

PERSPECTIVES OF SERVICE PROVIDERS ON CONTRACEPTION

**Report based on a
study facilitated
in urban Vadodara, Gujarat**

January 2022 to April 2022

Sahaj

towards alternatives in health and development



UNITED NATIONS UNIVERSITY
UNU-IIGH
(International Institute for Global Health)

Perspectives of Service Providers on Contraception
Report based on a study facilitated in urban Vadodara, Gujarat
January 2022 to April 2022

CREDITS

Mobilizing communities

Bhavana Rajput, Bindiya Goswami (PL), Sarju Rathod,
Shakuntala Parmar

Finalizing tool

CommonHealth

Collecting data

Bhavana Rajput, Manushi Sheth, Rekha Makwana

Documenting data

Alpana Nayi, Bhavana Rajput, Manushi Sheth,
Rekha Makwana

Content Writing

Sangeeta Macwan

Proof reading

Vaishali Zararia

Finalizing of the booklet

Renu Khanna

**Special thanks to Ms. Prabha Nagaraja and Dr. Sundari Ravindran
for reviewing the content*

Design and Printing

Sanskriti Designers and Printers

BACKGROUND

SAHAJ works directly with marginalized communities in urban Vadodara on their health and education. Contraception has since long remained a service provider's domain with much emphasis on permanent methods like tubectomy. However, temporary contraception is gradually becoming a new normal with the health system.

COVID became the focus of public health system since its invasion. Fear of contracting the virus prevented the community from approaching the public health centers for any health service, to the extent that deliveries too were preferred in private health facilities in urban areas. The public health system strengthened its service provision in the community through its frontline workforce. Availability of choice of contraceptives at the Urban Primary Health Centers attracted middle class users as well. Availability of user friendly contraceptives (condoms and contraceptive pills) and medicines for abortion in the medical stores close to residential areas, was also convenient for regular – as well as new - contraceptive users.

OBJECTIVES AND METHODOLOGY

SAHAJ works on sexual and reproductive health of adolescents and young people and wanted to know about the contraceptive services extended to young people, especially the unmarried, during the pandemic. The aims of the study were to know about the :

- existing contraceptive services in urban Vadodara during and post COVID period.
- linkages and a referral system related to contraceptive services.
- attitudes and practices of service providers which may be an enabler or a barrier in service provision to the young users.

Interviews with service providers from the system were conducted to find out their knowledge on the topic, protocols followed by them, and their attitudes and practices related to contraceptives for young people. Amongst the six persons interviewed, two are Medical Officers (one male and one lady) placed at two urban Primary Health Centers in the SAHAJ project area, one is a Reproductive and Child Health (RCH) Officer, one is a Child Development Project Officer (CDPO), one is a Community Link Worker (CLV) (urban ASHA) and one is an Anganwadi worker (AWW). Two chemists in the project area were also among the respondents.

SERVICE PROVIDERS' VIEWS



Preference of contraceptives

According to the service providers, Copper T, being a barrier method, is a much safer temporary contraceptive. It is effective for at least three years and is suitable for women who forget to take Oral Contraceptive Pills (OCPs) every day. They also say that Copper T helps a woman regain fertility within a short period of its discontinuation; it can be removed if the woman has any side effects. And, they say that it is easy to mobilise women who have had their delivery or abortion in the public health centers, for this method.

“Government is emphasizing temporary methods of contraception, long term as well as short term. Insertion of Copper T- after delivery is easier (PPIUCD- Post Partum Intra Uterine Contraceptive Device) in women who come to public hospitals for intra natal services.”

(RCH Program Officer, Vadodara, 27 years of experience)

“Some years ago, one woman had frequent abortions. The reason was that she had a child and did not want another child till her first child was old enough. But her husband used to throw away the pills. The health worker who educated her on natural contraception was confused about the safe and unsafe period and this resulted in unwanted pregnancies in the woman. So I suggested that she use Copper T.”

(CDPO, urban Vadodara , 33 years of experience)

“Women having a child and not wanting another for some time, should go for Copper T. There is no need to remember things like eating the pills everyday.”

(Lady Medical Officer, urban Vadodara, four years of experience)





“I personally feel women should use barrier methods-like the Copper T and men should use condoms. These do not have side effects. Hormonal methods, on the other hand, bring about a lot of changes in a woman’s body – side effects. Conception also takes longer after discontinuing the use of hormonal methods. Nowadays stress also brings about hormonal changes in the woman’s body, so it is beneficial to use barrier methods.”

**(Lady Medical Officer, urban Vadodara,
four years of experience)**

“The UPHCs (Urban Primary Health Centres) have Copper T’s which are effective for 10 years. The nurse/ANM can insert it also. There is no need of a gynecologist for this.”

