

Non-acceptance of Injectable Contraceptives from Antara Clinic: A Qualitative Study in West Bengal, India

Dr. Nirmalya Manna¹, Dr. Atanu Bhattacharjee², Dr. Arup Kundu³,
Dr. Arista Lahiri⁴

1 – (Assistant Professor, Department of Community Medicine, Medical College & Hospital, Kolkata, India)

2 – (House-staff, Department of General Surgery, College of Medicine and JNM Hospital, Kalyani, India)

3 – (Ex-House-staff, Department of General Surgery, Maldah Medical College & Hospital, Maldah, India)

4 – (Post-Graduate Trainee, Department of Community Medicine, Medical College & Hospital, Kolkata, India)

Corresponding Author: Dr. Arista Lahiri

Abstract: Despite India being the first country in the world to launch a large scale family planning program, the stigma surrounding family planning has been prevailing and contraception has been a bottleneck in the national programs for long. The current study was conducted to assess the reasons related to non-acceptance of injectable contraception (injectable DMPA). The current qualitative study was conducted among the beneficiaries who refused injectable contraception at the Antara Clinic of Medical College, Kolkata. One-hundred and eighteen participants were included in the in-depth interviews and responses were noted. Among the respondents 62% had earlier borne at least one child. Around 87% reported to have used modern contraceptive methods in the past. On thematic analysis it was observed that there was fear regarding side-effects, that was the major determinant for non-acceptance of intra-muscular DMPA. However stigma related to the method also emerged as an important social contributor. Therefore intensive health education and behavior change campaign regarding the issue of injectable contraceptives, its usefulness and debunking the myths and stigma associated is a much needed effort not only for better implementation of the program but for overcoming the bottleneck of contraception also.

Keywords: Antara Clinic, Contraceptive, Injectable, Non-acceptance, Qualitative.

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I. Introduction

Contraception has been a very sensitive and to a large extent stigmatized issue in Indian perspective. Though India was the first country in the world to launch a large scale family planning program, yet the stigma surrounding family planning has been prevailing.^[1] There is no internationally recognized 'ideal' method mix for contraception. The differences in utilization of contraceptive methods/ services offered usually reflect local cultural preferences or social norms.^[2] While the contraceptives offered in the National Family Planning programs had their advantage in the provision of cafeteria approach, yet natural methods or injectable per se were not at par with respect to service provision. However, currently, the government has changed direction in this regard and has started providing for contraception in the same cafeteria approach within the motivational framework with more options to choose from. Various reasons underlie the preference of one method over the other. Understanding factors that drive contraceptive method choice is important for policy formulation and implementation for the provision of methods that are accessible and acceptable to users.^[3-6]

Family Planning services have been available in India through National Family Planning Program since 1952.^[7] The knowledge and attitude regarding contraception is variable in India varying from state to state, region to region even with a stark difference between rural and urban population with practices as expected are varied.^[7-10] But it can be firmly said that there has been improvement in provision of family planning services over time and the acceptance by people.^[11,12] The health department, recently initiated the Antara Program for promotion of injectable contraceptives – means to long term contraceptive protection. The available contraceptive is depot preparation of injectable DMPA to be delivered via intra-muscular injection.^[13,14] Since the roll-out of this program a monitoring framework has been put in place. Despite the robust monitoring framework, for issues like contraception and family planning the qualitative components coming from the user/beneficiary end prove to be even more important for long term sustenance and success of the programs. Keeping this backdrop in mind, the current study was conducted to identify the major reasons behind non-utilization of the Injectable contraceptive services among the beneficiaries attending the Antara Clinic.

