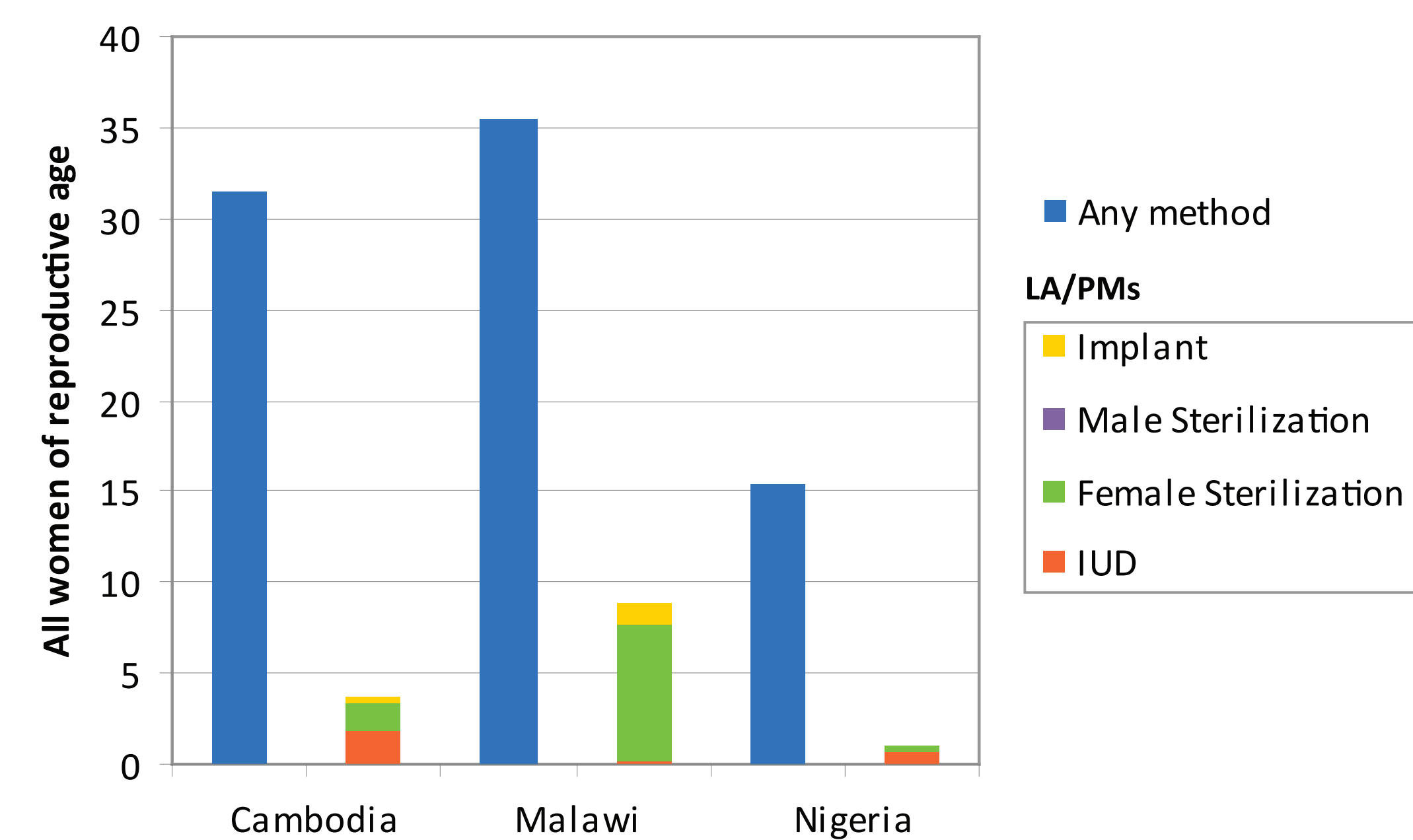


A QUALITATIVE STUDY OF THE USE OF LONG-ACTING AND PERMANENT METHODS OF CONTRACEPTION (LA/PMS) IN CAMBODIA, MALAWI AND NIGERIA

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STUDY PURPOSE

To deepen qualitative understanding of the key factors that influence the decision to use LA/PMs in three countries with varying contraceptive prevalence rates and use of LA/PMs. The findings will be used to support improved family planning programs that better address the needs of clients who want to delay, space, or limit childbearing.



