problems with NORPLANT use, and because they would not want to be blamed if those they advised experienced side effects (19 percent). Other reasons are listed in table 10.2h.

**Clients' attitudes on other aspects of NORPLANT services:** Over two-thirds of the women had no other comments on the NORPLANT services. Another 12 percent, however, said that they required more money for transportation, and 11 percent said they wanted better treatment and a supply of medicine (Table 10.2i).

**Table-10.2: Intention to use in the future.**

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
<b>a. Whether the user will use NORPLANT again in the future. (Restricted to current users only)</b>								
	(Percent)							
Yes	63	72	65	57	76	67	54	66
No	8	14	8	14	4	13	9	10
Uncertain	29	14	27	29	20	20	37	24
Total	100	100	100	100	100	100	100	100
N	202	114	131	85	118	116	68	834
<b>b. Whether the user will use NORPLANT again in the future. (Restricted non-current users only)</b>								
Yes	19	13	13	10	21	17	4	15
No	71	74	69	87	67	73	89	74
Uncertain	10	13	18	3	12	10	7	11
Total	100	100	100	100	100	100	100	100
N	41	53	60	30	33	72	28	317

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
<b>c. Reasons for not intending to use NORPLANT in the future. (Restricted to current users only)</b>								
Will take decision after removal	49	41	59	35	68	21	13	42
Having side-effects now, if the problem is removed, decision will be taken	15	7	2	3	-	29	61	16
Menstrual disorders	13	16	11	22	7	8	-	12
Had problems from one time insertion/ did not suit	7	13	9	14	4	13	7	9
Weakness/health reasons	5	6	15	11	4	11	-	8
Husband dislike	8	3	4	14	7	3	3	6
Perceived infertility	1	3	2	-	7	5	10	4
Will accept other methods	4	3	11	3	-	-	3	4
Dizziness/nausea	1	9	-	5	7	-	-	3
Husband old/left/ died	4	6	-	3	4	3	-	3
No quality medicine is given	-	3	-	-	4	3	-	1
Want more children	-	-	4	3	4	-	-	1
Burning sensation in the body	-	-	-	5	-	-	-	1
Other	1	-	-	-	-	5	3	1
N	75	32	46	37	28	38	31	287

**d. Reasons for not intending to use NORPLANT in the future.  
(Restricted to non-current users only).**

Had problems from time of insertion/ did not suit	33	54	33	56	31	60	59	47
Menstrual disorders	45	24	21	33	46	17	15	27
Health reasons	15	20	17	15	27	2	7	14
Will take decision after removal	6	11	15	7	15	-	4	8
Husband old/left/ died	3	2	14	4	-	5	-	5
Dizziness/nausea	-	4	6	-	19	-	-	4
Lower abdominal pain/renal problems	3	2	2	-	4	-	-	2

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
(Percent)								
Accepted permanent method	-	-	2	-	4	5	4	2
Will accept other methods	-	2	6	-	-	2	4	2
Having side-effects now, if the problem is removed, decision will be taken	-	-	-	4	-	5	4	2
Husband dislikes	-	-	-	7	-	2	-	1
Perceived infertility	6	-	-	-	-	-	-	1
No quality medicine is given	-	-	2	-	-	-	-	0
Want more children	-	-	-	-	-	2	-	0
Burning sensation in the body	-	-	-	4	-	-	-	0
Other	2	-	-	-	4	1	-	1
N	33	46	52	27	26	60	27	271

**e. Consideration of whether friends/neighbours/relatives will like to use:**

Yes	83	74	83	71	83	82	55	78
No	3	11	5	17	5	15	10	9
Uncertain	14	15	12	12	12	3	34	13
Total	100	100	100	100	100	100	100	100
N	243	167	191	115	151	188	96	1151

**f. Whether advised any one to use NORPLANT:**

Yes	85	82	86	84	88	64	78	81
No	15	18	14	16	12	36	22	19
Total	100	100	100	100	100	100	100	100
N	243	167	191	115	151	188	96	1151

**g. Whether intend to advise any one in the future:**

Yes	69	67	96	58	61	78	48	71
No	31	33	4	42	39	22	52	29
Total	100	100	100	100	100	100	100	100
N	36	30	27	19	18	68	21	219

	DMCH	IPGMR	MFSTC	FPAB Dhaka	FPAB Rangpur	BAVS Khulna	UHC Gazaria	ALL
--	------	-------	-------	---------------	-----------------	----------------	----------------	-----

**h. Reasons for not advising any one to use NORPLANT:**  
(Percent)

It did not suit me/ I had problems	82	90	-	75	57	80	64	75
If women have side- effects they will blame me/will quarrel with me	27	20	100	13	43	13	-	19
Whosoever like it, can accept/I do not feel it as my responsibility	-	-	-	-	-	-	27	5
Removal was refused, so would not advise anyone	-	-	-	25	-	-	9	5
I had problems/doctors misbehaved/do not give medicine	-	-	-	-	-	7	-	2
Other	-	-	-	-	-	7	-	2
N	11	10	1	8	7	15	11	63

**i. Opinion of any other aspect of the NORPLANT services:**  
(Percent)

No more to say	58	77	72	55	85	72	58	69
More money for travelling	17	6	14	24	1	-	30	12
Better treatment facility/supply of medicine	15	10	3	16	9	12	12	11
Service by nearer clinics	7	2	1	5	3	5	-	4
Ensure quick removal	1	9	2	3	3	6	1	3
Doctors and coun- sellors behaved very well	3	-	12	1	-	3	-	3
Better care, service and behaviour	1	4	2	3	-	4	1	2
Followup at household	1	2	1	1	1	4	-	2
Other	5	2	2	4	1	4	3	4
N	243	167	191	115	151	188	96	1151

## Chapter-11

### EXPANSION OF NORPLANT SERVICES

In light of the expansion program, the NPIPP, currently being undertaken within Bangladesh under the direction of BIRPERHT, service providers were asked their views on NORPLANT expansion. While the view toward expansion was positive among the service providers, they did offer suggestions for the program.

**Attitude of service providers toward expansion of NORPLANT services:** The attitude of the service providers regarding the expansion of NORPLANT was positive. Nine of the 11 physicians and all 10 counsellors interviewed expressed a favorable opinion about the expansion phase of the NORPLANT program in Bangladesh (Tables 11.1a and 11.2a). Furthermore, all of the service providers said they thought that the clients were either satisfied or somewhat satisfied with the NORPLANT services currently provided (Tables 11.1b and 11.2b).

