

**Why are temporary methods of contraception not popular even among urban women? - A Qualitative study**

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**ABSTRACT**

**Introduction:** Tamil Nadu, has drastically brought down its birth rate (15) and Total fertility rate (1.7). This success could be attributed to increased female sterilization, while use of temporary contraceptives which is essential to avoid unwanted pregnancies and space births continuous to be very low. The main objective of this qualitative study is to understand why temporary methods of contraception are not popular even among urban women and reasons for poor acceptance and high discontinuation rates. **Material and Methods:** In-depth interviews and Focus group discussions were conducted with women adopting one or other methods of contraceptives and those not adopting any. Focus group discussion was also conducted with service providers of urban health Centre. **Results:** Inadequate knowledge, fear of side effects and lack of spousal support were reasons for poor adoption and high discontinuation rates of temporary contraceptives. Misconceptions about fertility and opting for abortion to space births are other reasons for not using contraceptives. Service providers recommend women with two or more children to adopt tubectomy and Copper-T for those who should space births, information of other temporary methods is not provided routinely. Service providers hesitate to promote Emergency oral contraceptive pills for fear of routine use by women. Women suggested that couple counselling and information sharing through social media will promote increased use of temporary methods of contraception. **Conclusion:** Couples should be educated about the various contraceptives available, its side effects, advantages, importance of birth spacing and risks of repeated abortions and given the option to choose. Proper screenings of cases, adoption of correct techniques, efficient couple counselling and a good follow up care will promote increased use of temporary methods of contraception.

**Key Words:** Copper-T, Contraceptive Oral pills, Contraception

**INTRODUCTION**

Tamil Nadu (TN) is the 7<sup>th</sup> largest state in India with a population of 72 million and has 48% of its population living in urban areas with the literacy rate of women at 73.8%<sup>1</sup>. TN is one of the socially and economically progressive states in India with impressive indicators related to maternal and child health. The state has brought its birth rate to 1.5<sup>2</sup> with a Total fertility rate of 1.7<sup>3</sup> and this has been achieved mainly by female sterilization which accounts for 90% of the contraceptive use. However, focus on temporary methods of contraception cannot be neglected as it helps to avoid unwanted pregnancies, increase birth spacing and to reduce repeated termination of pregnancies as all these have a direct impact on the maternal and infant mortality and morbidity. NFHS-3 data shows that 26% of the births occur within 24 months and 59% within 3 years<sup>4</sup>. Few study reports that pregnancies are terminated to space births irrespective of the sex of the children<sup>5,6</sup>.

It's generally expected that adoption of good health practices and utilization of health services is usually much better in urban areas, however reports from NFHS-4

reveal that adoption of temporary methods is very low even in the urban areas of the state with only 0.4% using Oral pills, 2.3% Intrauterine devices and 2.1% Condoms and the unmet need for spacing is 5.1<sup>3</sup>. According to DLHS 3, all the spacing methods together account for just around 25.5% of the current contraceptive use compared to 74.5% by female & male sterilizations.<sup>7</sup> High discontinuation rates of contraceptive use are also observed in TN.<sup>5</sup>

The main objective of this study is to understand why temporary methods of contraception are not popular even among urban women and reasons for poor acceptance and high discontinuation rates. The study would bring out the views of the service providers (SPs) as well as the perception of women on contraceptive practice to give a holistic picture. The study findings will help to develop strategies to popularize and enhance adoption of temporary methods of contraception.

**METHODOLOGY**

**Place of study:** This would be an operation research, conducted in the catchment area of the Urban Primary

Health Centre (UPHC) Pudhupettai, located within limits of Chennai Corporation and is attached to the Department of Community Medicine, Govt Medical College, OGE, Chennai.

**Study Design:** A qualitative study design was chosen to obtain information from the users and SPs. In-depth Interviews (IDIs) were conducted with women and the SPs as it was considered as the ideal technique which would provide a deeper understanding on factors contributing to underutilization of temporary methods of contraceptives, Focus Group Discussions (FGDs) were conducted with women to understand group and community norms and also for triangulating information with more than one type of data collection technique.

#### **Study Participants:**

##### **Users**

##### **IDIs & FGDs**

A purposive sample of 15 women using the different methods of temporary contraceptives and those not using where also interviewed to give a holistic picture. Of the 15 women, 3 were using copper-T, three were using Oral contraceptive pills (OCPs) and another 3 who have undergone tubectomy. IDIs included three women whose spouses used condoms and another 3 who did not adopt any method of contraception. Four FGDs were conducted, two with women adopting one or the other method of contraception and another two with women not using any method of contraception

##### **Service Providers**

##### **IDIs**

IDIs were conducted with the staff of the Urban Primary Health Centre (UPHC) providing contraceptive services to obtain their views and practice – Doctor [1], staff nurse [1], urban health nurses (UHNs) [5] and Sector health nurses (SHN) [1]

The data was collected by the first and second author with the assistance of two persons and analyzed manually.

