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Dynamics of oral contraceptive pill use in India

The Evidence Project

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RESEARCH BRIEF | OCTOBER 2018

Dynamics of Oral Contraceptive Pill Use in India

Quality of care received and interim results
three months after initial visit

KEY RECOMMENDATIONS

Institutionalize quality of care in pre-service trainings of all family planning providers, especially among frontline health workers

Process quality received by clients who visited frontline health workers and other types of providers were relatively the same for most of the measures. There were several measures for which respondents who visited frontline health workers reported receiving less information compared to those who visited other types of providers. To improve quality of care during all family planning visits for all contraceptive methods, all providers, especially frontline health workers, should receive training focusing on all four domains of quality of care: 1) respectful care, 2) counseling to enable appropriate method selection, 3) counseling on effective use of method chosen, 4) and information on continuation of contraceptive use and care. Particularly for OCP users, providers and frontline health workers should provide correct information on what to do if a pill is missed. Furthermore, many OCP users did not want any more children so there is an opportunity to counsel them on a range of family planning methods that include long-acting and permanent methods.

Engage husbands of recent adopters of contraception

Most women who discontinued OCPs spoke to their husband about this desire to stop. The advice given by most of these husbands was to stop using the method and only 13 percent suggested switching to another modern method. As women are going to their husbands for support, husbands should be equipped to encourage their wives to explore other methods as long as their desire to prevent pregnancy remains.

BACKGROUND

Oral contraceptive pills (OCPs) are an important contraceptive method in India due to provision of OCPs by frontline health workers. Despite the availability of community-based distribution of OCPs, OCP use in India remains low, at 8.6 percent of modern method use among married women using contraception (IIPS and ICF, 2017). Though it makes up less than one tenth of the method mix, use of OCPs has increased steadily over time in India, from one percent of all married women in 1992-93 to four percent in 2015-16 (IIPS, 1995; IIPS and ICF, 2017).

As the proportion of women using OCPs increases, it is important to understand their experiences with the method.

The purpose of this brief is to provide evidence that can be used to strengthen the family planning program in India, particularly for community-based and facility-based distribution of OCPs. While data are available for injectable and IUD users enrolled in the study (see Box 1), this brief focuses on OCP users and describes their characteristics, quality of

INDIA CONTRACEPTIVE USE DYNAMICS LONGITUDINAL STUDY METHODS

Through the Evidence Project, Population Council researchers are conducting a longitudinal study of 2,699 married women aged 15-49 who began using IUD/PPIUD, injectable, or oral contraceptive pill (OCP). These reversible contraceptive users are first being interviewed within one month of starting the method (known as the enrollment survey) and at 3-, 6- and 12-months follow-up. Respondents from Haryana and Odisha states in India were enrolled into the study from December 2016 to October 2017 (see **Map 1**). In Haryana, all respondents were recruited through accredited social health activists (ASHAs) at the community level. In Odisha, PPIUD users were recruited at government health facilities, interval IUD and OCP users were recruited primarily through ASHAs, and injectable users were recruited primarily at non-governmental organization (NGO) facilities.

The purpose of this research study is to provide evidence that can be used to strengthen the family planning program and meet the needs of reversible contraceptive users who want to prevent pregnancy in India. With support from USAID/India, Population Council researchers are exploring contraceptive use dynamics of married women by conducting a cohort study with the following research objectives:

1. To assess one-year modern spacing contraceptive discontinuation rates by modern spacing methods (postpartum IUD/interval IUD, injectables, OCPs) among a cohort of modern spacing contraceptive users.
2. To measure influencing facilitators for contraceptive continuation and discontinuation, including intensity of experienced side effects.
3. To measure the Method Information Index (MII) that measures client's recall of counseling information received.
4. To assess influencing factors that lead to contraceptive switching or non-switching.
5. To explore providers' attitudes about contraceptive discontinuation and switching, and their practices with clients who want to discontinue or switch.

Map 1
Study Implementation Sites

care received at the initial visit, contact with front-line health workers, and contraceptive continuation three months after enrollment. This study did not observe providers during the family planning counseling interactions.