**Table-11.1: Attitude of physicians towards expansion of NORPLANT services.**

All centers	
<b>a. Whether positive about expansion of NORPLANT services :</b>	
Yes	9
No	2
Unsure	1
<hr/>	
<b>b. Whether the NORPLANT clients are satisfied:</b>	
Satisfied	8
Somewhat satisfied	3
<hr/>	
<b>c. Reasons why NORPLANT service should not be expanded:</b>	
More skilled person needed	1
More side-effects/complications may occur	1
Maintenance of aseptic precautions will be a problem	1
<hr/>	

**Table-11.2: Attitude of counsellors towards expansion of NORPLANT services.**

All centers	
<b>a. Whether positive about expansion of NORPLANT services :</b>	
Yes	10
No	-
<b>b. Whether the NORPLANT clients are satisfied:</b>	
Satisfied	6
Somewhat satisfied	5

**Perceived problems in expanding NORPLANT services:** Despite their optimism, the service providers did anticipate potential problems in the expansion of NORPLANT. The need for aseptic precautions was mentioned by both physicians (5) and counsellors (4) as a potential problem (Tables 11.3 and 11.4). A 'shortage of trained personnel' was among other problems listed by both physicians and counsellors.

**Table-11.3: Physicians' perceptions of problems in expanding the NORPLANT services.**

All centers	
Aseptic precaution is needed	5
Ensure followup visit at the household	2
Provision for treatment of complications	2
Shortage of trained providers	2
Adequate logistics needed	2
Social problem	2
Publicity is lacking	1
Easy access to removal needed	1

**Table-11.4: Counsellors' perceptions of problems in expanding the NORPLANT services.**

	All centers
Aseptic precaution is needed	4
No problem will arise	2
Publicity is lacking	2
Shortage of trained manpower	2
Fear for surgery	1
Causes scar	1
Ensure followup visit at the household	1
Adequate logistic needed	1
Assessment of contraindication	1

**Suggestions to improve existing NORPLANT services:** When asked for suggestions for improving NORPLANT services, several answers were given. In fact, no suggestion was given by even half of the service providers (Tables 11.5 and 11.6). Four counsellors suggested that publicity is needed, while 3 stated the need to strengthen counselling procedures. None of the others were mentioned by more than two physicians.

**Table-11.5: Physicians' suggestions for improvement of the existing NORPLANT services.**

	All centers
Adequate counselling/motivation needed	3
More aseptic precaution	2
Publicity needed	2
Screening procedure should be strengthened	2
To develop skill of provider/counsellor	1
Required medicine should be supplied	1
Provision for Field Asstt.for followup	1
Removal should be done by the provider himself	1

**Table-11.6: Counsellors' suggestions for improvement of the existing NORPLANT services:**

	All centers
Publicity needed	4
Counselling procedure should be strengthened	3
FWA should be utilized or else may oppose	2
Screening procedure should be strengthened	1
Proper management of side-effects/ complications	1
Better waiting arrangement	1
Better arrangement for OT (insertion/ removal)	1
Required medicine should be supplied	1
Ensure followup visit at the household	1

Counsellors were also questioned in the FGD about improving the quality of NORPLANT services. Their suggestions follow:

**How do you think the quality of NORPLANT services can be improved?**

- The treatment of clients for side-effects and complications must be ensured.
- Counsellors must treat the clients well.
- Counsellors and doctors require good training, and also periodic refresher training.
- Clients complain that doctors are busy and unwilling to give time to the clients since the doctors are not given any incentive to do so.
- Since they no longer get money for insertion of IUDs, providers are less interested in providing IUDs. As a result the insertion rate for IUDs is declining. NORPLANT may suffer the same fate.
- The NPIPP NORPLANT services should have separate counsellors since NORPLANT is not part of the regular family planning program and requires a lot of extra work for the centers, due to recording and other formalities. Service providers may only be interested in this additional work if they are given incentives for it.

- Family planning workers from both the government and NGO centers require training so that they can refer clients to clinics.
- Some family planning workers may be interested in NORPLANT if referral is credited to their performance, and if incentives are introduced like those for IUD and VSC.
- Private practitioners should be motivated not to remove the implants for minor incentives.
- Village practitioners should also be motivated not to misguide clients to go for removal for the payment of a small incentive. They tell clients, for example, that 'the implant gets mixed up with the body flesh.'

**Perceived role of FWVs in the expansion of NORPLANT.** Physicians were asked their opinion on the role of FWVs in the expansion of NORPLANT. While 5 of the physicians initially said that FWVs should be trained to perform insertions, when prompted, 9 of the physicians said that FWVs were capable of being trained. Their suggestions for the place and duration of training are listed in table 10.3.7.

**Table-11.7: The role of FWVs in NORPLANT services provision as perceived by physicians.**

All centers	
<b>a. Perceived role of FWVs for expansion of NORPLANT services:</b>	
Perform insertion	5
Provide counselling	4
Act as referrer	2
Provide followup	2
<b>b. Whether FWVs can be trained to perform NORPLANT insertions:</b>	
Yes	9
No	2

---

All centers

---

**c. Reasons why they think FWVs will be able to insert NORPLANT:**

FWVs proved to be capable to insert IUDs and to do MR	7
In other countries paramedics are inserting NORPLANT	1
In large scale program there will be shortage of doctors	1

---

**d. Training place for FWVs:**

Existing NORPLANT service centers	11
-----------------------------------	----

---

**e. Trainer for FWVs:**

Trained providers	11
-------------------	----

---

**f. Duration of training for FWVs: (days)**

7	3
10	-
14	2
15	3
21	1
30	1
90	1

---

**g. Number of insertions to be observed:**

2	2
5	4
10	2
20	1
25	1
Don't know	1

---

**h. Number of insertions to be performed:**

3	1
5	1
10	5
20	1
25	1
Don't know	1

---

---

All centers

---

**i. Number of removals to be observed:**

1	1
5	3
7	1
10	4
25	1
Don't know	1

---

**j. Number of removals to be conducted:**

2	1
5	1
10	5
20	1
25	1
Don't know	2

---

## Chapter 12

# DISCUSSION AND POLICY ISSUES

### 12.1. Discussion:

This study sought to document the situation regarding the quality of the provision of NORPLANT services in Bangladesh and the access acceptors have to removal services. In light of the negative publicity NORPLANT has received in Bangladesh in the past year this study tried to present an accurate picture of the service delivery system, including both its strengths and weaknesses, and to document the scope of problems which have occurred, particularly regarding access to removal. The purpose of this study is to provide information for use to policy makers and program managers in designing and strengthening NORPLANT services, both within the NORPLANT Pre-Introductory Pilot Phase (NPIPP) program, and later, when NORPLANT is fully integrated into the national family planning program.

