

RESEARCH SUMMARY



Assessment of family planning service utilization among Rohingya refugees in Bangladesh

June 2020

In 2019 icddr,b carried out a family planning study among married Rohingya women of reproductive age in Cox's Bazar. The study looked at contraceptive use, unmet need, knowledge and awareness, demand for contraception, and barriers to use. It was implemented with support from UNFPA Bangladesh.

BACKGROUND

The Rohingya are an ethnic minority group from Myanmar's Rakhine State that has been systematically persecuted for decades. Today, due to multiple waves of emigration from Myanmar, they make up the largest stateless population in the world. More than 900,000 Rohingya currently reside in 34 camps in the southeastern district of Cox's Bazar in Bangladesh.

METHODS

1 Quantitative

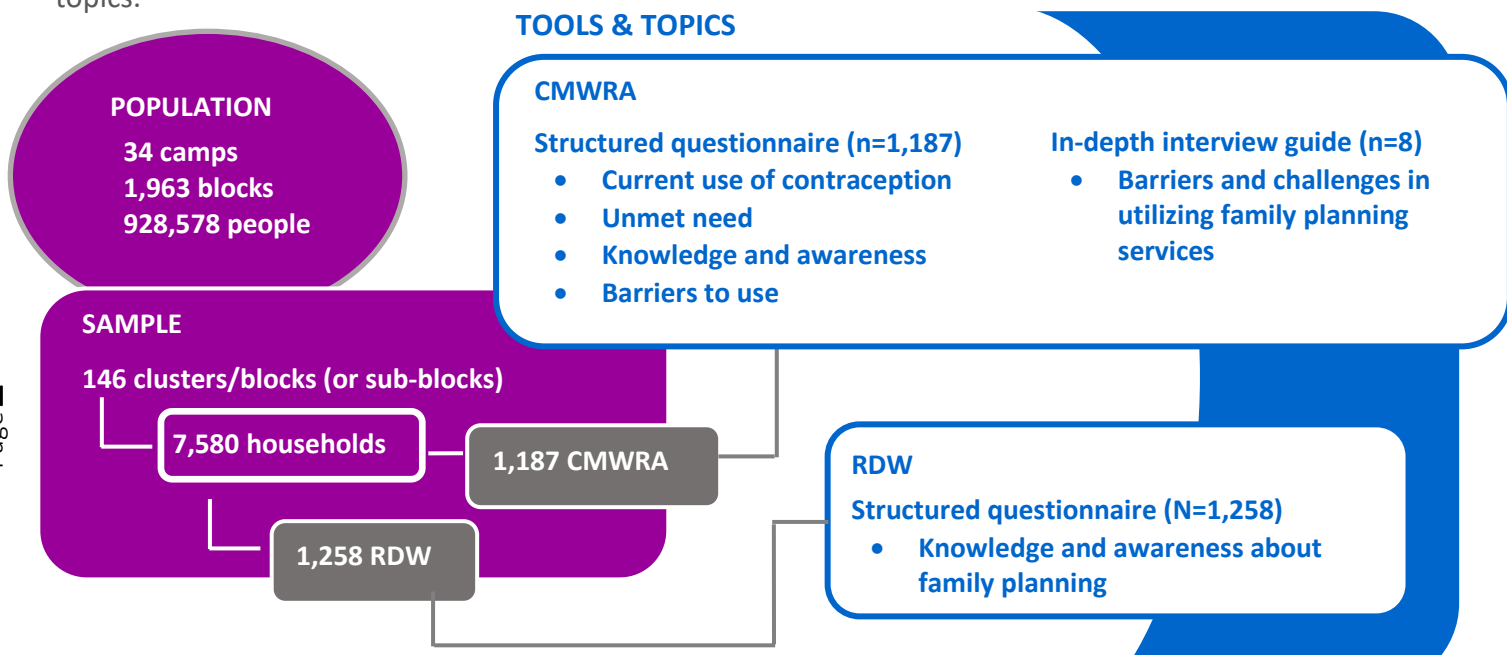
A survey was implemented across all 34 camps. A unique sample size was determined for each camp based on its population. Block-level clusters were used to sample households. In total, 7,580 households were sampled, reaching 2,445 women. Among this group, 1,187 women were **currently married women of reproductive age (CMWRA)**. The remaining 1,258 women had delivered a child within the previous 12 months and are referred to here as **recently delivered women (RDW)**. Structured questionnaires were administered to each group. Data from RDW were gathered and analyzed separately from data from CMWRA.

2 Qualitative

In addition to the survey, in-depth interviews were conducted with 8 CMWRA.

DATA COLLECTION

The following diagram depicts the sampling approach together with the data collection tools and topics.

