Contextual barriers and coping strategies for uptake of modern contraceptive services and commodities in a selected community in Uganda:

Highlights from a rapid qualitative assessment

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CONTENTS

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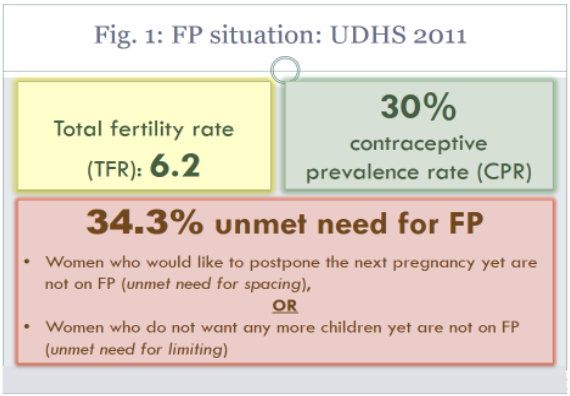
BACKGROUND AND PROBLEM STATEMENT

While relevant family planning (FP) services and products are provided by Government of Uganda and implementing partners, preliminary insights from the Uganda Demographic and Health Survey (UDHS) 2011 highlight low uptake and high unmet need for contraception among married women (Fig. 1). The LQAS 2013 report also validates these information.



Many studies in sub-Saharan Africa indicate that the uptake of modern contraceptive services is commonly hindered by fears and misconceptions, e.g., that hormonal contraceptives and related menstrual disruption cause cancer (Munthali et al. 2004) and infertility (Kibuuka et al. 2009, Williamson et al. 2009); and condoms can cause cancer and contain harmful bacteria (Schuler et al. 2009). In a literature review, Campbell et al. (2006) noted a common interaction between misconceptions or misinformation, side effects, lack of accurate information and a disproportionate fear of modern contraceptive methods. These beliefs are embedded in a complex web of socio-cultural belief systems, values, and practices (de-Graft 2005, Caldwell & Caldwell 1987), which invariably support some healthy behaviors, and on the other hand, contribute to unmet health needs (Adongo et al. 1998).

Increasing adoption of healthy behaviors (and uptake of critical health services) through health communication is critical to enabling individuals, households, and communities to achieve improved health outcomes. This report summarizes the findings of a rapid assessment to document specific barriers and more closely examine the role they play in the process of contraceptive decision-making and uptake among men and women in Luwero District.

FINDINGS

Methods and conceptual framework

The overall objective was to identify drivers of barriers to contraceptive services uptake, with particular attention to distinguishing the characteristics of current/successful users[1] of modern contraceptive methods from non-users (discontinued and never users). The assessment questions, study guides, and analytical review and interpretation of the data were guided by the Socio-Ecological Model (Fig. 2 below) and CHC's theory of change (Annex 1).