II. Material And Methods

The current qualitative study was conducted at the Antara Clinic under the Department of Community Medicine, Medical College & Hospital, Kolkata. The clinic provides injectable contraceptive services and provision of counselling for family planning services as per the guidelines under Antara Program.^[14] The study population were women accessing services at the mentioned Antara Clinic. All eligible women (those meeting the criteria for receipt of injectable contraceptive) were approached for participation in the study over a three-month period, June – August, 2018. Potential respondents who agreed to participate following knowledge of the study were provided with the information regarding the study and subsequently informed consent was obtained. Consecutive cases of eligible women who gave consent were included in the study for in-depth interview. Saturation of themes were considered. At the end there were a total of 118 participants, interviewed till saturation of the themes were noted i.e. no new themes emerged. The participant interviews were conducted with the help of trained interviewer (trained on qualitative data collection method). An unstructured questionnaire consisting of open-ended questions was employed for data collection. The interviews were digitally recorded and then they were transcribed. Themes were created based on similarity of responses. The interviews were conducted highlighting the questions of reason behind not accepting contraception and also the reason for refusing injectable contraception. The thematic analysis was done overall among the non-accepters. The quantitative data were analyzed using Epi version 7.2. Basic socio-demographic information like age, duration of marriage, time-since last child birth, education, occupation, education and occupation of the husband.

III. Results

Basic socio-demographic information

A total 118 respondents participated in the current study. The ages of respondents ranged from 19 to 31 years with a mean age of 24.6 (\pm 1.8) years and a median age of 23 years. Majority of the respondents had received education at least up to middle school. All the participants were married. About 80% were home-makers. Majority of the husbands were educated up to secondary level. However, majority of the husbands were local shop-owners or workers followed by laborers. Most of the respondents were from a nuclear family background living in the Corporation area of Kolkata. (Table 1)

Table 1. Distribution of the study participants according to socio-demographic background. (n=118)

Socio-demographic variables	Categories	Number	Percentage
Age (in completed years)	≤ 24	74	62.7
	> 25	44	37.3
Religion	Hinduism	89	75.4
	Islam	29	24.6
Permanent residence	Corporation area	78	66.1
	Municipality area	40	33.9
Type of family	Nuclear	69	58.5
	Joint	49	41.5
Respondent's Education	Primary	12	10.2
	Middle School	56	47.5
	Secondary	28	23.7
	Higher Secondary	16	13.5
	Graduate	6	5.1
Husband's education	Primary	6	5.1
	Middle school	28	23.7
	Secondary	46	38.9
	Higher Secondary	24	20.4
	Graduate	14	11.9
Respondent's Occupation	Home-maker	94	79.7
	Others	24	20.3
Husband's Occupation	Clerk	16	13.5
	Shop-owner	18	15.3
	Shopkeeper	58	49.1
	Labourer	26	22.1

Contraceptive & Obstetric history

Out of the 118 participants about 62% had history of childbirth, with 49% being primi-mothers. Among the interviewed participants 87% had earlier used modern methods of contraception. Majority of them used Oral Pills in the past (80.5%) followed by barrier method (Condom) adopted by their husbands (75.4%). Among the participants who attended the clinic, 58% were in search of post-partum contraception, while the remaining were looking for inter-menstrual method. (Table 2)

Table 2. Distribution of the study participants according to contraceptive and obstetric history. (n=118)

Variables	Categories	Number	Percentage
History of Childbirth	No	44	37.8
	One child	58	48.9
	≥ 2 children	16	13.3
Prior use of contraception*	Condom (by husband)	89	75.4
	Oral contraceptive pills	95	80.5
	Natural methods	42	35.6

*Multiple response

Source of information on injectable contraceptives service provision

Most of the respondents told that information regarding injectable contraceptive services were primarily obtained from the healthcare providers (80.2%). However, some also mentioned local propaganda as a source (37.7%). Those seeking post-partum contraception, all of them had institutional deliveries and the attending healthcare worker informed the beneficiary about injectable method of contraception being provided free of cost from government facilities.

Reasons for not opting to use injectable contraceptives

The major themes identified behind not opting for injectable contraceptive option were: Fear of side-effects (66.1%), Husband not willing (57.6%), longer duration of action (25.4%), unwillingness from family-end (38.9%). The proportion of these themes are shown in Table 3.