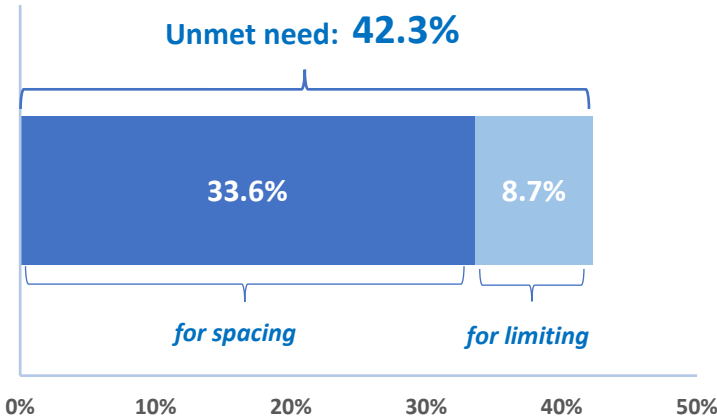


RESULTS

Contraceptive prevalence

Contraceptive prevalence (i.e., % of non-pregnant CMWRA using any method) was **35.8%**.

More than 40% of CMWRA have an unmet need for contraception



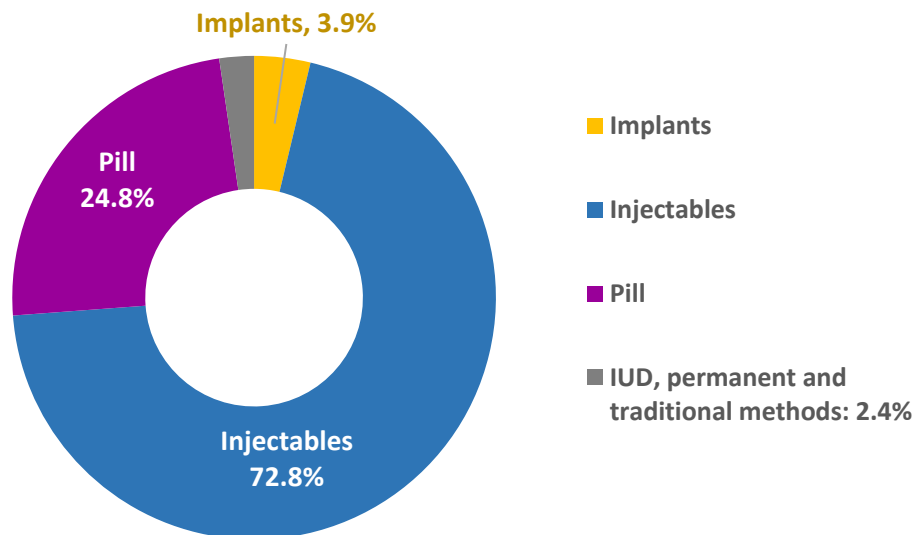
Total demand for family planning: **78%**

(demand = contraceptive prevalence + unmet need)

Method mix

Among CMWRA current users, **injectable Depo-Provera*** was by far the most commonly used method. The vast majority (94%) of users obtained their last supply from a private sector source. Only 2% reported obtaining their last supply from an NGO source.