	F	M	TOTAL
FGDs	3	5	8
IDI	17	12	29

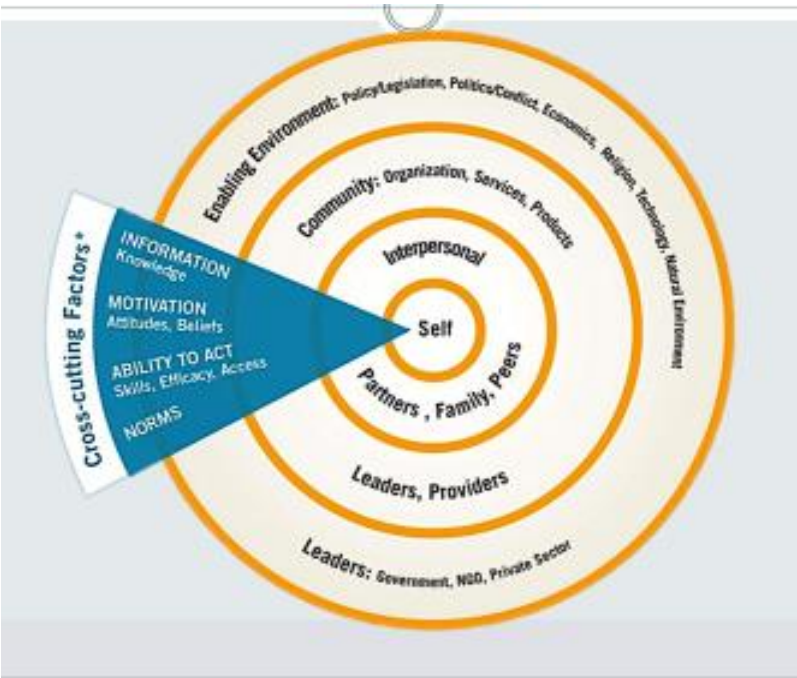
Table 1: Sample attained

The findings draw from eight focus group discussions and 29 in-depth interviews conducted with men and women, 18-49 years old, in Luwero District (Table 1). The study site was purposively selected based on insight from the LQAS 2013 Report and discussions with UNFPA-Uganda.

[1] This is based on the premise that while there may be real barriers that inhibit the adoption of contraception and contraceptive services, successful adopters reside in the same communities and may experience the same social issues as non-adopters. In-depth interviews with current users sought to identify the factors that facilitate successful uptake of modern contraceptives within existing constraints/barriers.

Data was collected from purposively selected urban/peri-urban and rural catchment populations living within a 5 km radius of selected health service delivery points supported by US government implementing partners and offering contraceptive services.

Fig. 2: Socio-Ecological Model

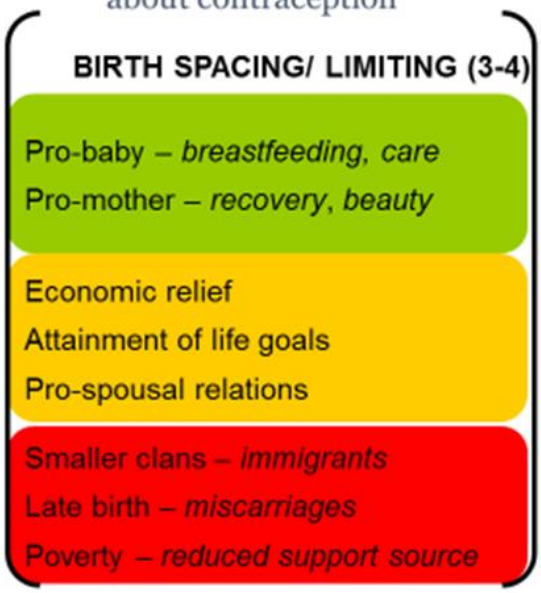


Participant knowledge of contraception/contraceptives

Fig 3 summarizes participants' perceptions and knowledge of the concept of contraception and contraceptive methods, respectively. Contraception was basically understood as a means to space or limit births. Birth spacing was the more favorable concept.

While participants discussed limiting births to 3-4 children—especially due to perceived benefits highlighted in the green and orange boxes (Fig. 3 below), they universally pointed out that the majority of people still want 6-8 children.

Fig. 3: What participants understand about contraception



"…when we take an example of ethnic group X, a man was recognized by the number of children…if they say that is so and so's place all people look for is what – children. Now if you produce four children… you will not really have that community status…" Male, FGD

Birth spacing was perceived as a way to allow enough time to breastfeed and/or wean a baby. Benefits for the mother included adequate time to recover and regain her beauty, as well as balance child care responsibilities. Perceived all-family benefits included reduced financial strain, hence 1) increased potential to attain life goals, e.g., pursuit of further education, securing financial stability, and 2) better spousal relations linked to restoration of female beauty and the absence of frequent financial demands associated with closely-spaced births.

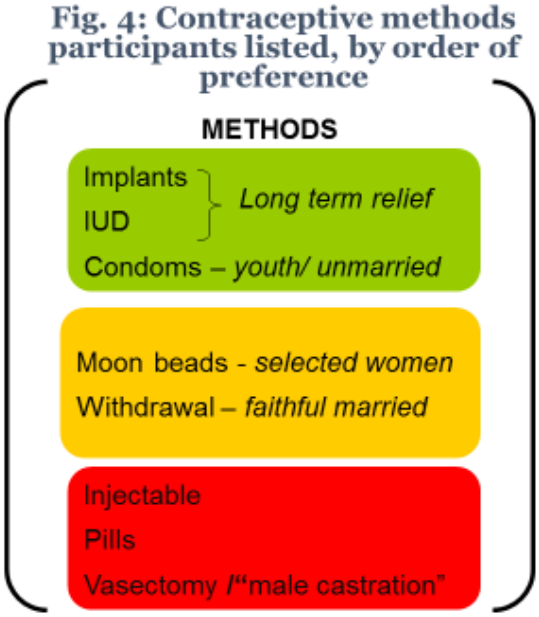
However, participants cited some disadvantages. Small family sizes could result in smaller clans leading to immigrants settling on available land. Birth spacing could also result in late births, and subsequently miscarriages.