**(Lady Medical Officer, urban Vadodara,
four years of experience)**

“There are usually no side effects in women who have inserted Copper T but some women experience white discharge or heavy bleeding or pain and may discontinue use. But many women who have inserted Copper T say they are very happy.”

**(Lady Medical Officer, urban Vadodara,
four years of experience)**

“There is a method which is effective for three years and five years. But I do not know much about it.” When the interviewer asked did he mean ‘Copper T’, he said, “Yes.” “But it was popular some years back but now it is not.” When asked why, he said, he was not sure, “but its use must have stopped because of side effects like ‘tumor’ in the uterus.”

(Chemist, urban Vadodara, 20 years of experience)





“Women using ‘Antara’ had complaints of heavy bleeding. So it was stopped for sometime. It is a temporary contraceptive - a hormonal injection, that is effective for three months. It has come in its new form just a month ago.”

(RCH Program Officer, Vadodara, 27 years of experience)

“Antara injection is a good choice if young women do not want a child for sometime.”

(ASHA, urban Vadodara , 11 years of experience)

“Women users of the new injection have not yet complained of side effects but it is too early for any complaints. It needs a time period of at least three months to show its effects. But counselling is necessary before starting use of these injections. The woman needs to be explained that it will take about 8-10 months to conceive after discontinuing its use.”

(Lady Medical Officer, urban Vadodara, four years of experience)

“A card is given to the woman user which records the day of the injection given and the woman is asked to come back accordingly for the next shot. The card remains with the woman. The experience has been good with many women coming to the UPHC for the following shot within the allotted period.”

(Lady Medical Officer, urban Vadodara, four years of experience)

“Chhaya pills are replacing Mala D pills which are supposed to be non hormonal and are becoming quite popular amongst the users of contraceptive pills. They have to be taken twice a week.”

(Lady Medical Officer, Urban Vadodara, four years of experience)





“Chhaya is better than Mala D. Women do not have to remember taking them every day. They are non hormonal.”

(ASHA, urban Vadodara, 11 years of experience)

“Although contraceptive pills and injections are becoming popular in their new versions, condoms are still the most preferred contraceptives amongst the contraceptive users. Service providers feel that their safety and user friendly method are some of the reasons why these are picked up from the ‘basket of choice and placed in the urban health centers. Their availability without a prescription allows the users to buy them from the chemists.”

(Lady Medical Officer, urban Vadodara, four years of experience)

“Use of Chhaya pills and Antara injections is satisfactory amongst women but male condom use is more than these two contraceptives. There are no condoms for women. Women and men take the male condoms from the basket of contraceptives kept in the UPHC. Women also take them from the ASHAs.”

(Male Medical Officer, urban Vadodara, six months of experience)

“People prefer buying condoms from the private medical stores. And only those using condoms given by the government are listed in the records.”

(RCH Program Officer, urban Vadodara, 27 years of experience)

“Condom use is more but of course it is the men’s choice. Man prefers Kama sutra, Durex, Kohinoor. 80% of men buy condoms from stores. Only 20% women buy them from the stores.”

(Chemist, urban Vadodara, 32 years of experience)





The frontline health workers are oriented to target women according to the number of children they have, for contraception.

“ASHA informs the women about all available contraceptives. She also takes the women who have two or more children to the government hospital for operation (tubectomy).”

**(RCH Program Officer, urban Vadodara,
27 years of experience)**

“Success rate of tubectomy is quite good but women opt for it only after our health workers counsel them for this. Women do not come on their own.”

**(Lady Medical Officer, urban Vadodara,
four years of experience)**



Availability of contraceptives

While preference and choice are important demand side factors (users side), availability or supply side factors are equally important from the provider perspective. The frontline providers interviewed tell us about how they requisition contraceptives, what kinds of contraceptives they are allowed to give, and how they fulfil their role as the link between the community and the health system.

“Gateway Mobile Switching Center (GMSC) is a system which caters to the supply of medicines as per the requirement. The ASHA has to send a message of the stock she needs through her phone, to the number given to her. The message gets registered with the system and the required stock is given to the ANM. She then gives it to the ASHA requisition.”

**(RCH Program Officer, Vadodara,
27 years of experience)**





“Women call us or tell us on the Mamta Diwas (Village Health and Nutrition Day) that they need condoms or Mala D. We then call the number that we have with us and tell them our requirements. The stock is given to the nurse who then gives it to us or the Anganwadi worker.”

(ASHA, urban Vadodara, 11 years of experience)

“A basket of contraceptives having condoms and Mala D are kept in the UPHCs and users can take them for free.”

(RCH Program Officer, urban Vadodara, 27 years of experience)

“These injections are not available with ASHAs or Anganwadi workers but they remind women to come to the UPHCs for the same.”