BACKGROUND

In developing countries, 41% of pregnancies are unintended, and 35% of maternal deaths result from these unintended pregnancies. In addition, nearly 200 million women have an unmet need for family planning. Voluntary use of family planning addresses these challenges. Strong family planning programs offer a full range of contraceptive methods, but in many places, LA/PMs (intrauterine devices, implants, and female and male sterilization) are the least available, the least used, and possibly the least understood methods. Persistent rumors about LA/PMs, poor provider training, and logistics issues undermine their acceptability and accessibility.

METHODOLOGY

The study used a sequence of qualitative approaches to look at how service providers and women and men think about family planning, with a focus on LA/PMs, in each country's national and local context:

- 1) Key informant interviews at the national or provincial level
- 2) Key informant interviews at the local level
- 3) Focus groups with several categories of respondents
 - a. Early adopters of LA/PMs
 - b. Women who discontinued using an LA/PM
 - c. Women who were 6-months postpartum
 - d. Married men
 - e. Service providers
- 4) Free-listing and pile-sorting exercises with the same groups

CAMBODIA—August 2011

- 4 rural sites: 2 in Takhmao Province, 1 in Pursat Province, 1 in Battambang Province
- 104 women, 37 men, and 31 service providers participated in 20 focus groups
- Free listing and pile sorts were carried out as individual interviews following each focus group.
- Data collection in collaboration with Marie Stopes International clinics ensure LA/PM users were included.

MALAWI—March and April 2012 (preliminary results only)

- 4 nonpoor urban sites in catchment areas of Kasungu District Hospital and Family Planning Association of Malawi (FPAM) clinic
- 2 poor rural sites: Msakambewa in Dowa, and Gogode in Kasungu
- 24 focus group discussions and 12 service provider interviews
- 169 people participated in the free-listing and 140 in pile-sorting exercises

NIGERIA—July to September, 2011

- 6 urban locations in Benue and Oyo states; 1 poor site and 2 nonpoor sites in each state
- Key informant interviews with 22 people at national and local levels
- 30 focus groups
- 224 people participated in free-listing and 169 people in pile-sorting exercises

It's because ... some of them don't time to come to the clinic often, they say they want to come to the clinic maybe once in 6 months or once in 1 year, so they prefer IUD majorly except those that don't want their husband to know, those are the ones that are taking injectables.

—Service provider, Oniyarin, Ibadan, Oyo State

The first time I used the IUD and stopped because I had a lot of bleeding. After I used the injection because one time every three months then I stopped because it made a lot of bleeding and then I used the pill but it didn't suit me and lastly I then decided to use the sterilisation.

—PM user, Battambang Province

I discussed with my husband about delaying having children, because our family condition is poor; wait and see in the next 5 or 6 years, we will have one more child.

—IUD user, Kandal Province



Mapping health facilities in rural Cambodia



A Malawian mother with her two children in Mzimba District, Malawi

If woman has many children, she will not be healthy and strong and it will reduce the life of the mother.

—Early adopter, Adikpo, Benue State



A mother in Abuja, Nigeria reads a family planning and child spacing brochure to learn about options available in the area

SUMMARY OF RESULTS FROM MALAWI, NIGERIA AND CAMBODIA

CAMBODIA

High awareness of all contraceptive methods. All 20 focus groups could list pill, injectable, condom, IUD, implant, calendar method, withdrawal, female sterilization, male sterilization, and traditional Khmer medicine. Service providers also identified emergency contraception and breast-feeding.

