

INVITED EDITORIAL

Universal Access to Family Planning Services: Insights and Pitfalls in Strategies of Bangladesh

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Bangladesh's family planning initiatives have seen the contraceptive prevalence rate soar from 8% in the early 1970s to 64% in 2022, alongside a significant drop in the total fertility rate from 6.3 to 2.3 births per woman between 1975 and 2011.^{1,2} Despite these accomplishments, concerns such as early marriage and adolescent fertility remain, with 62% of women aged 20 to 49 marrying before the legal age of 18, necessitating a continuous emphasis on comprehensive measures to address these issues.²

However, early marriage remains a pressing concern, with 66% of girls married before 18, and 29% before 15, highlighting the urgency for targeted interventions.³ Child marriage frequently leads to young girls becoming pregnant before they reach physical maturity. This is because underage brides often have limited control over their reproductive choices and are less inclined to use contraception before their first childbirth.⁴

Adolescent fertility, with a total fertility rate now at 2.7, continues to present social and health challenges, necessitating inclusive family planning services.⁵ In Bangladesh, family planning services have traditionally been focused on married couples. However, there is a growing recognition of the need to expand these services to include all individuals of reproductive age, regardless of marital status. This includes young couples out of wedlock, survivors of rape, and individuals with disabilities who may face unique challenges in managing their reproductive health. With up to 24.9 million people affected by disability,⁶ the inaccessibility of family planning

and SRH services for them underscores the need for inclusive service development.

Unintended pregnancy is a global public health concern, receiving heightened research and policy attention in Bangladesh. Research demonstrates that pregnancies classified as unplanned or mistimed are correlated with elevated occurrences of abortion and obstetric complications,⁷ diminished utilization of maternal healthcare services (MHS),⁸ and heightened levels of postpartum depression and stress.⁹ Family planning programs in Bangladesh are greatly concerned about the high rates of discontinuation and adoption of traditional contraceptive methods. Unintended pregnancies occur when contraceptives are either not used, used ineffectively, fail, or when pregnancy is not planned. 27 million of the 46 million induced abortions that are thought to occur annually occur within the legal system. The remaining 19 million,^{10,11} take place informally, frequently by untrained medical professionals, in unsterilized settings, or both. The prevalence of contraceptive use significantly influences the occurrence of both safe and unsafe abortions.

The significance of contraception cannot be overstated, particularly in a developing nation like Bangladesh, where the population is rapidly increasing, and healthcare resources are limited.¹² Contraceptives can be classified into several main types, including hormonal methods, intrauterine devices (IUDs), barrier methods, emergency contraception, natural methods and sterilization or permanent methods. Bangladesh, with an

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estimated population of 165.16 million, is among the world's most populous countries, emphasizing decentralized healthcare to improve rural access to maternal and family planning (FP) services.¹³ The government prioritizes promoting long-acting reversible contraceptives (LARC) and permanent methods alongside modern options to address population growth.¹⁴

Addressing the topic of male contraception opens up a crucial conversation about shared responsibility in family planning and reproductive health. The reluctance of men to discuss contraception with primarily female field workers and the limited promotion of male contraceptive options serve as notable obstacles to male engagement in family planning.¹⁵ Some men may perceive vasectomy solely as a means to receive financial compensation, rather than considering it as a family planning option aligned with their reproductive health needs. Various forms of taboos and misconceptions are also prevalent in the society about the after effects of vasectomy. Recanalization facilities of the government are inadequate which makes the client frustrated during their need.

Better training for healthcare providers on permanent methods of contraception, as well as limited recanalization facilities, are important impediments that limit the effectiveness of family planning services.¹⁶ It could alleviate the prevalence of unintended pregnancies in lower-middle-income country like Bangladesh.

The underpromotion of safe period awareness in Bangladesh represents a missed opportunity for empowering individuals with natural family planning methods and fostering informed choices in reproductive health.

The contraceptive implant is generally considered safe for the majority of women and has minimal contraindications.¹⁷ Concerns surrounding the effectiveness of dual-rod implants, the preference for single-rod alternatives, and apprehensions about visibility and the risk of displacement contribute to challenges in the acceptance and uptake of these contraceptive methods.¹⁸ The current quality of the two-rod implant is suboptimal, leading to a preference among service providers for the single-rod implant. Additionally, there is a concern among some women regarding the visibility of the implant when placed in the arm, which can cause embarrassment. Furthermore,

the frequent use of the arm may increase the risk of implant dislodgement. Therefore, it is worth considering alternative insertion sites that are less visible and subject to less movement.¹⁹

The absence of integrated data sharing among public, private, non-governmental, and antenatal care clinics, particularly concerning surgical procedures like hysterectomies and tubectomies performed during cesarean sections, presents a significant obstacle to the effectiveness of family planning initiatives.²⁰

Sometimes, clients are not properly informed about the procedures they have undergone and do not preserve the documents provided to them. Additionally, adequate documentation is often not completed. As many women may not be fully aware of the importance of these documents, this poses a challenge for future follow-up care.

Primary health care in urban areas, which is managed by the local government, often faces challenges such as insufficient supplies, high staff workloads, staff shortages, and limited community engagement, all of which can impede its operations. Family Planning Centers are open from 9-5pm. Those who are working outside cannot avail the government free services for example garments worker. Mobile service, evening service can be an option to increase the prevalence of using contraceptives among these groups. People from hard-to-reach areas, ethnic minorities need to be included properly within these services. To enhance the rate of postpartum family planning methods should be accessible in the labour room and operation Theater and antenatal counseling should also be provided.²⁰

Effective contraceptive counseling should include discussions about the inherent failure rates of various methods and the importance of informed consent to prevent misunderstandings.²¹ Medical termination of pregnancy services such as administration MRM medications requires close supervision by trained healthcare providers due to the risk of severe complications. Indiscriminate use of this medication without the supervision of health care providers should be stopped. These procedures need to be adopted by all of our family planning service centers as it is also effective to reduce unsafe abortion and maternal mortality.

The rising preference for Long-Acting Reversible Contraceptives (LARC) reflects their reversibility and additional health benefits, warranting

increased promotion. Progesterone secreting IUCD needs to be available in Bangladesh. Service provision challenges, such as the reluctance of clients to receive IUCD insertion from male providers, highlight the need for more female healthcare professionals in this field. One third of the posts of FWA and FWV are still vacant.

Lastly, integrating sex education into the national curriculum and addressing misconceptions through media and community outreach are

essential for overcoming social, cultural, and religious barriers to contraceptive use. Bangladesh is dedicated to making her family planning services better, which is important for improving the health and wellbeing of everyone. Government and private sectors need to work together as well as monitoring and supervision need to be strengthened to achieve our goal.

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