

SOME COMPARISONS OF INJECTABLE
CONTRACEPTIVE IN URBAN AND RURAL BANGLADESH

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Introduction and Background

The objective of this analysis was to assess some of the differences in demographic characteristics and reported side effects between urban and rural injectable clients in Bangladesh. The 203 urban clients, all residing in Dacca city, come from the Model Clinic in Dacca. The 244 rural clients come from about 50 villages in Matlab Thana, Comilla District. Both the urban and rural clients are more than 90 percent Muslim. 64 percent of the urban clients had husbands employed in service occupations; and 25 percent in business. In Matlab only about 38 percent of the client's husbands were employed in those activities. Agriculture is the major occupation in Matlab although a small fraction of the client's husbands are fisherman.

Both the urban and rural clients received Depo-Provera injections on a 3 month basis. Approximately 15 percent of the clients in Matlab received at least one 6 months injection during their course of follow-up. Depo-Provera was introduced into the Matlab Clinic in July, 1975. Both Depo-Provera and Norigest were utilised in the comparative study of the injectables in the Model Clinic when the injectable study was initiated there in July, 1975; (see Khan, A. et al, 1976); however, the Model Clinic clients included in this study are only those who received Depo-Provera. In all cases the clients were informed about potential side effects. Estrogen therapy was provided for those cases with excessive bleeding. Jaundice, liver disease, history of thromboembolic disease, menstrual disturbances etc., were considered as the usual contra-indications.

This presentation represents only the preliminary efforts at consolidating some of the findings from the almost 2 years of data collection on injectable clients in the Model Clinic and Matlab. Knowledge of some of these basic characteristics will be useful in determining the demographic characteristics of injectable clients in Bangladesh, anticipating their

potential effectiveness in preventing births, and anticipating possible reasons for discontinuation.

Results

The tables presented in this report show there are substantial differences between the injectable clients from the urban and rural clinic. Some of these differences can be explained by the differential clinic practices of the urban and rural clinics. For example, one major difference is the number of clients who had menstrual regulations prior to injection. In the Model Clinic almost half the clients were recruited immediately following an MR (table 6). However, some of the other tables suggest different patterns of fertility and use of contraception between the urban and rural women. The age and parity differences between the two groups are striking. (Table 1 and 2). The median age was only 26.9 for urban clients as compared to 34.6 for rural clients. 70 percent of the Model Clinic clients are less than 30 years old while only 29 percent of the Matlab clients are less than 30. The mean number of live births for the urban clients was only 3.6 compared to 5.8 for the rural clients. Table 2 also shows that only 16 percent of the Model Clinic clients had 6 or more live births, while 58 percent of the Matlab clients had 6 or more live births.

The number of women previously using contraception in the 2 groups is quite similar, 61 percent for urban and 68 percent for the rural women. In both groups the majority of those women who had previously used any contraception had been pill users (table 3). This measure has been influenced by study criterion initially adopted in the study of not including anyone who had used steroid contraception.

Consistent with the higher mean parity of the rural women compared to the urban women, 83 percent of the rural compared to 63 percent of the urban women desired no more children (table 4). Overall, the majority of urban and rural women using injectables seem desire to terminate childbearing. It is also noted that 63 percent of urban women, despite 50 percent of them having 3 or fewer children, desire no more children.

The major medical reason for discontinuation among both urban and rural women was menstrual irregularity (table 8). A large proportion of women did not give any specific medical complaint for discontinuation. Although some women complained of changes in breast-milk, (both increases and decreases in breast-milk flow) only one client stated this as a reason for discontinuing. None of the women from the urban population stated that interference with breast-feeding was the primary medical reason for discontinuation, although 50 percent of the urban clients were breast-feeding. In the rural population although at least 90 percent of the women breastfeed for at least one year after a live birth, only 30 percent (75 clients) of the clients had an infant less than one year old (table 10). Of this 30 percent, 18 percent (or 46) had an infant between 6-12 months. This might explain why so few of the women complained of interference with breast-feeding as well as why essentially none discontinued because of interference with breastfeeding even in the rural population. However, without a method control it does not seem possible to make a conclusion on the effect of the injectable on flow of breast-milk.

Among non-medical reason for dropout husband's objection seems most common for urban women and move away and husband's objection in that order for the rural women.

Implications and Discussion of the Results

The results in this report only represent the first attempt to analyse the data thus far collected on the injectable clients. Although these are only the preliminary findings, the following conclusions are suggested.

- 1) The age and parity differences between urban and rural acceptors of injectables are similar to the trends observed between urban verses rural acceptors of oral contraceptives. (See Khan, A., Huber, S.C. et al 1976). In both instances these trends suggest that urban women tend to seek and accept contraception at lower parities and at younger ages than do rural women.

- 2) Some of the urban and rural women stated that they experienced changes in the quantity of breast-milk. However, none of the urban clients and only

one rural client stated interference with breast-feeding as the primary medical reason for discontinuation. It appears from these results that the changes in breast-milk secretion are not of major concern in either of these 2 populations.

3) The major medical reason given for discontinuation is menstrual irregularities; nevertheless, over $1/3$ of the women who discontinued did not any specific medical or non-medical reason for discontinuation. Therefore reasons for discontinuation need to be assessed more carefully in this population before any definite conclusions can be drawn.