**Study Period:** July to Sept 2017

**Ethics:** Informed consent was obtained from all the study participants. Ethical clearance was obtained from the Institutional Ethical Committee of the Government Medical College, Omandurar Government Estate, Chennai.

**Limitations of the Study:** This study has been carried out in one UPHC area. The results of the study cannot be generalized to the entire state of TN but will definitely reflect the common views of the service providers and the user on use of temporary methods in urban areas

## **RESULTS**

### **I. Users**

#### **A. Women's perception, acceptance/ reluctance and use of temporary methods of Contraception**

Women said that if they have two children then the Doctor/UHNs talks to them only about tubectomy and facilitates for undergoing it in the nearest public health institution. The next option given is Copper T. For spacing they are briefed only about Copper- T.

Information on Oral contraceptive pills (OCPs) and Condoms are provided only to those not willing to use Copper-T.

**a. Copper- T:** The main reasons for poor acceptance and removal of Copper-T was excess and intermittent bleeding, abdominal pain, white discharge and low back ache. Fear of expulsion and need for frequent checkups were mentioned by some. Women felt that use of Copper-T can lead to ulcers in the uterus and also cause uterine perforation. With a lot of hesitation two of them said pricking pain during intercourse was the reason for removal

Failure of Copper-T in few cases has also made many lose faith in it. They have heard of instances where women have delivered baby with the Copper-T. In almost every group there was someone quoting instances of uterine infection and excessive bleeding. Such instances have created fear in the minds of many. Some felt that the Copper- T available in the private hospitals were of better quality. One of the women a teacher by profession said “*the couple should be very careful during intercourse otherwise the copper- T would be displaced, she felt that this was difficult for many women*”. Another said “*My husband will not permit me use a Copper- T as it pricks during intercourse*”. There were some positive experiences also. Two woman who have been using Copper T for more than three years said they were comfortable with it. Some said that Copper-T is inserted routinely after the birth of the first baby in most of the public institutions especially after a caesarean section and women were not informed about it.

**b. Oral Contraceptive Pills (OCPs):** Women at large felt that taking any tablet continuously is not good for health as it would have side effects, they felt there is always a possibility that they would forget to take it. Two women who had earlier used discontinued because of weight gain and nausea. OCPs were not considered as a reliable method and many felt that the failure rate was very high. Women did not know about the advantages of the OCPs and what they should do if they forget to take.

**C. Condoms:** Most of the women did not prefer condom because their husbands were not willing to use it. They said that they cannot insist their husbands to use as child bearing is the responsibility of the women. Some women did not consider it reliable as there is a possibility that it can tear. Two women whose husbands were using the condoms said that this was the best with no side effects and proper counselling of men would help to promote condom use.

**d. Other methods:** Women did not know about natural methods, even those who said they knew ‘safe period’ did not know about it correctly. Emergency contraceptive pills (EOCPs) were available in the UPHC yet no one knew about it. Tubectomy was the most popular and all women preferred it after the birth of their second child as it is a one-time solution to prevent future births.

**e. Non-users:** Some women who are currently not adopting any contraceptive method have had Copper-T

inserted immediately after delivery and had removed it because of bleeding or abdominal pain. Few wanted to have children and the other just had a belief that they will not conceive. Non-contraceptive users who conceive, opt for an abortion or continue their pregnancy and then go for tubectomy. The health hazards in reduced birth interval and repeated abortions is not known to them.

### **B. Suggestions to improve Utilization of temporary methods of contraception**

Women preferred to be counselled by the Doctor rather than the nurse. Many women suggested that couple counselling on contraception should be given in all health centers as the husband has to permit to use contraception and promotion of condom use is only possible if the men are involved.

One of them said that details about the use of contraceptive methods can be shared through "WhatsApp" as every other person has access to it. Many felt that the present mode of educating women on contraception at home by the UHNs should continue as it is the best method.

## **II. Service Providers**

### **A. Views of SPs – on use of Copper- T & preference for tubectomy**

The doctor said that many patients are scared about using Copper- T, even if we convince them and insert it; they would remove it after some time, become pregnant and continue it or abort it in a private hospital. Hence the UHNs usually suggest only tubectomy if the women had two or more children. Copper-T was only for those who wants to space births. Information on OCPs was given to women who refused to use Copper-T. Lactating mothers and those refusing to use both Copper-T and OCPs were only suggested to use Condoms.