Awareness about family planning methods

Contraceptive decision-making

- **Husbands did not play a large part in initial contraceptive decision making.**
- **Husbands did play role in discontinuation, as married men had many concerns about side effects** affecting their wives' health and strong opinions on methods they did not want their wives to use.

Perceptions about LA/PMS

IUD

- Women expressed more concerns about IUD than about other methods:
 - Turning or breaking in the body (*krolaj kong*)
 - Causing ectopic pregnancy
 - Accumulating fat (*klanh*) around the device, making it impossible to remove

Implant

- Least understood method—some questioned its ability to prevent pregnancy, as it is placed in the arm, not near reproductive organs.
- Participants feared it could not be removed or that providers would refuse to do so

Sterilization

- Female and male sterilization often perceived as "healthy" methods.
- General fear of operations and medical procedures is an obstacle to their uptake.

Early adopters' experience

- **LA/PM users were generally positive about their methods.**
- Shared a cultural understanding of *trew* (a method's fitting/suited the body) that led them to try various modern methods until they found one that "fit" them.
- Key to this was access to LA/PMs and good counseling.

Service provision issues

- Village-level providers believed many of the same myths and rumors about LA/PMs as postpartum woman and discontinuers.
- Village-level providers only provided information about and administered the pill and injectable.
- Trained providers listed lack of access, lack of information, cost and rumors as problems
- Doctors' eligibility criteria set unnecessary medical barriers.

MALAWI (preliminary findings)

Widespread awareness about LA/PMS

- **Decision to use a method typically follows husband-wife discussion.**
- Couple's number of children or health problems may trigger discussion.
- Couples tend to rely on service providers for decision on method to use.

IUD

- Many misconceptions, including that IUD:
 - Causes excessive bleeding
 - Pricks man during intercourse
 - Gets sucked into blood stream and goes to the heart, to cause death

Implant

- Generally positive attitudes
- A few associated the method with loss of libido and prolonged menses.

Female sterilization

Participants were knowledgeable and positive about this method; many had been sterilized.

Male sterilization

Most were aware of method, but attitudes were mainly negative.

Implants

- Generally satisfied
- Most experienced few or no side effects.
- Particularly liked that they did not need to make repeated visits to health facility

Female sterilization

- Satisfied

NIGERIA

Considerable awareness of modern short-acting methods, but limited awareness of LA/PMS, particularly among married men and among women not currently using such methods. Many had heard about female sterilization; few were aware of vasectomy.

- **Decision to use a method typically follows discussion about need, and couple seeks advice from friends/relations/acquaintances with experience with specific methods.**
- Negotiation skills are seen as necessary for women.
- Not uncommon for a woman to use method covertly if husband was opposed.
- Potential users rely on providers' advice about which method to use.

IUD

- Women were more aware of IUD than men. Some women:
- Perceived IUD as more effective/convenient than pill or condom.
- Were concerned that it does not prevent STIs.
- Felt service providers perceived IUD as not as safe or effective for women who engage in extramarital affairs.
- Said it is subject of rumors about coming loose and getting lost in the body.

Implant

- Limited familiarity with the implant
- Often associated with excessive bleeding and menstrual irregularities.
- Some believed it causes infertility or leads to excessive weight gain/loss.

Female sterilization

- Most were familiar with method.
- Many participants believed it involved turning womb upside down or removing it.
- Method is perceived to cause waist pain and stomach ache.

Male sterilization

- Least-known method
- Often thought to involve removal of testicles, leading to impotence
- Common fear that sterilized man will be unable to sexually satisfy wife, leading to disharmony and extramarital affairs.

IUD

- Generally satisfied
- Most did not experience side effects that others associated with the IUD.
- Many lapsed users had a positive experience with IUD and had it removed to become pregnant.

Implants

- Many users experienced perceived or real side effects (prolonged menses, weight gain, chest pain, infections)
- These did not necessarily lead to abandoning method.

