IUD USE AND DISCONTINUATION IN BANGLADESH

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Background

Study Design

A retrospective cross-section design identified 375 IUD acceptors from six districts. 330 acceptors interviewed 12 months post insertion. In depth interviews with 30 women who discontinued due to side effects.

Study Objectives

- ♦ The outcome of IUD use among acceptors within the first 12 months
- **♦** The reasons given for discontinuation
- Common side effects, how they were experienced
- **♦** Key determinants of discontinuation
- Preinsertion and postinsertion health-sector support for IUD clients

Acceptors' Characteristics

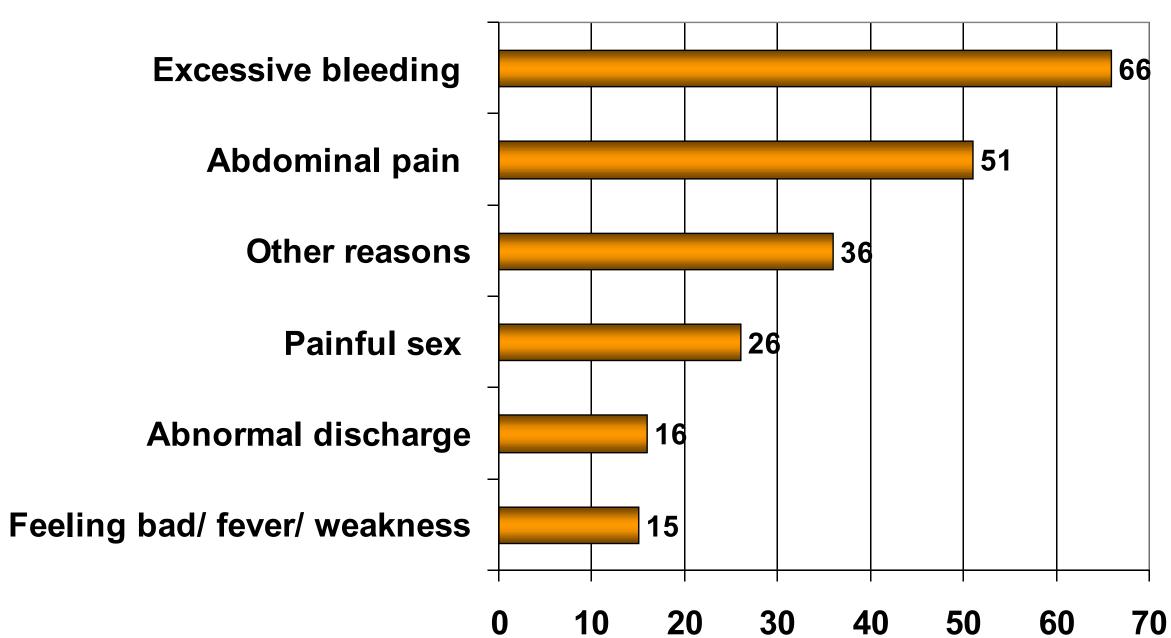
- ♦ Mean age 29 years, 60% under the age of 30 years
- ♦ 40% illiterate
- ◆ In 7 days, did not read newspaper (75%), radio (68%), TV (46%)
- ♦ Mean parity 2.8, 21% having more than 3 children
- ♦ 63% does not want no more kids

