# Exploring the Availability and Use of Medication Abortion Drugs for Menstrual Regulation in Bangladesh: A Scoping Review

Nished Rijal, PhD(c) Population Health, MPH
Interdisciplinary School of Health Sciences
University of Ottawa

uOttawa

# Background

- 8% of all maternal deaths result from unsafe abortion
- 56 million abortions that take place each year: 45.1% are either “unsafe” or “less safe”, almost all happen in developing countries
- More than half of girls in Bangladesh get married by their eighteenth birthday, and 80% of them give birth before 20
- High discontinuation (37%) and a high unmet need for family planning in Bangladesh
- Unsafe abortion contributes to 16% maternal deaths in Bangladesh

# Background

- Abortion :A criminal offence in Bangladesh
- Menstrual Regulation (MR):“*procedure of regulating the menstrual cycle when menstruation is absent for a short duration*”
- Loosely termed as a provisional to establish non-pregnancy
- Legacy of the 1971 Bangladesh liberation war and post-conflict scenario
- Part of the national family planning program since 1979
- Menstrual regulation using medication (MRM) introduced in 2013 using the mifepristone/misoprostol combination package permitted through 9 weeks of the last menstrual period.

# Methodology: Framework

Scoping review framework published by Arksey and O'Malley and revised by Levac, Colquhoun, and O'Brien. As suggested by the framework, we followed five key steps while conducting this review:

I. Identifying the research question

II. Identifying relevant studies

III. Study selection

IV. Charting the data and

V. Collating, summarizing, and reporting results

# Identifying research questions:

Research Question: What is known until now on the availability and use of MRM in Bangladesh?

Specific Questions:

- What is the availability of medication abortion drugs for menstrual regulation in community-based settings in Bangladesh?
- What is the availability of medication abortion drugs for menstrual regulation in protracted humanitarian settings (Cox's Bazar) in Bangladesh?
- What are facilitators and barriers to access and use of medication abortion drugs in Bangladesh?
- What are the outcomes associated with the use of medication abortion drugs for menstrual regulation in Bangladesh with specific attention to the modality of service delivery, location, and gestational age?
- What are Bangladeshi women's experiences with medication abortion drugs?

# Identifying relevant studies

- Academic literature: Searched the combination of the keywords in CINAHL, OVID Embase, Medline and PubMed. Boolean operators using the keywords to narrow down and filter our search results.
- Grey literature: Guidelines set forth by the Canadian Agency for Drugs and Technologies in Health (CADTH)
- Additionally browsed websites of relevant organizations working to improve MRM in Bangladesh
- Retrieved articles from the academic and grey literature were stored and managed using Zotero software for reference management.

# Inclusion and exclusion criteria

| Population | All populations included |
| --- | --- |
| **Included concept** | Menstrual regulation with medication |
| **Included context** | Bangladesh |
| **Types of evidence source** | All source types included |
| **Inclusion of date and languages** | 1979-2022, English |
| **Exclusion date and languages** | Before 1979, any language other than English |

# Search results:

Review Questions

Objectives

Keywords Identification

Database search: CINAHL, OVID Medline, Embase, PubMed (n=303)

Abstract Review (n=133)

Review full text (n=59)
Database: (n=34)
Reports and documents: (n=21)
Added from the reference list: (n=4)

Final included for charting: (n=55)

Reports and documents (n=21)

Excluded articles:
Title irrelevant to keywords (n=170)

Excluded articles: (n=99)
Duplicate source with an included reference: (n=83)
Conference proceedings: (n=12)
Full text not available: (n=4)

Excluded articles: (n= 4)
Does not focus on MRM: (n=3)
Duplicate study: (n=1)

**Figure 1: Literature search results, study screened and selection for final synthesis.**

# Results: Availability and use of MRM in community-based settings

- Only 14% of the government facilities that provide MR services are providing MRM . The rate is about 21% among private facilities.
- DGFP: Responsible for the procurement and distribution of MR commodities to the government health institutions and approved NGO clinics.
- Various local pharmaceutical companies manufacture the mifepristone-misoprostol combi pack while a few companies manufacture mifepristone alone.
- Mifepristone or the combi-pack are not yet registered as an essential medicine list in Bangladesh.
- Misoprostol listed as the essential medicine in Bangladesh mainly to manage a post-partum hemorrhage.
- The use of misoprostol alone for MR is neither sanctioned nor recommended by the National Family Planning Program.

# Results: Availability and use of MRM in community-based settings

- Combi-pack kits for menstrual regulation at the local pharmacies are being sold from 2.72 USD to 3.45 USD.
- 12 tablets of misoprostol tablets which are often recommended as effective regimens for menstrual regulation would cost between 2.07 USD to 2.31 USD in the market, the price cheaper than the combi-pack regimen for MR.
- However, there has been a sharp decrease from 66% to 53% from 2010 to 2014 in the number of government health facilities providing MR services and from 36% to 20% among the private facilities in the same time frame.
- The same period reported a decrease in the 40% of MR rate and an increase in the number of women presenting hemorrhage while seeking treatment for complications.
- This suggests a decrease in the legal provision of MR leads to an increase in the number of clandestine procedures, and women in need continue to terminate pregnancies even if safe methods are not accessible.
- Access to MRM was reduced by more than 40% during the COVID-19 pandemic in Bangladesh.