> *"…women find challenges. Time comes when they need to give birth again yet they are over-aged…so they get miscarriages, cancer of the uterus…and it tortures them psychologically. They even lose their lives, yet the earlier you reproduce the better…you support a bunch of bananas while it is still on its stem…"* Male, FGD

Also, while participants appreciated the benefits of economic relief from raising a smaller family, they equally perceived a negative reversal in old age and potential for poverty attributed to reduced opportunities for remittances from kin, i.e., when there are fewer adult children.

> *"…in the community we say that this system of family planning has brought us poverty. If you look at the men who have many children…they are wealthier than we who have fewer children…" Male, FGD*

Fig. 4 below summarizes modern contraceptive methods listed in focus group discussions and in-depth interviews, suggesting good knowledge of the contraceptive mix. It is important to note that our assessment of knowledge of available contraceptives was limited to awareness, and not necessarily about how the methods work. The methods are organized by levels of preference. The most popular methods are highlighted in green in Fig. 4; they include implants, the IUD, and condoms. Implants and IUDs were preferred because of the reduced need to return to the health facility for a "refill." Condoms were perceived to be mainly good for young or unmarried persons. Injectables and pills were least liked (see details under fears and misconceptions below), while vasectomy was literally described as male castration. On the contrary, a RHU 2012 report indicated that the majority of users were using the injectable contraceptive, and highlighted that contraceptive choices were limited (preferred choices were not available). Studies have noted contraceptive method discontinuation due to lack of availability of preferred methods and/or outright rejection of modern contraceptives.



Fears and Misconceptions[2]

When participants were asked to identify specific reasons why people may not use modern methods, the discussion often centered on the themes summarized in Fig. 5 and 6, rather than on any specific physiological side effects. Overall, mistrust for FP was linked to the way that the concept was initially introduced, i.e., as a mechanism to stop births, which does not fit with the cultural norms and understanding of the family as a unit of production, consumption, reproduction, and accumulation.

> *"…then also the way family planning was introduced…as 'Kizaala Gumba'. The thing called Kizaala Gumba means something very bad…for someone to say so and so is barren…it is very bad in this community" Male, FGD*

Fears were linked to specific methods. Infertility or slow return to fertility was mainly associated with pills and injectables. Fear of birth defects was also discussed by many participants as a possible consequence of modern contraceptives in general. Women and men both cited a fear of cancerous growths as a result of long term pill use, the injectable, and condoms.

[2] It should be noted that participants were asked to discuss their concerns about the FP methods with which they were familiar. Thus, not every contraceptive method was discussed at any given session.

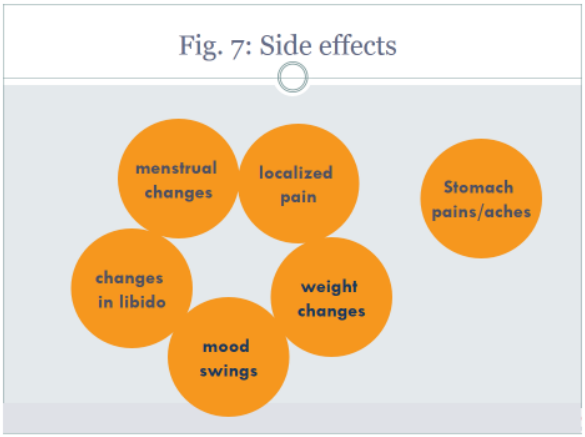
Other fears expressed by focus group discussants included:

- Pills were perceived to accumulate at one point in the uterus while injectable contraception inhibited menstrual blood which went on to accumulate in the reproductive system.
- The lubricant in condoms was perceived to smell bad and to potentially carry diseases.
- Contraceptive failure due to expired injectables because of a perception that drugs do expire in health facilities.

Side effects that stood out

In addition to fears, participants described a number of physiological side effects, either perceived or from actual experience, summarized in Fig. 7.