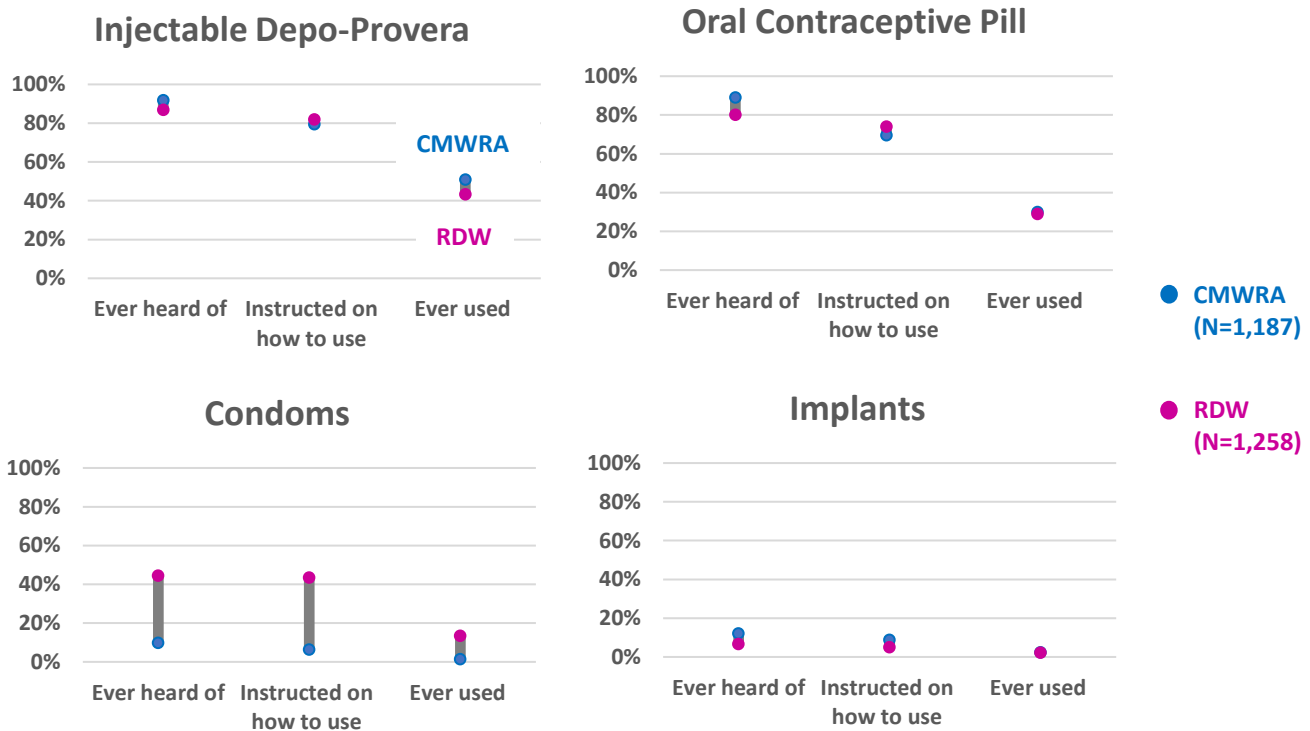
Method Mix Among CMWRA Contraceptive Users (n=408)



*Respondents almost ubiquitously referred to injectable contraceptives as "Depo," a shortened version of the injectable brand Depo-Provera.

Awareness and use

Injectable Depo-Provera was the method most widely known about and used, though more CMWRA had used it than RDW. RDW had heard of and used condoms much more so than CMWRA. Awareness and use of implants (as well as IUDs and permanent methods, not reflected here) were very low.



Among CMWRA who had ever heard of specific methods, apart from condoms and IUDs, most indicated that they could get them at a health center. Across all methods, between 13% and 28% of CMWRA did not know where they could be obtained.

Qualitative findings corroborated survey data regarding family planning awareness. While women had heard of family planning in Myanmar, in Bangladesh they reported have greater access due to the availability of free services and home visits.

“I knew about the pill and injectables during my stay in Myanmar but I came to know about IUDs and condoms after coming to Bangladesh.” – CMWRA interviewee

“In Myanmar, health workers did not used to come regularly, in Bangladesh they come every week which made us more convinced in using FP rather [than] forgetting use of FP.” – CMWRA interviewee

Barriers to use

The top three reasons women were not using family planning and/or did not wish to use it in the future were:

Fertility related reasons

These include wanting more children, infrequent sex, unable to get pregnant, being postpartum or breastfeeding. **More than half** of non-users were not using due to one of these reasons.

Opposition to use

Opposition to use includes respondent opposed, husband opposed, others opposed, or religious prohibition. **More than half** of non-users indicated some kind of opposition to use.

Method related reasons

These include fear of side effects or inconvenience. **Less than 7%** of non-users indicated that method related reasons were why they do not use and/or do not wish to use in the future.

Lack of knowledge, lack of access and unavailability of husband were barriers for $\leq 5\%$ of women. At the same time, interviews revealed limited knowledge and/or misconceptions among respondents.

“I didn’t use any method in Myanmar as I think using method is a Gunah (sin).” – CMWRA interviewee

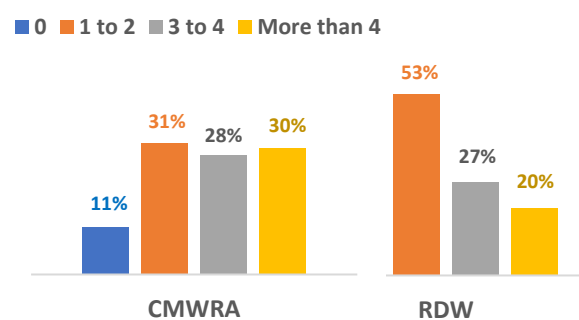
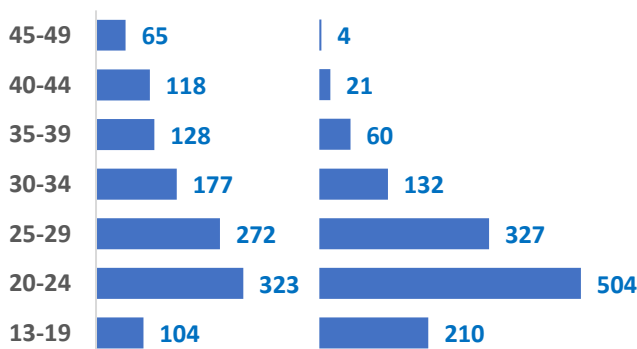
“I heard that a woman can die of severe bleeding if she uses FP method” – CMWRA interviewee