Findings

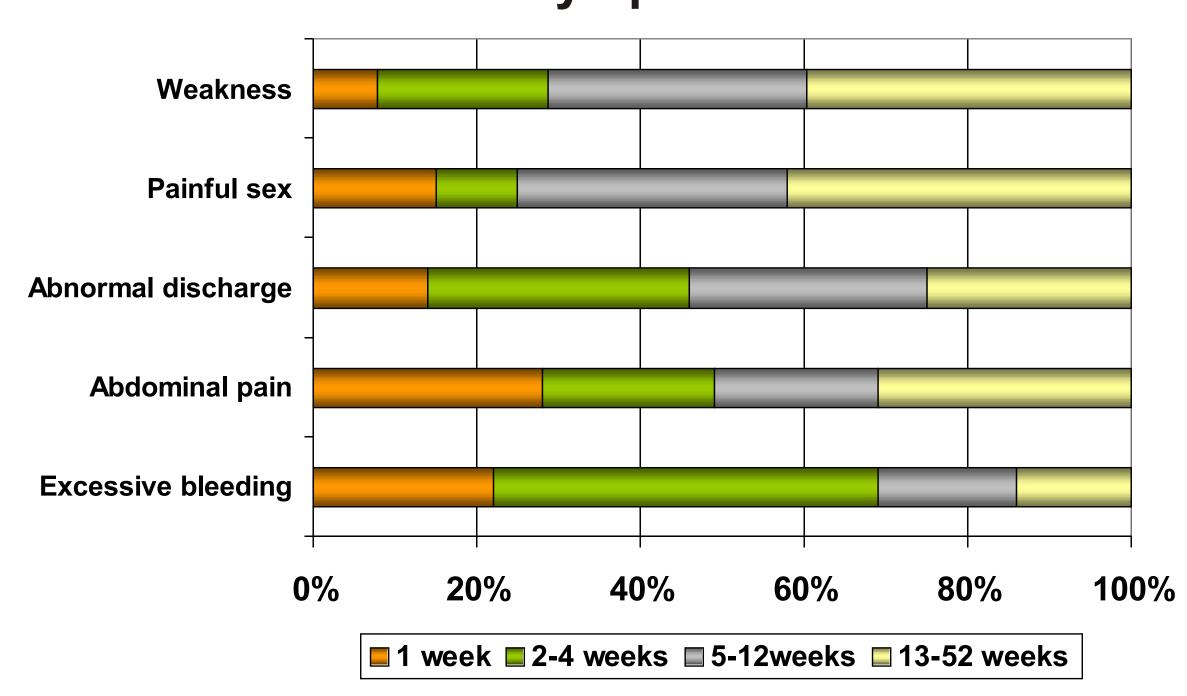
Continuation/ Discontinuation

- ♦ More than half (53%) women continued and were mostly satisfied (92%).
- ◆ Of these women, one-third planned to continue use 1-5 years, 15% for 6-9 years and remaining 54% for 10 years.
- ♦ 47% women discontinued within 12 months.
- ♦ 8% acceptors (17% discontinuers) removed within first month.
- ◆ 20% acceptors (43% discontinuers) removed within first 3 months.
- ♦ Mean length of use of first-year discontinuers 2.7 months
- ♦ 27% discontinuers removed the IUD themselves.

Major Side Effects of Discontinuers (n=156)



Duration of Symptoms of Discontinuers



IUD Decision Making

One in four women (24%) did not discuss the decision to use an IUD with their husband. Of those women who did discuss the decision, 72% reported their husband approved of the decision and only 4% of the cases did the husband not approve.

Method Switching

- ♦ 89% had some previous experience of using contraceptive.
- ◆ Of the 156 discontinuers, 116 switched to another method (pill 74%, injectable 12%, condom 10% and other 3%)
- ♦ 88% were still using the new method.
- ♦ 84% were happy with the new method.

Factors Associated with Discontinuation Previous Geography: Side effects: Demographic: experience: Women living in the rural Excessive bleeding Women who had a history of High parity (OR 2.4), older (OR 5.6 & P<0.01), area and accepted the IUD women, and those who living switching more than once in the larger households Painful sexual intercourse from rural clinic (OR 2.4) (OR 4.8 & P<0.01) (OR 4.0 & P<0.01), Abdominal pain (OR 2.7 & P<0.01), Husband complained about string (OR 2.8 & P<0.01) Pre-insertion Health sector Spousal issues/ variables: problems: decision-making: **Pre-insertion painful** Women whose husbands complained Service delivery variables did intercourse and vulval about the strings (OR 2.8 & P<0.01), not appear to strongly itching (OR 7.4) Women who discussed with their influence continuation or husband, but did not obtain discontinuation approval (OR 4.1 & P<0.01)

Excessive Bleeding

- Problem stopped after removal
- ♦ Heaviest days pad change 4-5 times (normal 1-2)
- ♦ Duration 4-5 days (normal 1-3)
- ◆ Most described "enduring" this for a long time Feeling very unwell: weakness, tiredness, vertigo, palpitations, "uneasy feelings" unable to work, feverish, having "bloodless body", difficulty moving, standing
- ♦ Most forewarned, but information seemed vague, advising only to come back – seemed to want concrete advice

Emotional Responses

Guilt: unable to pray and drawing attention, unable to work (tending cows, carrying rice), cost money, made spouses angry, unable to have sex

Shame: staining clothes, remain indoors, washing pads, community shame and inability to do "janaja"

Fear: fear of perforation, disease, continued health decline, death. Fear for the children's future, fear "insides would come out" (prolapse)

Marital anxiety: unable to perform wifely role, husband generally angry, insist removal, verbally abuse, "My husband used bad language, I didn't feel joy in anything - and I would not survive long"

Husbands' Issues

- ◆ If husbands were not consulted, women were much more likely to experience side effects.
- Menstrual changes were unacceptable to the husbands.
- Husbands were usually the ones to decide on removal.
- Husbands hold the purse strings medicines.
- Wife has to be seen to be praying and working.
- Sex life affected.

Recommendations

- ♦ Providers should seriously look into the pre-insertion conduction.
- ♦ Address menstrual issues more openly with clients, their partners and community leaders
- Consider routine prophylaxis for bleeding
- Provision of Ibuprofen and Iron tablets after IUD insertion
- Strengthen capacity of field workers to support (counsel) clients during first three months post insertion
- Special operational study can be undertaken to find out the ways and means of reducing discontinuation rate.