The study used various methods to collect data from 1,151 NORPLANT users (both those who continue use and those who have discontinued), and 20 service providers (both physicians and counsellors). In addition to interviews with clients and service providers, focus group discussions were held with counsellors, and clinic activities related to NORPLANT were observed at seven centers.

**Client profile:** NORPLANT users were, on average, 26 years old with 3.1 children. Two-thirds wanted no more children. Three-fifths of them had no education and three-quarters were from rural areas. All of the women had heard of at least one other method of contraception, and 67 percent had used family planning before accepting NORPLANT.

**Client satisfaction:** On the whole, clients are satisfied with NORPLANT as a method of contraception and with the information and services they have received. Eighty-eight percent of the acceptors expressed satisfaction with the services they received. The three year retention rate of NORPLANT is 61 percent, which compares favorably to the rate in other countries. Of the current NORPLANT users, 66 percent expressed interest in using NORPLANT again in the future, as did 15 percent of those who discontinued. The decision to use NORPLANT is generally made by clients with knowledge of other methods of family planning. Contrary to the expectation that clinic workers would introduce NORPLANT to potential acceptors, the first source of information about NORPLANT is other NORPLANT users, while family planning workers tend to be a secondary source.

Also, contrary to the expectation that rumors about NORPLANT abound in Bangladesh, only 17 percent of the clients said they have heard rumors. The most appealing aspect of the method for

new users is NORPLANT's long duration of effectiveness (86 percent).

It is troubling, however, that 10 percent of the women have been dissatisfied with the services they received. From the in-depth interviews with some of those clients, it appears that their criticisms of the program are justified. In most cases, the clients who had been refused removal, and who had been forced to seek removal from outside the clinic, were treated very badly by clinic staff. There is a fine line between counselling clients to continue NORPLANT use in the face of non-threatening side effects, and refusing outright to remove the NORPLANT. Most clients were satisfied with the counselling they had received; 91 percent said they thought they had learned everything necessary for them to know about NORPLANT. For the remaining women, those who had side effects or complications, and who requested removal and were refused it by the clinics, sometimes even after repeated requests, the system set up to provide NORPLANT failed them.

## **12.2. Policy Issues:**

It is not possible to determine exactly why some clients had such difficulty while most others had their NORPLANT removed promptly. However, it should be stressed that such problems with removal were isolated in two or three centers, mostly due to a few overzealous service providers. Nevertheless, this study has highlighted several aspects of the NORPLANT service delivery system which should be strengthened in order to ensure that all women are accorded an acceptable level of quality service, and that all women have full access to removal of NORPLANT. The expansion of NORPLANT should be overseen by a steering committee comprising responsible government and NGO representatives.

**Phasing-in of NORPLANT services:** The expansion of NORPLANT should be phased-in slowly through a tiered mechanism to carefully assess the capability of various levels of the family planning service delivery system to adequately provide NORPLANT services. Only when services are offered at an acceptable level of quality at one level should they be offered at the next level down in the service delivery system.

**The relationship between the clinical trials and the NPIPP:** If anything, the service given to NORPLANT users has been better than that given to other family planning users. Through the clinical trial, special counsellors were hired for NORPLANT, and service providers were given special compensation for their work with the clinical trial. The centers were monitored by BIRPERHT, and thus, the service providers were more apt to be careful in the provision of NORPLANT. These conditions will, however, not be extant when NORPLANT is widely available. The program will have to come to terms with how it will deal with service providers who are now used to the special provisions--and with clients who, through word of mouth, have come to expect reimbursement for transportation to the clinic. Will payment be

given to service providers or to clients ? The NPIPP should carefully explain to both what payments, if any, will be made. In addition, who will provide counselling to NORPLANT acceptors in clinics? Will the task fall to FWVs, or will special counsellors be hired? If so, will they constitute a new cadre of family planning workers?

Will service providers at all levels see NORPLANT as yet one more method imposed on them in their already busy schedules? At the very least, family planning workers at all levels, but particularly FWVs and FWAs, need a thorough orientation regarding NORPLANT, and they should be given Information, Education, and Communication (IEC) materials on NORPLANT to help them advise clients. The materials should be especially designed to counter the rumors that are circulating about NORPLANT. The FP workers should at least be able to advise clients on the availability of NORPLANT services.

**Insertion services:** NORPLANT insertion and removal must be done in aseptic conditions, and with proper pre-insertion and followup counselling. The expansion program must carefully assess the conditions of clinics in which NORPLANT will be provided. Those clinics should meet set standards before being 'accredited' to perform NORPLANT services.

In addition, who will provide counselling to NORPLANT acceptors in clinics? Will the task fall to FWVs, or will special counsellors be hired? As so, will they constitute a new cadre of family planning workers? There have been instances in Bangladesh in which NORPLANT has been inserted in 'camps.' Indeed, some of the recent complaints among women unable to obtain NORPLANT removal have mostly been from women who were inserted with NORPLANT in camps. The experience with 'camp' or 'safari' insertion of NORPLANT in Indonesia has been negative in that the program has no way of following up such women, and the women do not know where to go in the case of side effects or complications. Bangladesh should avoid the temptation to insert NORPLANT through the camp mechanism, particularly in the initial expansion phase of the NORPLANT program, when there are few trained NORPLANT service providers throughout the country.

**Training and supervision:** Training for all levels of family planning workers is a vital component of the NORPLANT program, but particularly for counselling, treatment of side effects and complications, and for insertions and removals. Interviews with service providers suggest that counselling and service provision are inconsistent across centers. Lists of contraindications, side effects and complications differ among the centers and among the service providers. Procedures for service provision also differ, from the forms filled out on clients to the procedures for ensuring aseptic conditions.

Training in NORPLANT is inconsistent in that service providers received training ranging from one day to over three weeks. Two counsellors had received no training. In the clinic

observations of this study, fully 15 of the 18 clients who presented for insertion were rejected, in some cases, perhaps because the service providers did not want to be observed conducting the insertions.

A standard curriculum should be set and a system should be instituted that ensures that all NORPLANT service providers receive that training. The training should emphasize not only insertion and removal services, but also treatment of side effects and complications, both topics requested by service providers for refresher training.

In addition, standard protocols should be developed for the management of side effects and complications, since most NORPLANT users experience some side effects, particularly menstrual irregularities. From the clinic observations it appears that clients are prescribed mostly vitamins and iron to ease the side effects. Are those sufficient?