METHODS

Box 1 presents the methodology of the longitudinal study of reversible contraceptive users in India. Of 2,699 women enrolled in the study, 1,066 were OCP users and are the focus of this brief.

RESULTS

BACKGROUND CHARACTERISTICS

The median age of OCP users in our sample was 26 years, with a range from 18 to 48. More than half of respondents had attended secondary school or higher (52%), followed by primary or middle school (28%) while 20 percent had never attended school (Figure 1). Most respondents were Hindus (83%),

Figure 1
Background characteristics of OCP Users (n=1,066)

while 17 percent were Muslims and less than one percent were of another religion (0.2%). Ninety-five percent were homemakers, and one percent each worked as factory/production workers, office attendants, and teachers/clerks. All respondents were married, and 84 percent were living with their husband at the time of the survey. Sixty percent owned their own mobile phones (data not shown).

Sixty percent of respondents had used a modern or traditional method before the current episode of OCP use (data not shown). The median age at first contraceptive use was 24 years. Among those who had previously used a method, the methods used prior to OCPs were: condoms (40%), OCPs (18%), withdrawal (16%), abstinence (11%), IUD (5%), rhythm method (3%), Standard Days Method (2%), injectables (2%), emergency contraceptive pill (1%), and lactational amenorrhea method (1%).

Most respondents had children (99%). Forty-five percent had one child, 29 percent had two, and 26 percent had three or more (data not shown). More than half (53%) wanted no more children, 29 percent wanted to wait more than two years before having their next child, eight percent wanted a child within one to two years, and two percent wanted a child within the next year (Figure 2). Nine percent were undecided.

QUALITY OF CARE RECEIVED

Eighty-two percent of respondents received their OCPs from a frontline health worker (including accredited social health activists [ASHAs], auxiliary nurse midwives [ANM], and Anganwadi workers [AWW]). Eleven percent received OCPs from a government health facility, five percent from an NGO, one percent from a medical store, and one percent from a private facility. Figure 3 presents 22 items measuring quality of care received during these initial visits, by whether the visit was with a frontline health worker, with a facility-based provider at a government, NGO, or private facility, or with a vendor at a medical store. Very few women (1%) received services from a medical store vendor. Women who received services from facility-based providers or medical store vendors were combined to form the “other provider type” category for the purposes of this brief. These quality measures are broken down into four domains of process quality (Jain, Townsend & Ramarao 2018): 1) respectful care, 2) method selection, 3) effective use of the selected method, and 4) continuity of contraceptive use and care (see Box 2).

Figure 2
Percent distribution of OCP users by fertility preferences at enrollment (n=1,066)

Respectful care

Overall, OCP users reported receiving respectful care from both frontline health workers and other types of providers. Over 99 percent of respondents reported they were treated well or very well by the frontline health worker/other type of provider. Almost all (97%) reported that their questions were answered to their satisfaction and over 90 percent reported that the frontline health worker or other type of provider allowed them to ask questions. Over 80 percent felt that audio privacy and visual privacy were maintained during this visit and that their information would be kept confidential. Audio and visual privacy may be difficult for frontline health workers to maintain due to the community/home-based nature of these visits.

Box 2

What is quality of care?

Measures of quality are broken down into four domains of process quality (Jain et al., 2018):

- 1. Respectful care:** Concerns interpersonal interactions between the provider and client and assesses aspects of privacy and confidentiality.
- 2. Method selection:** Questions focus on information that a provider should seek to enable appropriate method selection at the decision-making point.
- 3. Effective use of the selected method:** Information given to the respondent about the method selected.
- 4. Continuity of contraceptive use and care:** Includes follow-up appointments and the ability to change methods.