- Long-acting methods not always available in study clinics; permanent methods not offered in most clinics.
- Problems with supplies and equipment forced providers to charge shadow fees and look for methods on the black market.
- Some facilities are in a poor state of repair and lack electricity or have only intermittent power.
- Heavy workload, due to too few trained providers, contributes to increased waiting times.
- Lack of training in LA/PMS

FREE LISTING, PILE SORTS AND MULTIDIMENSIONAL SCALING

These research approaches show how people link ideas together. The process includes:

- Creating a list of major terms related to a particular domain
- Conducting an individual exercise to group the terms
- Holding individual interviews to understand the logic behind the grouping

Results were analyzed using Anthropic software to create a picture of people's groupings. In this study, the results can help identify challenges and opportunities for better communication about LA/PMS with potential users.

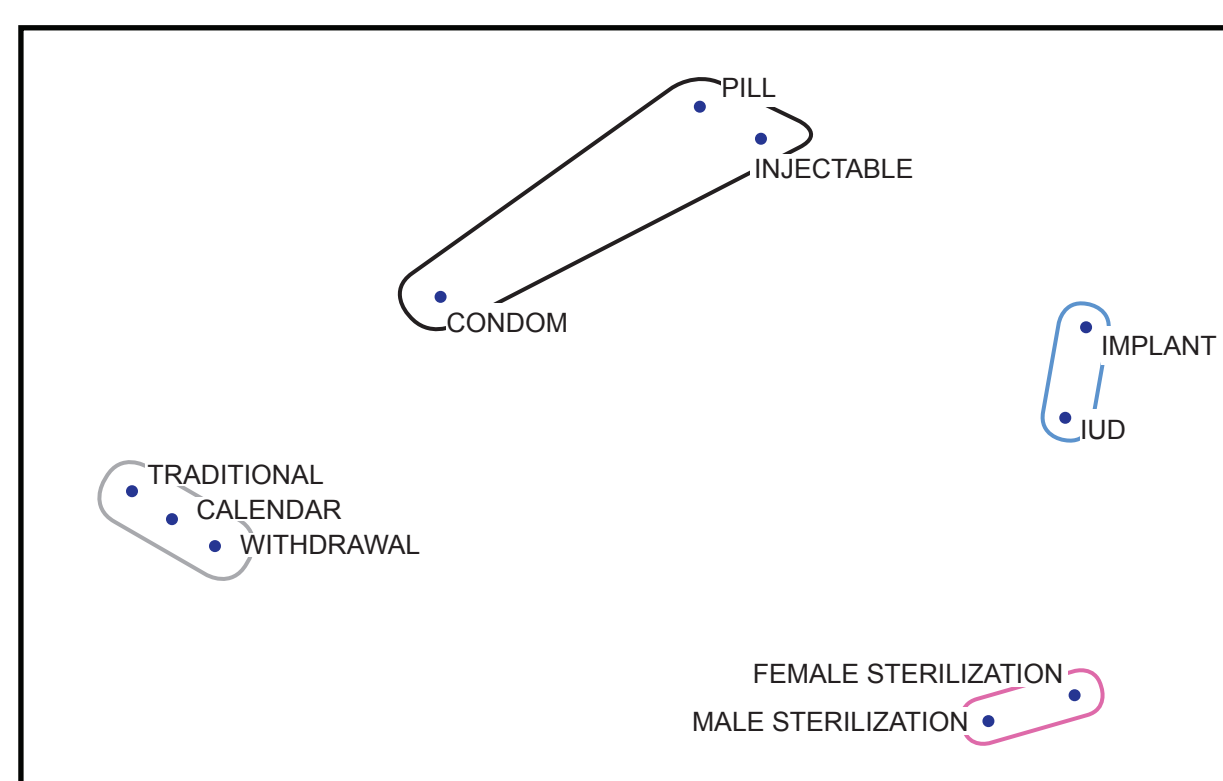
CAMBODIA

There was little variation in how participants grouped methods, though the reasons behind the groupings varied. LA/PM users and service providers grouped methods in the same way and gave the same reasons for their groupings:

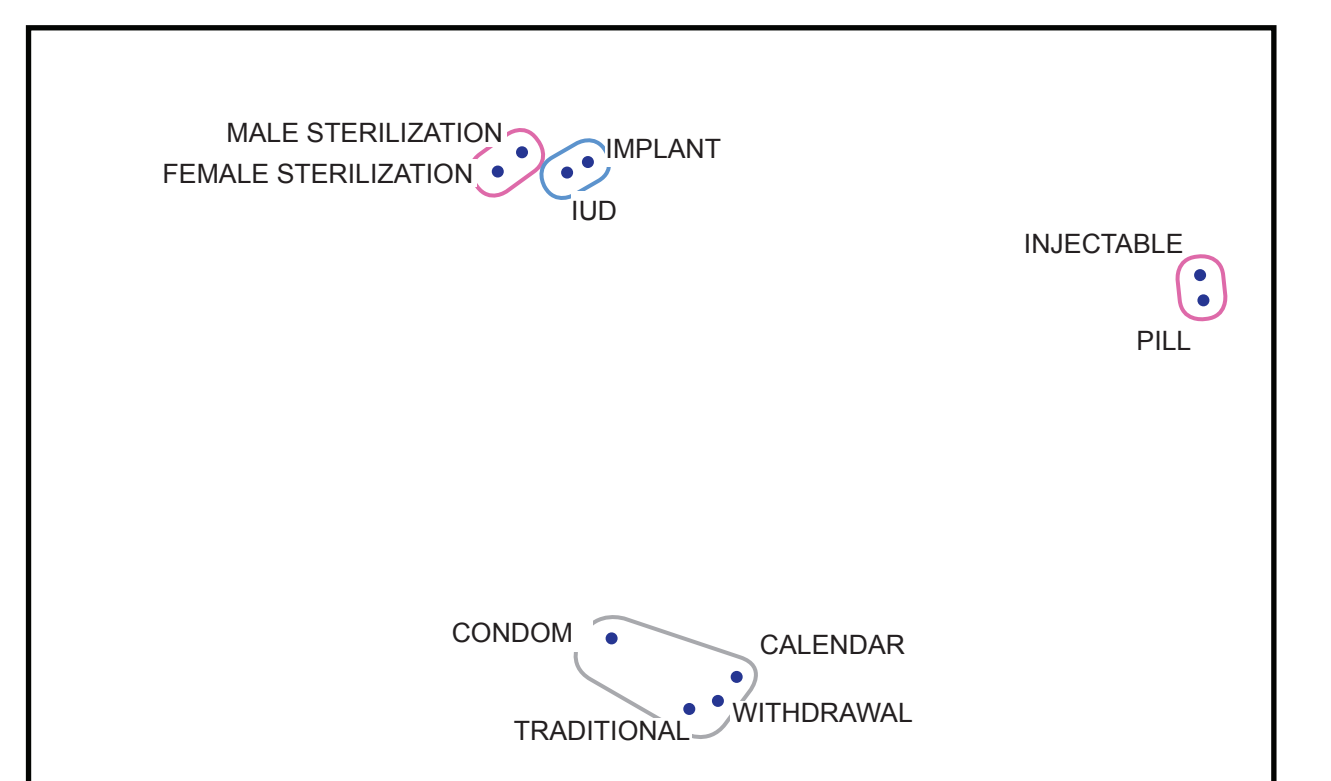
1. Modern short-acting methods—Both groups identified the short-term methods and said they were easy to use and good for birthspacing.
2. Long-acting methods—Both groups said these were methods in which something is inserted inside the body that can be taken out if the user wants more children.
3. Permanent methods—Both groups considered these methods as suitable for women who do not want any more children.
4. Traditional methods (including traditional Khmer medicine)—Both groups rated these as ineffective.