Changes in weight were linked to use of pills and injectable contraceptives. The injectable and IUD were implicated with changes in menstrual patterns and loss of libido (Fig. 8). The injectable was further associated with shortness of breath, dizziness or headaches, and mood swings.

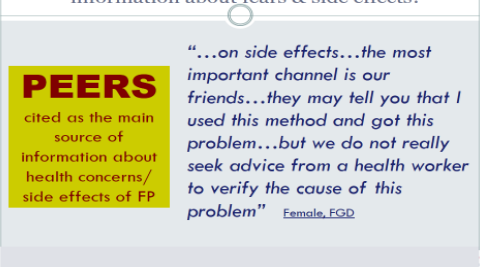


There were no differences among women and men, in terms of side effects mentioned. Stomach pains—for both female and male users— were associated with the condom, with suggestions that lubricants in condoms caused pressure to build up in the stomach, hence pain.

Participants' sources of information

Peers were cited as the main source of information about health concerns/side effects of FP (Fig. 9). Participants further indicated that they rarely sought expert advice regarding personal experiences with contraceptives, which can result in the multiplication of myths and misconceptions about how contraceptives work.

Fig. 9: From where do participants get their information about fears & side effects?



Perceived Outcomes of Fears and Misconceptions

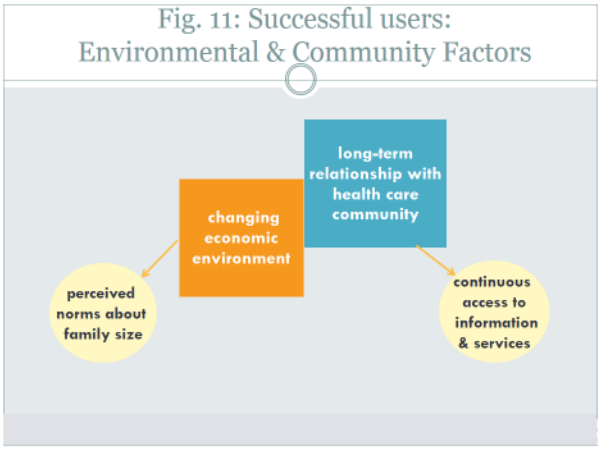
The findings highlight perceived negative outcomes and/or social consequences of contraceptives, which subsequently drive fears and misconceptions associated with modern contraception.

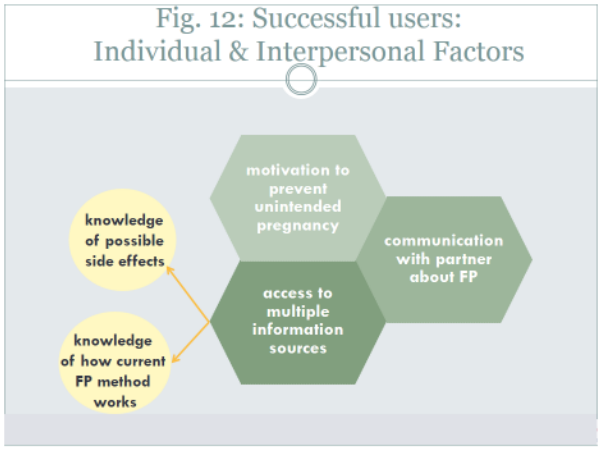
The leading fear was the potential inability to fulfill the reproductive role in the family, including bearing children who are healthy. This is especially driven by the high traditional value placed on the roles of reproduction and fertility in a marriage. Failure to reproduce could lead to serious social consequences, such as the emotional burden for both spouses, which can be exacerbated by social ridicule, and ultimately abandonment of the female partner as the male spouse may give in to social pressure to find another woman/wife to bear him children.

The leading side effect was disruptions in sexual functions/relationships due to extended menstrual bleeding or decreased libido, associated with the IUD and injectable contraceptives, respectively. The above side effects contribute to the unavailability of a woman for sex on demand by her partner which could result in spousal dispute and even abandonment.