“In Myanmar, I did not use any method as it was not required. I believed that spacing is possible even without taking any methods. I thought that spacing is a natural thing and it does not require using any method.” – CMWRA interviewee

Demographics

RDW tended to be younger than CMWRA, and have fewer children

CMWRA (n=1,187) RDW (n=1,258)

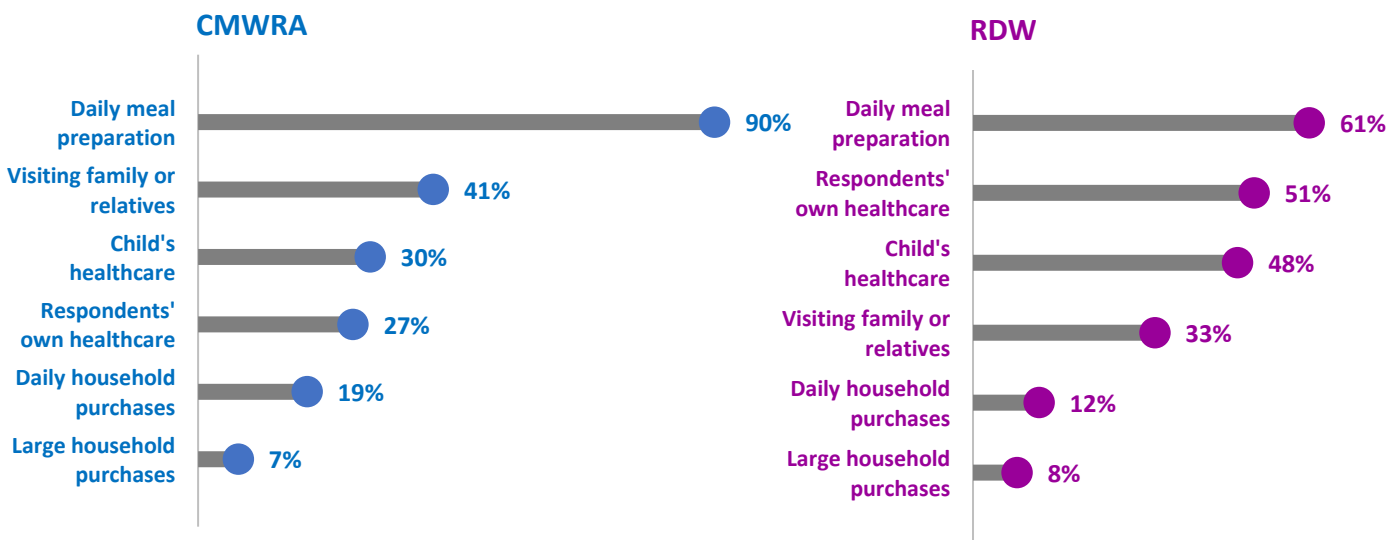


Most CMWRA (58%) had 3 or more children; most RDW (53%) had 1-2 children

Among CMWRA and RDW, 97% were living with their husbands, more than 90% were not employed (though over 70% of their husbands were employed), more than 90% had been displaced for between 1 and 5 years, and more than 70% had no formal education.

Empowerment

There were some differences between CMWRA and RDW in what they felt they had decision-making power over within their households. While 90% of CMWRA reported being the main decision-maker for daily meal preparation, 61% of RDW did. At the same time, a higher proportion of RDW than CMWRA reported being the main decision-maker around activities such as visiting relatives, and managing their and their child’s healthcare. Broadly though, husbands appear to be key decision-makers. **Just about ½ of women from both groups reported that their husbands are the main decision-maker for their wives’ healthcare; husbands’ responses corroborated this.**



CONCLUSIONS

Overall, at 42%, unmet need for contraception was found to be considerably high. While injectable Depo-Provera was the most popular method, knowledge and use of long acting and permanent methods was extraordinarily low. In addition, general knowledge about contraception—including the range of options available and how to use them—is limited, with inaccurate beliefs and misconceptions being common. Finally, husbands’ roles as key decision-makers around their wives’ healthcare, and opposition (defined as husband, or religion, not permitting) being a critical barrier to family planning use, stood out as key findings.

RECOMMENDATIONS

It is necessary to continue to educate and raise awareness, improve access to long-acting methods, and work strategically (with block and camp leadership, as well as male partners) to reach men as they are key decision-makers.

***This study was approved by icddr,b’s institutional review board.**