Table 3. Distribution of the study participants according to the major reasons identified for not using injectable contraceptives. (n=118)*

Reasons identified (Themes)	Number	Percentage
Fear of side-effects	78	66.1
Husband not giving consent	68	57.6
Family (in-laws) not giving consent	46	38.9
Longer duration of action	30	25.4
Stigma (respondent's)	29	24.6
Stigma from family end	21	17.8

*Multiple response

Fear of side-effects was a predominant cause for not using the injectable contraceptives. A 21-year old home-maker said that, "The government has just started giving these (injectable contraceptive) medications. We (beneficiary and her husband) do not know whether there are any bad effects present or not." On a similar note a 26 years old, mother of two, a home-maker who received higher secondary level education told the interviewer that, "If there are no side-effects, then why is the government giving these from a separate clinic only for this?" A 19 years woman said that, "I just got married, I fear there may be some side-effects from injections that can have serious effect on our lives"

Unwillingness of the husband and/or the family was a major reason behind refusal to use injectable contraceptives. Below are some of the responses received from the participants in this regard:

"My husband does not want me taking any injections, never to control birth at least"

"I would like to try injections, but my husband is against it in fear of bad effects"

"I cannot chose injections because my mother-in-law is strictly against getting injections. She believes it is for sterility not birth control"

"I did not opt for injectables because my husband did not give his consent. In the family where I am married taking injections is itself a stigma. My husband prefers using a condom instead."

Some respondents opined that longer duration of action for injectables may not be desired always. In this regard, their concern for the return of fertility has been noted as an associated factor. A 22 years old home-maker said, "If I want to get pregnant within the three-month time after injection, there is no way out. Better use pills or condoms.... The three month time is just too long." Another young nulliparous home-maker remarked that, "I have not borne any child yet. Suppose my husband wants me to bear child, we have to wait three-months to get pregnant if I take this. Then even after that some more time may be required....."

IV. Discussion

Non-acceptance to a particular method of contraception is usually influenced by a multiplicity of factors. Injectable contraceptives – the roll out of Antara initiative may be viewed as an empowerment initiative for the women. But there are certain factors as explored in this study that influence the utilization of services in this regard. Most of the respondents who refused to accept injectable contraception as their choice of contraceptive had previously used other methods of contraception before attending the Antara clinic. Stigma

surrounding contraception has been always a big problem for program implementation in India. Stigma in this case also is an important factor as noted from the qualitative part. Non-acceptance in this regard is however not in harmony as that in a qualitative study from Ghana^[3]. The reason behind this may be that the study in Ghana has been conducted primarily focusing on those who started on Injectable contraceptives, but the current study focuses on the women who refused to get started on injectable DMPA. Godfrey et al. (2011)^[15] noted that the side effects of methods are important in determining adoption and usage. In the current study fear of side-effect was observed as a cause of non-utilization. On the other hand in study in Mumbai, India^[16] focused on the non-acceptance of injectable DMPA contraceptives in coherence with the current study.

A major limitation of the current study was that it was conducted among those attending the clinic. There may be several other responses if the study could be done among the women who were refusing contraception as a whole. Also the respondents were all married. One way to look at this issue is that unmarried women tend to not come to these clinics or are shy or stigmatized to talk about contraception therefore yielding such high proportion of married women. The study was conducted in an urban setting. The qualitative analyses therefore is needed to focus on the rural population in future. The causes of non-acceptance are important in this regard, as these may form the crux of awareness or behavior-change program in future.

V. Conclusion

The qualitative study conducted at the Antara Clinic of Medical College, Kolkata pointed out several important issues related to non-acceptance of DMPA injections. While fear of side effects are certainly a major cause noted, stigma and unwillingness on the part of family and husband are also present. These factors can be picked to design effective communication and behavior change program for an improved acceptance of injectable DMPA, which has been proven to be safe and effective through robust scientific methodology before rolling out of the Antara Program.

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