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Women's and Providers' Experiences with Injectable Contraceptives (Depo-Provera): A View from Vadodara, India

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ABSTRACT

Objective: To compare users' and providers' perspectives on injectable contraceptives (IC). **Methods:** This qualitative study employed semi-structured in-depth interview technique. Sixty women with experience of using IC and 10 doctors involved in providing IC were selected. Telephonic interviews of doctors were also conducted. **Results:** Over 50% of the women had side effects and had discontinued use within 1 year. The most common 'likes' according to women included ease of use, being tension free for 3 months and being effective and those of the providers were that it reduced anemia, privacy could be maintained, noncontraceptive benefits, good substitute, not to be taken daily like pills, safe and effective. The most common 'dislikes' reported by providers and clients were excessive bleeding, amenorrhea, irregular periods, spotting, weight gain and frequent pregnancy tests. **Conclusion:** Although certain distinct advantages of IC have been expressed, the associated problems are equally significant and therefore IC should not be an over-the-counter contraceptive.

Keywords: Clients' and providers' perspectives, depo-provera, injectable contraceptives, India, qualitative study

Choice of contraceptive methods is a key element of family planning that benefits both women and providers. Offering client's choices can help increase contraceptive prevalence rates. Data from 36 developing countries indicate that making one additional modern method widely available could increase contraceptive prevalence by about 12%.[1] Hence, there is a need to expand contraceptive choices. Progestin-only injectable contraceptives (POIC) i.e., Depo-medroxyprogesterone acetate (DMPA) and Norethisterone enanthate (NETEN) are newer contraceptives.Awareness about POIC is low in India (19%) with near-zero usage for contraception.[2] Early attempts for clinical trials of DMPA by the Indian Council of Medical Research (ICMR) in the 1970s were abandoned due to unacceptable high rates of bleeding disorders in DMPA users. After the US Food and Drug Administration (FDA) approval of DMPA for contraceptive use in 1992, the Drug Controller of India licensed NETEN (1986) and DMPA (1993) for restricted use in the private sector with a condition that the manufacturers carry out post-marketing surveillance amongst Indian women.[3] The present study, thus was undertaken to compare women's and providers' perspectives on IC and to identify whether to include IC in our National Family Welfare Program or not as policy making decisions.

MATERIAL AND METHODS

Sample Selection

Women, who had experience of using IC either at the time of study or in the past, were selected for the study from the list provided by IC providers. The providers comprised of doctors involved in providing IC, many of them were involved with IC projects. Telephonic

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IJCP SUTRA: "If you are vegetarian, vitamin B12 deficiency can loss memory impairment."

interviews were also conducted and information was elicited from different gynecologists of the city, irrespective of whether they prescribe IC to their clients at present or not.

Enrollment

Obstetrics and Gynecology specialists who prescribed IC were asked to give their voluntary consent for participation after taking consent from their clients. A total of 10 doctors who prescribed IC to their clients and 60 women were studied. To ensure that, we get total picture of users' perspective we enrolled both types of users - current and past and to assure positive recall adequately we decided to take them in the ratio of 3:1 as far as possible and obtained them from government and private practitioners. While interviewing the doctors who prescribed IC, it was realized that how many doctors prefer use of IC as contraceptive method, would not be possible to find out from interviewing only those doctors who prescribed IC. Thus in an effort to have a quick data on these aspects, a telephonic interview was attempted by picking up telephone numbers of all obstetricians from doctor's directory. For the telephonic interviews, 85 doctors irrespective of whether they prescribed the injection or not, were interviewed. Five doctors refused to give consent for telephonic interview.

Study Tools

Women who consented were assured of confidentiality and interviewed by co-investigators using semi-structured in-depth interview technique. Similarly, semi-structured interviews of 10 providers who prescribed IC to their clients were conducted by the senior investigator. The research staff noted down the interviews and later translated them into English after reviewing for accuracy. Transcripts were content analyzed using the technique of open coding to discover conceptual patterns or themes, in the text. Themes found to be both salient and repeated in the text were defined and used as codes to organize the text into categories. The quantitative study was done by telephonic interview.

RESULTS

Demographic Profile of IC Users

Of the 60 women interviewed, 16 were those who had taken IC in the past and were no longer continuing it, whereas 44 were those who were currently taking IC. Most of the women belonged to the age group of 25-29 years. Four out of the 60 women were nonliterate. Most of the women (45%) had at least secondary education. More than three-fourths of the women were housewives. Majority (53%) of women using IC belonged to relatively better socioeconomic class.

Reasons for Using IC

The influence of the doctor was evident in the responses of 23% of the women who reported 'no other option left' as one of the reasons for using IC. It was interesting to see that 78% of the women had negative perceptions about one or more contraceptive methods without ever using them! About three-fourths of the women did not want to use Copper T. There were many women who admitted that it would be difficult for them to remember taking pills daily and hence had found IC as a suitable alternative.