OCPs were not the choice of the SPs because they felt that women will definitely forget to take it regularly and it also has side effects. Again, as condom use depends on the husband, they felt it was not reliable. Since the UHNS and SHN talk only with the women they feel they cannot promote condom use. One of them said "*condom is the only temporary method which is popularized, and that too for protection against AIDS and not much as a contraceptive.*" The UPHC has EOCPS, but this is never informed to women for fear that they would start using it frequently.

At large the contraceptive used is decided by the SPs based on the needs of the women. The SPs suggest the type of contraceptive which they feel would suit the women and open choice was not given. Though the Government promotes all methods of contraception, emphasis is given only for the permanent method. UPHCs have information on the number of women using temporary methods but all the SPs felt that this is not reliable as many may discontinue and not inform them.

The SPs agreed that Copper-T is inserted in all institutions after the first baby is born. The Doctor added that Dr Muthu Lakshmi Reddy Maternity Benefit scheme

(MRMBS), the state sponsored maternity benefit fund now insists on adopting a spacing method for payment under this scheme, this she felt would encourage more women to use Copper- T.

Women generally complain of white discharge, excess bleeding and pain in the abdomen and difficulty in doing house hold work. The doctor's felt that it was the general tendency of the patients to blame the Copper-T for any sickness they have. The doctor said that the women have poor genital hygiene and go for infection frequently.

Excessive bleeding and infection in the uterus, Fear of displacement, Pain abdomen and low back ache. Inconvenience during coitus were reasons for not using Copper-T. The doctor said that "*I draw a picture of the uterus and tell them that the Copper-T will be inside the uterus like the baby and will not easily come out*", Yet some are not convinced.

Some women use Copper-T, but with fear and prefer to opt for tubectomy once they have their second child. Awareness about tubectomy is fairly high. In spite of certain problems following tubectomy it is still the most preferred by both women and SPs as it is a onetime solution and has no side effects. Puerperal sterilization is commonly done, as the rest following childbirth and for the surgery goes together..

### **B. Suggestions to improve Utilization of temporary methods of contraception**

Counselling should be done by the doctors, as women have more faith in the doctors than the nurses. Women who have positive experience using temporary methods should share their experience in mothers meeting, which will give confidence to the others as mostly decision are made on what they hear from their friends and neighbors.

Few UHNs felt that Celebrities adopting temporary methods should come forward and talk about the advantages and the need for spacing births, as this will motivate many people similar to pulse polio immunization campaign. One UHN said that incentives can be given for Copper-T users as given a decade before to promote it.

## **DISCUSSION**

### **1. Reasons for Poor acceptance of temporary methods**

*a. Copper- T:* The SPs felt that Copper-T was ideal only for spacing and was considered to be better than other spacing methods. Side effects like Bleeding, abdominal pain, displacement of Copper- T and infection was the cause of concern both by the users and SPs as seen in other studies.<sup>10,11,12</sup> Studies suggest that intra uterine contraceptive device (IUCDs) users are about 2 to 8% more at risk of developing pelvic infection<sup>9</sup>. Proper screening of cases, sterile insertion techniques and health education before insertion, infection could be minimized. Studies done by savitha chandra and Sarbajna also reveals the same<sup>13,14</sup>. Excess and intermittent bleeding accounts for 10 to 20% of the removals. This usually settles within



one or two months. Such women should be given iron tablets and in case of slight pain managed with analgesics<sup>9</sup>. Adequate counselling, proper follow up care and assurance to remove in case of a problem will make the user confident to use it. IUCD continuation rates can be improved markedly by providing specific health education, which effectively addresses women's perceived fears and apprehensions.<sup>15</sup>

Women seem to discontinue use of Copper- T even at the slightest fear, pain or discomfort<sup>16</sup>, and an attitude to switch to another method was low<sup>17</sup>. Emphasize on reversibility would enhance the methods popularity and improve the level of a contraceptive use among women. Most of the other reasons expressed by women were not what they have experienced but have heard from others. Lack of adequate information from the health facilities has led to such misconceptions.

The grievance of some women was that Copper-T was inserted after the first delivery without counselling and sometimes even without their knowledge. The same scenario is seen in other studies also.<sup>18,19</sup> Introducing women to the use of these contraceptives without providing counselling is probably the reason for the poor utilization of these methods. SPs should never resort to such measures, as it would make women lose confidence in the existing health care delivery system. It has to be agreed that it's unethical to do so.

*b. OCPs :* SPs were concerned about the side effects and tendency of women to forget to take the pills daily. Side effects like intermittent bleeding, weight gain, nausea and headache mentioned has been stated in other studies also.<sup>8,10,12</sup> A medical examination before starting OCPS and reassurance from the doctors will make women confidently accept it. Proper selection of women coupled with good counselling will promote utilization.