Figure 3

Aspects of process quality during initial visit reported by OCP users (n=1,066) **Method selection**

Most OCP users were asked by the frontline health worker or other type of provider about their preferred family planning method (86%). For other items under method selection, women reported higher quality from other provider types than from frontline health workers. Over 80 percent of respondents who got their method from an other type of provider were told about other methods, asked about their desire and preferred timing for another child, and were asked about their previous family planning experience. Fewer women who received services from a frontline health worker reported receiving information on these items: three-quarters were told by a frontline health worker about other methods (73%) and asked about their desire for another child (72%),

while 67 percent were asked about their previous experience of using family planning methods and 66 percent about their preferred timing of their next child. Sixty-two percent of women who visited other provider types received information about methods that protect against STIs and HIV while approximately one third (35%) received this information from a frontline health worker. At visits with both frontline health workers and other provider types, less than 30 percent received information without any one method being promoted.

Effective use of selected method

Nearly all respondents reported that the frontline health worker or other type of provider told them how to use the method (97%) and how the method works

(91%). For other items, there were some differences: less than half of those who received OCPs from a frontline health worker were told about the side effects associated with OCPs (44%) and about how to manage those side effects or problems (40%), while two-thirds (67%) of those who received the OCP from another type of provider were told about side effects and 64 percent were told how to manage side effects or problems. Forty-four percent of respondents who received OCPs from an other type of provider were told about the warning signs associated with the method, while 30 percent of those who received OCPs from a frontline health worker were given this information. Of the potential side effects, 25 percent of all OCP users reported that they were told about nausea, 17 percent were told about weight gain, 16 percent were informed of backaches, and 10 percent were told about dizziness.

Continuity of contraceptive use and care

The majority of respondents were told by a frontline health worker or other type of provider about other sources of supply for OCPs (approximately 70%). Women who received OCPs from another type of provider were more likely to have received information about: the possibility of method switching compared to those who received OCPs from frontline health workers (78% compared to 58%), the timing of the next visit (64% compared to 40%), and an appointment card for a follow-up visit (32% compared to 4%). It is likely that few women received information about the timing of the next visit and appointment cards because most will be visited by frontline health workers for follow-up in their homes.

CONTRACEPTIVE METHOD DECISION MAKING

Respondents were asked who made the final decision about the method they received (Figure 4). Ninety-four percent of respondents reported they were involved in the final decision. Thirty-two percent made the final decision alone, 13 percent with a frontline health worker or other type of provider, and 49 percent with their husband. Six percent reported that the final decision was made by their husband or by the frontline health worker or other type of provider.

Ninety-seven percent of respondents reported receiving the method that they wanted (data not shown). Reasons why women did not get their preferred method was not collected in this study.

Figure 4

Percent distribution of OCP users by who made the final decision about contraceptive method (n=1,066)

CONTACT WITH FRONTLINE HEALTH WORKERS

Almost all (93%) OCP users had ever received information about family planning from a frontline health worker. Most received information about OCPs from an ASHA (86%), six percent received this information from an ANM and two percent from an AWW. In the three months preceding the survey, most respondents met with a frontline health worker two to five times (61%), while others met only once (16%) or more than five times (16%). Eight percent did not meet with a frontline health worker in the three months preceding the survey.

Figure 5 presents the topics discussed with frontline health workers in the three months preceding the enrollment survey. Sixty-four percent spoke about available contraceptive methods, 18 percent spoke about their fertility intentions, and 17 percent about side effects of contraceptive methods. Other topics discussed included return of fertility, long acting methods, and how to deal with side effects.

Figure 5

Topics discussed with frontline health workers in the three months preceding the survey reported by OCP users (n=1,066)

Multiple responses were possible

CONTRACEPTIVE USE AT THREE MONTHS FOLLOWING ENROLLMENT

Ninety-two percent of OCP users completed the three-month follow-up survey (n=979). Three months after beginning OCPs, 85 percent of respondents interviewed at three months were still using the method. The fifteen percent of users who discontinued OCPs included eight percent who discontinued family planning use altogether, five percent who switched to a different modern method (condom [2%], IUD [1%], injectable [1%], and female sterilization [0.5%]), and two percent who switched to a traditional method. Among those who discontinued OCPs and did not switch to a different method (n=79), the majority still needed contraception as 51 percent did not want to have children in the future and 15 percent wanted to wait more than two years from now before having their next child.

