

Do female injecting drug users in Dhaka need family planning information and services?

STUDY TEAM

FHI 360 conducted this research in collaboration with the following NGOs:

- Community Health Rehabilitation, Education, and Awareness (CREA)
- Ashokti Punorbashon Nibash (APON)

Objective

To better understand the reproductive health needs of female injecting drug users in Dhaka, Bangladesh.

Background

To learn more about the reproductive health (RH) needs of female injecting drug users (IDUs) and the range of services that they might need, FHI 360 conducted a formative assessment among female IDUs in Dhaka, Bangladesh with funding provided by the United States Agency for International Development (USAID). This study was conducted in close collaboration with two nongovernmental organizations (NGOs) that provide services to IDUs: Society for Community Health Rehabilitation, Education, and Awareness (CREA) and Ashokti Punorbashon Nibash (APON).

The goal of this study was to provide information to donors and local stakeholders to inform the development of interventions to meet the RH needs of female IDUs. The specific subobjectives were to (1) measure the unmet need for family planning (FP) among female IDUs in Dhaka; (2) identify the best ways, from the female IDU and provider perspectives, to provide FP information and services; (3) assess the health-seeking behaviors of female IDUs; (4) identify other sexual and RH services that would help female IDUs meet their greater health needs; and (5) offer recommendations on developing interventions that provide more comprehensive services to female IDUs.

Methods

The study team conducted survey interviews with female IDUs in Dhaka, as well as in-depth interviews (IDIs) with IDUs, NGO service providers, peer educators and key informants. This evaluation was approved by the Bangladesh Medical Research Council and FHI 360's Protection of Human Subjects Committee.

We used respondent-driven sampling to identify and select the hard-to-reach population of female IDUs in Dhaka. An initial set of 12 participants, or "seeds," were selected through CREA and APON at their drop-in centers (DICs). After participating in a survey interview, the seeds were each given three coupons with which to recruit other female IDUs they personally knew and thought would be eligible to participate in the study. This round of recruits would then participate in the survey and also receive three coupons to pass onto additional female IDUs. Recruitment continued through this process; a sample size target was not calculated given the difficulties in reaching this population, so as many as possible were to be recruited. In-depth interview participants were all recruited from the APON and CREA DICs.

Survey interviews took place between July 21 and July 28, 2011. After six weeks with no additional IDU participants coming to be interviewed, recruitment was halted and only 17 surveys were completed. In-depth interviews took place



between August 8 and September 15, 2011; only 8 of the planned 16 interviews were completed.

Given the very small number of respondents, the data are presented as the actual number of respondents; percentages were not calculated. The results should be interpreted with caution and are not generalizable to any larger group; they only describe those who participated in the interviews. Nonetheless, we believe it is helpful to have some data with which to gain insight into this little-studied population.

Results

Key results from the surveys and IDIs with female IDUs are as follows:

Sociodemographic and reproductive characteristics

- The 17 female IDUs surveyed were an average age of 27 years old, and the majority (12) had never attended school.
- Four of the IDUs were married and another seven reported having a boyfriend or steady partner. Of these 11 women, seven were living with their husband, boyfriend or steady partner. Sixteen of the IDUs said they had sexual intercourse in the past 30 days, and 15 reported that they sold sex in the past six months. In the IDIs, many IDUs reported that they sold sex to help sustain their drug use and meet basic living needs. “I do it once a week or twice a week...I need clothes. I need money for my addiction. I eat beetle leaf. I need money to buy this. I do it because of starving don't you understand?”
- When asked about their reproductive history, 14 IDUs had ever been pregnant, 10 had ever given birth, and 11 reported at least one abortion or menstrual regulation (MR). Eight had children at the time of the interview, with an average of 1.4 children among these women. Nine of the IDU surveyed did not want any more children and another five wanted to wait more than a year before they became pregnant.
- Responses from participants of the IDIs illustrate the problems they associated with becoming pregnant. Some IDUs said they would not be capable of caring for a baby because of their drug use and resulting problems with money and homelessness. One female IDU said, “It will be difficult for me to rear up the child in the streets. If I were in peace, if I had the income, if I had a home I would be good and pregnant. I stay in the streets, I do sex, I get stumbled by the people. If I were pregnant, people will do the gossip...What could I do? Will I take drugs, will I take care of my child and will I send the money to my village?”

Family planning knowledge and use

- Knowledge of modern FP methods was very high, and all of the 17 surveyed could name at least one method. Pills were the most widely known, followed by condoms and injectables.

- Fifteen of the 17 IDUs reported that they were currently using condoms.
- Very few were using a method other than condoms. Pills were being used by three, and one IDU had been sterilized.
- Condoms were being used more consistently with non-steady partners (sex work clients) than with steady partners. When asked how many times they used a condom in their past five sex acts with these two types of partners, eight said they used condoms in five out of five acts with non-steady partners, but only two said they used condoms this frequently with their husbands, boyfriends or other steady partners. Four out of the 15 currently using condoms had experienced a condom breaking in the 30 days preceding the survey interview.
- In the IDIs, the female IDUs who sold or exchanged sex said they faced challenges, especially violence, when attempting to negotiate condom use. “I feel I was bound to do sexual intercourse without condoms with the mastans in the area... Customers beat me and force me to do sexual intercourse without condoms. When I take drugs I do only whatever I think.”
- Sexual and physical violence can affect condom use, fertility desires and pregnancy risk. Among the 17 female IDUs interviewed, many had been beaten in the 12 months preceding the survey: seven by someone they sold sex to, seven by someone associated with their drug use, seven by their steady partners, five by mastans and eight by police. Ten of the 17 had been forced to have sex in the past year.
- Unmet need for contraception was calculated by looking at modern method use, consistent condom use and fertility desires. Despite the high reported use of condoms, 10 of the 17 IDUs surveyed had an unmet need for contraception.
- Among the 13 IDUs who were using only condoms or no method at all, eight said they were interested in using a method other than condoms in the future. Women identified pills (two), female condoms (two), implants (one) and injectables (one) as their options; one IDU wanted counseling on what options were available to them and one did not respond. Information gleaned from the IDIs supports the idea that the IDUs need counseling on options other than condoms.

Family planning services

- Knowledge of where to get FP counseling and methods was relatively high; 11 of the 17 knew of a location.
- When IDUs were asked where they would prefer to get FP services, the DICs were the most commonly mentioned (nine). Also mentioned were other NGO facilities (four) and Marie Stopes (three).
- Most of the IDUs in the IDIs reported that they were treated well by staff at the DICs and that they were satisfied with the services there. Some even noted receiving



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information about FP methods. “I just discuss about this with the service providers of the DIC. They discuss about the merits and demerits of all methods. They tell us that they will provide services as much as they can. They tell us that if we want to share our feelings we can share with them because it is not easy to share about our feelings to everyone.”



Ian Taylor, 2010

Conclusion

It is difficult to draw any conclusions because of the small sample size. The data suggest that the female IDUs interviewed need FP—many have MRs and most do not want more children. Most of the women in our sample have knowledge of modern FP methods and report using condoms, however condom use is inconsistent. Many of the female IDUs we interviewed earned money through sex work and reported experiences with violence and forced sex and a lack of control over condom use. In addition, drug use can also negatively affect their ability to use condoms. These female IDUs would benefit from increased access to FP information and services. The DICs run through the partner NGOs appear to be the preferred place to receive these services.

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