The main reason for refusal of OCPs was the difficulty to take the pills daily without missing a single day. Such women should be informed that it could be taken as soon as they remember it along with the usual dose for that day. Not one of them knew the advantages of using OCPs. They were curious to know what would happen if they forget to take the tablet for a day or if she conceived while she was on pills ...and many more questions. There is no access to clarify their doubts. When women have so many misconceptions and doubts, it is natural to find the utilization to be very poor.

Women seem to get most the information from the friends and relatives and not from the health facilities; this is the reason for their misconceptions and fear. There were women who were comfortably using them; they could be quoted as models to build confidence among the others. A satisfied user is the best person to motivate the others.

*c. Other Methods – Condoms & EOCs :* Though EOCs were available in the UPHCs, Women were not aware of it as the SPs never provided any information for fear that women would misuse EOCs by not adopting

any other method. A study done by Anjali Nayyar also shows that such similar fear is observed among many SPs, and women also do not consider it as a reliable method.<sup>20</sup> Counselling on condoms use was also lacking as the UHNs felt it was not of much use as they were talking only to the women

## II. Tubectomy the contraceptive of choice

Tubectomy was preferred as it is impossible for a woman to adopt a temporary method till she was 45 and this gives a once in for all solution. The same views have been reflected in a qualitative study done among the SPs in Uttar Pradesh in north India.<sup>21</sup> Female sterilization, is considered as the most reliable method as it does not have side effects like Copper-Tor OCPs.

## III. Abortion as a method of Contraception

Women knew that reduced birth interval affects the health of the mother and new born and the difficulties in bring up the children and therefore opted to terminate their pregnancy, women are not aware of the consequences of repeated abortions. A study done in India by Agarwal N et al in India has shown that 67.18% of women who were 35 and above had a history of termination of pregnancy atleast once.<sup>22</sup> In India only 10% of the induced abortions are legal<sup>3</sup>. The risk of death is 100 to 500 times greater for these women than women who has access for safe abortions. Emergency contraceptives should be promoted and it has lesser side effects and helps to avoid abortions<sup>20</sup>

## IV. Suggestions of the SPs & Users

*a. Strengthening Counselling Services :* Except few most of the women choose the contraceptive in consultation with their husbands. The lacuna in the existing system is that the female health functionaries always spoke about the contraceptives only to the women. Couple counselling is the need of the day. Family welfare clinics should organize Couple counselling in UPHCs on selected days by the Doctors/ Counsellors where the couples have an opportunity to discuss and chose a suitable contraceptive. Intensive counselling with multiple contact and reminders will help to improve acceptability and adherence to contraceptive use<sup>23,24</sup>.

Counselling on contraceptives can be done soon after delivery in the postnatal ward and also in the immunization clinics. Doctors could examine the women and counsel the women atleast on their first visit and later could be followed by the UHN as people they had more faith in the doctors. Inter personal communication stills continues to be the most preferred method..

Awareness and access to EOCs would help to avoid abortions. Emergency contraceptives can be used post coitally and provide back up to individuals after unprotected intercourse, missed oral pills and failure of barrier methods. EOCs are found to be safe and effective with low failure rates<sup>20</sup>. The SPs should provide information to women and on EOCs and should make it available to women .

*b. Upgrading Skills :* The skills of the UHNs for screening women, Copper-T insertion and counselling

need to be upgraded. Periodical refresher training needs to be given and this has found to increase the quality of care.<sup>9</sup> Comfortable use of women will reduce the number of drop outs. Use of body mapping technique as suggested by the Doctor would be a good idea and could be followed by the others also. The procedure of Copper-T insertion should be explained with good audio- visual aids in simple language to remove the fear and misconceptions.

**c. Others :** A smart phone App can be developed to provide information related to contraceptive use and this has shown an improvement in contraception uptake in Bihar.<sup>25</sup> Celebrities adopting these methods should come forward and talk about the advantages, as this will motivate people.

### Conclusion and Recommendations

Public sector institutions should provide more information about the available facilities and popularize all methods of contraception A separate counselling clinic exclusively for family welfare should be organized in all the UPHCs. A doctor should be made available at least on specific days in a week and the UHNS on all days. Couple counselling services should be provided with a Cafeteria approach where they are provided information about all the contraceptives including the advantages and side effects and also briefed on the risks of repeated abortions and the importance of birth spacing and also make EOCs accessible to women. This would help to promote use OCPs and condoms and will reduce abortions. Proper screenings of cases, adopting correct insertion technique, efficient counselling and a good follow up care are the tools for successfully promoting Copper-T.

Quality indicators like expulsion rates, failure rates, perforate rates, rate of removal of Copper-T and its reasons should be monitored as a routine. This should be inbuilt as a part of the routine health management information system. The problems faced by the SPs and users and the lacuna in the existing system, should be periodically studied to make necessary changes and to plan for strategies to improve the quality of Family welfare services to meet the unmet needs of women.

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