

Importance of Age and Sociodemographic Factors in Contraceptive Acceptance Among Rural Women In Bangladesh: Lessons Learned from Matlab MCH-FP Project

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Objective: Compare selected sociodemographic variables of first-time acceptors of modern contraceptive methods with those of never-users during the same period.

Methods: Data for this study came from the ICDDR,B's Maternal and Child Health-Family Planning (MCH-FP) Project in Matlab, Bangladesh. In the project area, improved health and family planning services are provided and relevant data are collected. Sociodemographic information on women's age, parity, education, and occupation, the size of dwelling house and its construction material was recorded between 1984 and 1993 for contraceptive acceptors on the date of acceptance. This information was compared with data on non-users after the first pregnancy outcome date.

Results: Contraceptive prevalence rates in the Matlab MCH-FP Project area increased from 40% in 1985 to 63% in 1993. Modern methods accounted for almost all contraceptive use (97%), with injectables having the highest prevalence (52%) followed by oral contraceptives (30%) and female sterilization (10%). Eight thousand six hundred and fifty-one women aged less than 29 years constituted the largest group of new acceptors (80% of new users) and the number of those over 34 years of age was 852 who constituted the lowest group (8%). Among non-users, 3,950 (74%) were below 29 years and 940 (18%) above 35 years. Injectable contraceptives were the most popular in all ages. Highest oral contraceptive use was observed among women aged 28 years and below (22%). The data showed no significant difference of contraceptive acceptance among educated and non-educated group. No association was observed between contraceptive prevalence rate and household area or type.

Conclusions: This study suggests that the most appropriate group of women to be targeted for family planning in rural Bangladesh consists of the youngest group of women who are easy to reach and demographically important.



Service Delivery at Family Welfare Centres: the Clients' Perspective

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The Family Welfare Centre (FWC) are the primary fixed centres for the provision of maternal and child health and family planning services at grass root level. Two paramedics are posted of which one is female. The objectives of this study was to evaluate the types and quality of services and determine client satisfaction of these services. Six hundred and fifty exit interviews were conducted with FWC clients using a structured questionnaire between July and September 1993 in Abhoynagar and Sirajgonj Thanas, the field sites of the MCH-FP Extension Project (Rural) of ICDDR,B. Client were asked about the services they had received that day.

Most clients were married women, aged 20 to 40 years, living less than one kilometre away from FWC. They had an average of 3.75 previous pregnancies and 55 percent of them were using a contraceptive method. At least one paramedics was present on 94 percent of the working days while interviews were conducted at the FWCs. Illness of the women (68%) and child care (51%) were the most common reasons for seeking services. Only 8 percent clients received antenatal care while 6 percent got family planning services. Over ninety percent clients received at-least two drugs that day. Half of the family planning complications were found among the IUD users, who make up only 6% of all users. Discrepancies were found between the drugs recorded in the register and those actually dispensed. Many clients did not remember or were not told the dosage of drugs. A quarter of the clients received antibiotics of which 70% percent did not know the proper dosage of drugs. Thirty percent of the clients were not satisfied about privacy, clinical examination, availability of drugs, and counselling. Their knowledge about services offered at FWC indicates

that, majority of the clients (80%) knew about curative care offered at FWC and over a half of the respondents were aware of family planning and child care services where as only 20 percent know about antenatal care.

The study shows that curative care is the most frequent service provided at FWC. Family planning services, antenatal and post natal care represent at very small proportion of the activities. Clients are not fully aware of other services available. Treatment practices and communication between clients and providers are not satisfactory. The study recommends refresher training for the paramedics. Technical guidelines should be available for them. Furthermore, the community should be motivated to utilize the MCH-FP services.



Effects of Outreach Workers' Visits on Perceived Quality of Care in Two Rural Areas of Bangladesh

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Objective: Provide information on rural women's perceptions of the regularity and the quality of care provided by the government family planning programme, especially by the female field workers.

Methods: Working within the government system, the MCH-FP Extension Project of ICDDR,B conducts operations research at Sirajgonj and Abhoynagar in Bangladesh to improve health and family planning service-delivery. The Project has been maintaining a surveillance system in these field sites since 1982. In the spring of 1989, a special survey was conducted among married women of reproductive age. Using previous longitudinal data on field workers' visits to rural women, the impact of this programmatic factor on perceived quality of care was evaluated. Additional information on the socioeconomic, behavioural and attitudinal characteristics was obtained from previous surveys. Five different indicators of the quality of service-delivery were studied, based upon each client's assessments of her worker's responsiveness, helpfulness, concern for privacy, sympathetic manner, and ability to provide enough information.

Results: Descriptive statistics of the population under study showed that their characteristics were similar to married women in national surveys. Three multiple regression models of the determinants of quality of care by selected programmatic and client characteristics were evaluated. Results showed that visit by one additional worker significantly increased the quality of care index. Rural women's perceptions of the standards of care provided to them by family planning field workers were significantly related to routine home visits by outreach workers. This indicates that if a woman is exposed to a household visit in a 90-day period by a female family planning worker, it is likely that the woman scores her as a better worker, irrespective of other factors or client characteristics.

Conclusions: This study provides some of the first empirical evidences from a developing country on the importance of workers' visits on quality of care.

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