# Results: Availability and use of MRM in community-based settings

- Although not permitted legally, almost all pharmacies sell medications that are intended for menstrual regulation.
- Misoprostol alone is being sold widely in the pharmacies for menstrual regulation and the community widely refers to the use of misoprostol as MR.
- Other abortifacients (other than misoprostol or the misoprostol/mifepristone combi pack) are equally sold over the counter: Gynaecosid, Oral Contraceptive Pill (OCP) and antibiotic analgesics.
- Huge knowledge gap among pharmacy workers related to MRM on the recommended dosage, legally acceptable limits, counselling, follow-up visits, possible complications, and post-abortion contraception.
- Inadequate staffing in pharmacies, lack of basic and refresher training on MRM among those available, no use of counselling tools or Behaviour Change Communication materials and lack of availability of MRM guidelines at the pharmacies

## Results: Availability of MRM in protracted humanitarian settings (Cox's Bazar)

- Cox's Bazar: World's largest refugee camp hosting about 900,000 Rohingya refugees, who fled the mass exodus in neighbouring Myanmar since 2017.
- More than half of this refugee population is women and adolescent girls.
- Most of them are either survivors or witnesses of rape, gang rape, sexual assault or murder of close family and friends.

Figure: Cox's Bazar Refugee Camp ©Relief Web 2021

# Results: Availability of MRM in protracted humanitarian settings (Cox's Bazar)

- Access to safe abortion services is very limited forcing the number of women and adolescent girls into unsafe abortion practices
- Incidences of sexual violence are also high resulting in unintended pregnancy and unsafe abortion.
- Barriers to improving access to MRM services to the Rohingya population: limited training for providers, lack of privacy to provide safe abortion services confidentially, low level of knowledge on the availability of MR among the Rohingya population, lack of prior experience of providers, lack of awareness on existing MR laws among providers, no integration of protection and SRH services, and low level of willingness and/or funding among humanitarian agencies and providers to provide MR services
- NGOs are reluctant to provide access to safe abortion (menstrual regulation) services. Four common reasons: *There's no need'; 'Abortion is too complicated to provide in crises'; 'Donors don't fund abortion services'; and 'Abortion is illegal'* . Global Gag rule highly restricts humanitarian organizations working in these settings to ease US funding

# Outcomes associated with the use of medication abortion drugs for menstrual regulation

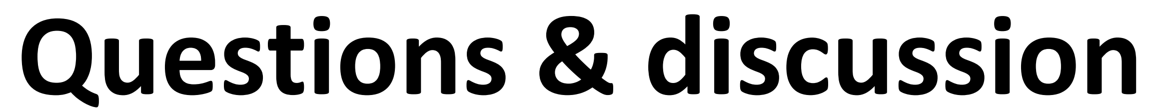
- Studies in Bangladesh have proven MRM using a combi-pack to be highly effective (91% to 96%) in complete uterine evacuation up to 9 weeks of pregnancy.
- MRM has proven to be advantageous over other methods of menstrual regulation especially in rural and low resource communities being non-invasive, easy to administer, not requiring equipment or refrigeration, staffing, facilities, and easy to manage and deliver.
- Given the choice, two-thirds of Bangladeshi women prefer MRM over MVA
- 97% of the primary hospitals in Bangladesh are successfully capable to do the MRM procedure.

# Bangladeshi women’s experiences with MRM

- 90% to 97% women satisfied or highly satisfied indicating women’s acceptability and belief in the regimen.
- As compared to the MVA procedure, women found MRM to be safer, able to protect privacy, cheap and not require surgery or other invasive procedures.
- Almost all (97%) of the women who had MRM procedures would recommend the same procedure to their friends and relatives.
- Both women and service providers positively feel the need to expand MRM services to the wider community.
- Rejecting women seeking MR services by both public and private sector providers is as high as 27% in Bangladesh and many of these rejections are due to social or cultural reasons.
- The majority of women who were denied MR in legal settings due to gestational age limit sought abortion services “elsewhere” highlighting the fact that denial of legal termination of pregnancy did not always change their decision in getting MR services, rather they pushed themselves in obtaining unsafe abortion procedures.
- Studies have also shown women in Bangladesh prefer informal providers over formal providers for seeking menstrual regulation services

# Discussion

- Bangladesh is the epitome of how a country recovering from a post-conflict situation and at the same time facing a refugee crisis can still protect women's right to access menstrual regulation services
- Policy environment surrounding menstrual regulation is supportive.
- MRM in the context of Bangladesh is still in its infancy and slowly gaining acceptability and popularity among both women and service providers.
- There is an urgent need to improve supply and increase demand for MRM services in the country, especially in rural areas.




(And thank you very much!)

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