



# Use of LARCs/PMs after Menstrual Regulation and in Postabortion Care (PAC) in Bangladesh: Snapshot of a Public-Sector Facility

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# Country Background

- Menstrual regulation (MR) is done in case of cessation of menstruation due to any reason.
- An estimated 653,000 MR take place procedures per year.\*
- The public sector accounts for about 2/3s of all MRs.
- Seven in 10 women know about MR, and 9% have ever used it (BDHS 2011).
- MR is free of charge in the public sector.
- Family planning (FP) services are accessible in most public and NGO facilities providing MR and postabortion care (PAC) services.
- Unmet need for FP is 12%—5% for spacing births and 7% for limiting births (BDHS 2014).

*\*Singh, S., et al. 2012. The incidence of menstrual regulation procedures and abortion in Bangladesh, 2010. International Perspectives on Sexual and Reproductive Health 38(3):122–132.*

# Overview of the Intervention Site

- Mohammedpur Fertility Services and Training Centre (MFSTC), a 100-bed facility under the DGFP (one of the wings of the MOHFW), provides comprehensive reproductive health (RH) and maternal and child health (MCH) services and training.
- Collaboration between EngenderHealth Bangladesh and MFSTC:
  - Built the capacity of the training center
  - Through Mayer Hashi II (MH-II) of EngenderHealth Bangladesh, organized regular training courses for public-sector, NGO, and private-sector providers using the site
  - Helped the center provide quality services



*MFSTC, established by the DGFP in 1979*

# Objective and Methodology

## Objective

- To review the uptake of long-acting reversible contraceptives (LARCs) and permanent methods (PMs) after MR and during PAC services

## Methodology

- Conducted literature review
- Reviewed case records of all women who received MR and or PAC services at MFSTC during the period January–December 2014
- Interviewed providers at MFSTC using a questionnaire
- Made comparisons with statistics from MH-II–supported sites

# Background Characteristics of Post-MR and PAC Service Users

- A total of 874 women received MR and PAC services during January–December 2014. Of these, 688 were MR cases and 186 came to the site for PAC services.
- The women ranged in age between 14 and 50 years, with a mean age of 27.
- Employment status: 659 were housewives and not gainfully employed; 215 were service holders/doing different jobs.
- 121 women did not have any living children, 67 had three or more children, and the remainder had 1–2.
- The age of the last child ranged from 2 to 6 years, averaging 2.7.
- 12 providers at MFSTC were interviewed.

# FP Use among Post-MR and PAC Service Users

## % of respondents choosing an FP method (n=874)

FP method	% of respondents choosing an FP method (n=874)	
	<i>Had used before MR/PAC</i>	<i>Adopted after MR/PAC</i>
Oral contraceptives	24.5	11.2
Injectable	5.3	3.4
Condom	20.8	1.9
Implant	1.5	31.6
IUD	0.3	31.6
Male sterilization	0.3	2.1
Female sterilization	0.0	5.2
No method	47.3	13.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

# High Uptake of LARCs & PMs: Why?

## Summary of Provider Interviews

- After MR and in PAC, the woman has a tendency to use more reliable and long-acting methods.
- MFSTC is well-known facility with good infrastructure and service quality.
- MFSTC provides comprehensive sexual and reproductive health services, including MCH, FP, MR, post-MR, and PAC services.
- It has well-trained skilled providers.
- It has well-trained skilled counselors.
- The facility provides good supervision and monitoring support.
- MFSTC is involved in MCH and RH/FP training.

# Number of FP services received after PAC and MR services, by method, at 14 maternal and child welfare centers (MCWCs) in MH-II districts (April–September 2015)