Refresher training and strong supervision will also help ensure more standard provision of services across centers. Training programs and supervisors should stress the importance of treating clients with dignity, imparting correct information, listening to their concerns, and ensuring they are provided with appropriate services, including removal.

**Job descriptions:** While the physicians were mostly able to provide job descriptions, the counsellors were not. Clarification of roles and tasks through job descriptions and reinforcement through supervision should help all levels of service providers understand their responsibilities regarding NORPLANT. The clinic observations indicate that roles and responsibilities for NORPLANT are not always clear. Who performs the physical examination? Who is qualified to conduct insertions and removals? Who sterilizes the equipment and prepares the client for service? Who handles side-effects and complications?

In addition, a list of minimum qualifications necessary to provide NORPLANT should be set to guide the appointment and training of NORPLANT providers.

**Counselling and provider-client interaction:** The importance of counselling in the provision of NORPLANT cannot be over emphasized. Clients who have been well treated by service providers, who feel welcome in the clinic, who feel that all their questions have been answered and their problems taken seriously, will be most likely to be satisfied contraceptive users. They will be likely to recommend such clinics to friends and relatives. Counselling includes not only the one-on-one communication of clients and counsellors at a clinic, but also the communication of program managers, field workers, and FP users, among others. Counselling is the responsibility of everyone in the family planning system. Good interaction between the FP program and clients starts with articulation on the part

of policy makers and program managers that the program is dedicated to the provision of quality services and to the reproductive health of women and men.

**Followup:** Clients in the clinical trial generally report to the clinics for followup visits, probably in part because the service providers put emphasis in counselling on the need for followup. Clients also know that they were told by clinic staff to present to the clinic in case of side effects. The data on followup visits to the clinic suggest that they returned more frequently than they were supposed to in the first six months, in order to be treated for side effects, in addition to scheduled followup visits.

Although followup rates are high among the clients in the clinical trial, service providers listed followup as a potential problem for the expansion phase, particularly for women who come to clinics from distant parts of the country. Indeed, the study implementors were troubled that 13 percent of the original sample of NORPLANT client could not be located for interview.

Follow-up schedules should be printed on client cards, and should continue to be emphasized by both doctors and counsellors. Women should be encouraged to retain their client cards, since they will contain important information about insertion date, followup schedule and removal date. The cards should also contain brief information about side effects and treatment given. In that way, clients would be free to visit other clinics at their convenience.

**Removal experience:** The harm to clients and to the program that is caused by refusal of service providers to remove NORPLANT cannot be overemphasized. While no one would deny that service providers should work with clients to retain NORPLANT if the side effects they are experiencing are temporary and not harmful to the client, no acceptor should ever feel that she is compelled to retain the implants. NORPLANT is a five year method, and it is expensive, therefore women who want to use family planning for only one or two years should be dissuaded from using NORPLANT; however, women who want NORPLANT removed, for whatever reason, must be given access to removal.

Interestingly, while some of the women said they had difficulty having NORPLANT removed, only two of the service providers admitted refusing to remove NORPLANT. Clearly, there is a difference in perception among the clients and service providers. The family planning program must sensitize service providers to this discrepancy, and to the experiences of those women who had to endure hardship to get the NORPLANT removed.

**Five year removal:** Perhaps partly because the clients in this study were enrolled in a clinic trial, and thus received special counselling and reminders about followup, a large percentage of them (82 percent) knew when they were to come for five year removal, assuming they retained the implants for the

full five years. Still, a system should be instituted to remind women of their five year removal.

**Counselling for use of other methods after NORPLANT removal:** Service providers should counsel women who have NORPLANT removed on the use of other methods of family planning (just as a women who discontinues any method should be counselled). This study has shown that women are not receiving such counselling. Excluding women who discontinued in order to have a child, nearly 80 percent of the other women who discontinued said they were not counselled by the clinic staff on use of another method. As a result, less than half of the women who discontinued NORPLANT, excluding those who wanted another child, went on to use another method of family planning.

**Monitoring, evaluation and operations research:** The NORPLANT program will require strong monitoring and evaluation, particularly during the NPIPP. In addition to frequent monitoring of service delivery sites, an annual evaluation should be conducted to assess the quality of services and particularly access to removal. In addition, training programs for NORPLANT service providers should be evaluated and the findings implemented.

The NPIPP represents an ideal period to conduct operations or programmatic research to test mechanisms for improving the NORPLANT program. For example, various strategies for training, counselling, follow-up, and five year removal tracking could be tested. In addition, non-physician insertion and/or removal of NORPLANT could be investigated, as could the cost-effectiveness of various service delivery mechanisms.

### **12.3. Conclusion:**

As in other countries, NORPLANT as a method of contraception is acceptable in Bangladesh. While clients are, for the most part, satisfied with the information and services they have received regarding NORPLANT, there have been problems associated with the NORPLANT program, particularly regarding removal. This study has clearly documented several aspects of the program that need to be strengthened in order to ensure that clients have access to quality services. The women of Bangladesh deserve nothing less. The study findings should serve as useful pointers to the program in its expansion phase.

## REFERENCE

- Akhter, H. H., Y. H. Ahmed, M. Mannan, J. B. Chowdhury, A. J. Faisal, 1990. **NORPLANT Acceptability Study in Bangladesh**, Bangladesh Fertility Research Program, Dhaka, Bangladesh.
- BBS (Bangladesh Bureau of Statistics), 1991, **Statistical Yearbook of Bangladesh, 1991**. Dhaka, Statistics Division, Government of the People's Republic of Bangladesh.
- BFRP, 1989, **NORPLANT Pre-Introductory Pilot Phase, (Project Document)**.
- Gallen, M. and R. N. Lettenmaier, Counseling Makes a Difference. **Population Reports, Series J, No.35 (1987)**.
- Hannan, Mahbubul, 1990, **36 Month Experience of NORPLANT in Bangladesh**, Bangladesh Fertility Research Program, Dhaka, Bangladesh.
- Huq, Md. Najmul and John Cleland, **Bangladesh Fertility Survey-1989**, National Institute of Population Research and Training (NIPORT), 1990, Dhaka, Bangladesh.
- Irving Sivin, **International Experience with NORPLANT and NORPLANT-2 Contraceptives**, Studies in Family Planning, Volume 19, Number 2, March/April 1988.
- Kamal G. M., M. Khan, A. U. Ahmed, 1988. **Study of Compensation Payments and Family Planning in Bangladesh**, Associates for Community and Population Research, Dhaka, Bangladesh.
- Kamal G. M., Shafiur Rahman, Tauhida Nasrin and Zakir Hossain, 1991, **IUD Annual Evaluation-1989**, Associates for Community and Population Research, Dhaka, Bangladesh.
- Kamal G. M., Sue Brechin, J. H. Chowdhury, 1991, **Needs Assessment Study of Field Workers Involved in the Expanded Program on Immunization**, Associates for Community and Population Research, Dhaka, Bangladesh.
- Leiras Medica, 1986, **NORPLANT contraceptive implants**, Helsinki, Finland.
- Mitra, S. N., 1986, **Bangladesh Contraceptive Prevalence Survey 1985**, Mitra and Associates, Dhaka, Bangladesh.
- Mitra, S.N., Ann Larson, Gillian Foo, and Shahidul Islam, 1990. **Bangladesh Contraceptive Prevalence Survey- 1989**, Mitra and Associates, Dhaka, Bangladesh.
- Mitra and Associates, 1992, **Bangladesh Contraceptive Prevalence Survey 1991**, (draft under review) Dhaka, Bangladesh.
- Zimmerman, Margot, et al. **Assessing the Acceptability of NORPLANT in Four Countries; Findings from Focus Group Research**. Studies in Family Planning. Vol. 21, No. 2. March/April 1990.