4) The fact that over $\frac{1}{2}$ of all the urban and rural clients accepting injectables desire to terminate childbearing is also similar to the findings of oral contraceptive users in Matlab. However, more than $\frac{1}{2}$ the urban oral contraceptive users have fewer than 4 children. ⁽⁵⁾

Summary of Outstanding Findings

1. 70 percent of the urban injectable clients were under the age of 30; 50 percent of the urban clients had 3 or fewer children. Hence, the reproductive potential of these clients would allow them to have at least 2-3 more children.
2. Among the rural clients only 28 percent were less than 30 and only 17 percent had 3 or fewer children.
3. 83 percent of the rural acceptors and 63 percent of the urban acceptors stated that they desire no additional children.
4. The major medical reason for discontinuation among both urban and rural women was menstrual irregularity; the major non-medical reason was "husband's objection" to the use of contraception.

Bibliography

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TABLE 1

DISTRIBUTION OF CLIENTS BY AGE

Age of Client	Model Clinic		Matlab	
	No.	%	No.	%
<19	11	5.0	3	1.0
20 - 24	64	32.0	20	8.0
25 - 29	68	33.0	46	19.0
30 - 34	43	22.0	58	24.0
35 +	14	8.0	117	48.0
Total	203	100.0	244	100.0
Median	26.9		34.6	

TABLE 2

DISTRIBUTION OF CLIENTS BY
NUMBER OF LIVE BIRTHS

Number of Live Births	Model Clinic		Matlab	
	No.	%	No.	%
0 - 1	13	6.0	5	2.0
2	42	21.0	15	6.0
3	47	23.0	21	9.0
4	32	16.0	32	13.0
5	36	18.0	30	12.0
6 +	33	16.0	141	58.0*
Total	203	100.0	244	100.0
Mean	3.6		5.8	

N.B. *24 percent of the 58 percent, or 59 of the 141 clients had 8 or more live births

TABLE 3
DISTRIBUTION OF CLIENTS BY PREVIOUS
USE OF CONTRACEPTION

Method of Previous Contraception	Model Clinic		Matlab	
	No.	%	No.	%
None	124	61.0	167	63.0
IUD	1	1.0	14	7.0
Pills	57	28.0	54	22.0
Injectable	3	2.0	0	0.0
Others	15	8.0	9	3.0
Total	203	100.0	244	100.0

TABLE 4
DISTRIBUTION OF CLIENTS BY DESIRE
FOR ADDITIONAL CHILDREN

Response of Client	Model Clinic		Matlab	
	No.	%	No.	%
No	127	63.0	202	83.0
Yes	70	34.0	41	17.0
Unknown	6	3.0	1	1.0
Total	203	100.0	244	100.0

TABLE 5

DISTRIBUTION OF CLIENTS BY TIME OF FIRST
INJECTION FROM LAST PREGNANCY TERMINATION

Number of Months From Last Preg- nancy Termination	Model Clinic		Matlab	
	No.	%	No.	%
0	93	46.0	4	2.0
1 - 3	11	5.0	19	8.0
4 - 6	18	9.0	21	9.0
7 - 9	11	5.0	23	9.0
10-12	10	5.0	29	12.0
13-18	17	8.0	39	16.0
19-24	16	8.0	40	16.0
25-36	15	7.0	44	18.0
37-48	8	4.0	18	7.0
49+	4	2.0	7	3.0
Total	203	100.0	244	100.0

TABLE 6

DISTRIBUTION OF CLIENTS BY OUTCOME
OF THE LAST PREGNANCY

Outcome of the Last Pregnancy	Model Clinic		Matlab	
	No.	%	No.	%
Live birth	104	51.0	213	87.0
Spontaneous abortion	2	1.0	11	5.0
Menstrual regulation	99	49.0	20	8.0
Total	203	100.0	244	100.0

TABLE 7

DISTRIBUTION OF CLIENTS BY BREASTFEEDING STATUS

Breastfeeding Status	Model Clinic		Matlab	
	No.	%	No.	%
Breastfeeding	102	50.0	205	84.0
Non-breastfeeding	99	49.0	39	16.0
Unknown	2	1.0	0	0.0
Total	203	100.0	244	100.0

TABLE 8

DISTRIBUTION OF CLIENTS DISCONTINUING BY PRIMARY MEDICAL REASONS FOR DISCONTINUATION

Primary Medical Reason	Model Clinic		Matlab	
	No.	%	No.	%
Menstrual Irregularities	13	30.0	17	36.0
Breastfeeding Disturbances	0	0.0	1	2.0
Weakness/Dizziness/Headache	2	5.0	7	15.0
*Others/Combinations	22	50.0	15	15.0
**Unknown	7	16.0	7	32.0
Total	***44	100.0	47	100.0

* Includes miscellaneous reasons and cases where there were combinations of reasons given (i.e. other reasons include moving away, no need for contraception because husband died, divorced). These will be analyzed in more detail

** Not given

*** The totals for dropouts add up to more than the actual totals since there are overlapping cases between "medical" and "non-medical reasons". (i.e. there were a total of 64 and 69 dropouts from Model Clinic and Matlab respectively)

TABLE 9

DISTRIBUTION OF CLIENTS DISCONTINUING BY
PRIMARY NON-MEDICAL REASON FOR
DISCONTINUATION

Primary Non-Medical Reason	Model Clinic		Matlab	
	No.	%	No.	%
Desire more children	0	0.0	1	1.0
Husband's objection	15	56.0	16	64.0
Others/combinations/Unknown	12	44.0	8	32.0
Total	27	100.0	25	100.0

TABLE 10

DISTRIBUTION OF CLIENTS BY THE AGE OF
THE YOUNGEST CHILD

Youngest Child in Months	Model Clinic		Matlab	
	No.	%	No.	%
0 - 6	28	14.0	29	11.9
7 -12	50	25.0	46	18.9
13-24	61	30.0	76	31.1
25-48	43	21.0	69	28.3
49+	21	10.0	24	9.8
Total	203	100.0	244	100.0

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