Experiences with OCPs at three months following enrollment survey

Respondents who continued using OCPs (n=833) were asked about whether they had missed any pills in the three months since the enrollment survey. Eighteen percent of respondents had missed at least one dose of the OCP. Of those who had missed a dose (n=147), 18 percent took the missed pill immediately, 58 percent took two pills at once the next day, and 18 percent took one pill the next day. Seven percent reported temporarily using other methods, including condoms or abstinence. When asked why they missed the most recent missed dose, 60 percent reported they forgot to take the pill, 19 percent forgot their pill packet while traveling, eight percent were out of pills, four percent were advised by the provider to stop taking the pills, and two percent experienced the side-effects. Seven percent reported another reason for missing the most recent missed dose, including husband was not at home, they were using condoms temporarily, or illness. Of respondents who had missed a dose, 32 percent missed one dose in the last three months, 38 percent missed two, and 30 percent missed a dose three or more times.

Respondents who continued using OCPs (n=833) were also asked about their experiences obtaining OCPs in the three months since enrollment. Most reported that they got their last OCP packet from an ASHA or AWW (92%), four percent from a medical store, and three percent from a government health facility. For 86 percent, this was the same place or person from which they obtained their previous OCP packet. Most women reported that their most recent

OCP packet was free (93%). Ninety-two percent got the recent packet themselves or from their ASHAs, seven percent reported their husband got it, and two percent said a friend got the packet. Continuers of OCPs whose husbands lived away from home at the time of the survey or occasionally lived elsewhere for work (n=264) were asked whether they took the OCP when their husband was away: 26 percent reported that they did not take OCPs while their husband was away.

Reasons for OCP discontinuation

Respondents who discontinued OCPs (both those who discontinued contraception altogether and those who switched to any method, n=132) named one or more reasons why they discontinued OCPs (Figure 6). Eleven percent discontinued the method because they wanted to become pregnant. Common reasons for discontinuation were husband was not living at home (33%), side effects or health concerns (17%), and OCPs were not available (11%). Family opposition was reported less often, with five percent reporting their husband was opposed, and three percent reporting their mother-in-law was opposed. Other reasons for discontinuation included no menses since starting (3%), method failure/pregnancy (2%), wanting to switch to sterilization (2%), and not liking to take a pill everyday (2%).

Figure 6
Reasons for discontinuation reported by OCP discontinuers at three month follow-up (n=132)

Discussions about discontinuation

Respondents who discontinued OCPs by three months (both switchers and stoppers, n=132) were asked to whom they spoke about their desire to discontinue the method. More than two-thirds (69%) spoke to their husband about their desire to discontinue (Figure 7). Twenty-seven percent spoke to an

Figure 7
Individuals with whom OCP discontinuers discussed their desire to discontinue the method (n=132)

Multiple responses were possible

ASHA, 11 percent to their mother-in-law, two percent to a sister-in-law, neighbor, provider, or others, and one percent to their mother. Twenty percent did not speak to anyone about their desire to discontinue OCPs. Respondents were also asked if they spoke to the same frontline health worker or other type of provider who gave them the OCPs at initiation about stopping the method: 40 percent of OCP users spoke to the same frontline health worker or provider.

Among those who spoke to an ASHA about their desire to discontinue (n=36), 36 percent reported that the ASHA asked them to stop using the method, 33 percent said the ASHA counseled them about another method, and eight percent said the ASHA accompanied them to the health facility. One woman (3%) reported the ASHA recommended she continue using OCPs and seven women (19%) reported being told something else (data not shown). Among those who spoke to their husband (n=91), 74 percent reported that their husband asked them to stop using the method, 13 percent reported their husband asked them to switch to another method, 3 percent said their husband asked them to see an ASHA/provider, and 3 percent asked them to keep using the method (data not shown).

Figure 8 presents the proportion of OCP discontinuers who switched to a different modern method by to whom they spoke about wanting to discontinue. Those who spoke to both an ASHA and their husband (22%), their husband only (17%), and neither their husband nor an ASHA (19%) were all similarly likely to switch to a different modern method. Though very few respondents spoke to an ASHA only (n=9), the majority of them switched to a modern method (n=7, 78%).