**APPENDIX A**  
**QUESTIONNAIRE FOR**  
**SURVEY OF ACCEPTORS**

**QUALITY OF NORPLANT SERVICES IN BANGLADESH**

**QUESTIONNAIRE FOR  
SURVEY OF ACCEPTORS**

Batch No.

Converted No.

SAMPLE IDENTIFICATION								
Name of center :	DMCH	<input type="text"/> 1	IPGMR	<input type="text"/> 2	MFSTC	<input type="text"/> 3	FPA, B Dhaka	<input type="text"/> 4
	UHC Gazaria	<input type="text"/> 5	FPA, B Rangpur	<input type="text"/> 6	BAVS Khulna	<input type="text"/> 7		

RESPONDENT IDENTIFICATION	
Name of Respondent: _____	Name of Husband: _____
House No./Village: _____	Road No./Union: _____
Upazila: _____	District: _____

INTERVIEW INFORMATION					
Attempt No.	1	2	3	4	
Date					
Result code*					
Interviewer code	<input type="text"/> <input type="text"/>				
*RESULT CODES					
Successfilly	1	Refused	4	Transfer but	
Not available	2	Transfer but		address not found	6
Deferred	3	address fund	5	Other _____	7
				(Specify)	

SUPERVISORY AND DATA PROCESSING INFORMATION		
Field edited by <input type="text"/> <input type="text"/>	Reinterviewed or spot check by <input type="text"/> <input type="text"/>	Office edited by <input type="text"/> <input type="text"/>
Date _____	Date _____	Date _____
Editing verified by <input type="text"/> <input type="text"/>	Coded by <input type="text"/> <input type="text"/>	Coding verified by <input type="text"/> <input type="text"/>
Date _____	Date _____	Date _____

Section-1

RESPONDENT'S BACKGROUND

Time Started: \_\_\_\_\_

	RESPONSE	SKIP TO
101. How old are you ? (PROBE FOR AGE IN COMPLETED YEARS)	Age <input type="text"/> <input type="text"/>	
102. Do you live in urban or rural area ?  <div style="border: 1px dashed black; padding: 5px; width: fit-content;">                     INTERVIEWER: PLEASE CLASSIFY RESIDENTIAL AREA AND CIRCLE APPROPRIATE CODE                 </div>	Urban residential 1 Sub-urban 2 Urban slum 3 Rural area 4 Other _____ 5 (Specify)	
103. Have you ever attended school ? IF YES, what was the highest level of school you attended ?	No school 0 Madrasha 1 Primary 2 High school 3 College 4	--> 105
104. What was the highest class you passed ?	Class or Year <input type="text"/> <input type="text"/>	
105. Are you currently married ?	Currently married 1 Other _____ 2 (Specify)	--> 107
106. Are you currently pregnant ?	Yes 1 No 2	
107. How many living sons and daughters do you have ?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Sons Daughters	
108. Do you want to have any (more) children ?	Yes 1 Uncertain 2 No 0	--> 201
109. How soon ?	<input type="text"/> <input type="text"/> Months	

SECTION-2

USE OF CONTRACEPTIVES

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

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

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

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

203. Do you know any place or person from where \_\_\_\_\_ can be obtained ?  
(method)

INTERVIEWER: PLEASE DESCRIBE ALL THE METHODS CIRCLED YES IN EITHER COLUMN-2 OR 3 AND CIRCLE RESPONSE IN COLUMN-4.

204. Have you or your husband ever used \_\_\_\_\_ ?  
(method)

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

TABLE 2.1: CONTRACEPTIVE KNOWLEDGE AND EVER USE.

Method and descriptions (1)	201 Knowledge (Unprompted) (2)	202 Knowledge (Prompted) (3)	203 Do you know the sources? (4)	204 Have you or your husband ever used? (5)
01 <b>PILL:</b> Women can take a pill every day.	Yes 1	Yes 2 No 0	Yes 1 No 0	Yes 1 No 0
02 <b>CONDOM:</b> Men can use a rubber sheath on their penis during intercourse	Yes 1	Yes 2 No 0	Yes 1 No 0	Yes 1 No 0
03 <b>FOAM TABLET/JELLY/EMKO/CREAM/DIAPHRAGM:</b> Women can place a tablet, cream or a rubber object inside their vagina before intercourse	Yes 1	Yes 2 No 0	Yes 1 No 0	Yes 1 No 0
04 <b>INJECTION:</b> Women can have an injection by a doctor or health worker which stops them getting pregnant for several months	Yes 1	Yes 2 No 0	Yes 1 No 0	Yes 1 No 0
05 <b>IUD/Copper T/Coil:</b> Women can have a small object placed inside their uterus by a doctor or health worker.	Yes 1	Yes 2 No 0	Yes 1 No 0	Yes 1 No 0
06 <b>FEMALE STERILIZATION:</b> Women can have an operation at a hospital or health centre to stop them having any more children.	Yes 1	Yes 2 No 0	Yes 1 No 0	Yes 1 No 0
07 <b>MALE STERILIZATION:</b> Men can have an operation at a hospital or health centre to stop any more children.	Yes 1	Yes 2 No 0	Yes 1 No 0	Yes 1 No 0
08 <b>MR:</b> Women can have termination of an early pregnancy by clearing their menstruation by Doc/FWV	Yes 1	Yes 2 No 0	Yes 1 No 0	Yes 1 No 0
09 <b>NORPLANT:</b> Women can have capsules inserted under the skin of their upper arm by a doctor	Yes 1	Yes 2 No 0	Yes 1 No 0	Yes 1 No 0
10 <b>SAFE PERIOD:</b> Couple can avoid intercourse on particular days of the month when the women is most likely to become pregnant.	Yes 1	Yes 2 No 0	=====	Yes 1 No 0
11 <b>WITHDRAWAL:</b> Men can be careful and pull out before climax	Yes 1	Yes 2 No 0	=====	Yes 1 No 0
12 <b>ABSTINENCE:</b> Couples can go without intercourse for several months or longer to avoid pregnancy.	Yes 1	Yes 2 No 0	=====	Yes 1 No 0
13 <b>OTHER:</b> (Specify)	Yes 1	=====No 0=====	=====	Yes 1 No 0

