

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

Background

Injectable contraceptives are among the most effective methods and the fourth most popular contraceptive method globally (after female sterilization, IUDs, and OCs). Depot medroxyprogesterone acetate (DMPA), the formulation used by most injectable clients, is injected intramuscularly every three months. Only a few medical conditions limit or prohibit its use. Potential users should be screened by providers for pregnancy and medical eligibility. Providers are responsible for providing safe injections and informing women about delayed return to fertility and potential side effects including vaginal bleeding irregularities, amenorrhea, and weight gain.



Photo Credit: Colby Gottert, FHI 360

Global evidence shows DMPA to be safe and effective (Westhoff 2003), though evidence on DMPA side effects and its impact on women's lives within India is limited. While Asian countries like Bangladesh, Nepal, Sri Lanka, and Pakistan offer DMPA widely through the public health system, DMPA provision and use in India is extremely limited and available only through the private sector. Actual use in India is 0.1% overall, though about half of Indian women are aware of the method (NFHS-3). With limited use in India through the private sector, gaining

insight on DMPA users may shed light on its unique contributions to the family planning method mix. Additionally, understanding the experiences of women who use DMPA in India contributes to the knowledge base.

Objectives and Methods

This study sought to contribute to the growing understanding of DMPA in India by understanding more about DMPA clients, providers, and the facilities providing the method. The study objectives were:

1. To describe DMPA acceptability and use experiences among Indian women, including reasons for discontinuation and its impact on daily activities
2. To assess providers' knowledge of and perspectives on DMPA provision, and to assess how service delivery environments may influence acceptability and continuation

This was a cross-sectional, mixed-method study with a sample of 120 women, 40 providers, and 30 facilities evenly split between two sites: Mumbai and West Bengal. We partnered with the



Family Planning Association of India in Mumbai and PSS in West Bengal. Clinic providers recruited interested participants. Sigma Research and Consulting collected the data: in-depth interviews with 30 new users, 30 continuing users, and 30 late or discontinued users; structured interviews with 30 women who were counseled on DMPA but were currently not using DMPA; surveys with 40 providers; and checklists with 30 facilities.

Preliminary Findings

Here we report on the first study objective to describe DMPA experiences and acceptability among current and past users. All the women in the study were married and had given birth to at least one child. About 75% worked at home and 78% had some secondary schooling or more. There were 90 current or past DMPA users. Most women lived in urban areas. In Mumbai, 62% lived in slums, but in West Bengal 71% lived in non-slums. About two-thirds did not want any more children. Women from West Bengal reported wanting to limit births more than those women from Mumbai.

Why initiate DMPA?

Most current users (n=40) said they used DMPA to prevent pregnancies. One-third, mostly among West Bengal, received abortions prior to initiating DMPA, while 12 women specifically mentioned using DMPA because they wanted to prevent an abortion.

Influential Sources. When asked why they decided to take DMPA, about two-thirds mentioned provider influence. Other influential people mentioned were partners (n=26), followed by family/friends (n=21), mostly in-laws.

Experiences with or Perception of Other Methods. Just over 40% decided to take DMPA because of problems they experienced with other methods, while an additional 25% mentioned preferring DMPA in comparison to other methods. In Mumbai, women reported disadvantages to OCs and IUDs fairly evenly. Unfavorable side effects were reported with both methods and with OCs specifically, women saw the daily dosing regimen as inconvenient. In West Bengal, an overwhelming majority of women mentioned disadvantages of OCs, with similar reasons as those reported in Mumbai. Over a fourth of women mentioned starting DMPA since they saw it as more favorable than OCs and their side effects, daily dosing, and consequent fear of pregnancy should a dose be missed.

“DMPA was convenient for me if it didn’t cause high blood pressure. 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 if it didn’t cause high blood pressure.”

– 36 year old past DMPA user from West Bengal

Sterilization. Almost a third mentioned they either were using DMPA until they could be sterilized (n=18) or that they could not get sterilized (n=9). In general discussion, 29 women mentioned future plans for sterilization but many were waiting until children were grown.

Fourteen women said they would not get sterilized because they feared the operation, their religion or caste prohibited it, or because of family disapproval.

Side Effects

Just over half reported experiencing no side effects. Upon probing, 38 of those 46 women mentioned a side effect (mostly bleeding changes). About 75% of users reported changes in menstrual bleeding and about half of all users reported amenorrhea. One-third

reported spotting or irregular bleeding. An increase in bleeding was the least reported type of menstrual change (n=8). Women who experienced amenorrhea also frequently mentioned potential negative effects from a lack of periods, highlighting an area for focused counseling. Weight gain was the second-most commonly reported side effect, split evenly between positive and negative perceptions. Other mentioned side effects were nausea, dizziness, back pain, headaches, fatigue, and pain (waist, leg, vaginal).

“And it is not good, right, when the periods stop that is also not good. It happens every month and it should go on, right? That should continue, why do we stop that? If we stop that, and that is why there are problems in our body.”

– 31 year-old past DMPA user from Mumbai

Impact on Life and Daily Activities

Most reported no impact on daily activities or work. If they felt discomfort from DMPA, they generally kept to their normal routine. Some reported a positive effect, often due to increased access to religious activities due to menstrual changes. Most reported a positive impact on their relationship with their partner, particularly as it pertained to confidence in DMPA providing effective pregnancy prevention and partner involvement or support.

“So until and unless I was totally satisfied and confident about the injection I didn’t go for it. I came here and consulted the doctor too who said it is 100% safe. Only then I started to take it. Now, I am taking it. I am not having any side effects. I am feeling better. I do not feel that I am using something as contraceptive. I am as active as before.”

– 27 year-old new user from West Bengal

Why Continue or Discontinue DMPA?

Of those 30 women who were continuing users, half responded that they chose to continue because of its efficacy in preventing pregnancies. About a third cited lack of side effects as influencing their continuation.

“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



Photo Credit: Colby Gottert, FHI 360



“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 discontinuers, most reported stopping because of worry about side effects, whether it be bleeding changes, weight gain, or sickness. Wanting more children or switching to sterilization were also frequently mentioned reasons for discontinuation. Less frequent reasons given included spousal pressure, cost and loss of libido.

“I was much tensed. I have heard people say many things about the injection. I have heard that it is not good to have so scanty bleeding at a young age. So I stopped taking it. Moreover I do not need to use any pills or injection. Both of us are careful, so we do not have any problem. I took the injection since Didi told us.”

– 24 year-old past user from West Bengal

About half of the discontinued users mentioned an intention to use another method, or they had already switched methods. Female sterilization was the most-often reported method switch, followed closely by condoms. Very few women mentioned a switch to the IUD or to OCs, which seems to support the women’s claims about disadvantages and dislikes of the IUD and OCs.

Conclusions

Of those women who experienced side effects, most reported little to no effect on their daily routine, matching Indian women’s experiences with DMPA to those reported globally. However, most women who chose to discontinue use did so because of side effects and worry about lack of bleeding, highlighting an area for improved counseling. While some commented on the benefits brought about by lack of periods or weight gain, most positive perceptions about DMPA were tied to its efficacy and both the husband and wife consequently being “tension-free.” In many cases, sterilization appears to be preferred due to its efficacy and lack of bleeding changes. As such, DMPA was often perceived by the population as a useful stop-gap method until sterilization or as a substitute in cases where sterilization was not possible. Partners’ perceptions of DMPA corresponded with a woman’s uptake of the method, or her discontinuation. Few women were long-term DMPA users, highlighting a need to better understand continuation rates and user experiences through a prospective study.

References

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