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DMPA User Experiences and Private Sector Support Systems: Mumbai & West Bengal

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Injectable contraceptive

- •DMPA (depot medroxyprogesterone acetate)
- •Fourth most popular contraceptive method worldwide

DMPA In India

•Awareness?

Among women, 55% urban and 46% rural

•Use?

0.1% (married women in reproductive age group)

Available only in private sector









 To describe DMPA user's acceptability and experiences (including side effects and impact on daily lives)

 To assess providers' knowledge of DMPA and their perspectives on provision









Participants and Methods

- Sample of women (120) and providers (40) in two sites
 - Mumbai & West Bengal
- Women and providers recruited through clinics
 - FPAI (Mumbai) & PSS (West Bengal)
- Cross-sectional, Mixed Method Design

Population	Per Site	N (Total=160)	Instrument
New Users	15	30	IDI
Continuing Users	15	30	IDI
Late/Discontinued Users	15	30	IDI
Women counseled on DMPA			Structured
(current non users)	15	30	Interview
DMPA Providers	20	40	Survey









Preliminary Findings

DMPA Users (n = 90)











User Characteristics

- All were married and had at least one child
- Vast majority live in urban areas
 - Mumbai: Majority women reported living in slums (62%)
 - West Bengal: Majority women reported living in non-slums (71%)
- More than two-thirds (n=62) did not want more children
 - West Bengal women tended to want to limit births more than those women from Mumbai









- Provider (n=64)
 - Almost half during post abortion contact period (most in West Bengal)
- Partner (n=26)
 - Slightly more observed in Mumbai
- Family/Friends/Others (n=21)
 - Mostly In-Laws (sister or mother)
- * Responses are not mutually exclusive









Preferred DMPA in comparison with other methods (n=23)

- Reasons DMPA favored over OCs
 - Side effects, daily dosing, efficacy/missed dose

Switched from another method (n=37) due to problems

- Mumbai: disadvantages evenly split for OCs & IUDs
- West Bengal: disadvantages focused on OCs









DMPA Initiation Reasons – Related to Sterilization

- Women plan to have sterilization later (n=28)
 - Waiting until children were grown/recovery time
 - Rare cases, provider refused sterilization (age, health of sole child)
- Some women mentioned would not get sterilized (n=14)
 - Fear of sterilization operation, religion/caste, and family disapproval









Initiation Reasons – Method Comparisons

 "Pills have to be taken daily and if forgotten then need to take two pills next day. If I'm traveling, I forget to take the medicine then it gets missed out.
 ...When I took copper-T that time I used to get heavy flow in my periods. Periods used to stay for seven to eight days. DMPA was most convenient for me."

-36 year-old past DMPA user from West Bengal









Side Effects

- Just over half reported experiencing <u>no side effects</u>.
 Upon probing, 38 of those 46 women mentioned a side effect (mostly bleeding changes)
- Changes in menstrual bleeding most commonly reported side effect (>3/4^{ths} of users)
 - About half of all users (n=43) reported amenorrhea
 - One-third (n=30) report spotting or irregular bleeding
 - Of types of menstrual changes, an increase in bleeding was least often reported (n=8)









Side Effects (contd.)

- Second-most common side effect: weight gain
 - Of those with weight gain, even split between positive and negative perception
- Other mentioned side effects
 - Nausea, Dizziness, Back Pain, Headaches, Fatigue, and Pain (waist, leg, vaginal)









- Most reported <u>no impact</u> on daily activities or work
 - If discomfort from DMPA, kept to normal routine
 - Some reported a positive effect
 - Increased ability to conduct activities
 - Increased access and participation in religious activities due to menstrual changes
- Most reported positive impact on relationship with their partner
 - Confidence in efficacy "No tension"
 - Partner support and involvement common









- Of those 30 women who were continuing users
 - Half responded that they chose to continue because of its efficacy in preventing pregnancies
 - "They are also tension free because my child is small and if I get pregnant there will be problems; they are tension free knowing that I continue taking the injection." -24 year-old continuing user from Mumbai
 - About a third cited lack of side effects as influencing their continuation

"I have no problem with this injection. My routine is on straight and tension free for three months." -36 year-old continuing user from Mumbai









- Among those who discontinued use, most reported stopping because of worry about side effects:
 - Bleeding changes, weight gain, or sickness
- Method switch (sterilization & condoms)
- Worry about side effects highlights area for improved counseling by providers









Facilities and Providers Offering DMPA











Facilities Offering DMPA

- Insufficient advertising for new clients
 - Lack of outside signage and few educational materials in facilities
 - In interviews, very few women reported seeing or being provided with informational materials
- Insufficient supplies & support for continuing clients
 - Stock-outs of DMPA and pregnancy test
 - Day of data collection, 40% West Bengal facilities without DMPA
 - Lack of written DMPA guidelines for staff
 - ~60% without onsite written guidelines









Providers Offering DMPA

- Providers generally pleased with provision of DMPA
 - Profit margin acceptable
 - Time required satisfactory
- Changes providers would like:
 - Increased awareness about DMPA in the community, and about FP in general.
- Perceived DMPA as best suited for:
 - Married women, done with childbearing
 - Those who are breast-feeding (Post partum FP)
- Need Improved DMPA Knowledge on:
 - Managing late clients
 - Contraindications









Conclusions











Conclusions

- Side effects of DMPA use did not affect daily routine;
- Improved counseling on DMPA can increase acceptance and continuation;
- DMPA perceived as a useful interim method for those who want to limit births, and also as a spacing method;
- Findings provide new information on DMPA use in India.









THANK YOU!