	RESPONSE	SKIP TO
205. Are you or your husband currently using any method ?	Yes 1 No 0	--> 207
206. What method are you or your husband currently using ?	Pill 01 Condom 02 Vaginal method 03 Injection 04 IUD 05 Tubectomy 06 Vasectomy 07 NORPLANT 09 Safe period 10 Withdrawal 11 Abstinence 12 Other 13 (Specify)	
207. INTERVIEWER: PLEASE ASK ABOUT ALL THE METHODS CIRCLED IN 204 (EXCEPT THE ONE CIRCLED IN 206) AND WRITE DOWN THE REASONS FOR DISCONTINUATION OF EACH METHOD. Reasons:  _____ (method) _____  _____ (method) _____  _____ (method) _____		
208. INTERVIEWER: CHECK 204 AND TICK APPROPRIATE BOX.  EVER USED NORPLANT <input type="checkbox"/> (Skip to 210)	NEVER USED NORPLANT <input type="checkbox"/>	
209. Have you ever accepted NORPLANT ? (If no, probe thoroughly)	Yes 1 No 0	--> 909
210. How many times have you had NORPLANT inserted ?  INTERVIEWER: PLEASE CHECK CLINIC RECORD	<input type="checkbox"/> number	

Section-3

INFORMATION AND ACCEPTANCE OF NORPLANT

	RESPONSE	SKIP TO
301. Please tell me where or from whom you first heard about NORPLANT ? Was it at the clinic or the home ? (SINGLE ANSWER)	Worker, in clinic 1 Worker, in Home 2 NORPLANT user, in clinic 3 NORPLANT user, in home 4 Other _____ 5 (Specify)	
302. Where else have you heard about NORPLANT ? (MULTIPLE ANSWERS)	No body else 0 Husband 1 Relative _____ 2 (Specify) Friend/ Neighbour 3 FP worker 4 Dai/TBA 5 Radio/TV/ newspaper 6 NORPLANT user 7 Other _____ 8 (Specify)	
303. Before getting the NORPLANT implanted, who are the persons you discussed NORPLANT with ? (PROBE, anyone else ?) (MULTIPLE ANSWERS)	Husband 1 Relative _____ 2 (Specify) Friend/neighbor 3 FP worker 4 DAI/TBA 5 NORPLANT user 6 Other _____ 7 (Specify) None 7	-->305
304. What did you discuss with him/her/them about the NORPLANT ?  Verbatim: _____ _____ _____		
INTERVIEWER: CHECK 303, IF CODE 6 IS NOT CIRCLED, ASK 305; OR ELSE SKIP TO 308		
305. Before you had NORPLANT inserted, did you know anyone who had accepted the NORPLANT ?	Yes 1 No 0	--> 308

	RESPONSE	SKIP TO
306. Did you discuss NORPLANT with any NORPLANT users before you accepted NORPLANT ?	<p style="text-align: right;">Yes    1</p> <p style="text-align: right;">No     0</p>	--> 308
307. What did you discuss with her about NORPLANT ?  Verbatim: _____ _____		
308. Does your husband know that you have had NORPLANT implanted ?	<p style="text-align: right;">Yes                    1</p> <p style="text-align: right;">No                    0</p> <p style="text-align: right;">Not currently married    2</p>	--> 311
309. Did he know before or after the implantation ?	<p style="text-align: right;">Knew before implantation    1</p> <p style="text-align: right;">Knew after implantation    2</p> <p style="text-align: right;">He does not know            3</p>	--> 311
310. Did your husband suggest that you accept NORPLANT or did you suggest it to him ?	<p style="text-align: right;">I suggested to him        1</p> <p style="text-align: right;">He suggested to me        2</p>	
311. Among all the FP methods why did you choose NORPLANT ?  Verbatim: _____ _____		

Section-4

PROBLEMS WITH NORPLANT

	RESPONSE	SKIP TO
401. Did anyone from the clinic tell you how long the NORPLANT remains effective in preventing pregnancy ?	Yes 1 No 0	
402. How long does the NORPLANT remain effective ?	<input type="text"/> Years Don't know 7	
403. Did anyone in the clinic tell you that you should come back to the clinic to have a check-up some days after the implantation ?	Yes 1 No 0	--> 405
404. What did he/she tell you ?  Verbatim: _____ _____ _____		
405. Did anyone tell you that after the NORPLANT implantation you may have some problem or inconvenience or side-effects ?	Yes 1 No 0	--> 407
406. What did he/she tell you ?  Verbatim: _____ _____ _____		
407. Did anyone tell you what you should do if you face any problem with NORPLANT ?	Yes 1 No 0	--> 409
408. What did he/she tell you ?  Verbatim: _____ _____		
409. Did anyone tell you about when you are supposed to come back for removal ?	Yes 1 No 0	--> 411

	RESPONSE	SKIP TO
410. Who gave you the majority of this information ? (MULTIPLE ANSWERS)	Doctor/FWV/counsellor 1 FP worker 2 TBA/dai 3 Agent 4 NORPLANT user 5 Other _____ 6 (Specify)	
411. Have you or did you experience any particular problem or inconvenience as a result of using NORPLANT ?	Yes 1 No 0	--> 424
412. What was the major problem or inconvenience ? (SINGLE ANSWER)	Slightly more menstrual bleeding 01 A lot more bleeding 02 Spotting/Irregular menstruation 03 Changes in weight 04 Nausea 05 Loss of appetite 06 Dizziness/Headache 07 Changes of libido 08 Depression 09 Acne 10 Other _____ 11 (Specify)	
413. What were the other problems or inconveniences ? (MULTIPLE ANSWERS)	Slightly more menstrual bleeding 01 A lot more bleeding 02 Spotting/irregular menstruation 03 Changes in weight 04 Nausea 05 Loss of appetite 06 Dizziness/Headache 07 Changes of libido 08 Depression 09 Acne 10 Other _____ 11 (Specify) No other problem 12	