Overcoming Fears and Misconceptions: Current Users

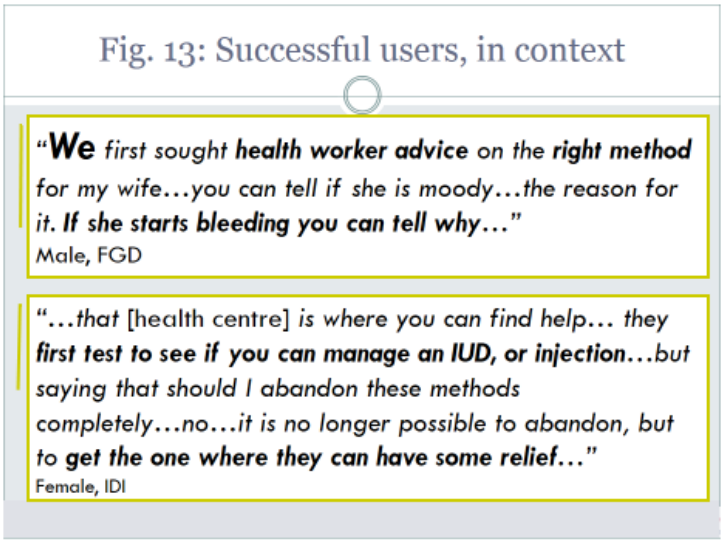
Fig. 11 summarizes key themes emerging in discussions of characteristics of successful adopters of modern contraception. At the environmental level, key factors influencing decisions to adopt contraception include the difficult economic times, which make large families difficult to maintain, thus suggesting a window of opportunity for SBCC to begin to shift long-standing norms regarding family size. At the community level, a key characteristic is the suggested relationship with health services, indicating active efforts to seek expert information for contraceptive choices, particularly to ascertain the method best suited to individual users/couples, and to review experiences such as side effects and available options for method switching.





Among successful adopters, the main individual and interpersonal factors (Fig. 12) were: 1) motivation to prevent unintended pregnancy, 2) partner dialogue and/or support for contraception and contraceptive method choices/switch, and 3) engagement with multiple sources of information to learn about the different FP methods and the possible side effects of each.

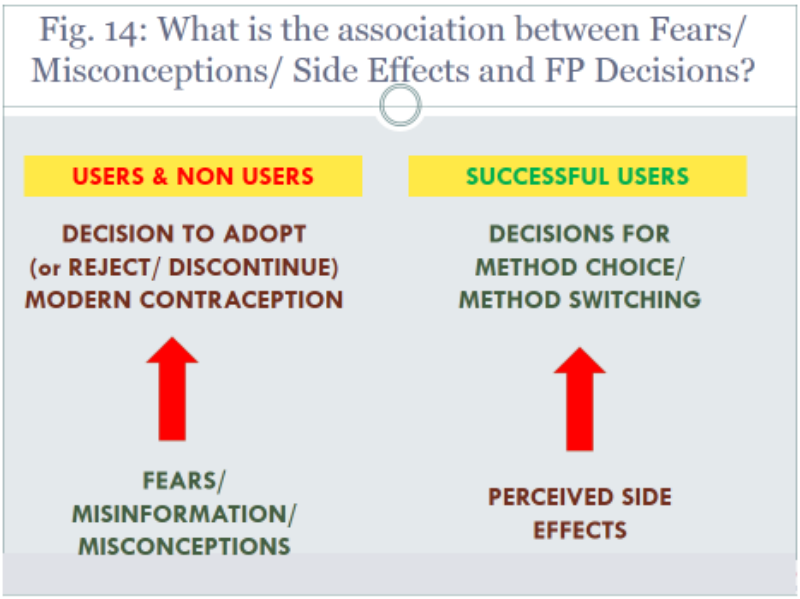
The verbatim remarks (Fig. 13) suggest that successful users do recognize the existence of side effects. However, in order to mitigate any social consequences, they have developed health seeking practices and appropriate coping strategies to minimize the negative effects of contraception. These voices indicate the critical roles of partner dialogue and engagement with health providers to inform decisions for contraceptive method choice. Understanding how a method works also stands out as critical for partner support and for decisions about whether and when to make a method switch rather than discontinue contraception.



What is the Association between Fears/Misconceptions/Side Effects and FP Decisions?

Misconceptions and fears (often unfounded given participants' confirmation that they rarely sought expert advice) appear to be the key barrier to uptake of modern contraception (Fig. 14) and potentially explains eventual discontinuation of modern contraceptive use.