A 29-year-old woman with one child reasoned, "Taking pills everyday is a problem, and on top of it I feel uneasy, have nausea and headache".

Another woman explained, "We both are not comfortable using condoms, there was white discharge due to Copper T and by using pills I used to get excessive bleeding. So, I had to take injections".

Women's Likes

'Likes' about IC were reported by 97% of the women, understandably more current than past users.

Voices of IC Users

"There is no tension for 3 months and only some people suffer from side effects while others may not".

"It is better than taking pills daily. IC is simple and convenient".

"It is good that after taking the injection I don't get periods so I get more time to worship God".

What Doctors Like About IC

Majority of the doctors viewed IC as a better option as compared to pills or Copper T. More than half reported "not having to take the pains of remembering it daily like in case of oral contraceptive (OC) pills" as the major point in favor of IC. Almost half of the doctors pointed out that irregular menstruation perceived as a problem by the IC users, was in a way advantageous to them.

A senior lady gynecologist observed, "Since menorrhagic patients lose so much blood, amenorrhea due to IC could be beneficial to them".

Some doctors believed that the use of IC is gradually increasing.

One of the prominent lady gynecologists practicing since more than two decades stated, "IC gives 100% safety and assurance. I advise my clients to try IC first before going to OC pills or Copper T".

Majority of them preferred giving IC to post-delivery cases.

As mentioned by one of the lady gynecologists, "During the lactation period, clients do not mind amenorrhea due to IC, as they are mentally prepared for amenorrhea. They are happy about it, as their main concern is that they should not get pregnant".

Dislikes and Problems

When asked regarding their dislikes 57% of the total women reported having dislikes about IC, which were more in past users than current users.

A school teacher troubled with the problem of spotting said, "I am scared, what if something happens when I am at the school?"

A 23-year-old woman, who did not get periods for a year, explained: "If we do not get our periods then the uterus may get infected, tumor or cancer of uterus may also occur."

A woman fed-up of excessive bleeding said, "Husband wife's relation gets disturbed due to continuous bleeding."

Frequent visits to doctor due to continuous bleeding were also a matter of concern. The prevalence of problems was almost the same in both current and past users. The problems reported were the side effects of IC experienced by the women.

A woman with three children, who had continuous excessive bleeding for 16-17 days retorted, "It would be alright even if I would have conceived again, but at least I would have not faced such problems".

A woman, who discontinued taking IC, reasoned, "I felt there is no guarantee of the injection. I did not get periods for 2-3 months so, I felt as if I have conceived".

The side effects of IC were the major cause of concern for the doctors as well. Menstrual irregularity was reported as the most common complaint by their clients. According to some of the doctors, amenorrhea due to IC is quite stressful for their clients as they are always in confusion whether amenorrhea is just a side effect of IC or is it because they have conceived.

A senior lady doctor said, "If I just examine and say that they have not conceived, they do not believe it. I have to do a pregnancy test. So, there is an additional expense".

Apart from this, the doctors also highlighted the socio-cultural impact and psychological stress of menstrual irregularity and amenorrhea in particular.

"In our society it is strongly believed that menstrual cycle should be regular".

Return of fertility was also a concern mentioned.

One doctor emphasized this saying, "Return of fertility is the most important research aspect of IC and it should be done".

Perceptions of Providers Obtained by Quantitative Survey

Out of the 83 doctors who were interviewed on phone, about 16% never prescribed IC, while 84% had prescribed IC at some time during their practice and 41% were currently prescribing IC. Only about one-fifth of the doctors reported positive qualities regarding IC (20.4%). Positive qualities were reportedly higher in case of doctors who currently prescribe the injection (35.3%) as compared to those who used to prescribe IC in the past (14%) and those who have never prescribed IC to their clients till now (7.7%). However, negative qualities were reported by a majority of the doctors (94%) and among them the percentage of doctors who used to prescribe IC in the past was the highest (36/36) as compared to those who presently prescribe IC (31/34). Among the 13 doctors who had never prescribed IC in the past, 11 of them had negative perceptions regarding IC. This might be one of the reasons for not prescribing IC to their clients.

A doctor who had never prescribed IC said, "I know that due to injection side effects are obvious then why should it be given and why should one try".

Some doctors were in favor of IC even though they were aware of the side effects that it caused. As can be expected, most of the doctors who currently prescribed IC reported these qualities as compared to those who had stopped prescribing IC.

According to a senior lady gynecologist, "IC is good as there is no fear of getting pregnant for 3 months. Although I am willing to give, my clients hesitate because of side effects".

Even though some doctors mentioned the favorable points, most of them expressed their dissatisfaction regarding IC due to its side effects, which is similar to our findings from the in-depth interviews. Out of the 83 doctors interviewed, 78 of them had negative perceptions about IC-based on the problems faced by their clients after using it. Amenorrhea and irregular bleeding were the two major complaints of the clients, as reported by most doctors.