Figure 8
Percent of OCP discontinuers who switched to a modern method, by whom they spoke to

DISCUSSION

OCPs are an important contraceptive method as they can be distributed widely by frontline health workers. Understanding women's interactions with frontline health workers while obtaining the method and during follow-up counseling can help the Government of India improve its National Family Planning Program, particularly regarding community-based distribution.

Measures of quality of care were generally high for OCP users, though women reported low quality on certain items and there were differences in quality of care received between frontline health workers and other types of providers. For respectful care, reported quality was over 80 percent for each item, which may reflect the ongoing relationships and trust built by frontline health workers with clients in their households/communities. Regarding method selection, most respondents were asked about their preferred family planning method. However, a quarter were not told about other methods, asked about their previous family planning experiences, or whether or when they desire another child, and these items were lower for frontline health workers. Even fewer received information about methods that protect against STIs/HIV or reported that one method was not strongly encouraged. Similarly, for effective use of the method, respondents were told how to use OCPs and how they work, but fewer than half were told about side effects, how to manage side effects, and only one-third were told about the warning signs associated with the method, and those who visited frontline health workers were less likely to receive this information. Regarding continuity of care and use, more than half were told about sources where they could obtain OCPs and about the possibility of switching. Less than half, however, were told when to return for a follow-up visit or were given an appointment card since most OCP users would be visited by the frontline health worker for follow-up.

OCP users' responses may have recall bias, but this is likely to be minimal as they were interviewed within one month of the visit in which they initiated use. Additionally, many OCP users had received

information from a frontline health worker about contraceptive methods in the months preceding the enrollment survey, but responses about quality of care at initiation of OCP use may not have included this prior counseling. Nevertheless, there is room for improvement in provision of information to women receiving OCPs.

More than half of OCP users do not want to have any more children in the future. While OCPs are a modern, effective method of contraception, they may not meet these women's need for a method that effectively limits future births. To meet these needs, frontline health workers and other types of providers should gather information about whether and when women desire to have more children. Though frontline health workers and other types of providers should counsel all women on all available methods of contraception, including long-acting reversible and permanent methods, special attention may need to be given when discussing family planning with women who desire to have no more children. Among women who did not want to have more children (n=565), thirty-six percent were not asked about whether they would like to have a child in the future at the initial visit. While two-thirds of these women were given information about the IUD by their frontline health worker or other type of provider, less than half were counseled on female sterilization and one quarter were counseled on male sterilization. Three months after enrollment, eight percent of women who wanted no more children (n=529) discontinued contraception altogether, two percent switched to the IUD and one percent switched to female sterilization.

After three months of OCP use, approximately one in five women had missed a dose. When they missed a dose, most knew what to do to continue having contraceptive protection: either they took the missed pill as soon as they realized it had been missed, they took two pills at once the next day, or they used backup methods such as condoms or abstinence. Very few women (<1%) stopped using OCPs when this happened.

Three months following enrollment, 85 percent of OCP users were still using the method. Among those who stopped using OCPs, most did so because their husband was not living at home, followed by experience of side effects and health concerns. Eleven percent also discontinued OCPs because they were not available. Further analysis of these women showed that the majority spoke to an ASHA and switched to condoms or withdrawal to meet their contraceptive needs. Seventy percent of respondents who discontinued OCPs spoke to their husband about wanting to discontinue the method, while thirty percent spoke to an ASHA. The effect of speaking to their husband only, their husband and an ASHA, or neither their husband nor an ASHA on switching to a different modern method was about the same at 20 percent. When respondents spoke only to an ASHA, however, modern method switching was higher at about 80 percent. This suggests that the effect of an ASHA on modern method switching gets lost when a respondent also speaks to their husband. It is therefore critical to engage husbands in conversations about family planning, so that they can encourage their wives to switch contraceptive methods as long as the desire to prevent pregnancy remains.

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