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Contraceptive Use Dynamics in India

Cohort Study of Modern Spacing Contraceptive Users

STUDY BRIEF

Modern contraceptive use in India has steadily increased, but remains heavily skewed towards female sterilization. Use of modern spacing methods such as injectables, the pill, and the IUCD is low, and discontinuation rates are high. Achieving the goal of expanding the method mix by increasing reliance on modern spacing methods, as laid out in India's FP2020 commitment, requires understanding and addressing the reasons for discontinuation and for method switching (or non-switching), from both the user's and the provider's perspective.



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The use of modern contraceptive methods has steadily increased in India from 33% in 1992-93 (NFHS-1) to 48% in 2007-08 (DLHS-3). The method mix favors female sterilization, with close to 3 out of 4 (72%) married modern contraceptive users choosing female sterilization, followed by condoms (13%), pills (9%), IUCD (4%), and male sterilization (2%) (DLHS-3). As articulated in its FP2020 commitment, India is looking to expand its method mix to include a greater reliance on modern spacing methods and postpartum IUCDs. Discontinuation rates, however, remain high for modern spacing methods. The one-year contraceptive discontinuation rate for modern spacing methods is 42.3% (NFHS-3). Discontinuation rates are the highest for injectables (53.4%), followed by the pill (49.2%), condoms (44.8%) and the IUCD (19.8%). In only 1 out of 10 (9.8%) discontinuation episodes did the family planning (FP) user switch to a different contraceptive method. In order to realize a goal of 48 million additional residents adopting FP by 2020 through an expanded contraceptive method mix, a better understanding of contraceptive use dynamics like factors that influence decision-making around contraceptive choice, discontinuation, and switching is paramount to designing effective family planning programs that meet the needs of women and their families.

STUDY OBJECTIVES

The Evidence Project, in response to a request from USAID/India to explore contraceptive use dynamics among married women in India, proposes to conduct a cohort study with the following research objectives:

1. to assess one-year modern spacing contraceptive discontinuation rates by modern spacing methods (pill, IUCD/PPIUD, injectable) 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

METHODOLOGY

A cohort study of approximately 3,000 new spacing modern method users (pill, IUCD/postpartum IUD, and injectables) will be followed for one year. New users will be married, between the ages of 15-49 years old, and may or may not have used contraceptives previously. They will be interviewed at the time of method adoption and at three follow-up points: 3 months, 6 months, and 1 year.

The study will take place in three diverse states that will be selected in consultation with USAID/India and the Ministry of Health and Family Welfare (MOHFW). The study states will be selected from the states where Jhpiego, under the MCSP Project, is providing technical assistance to the MOHFW to expand the availability of contraceptives and improve the quality of services offered at select government health facilities. Those states include: Andhra Pradesh, Assam, Chhattisgarh, Maharashtra, and Orissa. Within each of the selected three states, recruitment of new IUCD/PPIUD and injectable users will occur at government health facilities that are receiving support from Jhpiego and that are not receiving support from Jhpiego. New pill user recruitment will take place through community health workers (ASHAs).

DATA TO BE COLLECTED

An intensity of side effects scale will be developed and tested to further our understanding of how side effects impact different spheres of women's lives (e.g. domestic, religious, sexual, social), and to determine at what point a side effect becomes intolerable, such that a woman chooses to discontinue its use. Likert-style questions will be developed to assess women's experiences of side effects, and women will be asked to rate the intensity of side effects on a scale of 1 to 10. These measures will be assessed over time at the individual level, and used to predict subsequent contraceptive use and discontinuation.

Data will also be collected on the Method Information Index, an index collected nationally by FP2020 and the DHS that measures the extent to which women were told about alternative methods and were given sufficient information about the alternative methods. The Index is based on three questions: 1) Were you told about family planning methods other than the one you selected today?; 2) Were you told today about side effects or problems you might have with the

selected method?; and 3) Were you told today what to do if you experience side effects?

Given the CPR and TFR trends reported recently in the NFHS-4 in several states, data will be collected to explore knowledge, attitudes and use of emergency contraceptive pills (ECP) since the last birth interval. These data will be collected in the enrollment and follow-up surveys to assess changes in ECP awareness and use over time.

In addition, in-depth interviews will be conducted with a subsample of respondents who discontinue use of a modern spacing method and a subsample who switch to a different method during the one-year follow-up period, to further understand the social and contextual issues that lead to these behaviors.

On the supply side, surveys will be conducted with providers to assess their knowledge of medical practices related to safe procedures of starting a new FP method while discontinuing a different FP method, attitudes towards clients who seek counseling related to side effects and who may wish to discontinue a method, and provider practices when clients seek to discontinue a method, including whether providers counsel clients on method switching and if so, switching to which method and why. Facility audits will also be conducted at each facility where respondents are recruited to ascertain the availability of contraceptive methods, as this influences a user's ability to switch methods.

RESEARCH UTILIZATION

The study will be supported by a strong research utilization (RU) strategy that begins with the designation of study advisory committee (SAC) members who will meet biannually. Members of the SAC will include Ministry of Health and Family Welfare, donors like USAID, The David & Lucile Packard Foundation, DFID and The Bill & Melinda Gates Foundation, in addition to technical and implementing partners in India, including Jhpiego, IPPF, EngenderHealth and MSI. The SAC will meet to review the study design, discuss preliminary findings, and participate in interpretation of study findings. With the SAC, programmatic recommendations will be determined and briefs, in addition to other materials, will be developed for widespread dissemination.

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The Evidence Project is led by the Population Council in partnership with INDEPTH Network, International Planned Parenthood Federation, Management Sciences for Health, PATH, Population Reference Bureau, and a University Research Network. Other partners are FHI360, Meridian Group International, Inc., and What Works Association.

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