	RESPONSE	SKIP TO
<div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;"> INTERVIEWER: PLEASE CHECK 412 AND 413, IF CODE 01 TO 03 IS CIRCLED, ASK 414; OR ELSE SKIP TO 416. </div>		
414. What types of problem was it ?	Too much blood 1 Bleeding too often 2 Too irregular bleeding 3 Long menstrual cycles 4 Scanty menses 5 Amenorrhoea 6 Other _____ 7 (Specify)	
415. Why was this a problem ?  Verbatim: _____ _____ _____		
416. How many days or months after the NORPLANT implantation did this problem start ? (INTERVIEWER: RECORD ANSWER FOR THE SEVEREST PROBLEM/INCONVENIENCE)	<div style="text-align: center;"> <input type="text"/> <input type="text"/>  Days after or  <input type="text"/> <input type="text"/>  Months after </div>	
417. INTERVIEWER: PLEASE CHECK 204, IF CODE 1 (YES) IS CIRCLED ONLY AT ROW 09, SKIP TO 418.  Would you say the side-effects you experienced with NORPLANT were more or less severe than those you experienced with your previous method ?	More 1 Less 0	
418. Did you discuss the problem with the NORPLANT with any FP worker or clinician ?	Yes 1 No 0	--> 421
419. With whom did you discuss the problem ? (MULTIPLE ANSWERS)	Doctor from clinic 1 Other Doctor 2 Counsellor from clinic 3 FWV 4 FWA 5 Dai/TBA 6 Other _____ 7 (Specify)	

	RESPONSE	SKIP TO				
420. What did the person do for you or advise you to do ? (MULTIPLE ANSWERS)	Advised to remove the NORPLANT 1 Removed the NORPLANT 2 Advised to go to the clinic 3 Took the client to the clinic 4 Prescribed medicine 5 Informed that initial problems and discomforts will disappear and advised to retain the NORPLANT 6 No advice/action 7 Other _____ 8 (Specify)					
421. Has the problem or inconvenience been resolved ?	Severest problem resolved 1 Severest problem not resolved but another problem continuing 3 Other _____ 4 (Specify)	--> 423				
422. What about other problems ?  Verbatim: _____ _____ _____						
423. Did the problem or inconvenience stop you doing your normal duties ? IF YES, For how many days ?  (IF NO, ENTER 00)	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Days</td> </tr> </table>			Days		
Days						
424. Do you think you have received enough information about NORPLANT from the clinic ?	Yes 1 No 0					
425. Were you given any card from the clinic ?	Yes 1 No 0	-->427				

	RESPONSE	SKIP TO
426. Could you please show me the card ?	Shown, updated 1 Shown, not updated 2 Could not be shown 3	
427. Did you ever visit a clinic for counselling or treatment after accepting NORPLANT ? (INTERVIEWER: PLEASE CHECK CLIENT CARD OR CLINIC RECORD AND PROBE)	Yes 1 No 0	--> 431
428. How many times did you visit the clinic ?	Times <input type="text"/>	
429. Have you ever been late for your NORPLANT followup visit ?	Yes 1 No 0	--> 431
430. Why were you late for the follow-up visit ?  Verbatim: _____ _____		
431. Did the clinic contact you ?	Yes 1 No 0	
432. Were you satisfied with the treatment you received from the clinic regarding the problem ?	Yes 1 No 0	

Section-5

NORPLANT REMOVAL

	RESPONSE	SKIP TO
.. Have you ever requested NORPLANT removal ?	Yes 1 No 0	--> 521
. Was the NORPLANT removed ?	Yes 1 No 0	--> 521
. When was the NORPLANT removed ?  (INTERVIEWER: PLEASE CHECK THE CLINIC RECORD AND RECORD CORRECT DATE)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	
. What was your main reason for removing the NORPLANT ?  Verbatim: _____ _____	<input type="text"/> <input type="text"/>	
. What were your other reasons for removing the NORPLANT ?  Verbatim: _____ _____	<input type="text"/> <input type="text"/>	
. Where did you go to get the NORPLANT removed ? Was it the same clinic from where you had it implanted ? Name of the clinic from where removed, if not the same. Clinic: _____	Yes 1 No 0	--> 508
. Why did you not go to the same clinic?  Verbatim: _____ _____ _____	<input type="text"/> <input type="text"/>	
Were there any problems in getting the clinic to remove the NORPLANT ?	Yes 1 No 0	--> 511



	RESPONSE	SKIP TO
518. Why didn't you use any other FP method after the removal of the NORPLANT ?	Desires a child Husband dislikes FP Husband lives elsewhere For health reasons Other (Specify)	1 2 3 4 5
519. Did the clinic personnel counsel you on other methods of family planning when you had your NORPLANT removed ?	Yes No	1 0 ---> 523
520. What did they say ? Verbatim: _____ _____	<input type="text"/>	---> 523
521. Assuming that you keep your NORPLANT set for five years, when will you return for removal of the implant ? (IF DON'T KNOW, WRITE 97 AND SKIP TO 523)	<input type="text"/> <input type="text"/> Month or <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> Months after	
522. How do you know when you should return ?	From the clinic card Reminder from clinic staff Reminder from friends/relations/neighbor Other (Specify)	1 2 3 4
523. What do you think would be the best way to remind NORPLANT users to return after 5 years for removal ? Verbatim: _____ _____	<input type="text"/>	

Section-6

PROBLEMS WITH REMOVAL OF NORPLANT

(Only for those who requested for removal  
but the NORPLANT was not removed)

	RESPONSE	SKIP TO
601. Why was the NORPLANT not removed ?  Verbatim: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/>	
602. Are you satisfied with the advice given by the clinic personnel ?	Yes 1 No 0	--> 604
603. Why are not you satisfied ?  Verbatim: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/>	
604. <u>INTERVIEWER: PROBE IN-DEPTH AND COMMENT</u> _____  Comments: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/>	

Section-7  
NORPLANT SERVICES

	RESPONSE	SKIP TO						
701. Were the clinic staff polite to you when you came for follow-up ?	Yes 1 No 0	--> 703						
702. Would you please describe what were the impoliteness ?  Verbatim: _____ _____ _____	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							
703. Have you been satisfied with the facilities at the clinic, such as:								
- location of clinic	Yes 1 No 0							
- waiting time	Yes 1 No 0							
- counselling information given	Yes 1 No 0							
- privacy provided	Yes 1 No 0							
- physician's behaviour with you	Yes 1 No 0							
704. How long did it take for you to get to the clinic ?	<table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">minutes</td> </tr> </table>				minutes			
minutes								
705. Did you face any problem reaching the clinic ?	Yes 1 No 0	--> 707						
706. What problem did you face ?  Verbatim: _____ _____ _____	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							

