

RESEARCH INSIGHTS

Private Provider Knowledge, Attitudes, and Practices Related to Long-Acting and Permanent Contraceptive Methods in Bangladesh

Lack of knowledge and the existence of biases and misconceptions among private providers toward long-acting and permanent methods (LA/PMs) can lead to barriers to greater provision and usage rates. This Bangladesh study reveals such barriers and offers recommendations to address them.

LA/PMs, which include IUDs, hormonal implants, and female and male sterilization, are the modern contraceptive methods with highest level of effectiveness and lowest discontinuation rates. However, LA/PM use remains low in many developing countries, particularly in Bangladesh. The country has a high modern contraceptive prevalence rate (52 percent), but very low LA/PM use (13 percent). The public sector accounts for the majority of LA/PM provision. For example, 89 percent of IUDs are delivered through the public sector and only 3.8 percent through the for-profit sector. The private sector represents an untapped resource to expand LA/PM provision. (In this study, the private sector includes only providers from the for-profit sector). To help overcome barriers specific to private providers delivering LA/PMs in Bangladesh, in 2012 the SHOPS project conducted research on private provider knowledge, attitudes, and practices.

The study addressed the following questions: (1) What is the level of knowledge of LA/PMs among private sector providers? (2) Do they have biases against recommending and providing LA/PMs? (3) What factors do these providers consider when discussing these methods to their clients?

Methods

The study surveyed ob/gyns, general practitioners,* and nurses providing reproductive health services in private facilities in Chittagong City Corporation, Dhaka district, and Tongi town in Gazipur district. The research team selected a convenience sample of 155 ob/gyns, 80 general practitioners, and 150 nurses. These 385 providers were all female and represented a total of 194 for-profit private facilities, including large hospitals, medium-sized clinics, and solo practitioners. In addition,

* For the purpose of this study, general practitioners include graduate doctors (i.e., those with MBBS degrees) who practice in private chambers.



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Key Findings

- Knowledge of key information regarding LA/PMs is lacking among private providers, particularly related to male and female sterilization and implants.
- A substantial proportion of general practitioners who were never trained in LA/PMs felt competent to provide these services. Many of those with no training are providing these services.
- Biases toward LA/PMs among private providers may represent barriers to effective client-centered family planning counseling.
- The LA/PM methods that providers most frequently refused to provide or recommend are implants and male sterilization. Reasons for refusal varied by method, ranging from client ineligibility, poor supply, and lack of training.

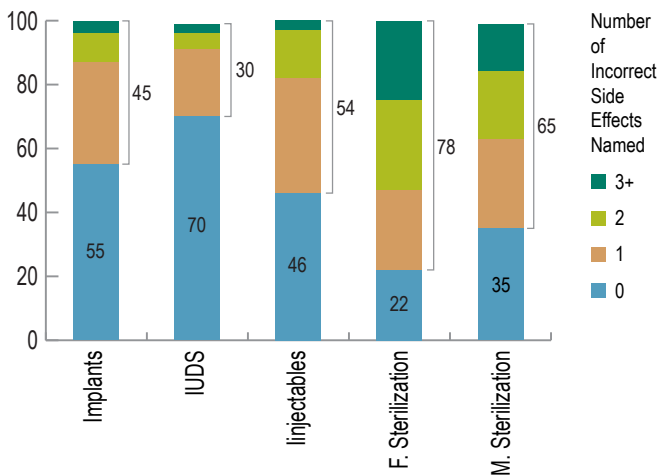
the researchers conducted a set of key stakeholder interviews and focus group discussions with women using various methods of family planning.

Findings

Knowledge of side effects is lacking among private providers, particularly related to male and female sterilization and implants.

In the survey, doctors were asked to mention the most common side effects for each LA/PM. The proportion of ob/gyns who mentioned one or more incorrect side effects was highest for female sterilization (78 percent), followed by male sterilization (65 percent), implants (45 percent), and IUDs (30 percent) (see Figure 1). General practitioners were similar in this regard. Almost half of providers believe that IUDs and implants have many and/or adverse side effects compared to modern short-term methods. In addition, many perceive LA/PMs to be less convenient to use than short-term methods (see Figures 2 and 3).

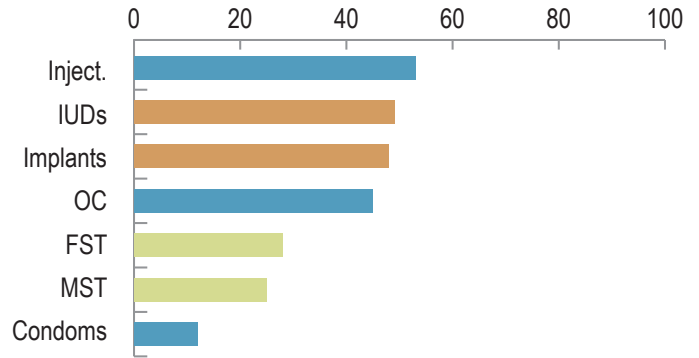
Figure 1. Ob/gyns who Incorrectly Identified LA/PM Side Effects, by Method (%)



A substantial proportion of ob/gyns who were never trained in LA/PMs felt competent to provide these services. Many of those with no training are providing these services.