Married men put methods into the same four groups, except for the condom, which they classified in Group 4. They felt positively about the methods in this group because they perceived them as "safe" and "trusted" methods that do not affect health. They also grouped the IUD and implant together in Group 2 but saw them as more risky and more costly in terms of time and money.

Cambodia: LA/PM users and service providers



Cambodia: Married men



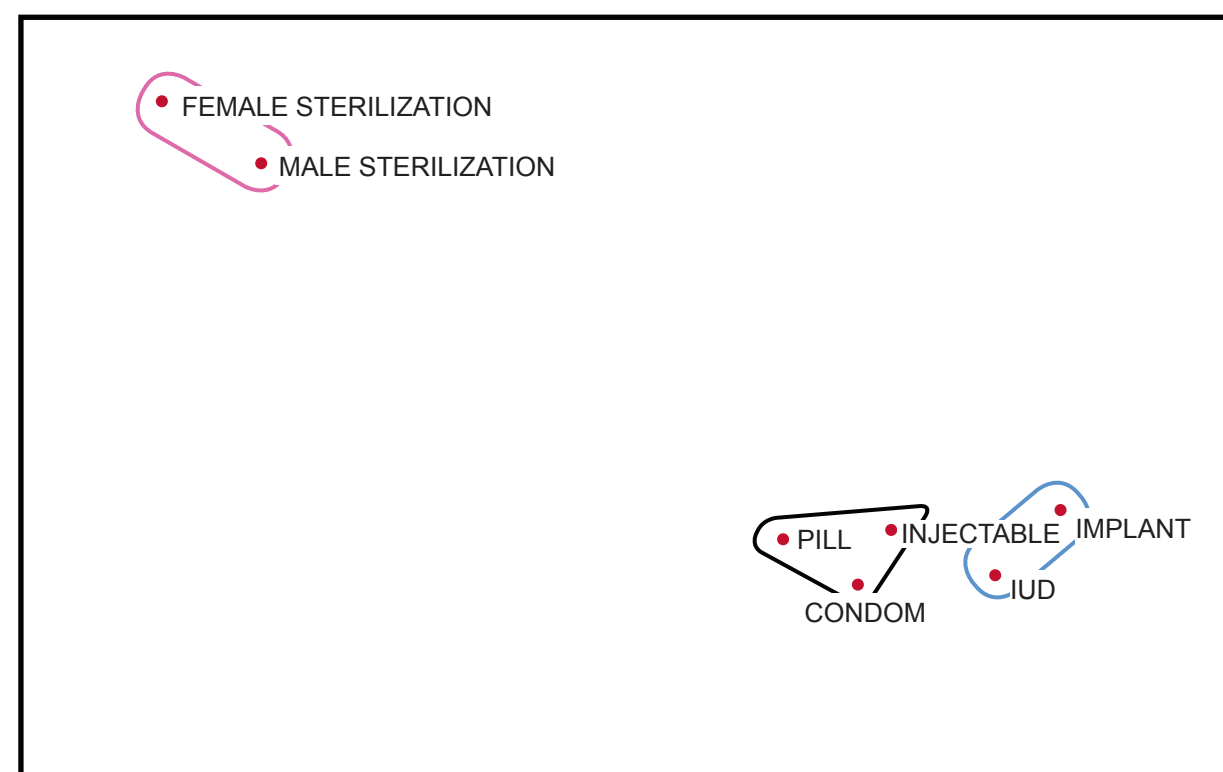
NIGERIA

In Oyo State, nonpoor and poor participants grouped family planning methods somewhat differently:

