Research Summary

Contraceptive Practice and the Experience of Side Effects in Quirino Province, Philippines

The patterns of contraceptive use in Quirino Province are shaped by women's experience of the side effects of contraceptive methods. This finding indicates a need for (1) inclusion of local knowledge and negotiation skills in training of providers (2) greater variety in the choice of contraceptive methods, and (3) culturally appropriate counseling and counseling standards

BACKGROUND

The 1998 Philippines National Demographic and Health Survey found that two in five contraceptive users discontinued use of contraceptive methods within the first year. The temporary modern methods of contraception currently provided through government family planning clinics include medroxyprogesterone acetate (DMPA) 3-month injections, Lo-gentrol oral contraceptive pills (OCP), Copper-7 intrauterine device (IUD) and condoms. This follow-on qualitative study, the result of a partnership between the University of Philippines Population Institute, the University of La Salette and ORC Macro, examines women's experiences of side effects when using these contraceptive methods and analyses their relationship to understandings of the body and health in the province, as well as the patterns of ongoing contraceptive use among the participants. Individual interviews were conducted with 81 married women and a sub-sample of 24 couples. Midwives, barangay health workers (BHW) and hilots (traditional midwives) were also interviewed (20) and 47 client-provider interactions were tape recorded.

FINDINGS

- According to Quirino women, menstruation is part of what makes and keeps women healthy. They view menstruation as important for good circulation of the blood and keeping the bodily humors in balance. A slight increase in menstruation is more acceptable to them than a decrease, such as that associated with use of hormonal methods.
- *Hiyang*, the Filipino concept referring to "suitability," is used by women and men to explain why a pharmaceutical contraceptive method is or is not effective for them. The physical signs most likely to result in *hiyang* assessment are continuation of normal menstruation, weight gain, and absence of symptoms of "high blood" such as headache, dizziness, or hotheadedness.
- Menstrual changes lead women to speculate about the accumulation of blood and its relationship to "high blood" and, to a lesser extent, "low blood" and other chronic conditions such as tumors or cancer.
- Although women usually select the method used, husbands participate in speculation about the relation between the effects of the contraceptive methods and potential long-term consequences.
- Women using DMPA reported a high incidence of side effects such as dryness and decreased libido that adversely affected sexual relations with their husbands.
- Women who used the IUD experienced fewer side effects than women using hormonal methods and thus speculated far less about the method. The main reasons given for not choosing the IUD as a contraceptive method were that it was said to fall out easily during mensturation that and it exposed the uterus to cold.
- Many women used DMPA and OCP according to their body's response, i.e., when DMPA use results in amenorrhea, women simply stop using the method until menstruation returns and then go back to their provider for another injection, or switch to pills after becoming amenorrheic on DMPA.
- Midwives reported that it is not effective to tell women that menstural changes with contraceptive use is normal and healthy.
- Misunderstanding and miscommunication often occur in clinic interactions in relation to "high blood" and "hypertension": high blood, a Filippino construction is confused with hypertension, a biomedical construction. These misunderstandings affect the way women understand blood pressure readings and the way some women take contraceptive pills and iron supplements.
- Midwives believe that sexual dysfunction and weight gain are not "real" side effects but rather "psychological" side effects.

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CONCLUSIONS

- Women's understanding of the health aspects and the suitability of a contraceptive method is not simply a matter of safety and efficacy. They are also concerned about how the method fits and/or improves the quality of their lives and relationships. This is reflected in the concept of *hiyang* or suitability.

- Women's views of menstruation are in opposition to current family planning literature, which describes a decrease in menstruation as an "advantage" of hormonal methods.

- Because of the differences between the biomedical and the humoral perspective of the body a significant number of women develop contraceptive strategies that expose them to the risk of pregnancy when they do not want to become pregnant.

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RECOMMENDATIONS

The importance of both local and biomedical knowledge should be addressed in midwife training, medical education, and ongoing professional training.

- The training of midwives might incorporate modules on how to show respect for local knowledge and perception of the body's responses to contraception and how to negotiate treatment options.

- Training of midwives might reinforce information on the incidence of biological side effects and variations between populations.

The method mix at clinics should include sufficient variety that midwives do not feel pressured to convince women to use a particular method when the method may not be well suited to their needs.

- Consider offering several brands of oral contraceptives, and choice of other non-hormonal methods through government family planning clinics or partnering institutions.

- Consider providing the 100mg dose of DMPA rather than the 150mg dose through the government clinics.

Counseling and health education should be geared more closely to the actual experiences of women and based on the following principles, which could be included in the Family Planning Clinical Standards Manual:

- **Treat women's experiences as fact.** If a woman says she has an effect from a contraceptive method, it does not matter whether it is considered as biological, social, cultural, psychological, or political. It still needs to be heard, discussed, and addressed in the treatment plan.

- **Switching is not a bad thing.** Clients should be provided with the option of switching methods because of side effects such as undesirable weight gain, sexual dysfunction, headaches, dizziness or amenorrhea. By doing so, clients will be more likely to switch methods under the guidance of providers.

- **Counseling on side effects should be ongoing.** Counseling on side effects prior to giving a method is important. Perhaps more important, however, is talking to the client about the side effects after they have used the method for a month or more.

- **Focus on the manifest effects of contraceptive methods.** Negotiation of method choice should focus on the effects of contraceptive methods women actually experience such as menstrual bleeding and headache rather than which theory of the body is "correct."

The health education pamphlets produced by UNFPA and distributed through government family planning clinics could add decreased libido and coital dryness as possible side effects of the DMPA and OCP methods, and should include information on what to do if side effects are experienced