	RESPONSE	SKIP TO
707. To what extent are you satisfied with the services you received in connection with having the NORPLANT ? Would you say that you are highly satisfied, satisfied, somewhat satisfied, or not at all satisfied ?	Highly satisfied 1 Satisfied 2 Somewhat satisfied 3 Not at all satisfied 4	801
708. Why are not you satisfied ?  Verbatim: _____  _____	<input style="width: 80px; height: 20px;" type="text"/>	

Section-8

NORPLANT RUMORS

		RESPONSE		SKIP TO
801. Have you heard any rumors about NORPLANT ?		Yes	1	--> 901
		No	0	
802. What are those rumors ?		<div style="border: 1px solid black; padding: 5px; margin: 10px 0;">                     INTERVIEWER: PLEASE RECORD ALL RUMORS IN THE TABLE BELOW AND ASK Q.803 TO Q.805 FOR EACH.                 </div>		
Sl. No.	Rumors (802)	803 Where did you hear it ?	804 Did you discuss this with the clinic personnel ?	805 Do you believe it ?
1			Yes 1 No 0	Yes 1 No 0 Not sure 3
2			Yes 1 No 0	Yes 1 No 0 Not sure 3
3			Yes 1 No 0	Yes 1 No 0 Not sure 3
4			Yes 1 No 0	Yes 1 No 0 Not sure 3
5			Yes 1 No 0	Yes 1 No 0 Not sure 3
6			Yes 1 No 0	Yes 1 No 0 Not sure 3
7			Yes 1 No 0	Yes 1 No 0 Not sure 3

Section-9

FUTURE USE/ADVISE TO OTHERS

	RESPONSE	SKIP TO
901. Have you advised anyone to accept NORPLANT ?	Yes 1 No 0	--> 904
902. Would you advise anyone to accept NORPLANT ?	Yes 1 No 0	--> 904
903. Why don't you want to advise anyone to accept NORPLANT ?  Verbatim: _____ _____	<input type="text"/>	
904. <b>ONLY FOR THOSE CURRENTLY USING NORPLANT:</b> How much longer do you plan to use NORPLANT ?	<input type="text"/> <input type="text"/> Months  Not sure 97	
905. Would you consider using NORPLANT again in the future ?	Yes 1 No 0 Not sure 7	--> 907
906. Why ?  Verbatim: _____ _____	<input type="text"/> <input type="text"/>	
907. Do you think your friends, neighbors, and relatives will want to use NORPLANT ?	Yes 1 No 0 Don't know 7	
908. Do you have anything else to say about NORPLANT, or the services you received ? <b>IF YES, WHAT ARE THOSE ?</b>  Verbatim: _____ _____	<input type="text"/> <input type="text"/>	
909. <b>INTERVIEWER: BEFORE LEAVING THE RESPONDENT, CHECK THE KEY QUESTIONS, THANK THE RESPONDENT, AND TERMINATE INTERVIEW.</b>		

Time Ended: \_\_\_\_\_

**APPENDIX B**  
**LIST OF MEMBERS OF**  
**THE WORKING GROUP**

## LIST OF MEMBERS OF THE WORKING GROUP

The study was conducted with guidance from the members of the Working Group. The Working Group worked under the chairmanship of Dr. Barkat-e-Khuda. The list of the members of the group is furnished below:

- Dr. Barkat-e-Khuda : Professor, Economics,  
Dhaka University and  
University Research  
Corporation (URC)  
Bangladesh.
- Mr. G M Kamal : Executive Director  
Associates for Community and  
Population Research (ACPR).
- Dr. Hamida Begum : Assistant Professor  
Psychology  
Dhaka University.
- Mr. James McMahan : Family Health International (FHI)
- Dr. James Ross : The Ford Foundation  
Dhaka.
- Dr. Karen Hardee Cleavland : Technical Consultant  
Family Health International (FHI)
- Dr. Mehtabunnessa Curry : Co-Ordinator  
Management Development Unit, Dhaka.
- Dr. Aminul Islam : Director (MCH Services),  
Directorate of Family Planning  
Dhaka.
- Ms. Sheryl Keller/  
Mr. David L. Piet : OPH, USAID  
Dhaka, Bangladesh.
- Ms. Shereen Huq : Naripokko  
Dhaka, Bangladesh.
- Dr. Phillip Gower : World Bank Resident Mission  
Dhaka, Bangladesh.
- Dr. Yasin Ali : UNICEF, Dhaka.
- Dr. Sabera Rahman : MFSTC, Dhaka.

**APPENDIX C**  
**LIST OF PERSONNEL WHO**  
**PARTICIPATED IN THE STUDY**

**Key Personnel**

Mr. G. M. Kamal  
Mr. J. H. Chowdhury  
Mr. Nurul Islam  
Dr. Nasrin Jahan

**Quality Control Officer:**

Mr. Hajiqul Islam  
Mr. Hasanul Bari  
Ms. Sonali Sarker  
Ms. Nilima Islam

**Supervisor**

Mr. Sultan M. J. Abedin  
Mr. Ruhul Amin  
Mr. Salamat Ullah  
Mr. Md. Ibrahim  
Mr. Jahangir Alam  
Mr. Mozakker Hossain  
Mr. Altaf Hossain

**Interviewer**

Ms. Soheli Rahman  
Ms. Salma Khan  
Ms. Tahera Sultana  
Ms. B. Meher Afzun  
Ms. Ferdousi Akhter  
Ms. Mahmuda Khatun  
Ms. Rahena Redwan  
Ms. Rubina Ferdous  
Ms. Dilara Sultana  
Ms. Rehena Begum  
Ms. Sahanara Akhter  
Ms. Mahfuza Begum  
Ms. Aleya Akhter

**Field Assistant:**

Mr. K. M. Touhiduzzaman  
Mr. Alamgir Hossain  
Mr. Abdur Sabur  
Mr. Mizanur Rahman  
Mr. Ataur Rahman  
Mr. Masud

**Editor**

Mr. Salma Bhuiyan

**Edit Verifier**

Mr. Al-Mahmud

**Coder**

Mr. Minul Islam

**Code Verifier**

Mr. Golam Touhid

**Validator**

Ms. Rabeya Khan  
Mr. Golam Sorower

**Secretarial Staff**

Ms. Monowara Khatun  
Ms. Shañara Banu  
Mr. Md. Harun