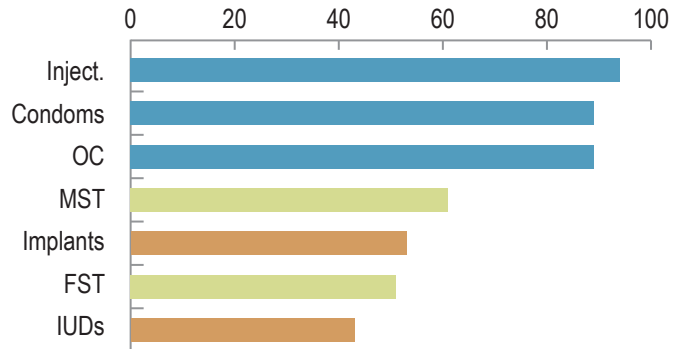
Approximately 55, 74, and 72 percent of ob/gyns with no training on implants, IUDs and female sterilization, respectively, felt they were competent to provide those methods. This could lead to issues related to quality of care that affect outcomes for clients.

Figure 2. Providers who Believed Contraceptive has Too Many/Too Adverse Side Effects (%)



Providers include general practitioners, ob/gyns, and nurses.

Figure 3. Providers who Believed Contraceptive Use is Convenient for Patients (%)



Providers include general practitioners, ob/gyns, and nurses.

Biases among private providers may be barriers to effective client-centered family planning counseling.

There is a widespread perception among private providers that husbands generally prefer that their wives use short-acting methods rather than LA/PMs. This finding is particularly important since the survey shows that providers—especially nurses who often provide family planning counseling—believe strongly that women consider their husband’s preferences when choosing a family planning method (see Table 1). Providers believe that a woman should not use a method if their husband does not approve of it. Approximately one-third of providers reported that religious beliefs affect the types of family planning methods that they recommend to their patients. Finally, 84 percent of doctors and 71 percent of nurses believe that they should have a great deal of influence on their patients’ choice of family planning method.

Reasons for refusing to provide LA/PMs vary by method, ranging from client ineligibility, to poor supply, and lack of training.

The methods that providers most commonly refuse to provide or recommend are implants and male sterilization, with 40 percent and 43 percent of doctors respectively reporting that they had, at some point, refused to provide or recommend these methods; 29 percent had refused to provide IUDs. Refusal rates were

lower for oral contraceptives (16 percent) and injectables (15 percent). There is general level of discomfort providing LA/PMs, particularly male and female sterilization (35 and 26 percent respectively) (see Table 2). Lack of availability of methods and legal ineligibility are also reasons for refusing to provide LA/PMs. (Bangladesh has policy requirements that restrict access to certain family planning methods to women depending on their marital status and number of children).

Table 1. Provider Opinions Regarding Family Planning

Statement	Provider Type	Percent who Agree
Women prefer to use oral contraceptives or condoms over LA/PM methods.	Doctors	80%
	Nurses	87%
Husbands prefer women to use oral contraceptives or condoms over LA/PM methods.	Doctors	81%
	Nurses	88%
Women take into consideration the opinion of their husband in choosing a family planning method.	Doctors	87%
	Nurses	93%
If the husband does not approve of a family planning method, then the woman should not use it.	Doctors	66%
	Nurses	75%
Religious beliefs affect the types of family planning methods that I recommend to my patients.	Doctors	36%
	Nurses	29%
Health care providers should have a lot of influence on their patients' family planning method choice.	Doctors	84%
	Nurses	81%

Table 2. Doctors' Reasons for Refusing to Provide or Prescribe LA/PMs, by Method

Reason doctor refused to provide/prescribe	Male Sterilization	Implants	IUDs	Female Sterilization
Client was not legally eligible for method	5%	14%	23%	50%
Method was not available	3%	29%	40%	0%
I felt uncomfortable prescribing the method	35%	14%	10%	26%
I did not have enough knowledge about the method	35%	14%	10%	11%

Responses from 107 doctors who reported ever refusing to provide or prescribe these family planning methods.

Barriers in Providing LA/PMs

This study identified several provider-side barriers that may constrain LA/PM provision and use in Bangladesh. Private providers displayed poor knowledge on side effects and also misconceptions regarding LA/PMs, which can affect the quality of counseling and provision of family planning services. Additional training for private providers is necessary to ensure they have up-to-date and correct information about LA/PMs and provide accurate information to clients.

Policy Implications

It is critically important to minimize private provider biases and misperceptions about LA/PMs in order to increase contraceptive choice, especially since providers believe that they should have more influence over their clients' family planning method choice. A focused and coordinated approach to changing provider knowledge and behavior is needed to empower them to become effective counselors and providers of all family planning methods. This may be done by designing and implementing educational programs that improve their knowledge of LA/PMs and related policies, and build their capacity to administer high-quality services. Any approach to improving private provider knowledge and skills must take into account that they have different needs than public sector providers, along with limited access to and time for training and professional development.

The following are some specific recommendations:

- Introduce providers to the most current evidence of the side effects and contraindications of each method from international standards and guidelines on methods.
- Engage providers in their own facilities through coaching and practicum-type learning.
- Emphasize training in effective client-centered family planning counseling and in ethical considerations of patient needs and desires.
- Better inform health providers and health businesses about policies related to LA/PM supply, as well as clinic certification.

Full Report

Ugaz, Jorge, Stephen Rahaim, Kathryn Banke, Julie Williams, and Wahiduzzaman Chowdhury. 2012. *Assessment of Private Providers' Knowledge, Attitudes, and Practices Related to Long-Acting and Permanent Methods of Contraception in Bangladesh*. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates.

Download this report at www.shopsproject.org.



The Strengthening Health Outcomes through the Private Sector (SHOPS) project is a five-year cooperative agreement (No. GPO-A-00-09-00007-00) funded by the U.S. Agency for International Development (USAID). The project focuses on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV/AIDS, and other health areas through the private sector. To access the capabilities of SHOPS, USAID missions and bureaus can buy into the leader agreement or issue their own associate awards. SHOPS is led by Abt Associates Inc., in collaboration with Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting. The views expressed in this material do not necessarily reflect the views of USAID or the United States government.

For more information about the SHOPS project, visit: www.shopsproject.org



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