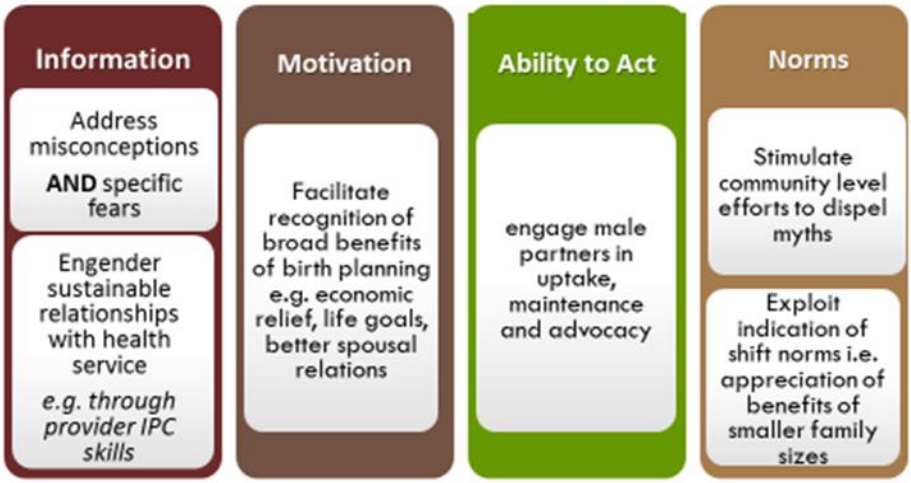
Side effects—mainly physiological—appeared linked to coping strategy decisions, including calculated choice of specific contraceptive methods or switching among different methods depending on which one was deemed to be less bothersome. These distinctions suggest that while individuals expressed concerns about the physiological manifestations of side effects, it is the social consequences of these contraceptive-related fears and misconceptions that may discourage FP use, particularly if a couple cannot identify a contraceptive method best suited to their life goals.



OPPORTUNITIES FOR SBCC

The opportunities for SBCC are summarized in Fig. 15, from the perspective of four cross-cutting levels of the Socio-Ecological Model (Fig. 2) including information, motivation, ability to act, and perceived social norms.

Fig.15: FP Promotion-Opportunities for SBCC



Information

Informal and often inaccurate information networks such as peers were cited as the main sources of participants' misinformation and perceptions of contraception and modern contraceptives. It is critical to improve knowledge with accurate information. It is particularly important to strategically address fears and concerns as an important step towards eliminating barriers. In parallel, it is important to undertake actions to promote sustainable relationships with the health service, e.g., by enhancing provider IPC skills.

Motivation

The intrinsic motivation for birth planning set successful contraceptive users apart from non-users. This motivation was driven by a mix of the following perceived benefits:

- Economic relief resulting from birth spacing, e.g., reduced frequency of demands on financial savings
- Personal relief, e.g., adequate space for mother to wean child before another child is born
- Improved spousal relations, e.g., women regain their beauty, while reduced demands on limited financial resources minimize spousal conflicts
- Ability to pursue other life goals, e.g., further education and family projects.

These benefits may have been less obvious/observable in previous years, but are increasingly becoming important, even if not yet being covertly pursued by individuals and families. These are important issues to exploit in a well-crafted communication initiative.

Ability to act

A key barrier or enabling factor for both female users and non-users was the potential reaction of the spouse, underscoring the need to program strategies for male involvement both in uptake and in advocacy, especially to foster partner dialogue and decision making about choosing a method or switching to another method. This is especially important because of male partners' decision-making power and control of financial resources, and its effect on accessing contraceptive services and/or managing the negative physiological effects of certain contraceptives.

Norms

The perception that FP is harmful and socially unacceptable is an underlying barrier to understanding concepts of FP, such as birth spacing and birth limiting, and ultimately the acceptance of modern contraceptive methods. These perceptions highlight the critical need to address interventions not only as individuals but also to their networks with an aim to engender social change. Notably, participants recognized constraints in the increasingly difficult economic environment. They also appeared to appreciate the potential benefits of planned births and smaller family sizes. However, they appeared to discuss these concepts in hypothetical terms and did not place themselves as individuals at the center of these discussions. Nevertheless, the fact that they discussed these matters suggests a gradual shift in attitudes and norms, hence an opportunity for SBCC to inform these debates and provide for reflection on the balance between the benefits of a smaller family or spaced births and the fear of social stigma associated with contraception.

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ANNEX 1: CHC THEORY OF CHANGE