This was followed by substantial dissatisfaction of the clients due to various side effects of IC for which they blamed the doctors.

As one lady doctor who prescribed IC in the past puts it, "Clients with amenorrhea which did not even get cured by medicines, used to come and complain about it and blame me for it. It was such a headache. This was the main reason for me to stop prescribing IC".

Psychosocial stress associated with menstrual irregularity was another important concern with the clients.

Referring to this, one of the doctors endorsed this view, "Every woman wants 1 monthly cycle. If they do not get periods, they are always in a dilemma whether they are pregnant or not".

DISCUSSION

The 'likes' reported by clients for using IC were being tension free after having taken it, simple, comfortable and no botheration in doing routine work. The most common likes by providers and clients were that of the convenience of having to take the injection only once in 3 months, effective in preventing pregnancy and good substitute when other contraceptives give problem. However, the side effects or problems due to IC were the major cause of concern for all the doctors, even though they acknowledged the benefits of IC. One study showed likes of DMPA are independent of intercourse and also independent of the user's memory (and thus of continuing motivation).[4]

Higher percentage of past users had 'dislikes' than current users implying that for the past users these dislikes were perhaps the reasons for having discontinued IC. Over 50% of the women reported some or the other complaints. The problems presented were mainly the side effects of IC experienced by the women. The most common dislikes reported both by women and providers were excessive bleeding, amenorrhea, irregular periods, scanty bleeding, spotting, weight gain and frequent pregnancy tests as shown in Figure 1. Psychological stress due to problems in menstrual cycle, religious restrictions, severe backache and possibility of damage to uterus were mentioned as dislikes particularly by women. While for the doctors delayed fertility and lack of data related to it was a major concern. Over half of the doctors from quantitative survey had stopped prescribing IC as their clients had adverse problems out of proportion to the possible advantages that they could perceive.

Three different studies reported irregular bleeding, spotting and amenorrhea as the common side effects.[5-7] However, rising popularity of injectable contraceptives in Sub-Saharan Africa has also been documented.[8]

The most commonly reported reasons for method discontinuation are side effects, primarily menstrual irregularities and weight gain.[6,9] DPMA carries a higher risk of amenorrhea than NETEN and may be recommended to women who prefer minimal menstrual bleeding.[10]

Women's likes

- Good for those who cannot swallow pills
- No monthly tension of periods
- No botheration in doing routine work
- Simple and comfortable

Common likes

- Effective in preventing pregnancy
- Not to be taken daily like pills but just once in 3 months
- Good substitute when other contraceptives give problem

Doctor's likes

- Reduces anemia
- Good for menorrhagic patients
- Privacy can be maintained
- Noncontraceptive benefits

Women's dislikes

- Severe backache and headache
- Possibility of damage to uterus
- Problem in going to religious places
- Mental tension due to problems in menstrual cycle

Common dislikes

- Excessive bleeding
- Amenorrhea
- Irregular periods
- Scanty bleeding
- Spotting
- Weight gain
- Frequent pregnancy tests

Doctors' dislikes

- Break through bleeding
- Delayed fertility and lack of data related to that

Figure 1. Likes and dislikes of IC according to women and doctors.

Dr C Sathyamala in her monograph articulates that it is not suitable for nulliparous women, adolescents, breastfeeding women.[11]

Studies thus far have not shown any serious long-term effects of DMPA or NETEN. However, both have been used for a relatively short time and the potential long-term effects (over >15 years) are not yet known.[12] Hence, counseling provided by the doctors plays an important role in the acceptance of IC as a reliable and convenient method. Inadequate counseling leading to lack of knowledge regarding possible side effects of IC brings about substantial dissatisfaction among IC users and hence is likely to affect its continuation rate. Doctors were not in favor of making IC 'over-the-counter' available to women and believed that it was suitable only for a particular group of clients and IC should be given to the clients only under their supervision.

A large number of providers also believe that IC is very unsafe and is a banned contraceptive and should not be used. Based on the complaints of side effects by the clients, quite a few of those who started prescribing with enthusiasm have now backed out from their routine prescription. This study was only carried out in one region of India and is thus not necessarily representative of all of India.

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DCGI Approval to Serum-Oxford COVID-19 Vaccine for Phase 2, 3 Clinical Trials

New Delhi: The Serum Institute of India (SII) has received permission from the Drugs Controller General of India (DCGI) to conduct phase 2 and 3 human clinical trials in India on the potential COVID-19 vaccine, stated a senior government official.

It is following an extensive evaluation that the DCGI has granted approval to SII to perform phase 2, 3 clinical trial based on the recommendations of the Subject Expert Committee (SEC), mentioned the official. According to the study design, all subjects will receive two doses 4 weeks apart - first dose on Day 1 and second dose on Day 29 – followed by assessment of the safety and immunogenicity at predefined intervals… (*ET Healthworld – ANI*)

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