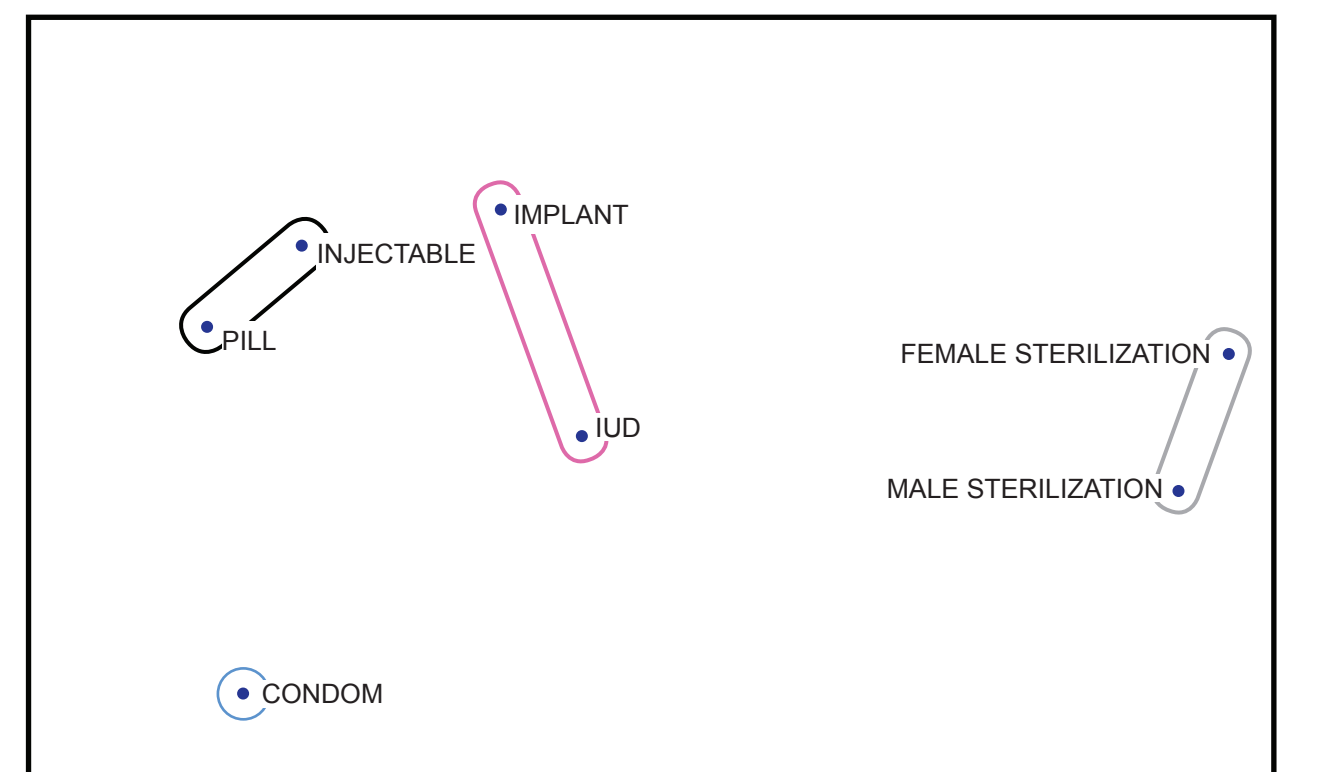
- Nonpoor participants distinguished between short-acting and long-acting methods in their pile sorts and saw the condom as distinct from other methods.
- Poor participants did not distinguish among these methods, indicating a generally lower level of understanding.

MDS of Contraceptive Methods, Oyo State

Poor Community



Non-poor Communities



RECOMMENDATIONS

To increase access to the full range of methods, programs need to better understand people's attitudes toward LA/PMS—positive and negative—and develop strategies to advocate for including LA/PMS in family planning programs, to make correct, positive information available to clients, and to offer high-quality services.

- Address rumors and concerns about LA/PMS by:
 - Using positive experiences of LA/PM users in advocacy campaigns
 - Focusing on the long-term time and cost savings of using LA/PMS
 - Improving people's awareness of where to access services
- Provide comprehensive family planning counseling and support for potential and current users with regard to side effects of methods
- Address time and cost constraints faced by potential users
- Train service providers at all levels on technical issues related to LA/PMS, including village-level providers, who often help couples decide which methods to choose

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