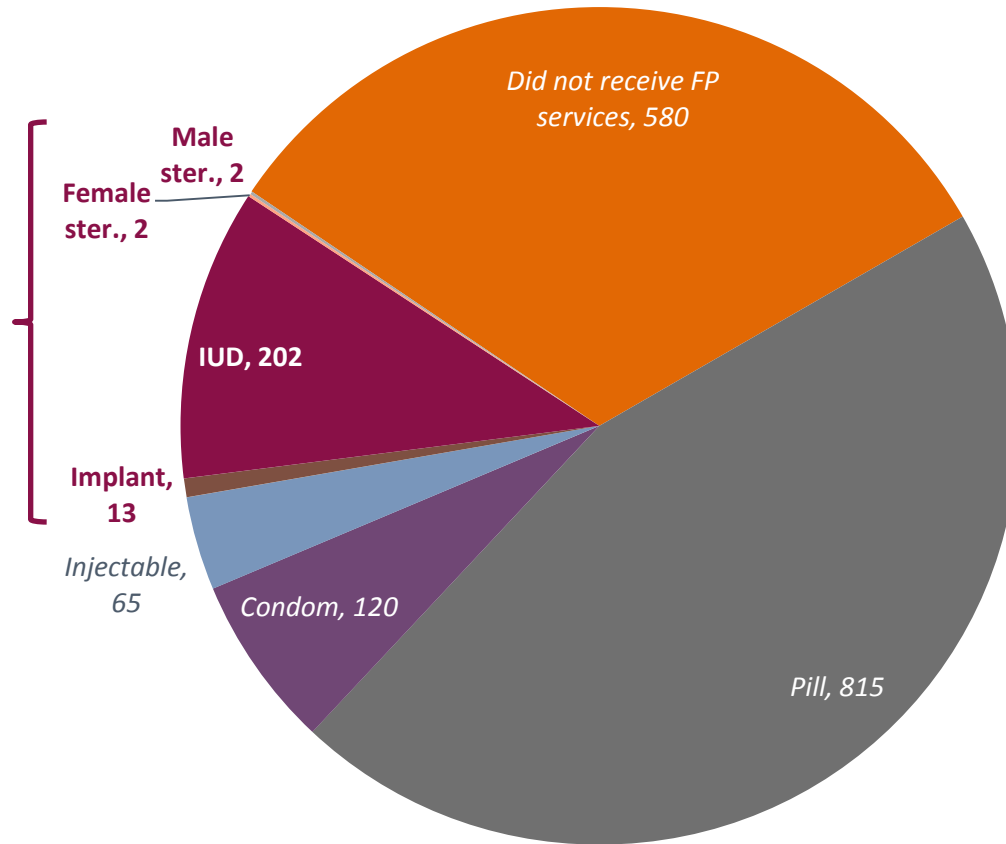
District	No. of PAC/MR services received	No. of FP services received after PAC and MR services, by method							
		Total FP services	Pill	IUD	Condom	Inject.	Implant	Female ster.	Male ster.
Comilla	124	82	68	11	1	-	2	-	-
Dinajpur	76	76	74	2	-	-	-	-	-
Gaibandha	230	215	71	16	85	40	3	-	-
Jamalpur	74	68	60	1	-	4	-	2	1
Jessore	94	43	28	10	5	-	-	-	-
Jhenaidah	284	196	131	58	5	1	1	-	-
Khulna	10	10	2	8	-	-	-	-	-
Kushtia	32	24	5	9	3	7	-	-	-
Lalmonirhat	46	37	29	4	4	-	-	-	-
Moulavibazar	84	84	78	3	1	-	1	-	1
Natore	234	96	49	45	2	-	-	-	-
Nilphamari	201	145	120	25	-	-	-	-	-
Rangpur	143	19	10	3	-	6	-	-	-
Lakshmipur	167	124	90	7	14	7	6	-	-
<b>TOTAL</b>	<b>1,799</b>	<b>1,219</b>	<b>815</b>	<b>202</b>	<b>120</b>	<b>65</b>	<b>13</b>	<b>2</b>	<b>2</b>

Source: MCWC service statistics, DGFP



# FP services received after PAC and MR services, by method, at 14 MCWCs in MH-II districts (April–September 2015)

**LARC & PM services are only 18% of total FP services.**



**N = 1,799** (no. who received PAC & MR services)  
**n = 1,219** (total no. who received FP services)

# Overall Challenges

- Lack of dissemination of information on FP after MR and PAC
- Almost no information provided to men/husbands
- Standards of providing contraceptives post-MR not being followed by providers
- Misperception among women that they would not become pregnant soon after MR
- Providers' bias of giving a rest to the uterus after MR or in PAC
- Lack of availability of FP methods at all facilities or at nearby facilities where MR or PAC services are being provided (result of poor coordination between DGHS and DGFP)

# Overall Challenges (cont..)

- Lack of skills of providers on counseling for use of FP with PAC or in post-MR period
- Lack of orientation/understanding among women of the health impact of repeated MR or abortion
- Lack of strong coordination between public, NGO, and purely private organizations and providers
- Record keeping and reporting of FP use after MR and in PAC
- Lack of attention at the policy level regarding LARCs and PMs to be provided to post-MR and PAC clients

# Thank You



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