(Lady Medical Officer, urban Vadodara, four years of experience)

Over the counter availability of contraceptives and medical abortion pills, gives users a chance to choose their brands, not always to their benefit. The chemists describe some of their practices below.

“Over the counter abortion pills were available earlier, we made a lot of money from its sale. Pills which cost Rs 300 were sold for Rs 1000 to users who approached them without a doctor’s prescription. But now that there are strict regulations, these pills are available mostly with the doctors who do the abortions.”

(Chemist, urban Vadodara, 20 years of experience)

“There are Ayurvedic pills which result in bleeding. These are effective if the pregnancy is not more than a month. But we sell these pills only to the people who we are acquainted with them. And we suggest that they go to the doctor if the pregnancy is more than a month.”

(Chemist, urban Vadodara, 20 years of experience)





“When pills of one company are not available and pills of some other brand are given, some women discontinue their use as they experience vomiting, nausea.”

(Chemist, urban Vadodara, 32 years of experience)



During COVID period

Although COVID became the focus of all the public health facilities, the availability of temporary user friendly contraceptives (condoms and pills) at the doorstep, was just a phone call away. An increase in demand from middle class families for this service was observed during the post pandemic period.

*“During the pandemic, COVID was our priority, but condoms and Chhaya pills were available for users. All the health service providers were working 24*7 and we were engaged in COVID work in some way or the other. For some time, the ASHAs and Anganwadi workers did not do home visits. But the women who wanted condoms or Chhaya pills would call them and the ASHAs would give them enough stock.”*

(Lady Medical Officer, urban Vadodara, four years of experience)

“Users from middle class families are also approaching the urban primary health centers for contraceptive services after COVID.”

(Male Medical Officer, urban Vadodara, six months of experience)





The lockdown and the post lockdown period resulted in unwanted pregnancies. While some of these were planned pregnancies, many were terminated just because the couples did not see any hopes of raising child, amidst all the pandemic distress.

Talking about abortion services during COVID times, *“There was a considerable number of women opting for abortions. But this was not just due to a shortage of contraceptives which could have resulted in unwanted pregnancies. One reason was that many couples discontinued planned pregnancies just because they anticipated that they would not be able to afford to continue the pregnancy. Loss of livelihoods and fear of the pandemic were some of the reasons for these decisions.”*

(Lady Medical Officer, urban Vadodara, four years of experience)

“Medical stores were open during Corona, even during the lockdown period. Contraceptives were available. Those working at home had no other work to do. The results were pregnancies - this is my opinion.”

(Chemist, urban Vadodara, 33 years of experience)

“As medical stores were open during Corona, access to contraceptives was good. Not many people approached for abortion kit for removing unwanted pregnancies during that time.”

(Chemist, urban Vadodara, 33 years of experience)





Power and decision making in the use of contraceptives

The respondents gave a range of responses on who the final contraceptive decision maker is. The Medical Officers posted at the Urban Primary Health Centers are not specialist gynaecologists. They are therefore dependent on the decisions and advice of the gynaecologist when it comes to prescribing or suggesting contraceptives especially OCPs, or injections and Copper T.

“A gynecologist visits the UPHC once a week. While she is there she examines the women and decides on the contraception each woman should use. She counsels them and tells them how to use it. She informs the Medical Officer about it and we, the Medical Officers follow up with the woman ourselves, or through the ANM and ASHA. But the choice of a particular contraceptive is the woman’s. We do not force her.”

(Lady Medical Officer, urban Vadodara, four years of experience)

“The gynecologist decides on who can use the Antara injection as a contraceptive. The stock is available with the Medical Officer.”

(Lady Medical Officer, urban Vadodara, four years of experience)

“Both husband and wife together take a decision on the use of contraception, and the decision depends on factors like the financial condition of the family. But 99% of women decide on what contraceptive to use because they are the ones who have to use it and face the health problems arising while using it.”

(Chemist, urban Vadodara, 33 years of experience)





“A woman should decide whether she wants to undergo the pain again, confront the changes in her body after conception and during pregnancy or go for contraception. She should also decide what suits her best.”

(Male Medical Officer, urban Vadodara, six months of experience)

“Usually both know about it but it is mostly the husband who decides - it will take a lot of time for women, especially from slums/bastis to make decisions for themselves.”

(Lady Medical Officer, urban Vadodara, four years of experience)

“Mothers-in-law do not allow the young daughters-in-law to use them. They want them to have children first.”

(Anganwadi worker, Urban Vadodara, five years of experience)

“The elders in the family are the decision makers. They tell their son what the daughter-in-law should use for contraception, whether she should use or not, or go for pregnancy, the son then communicates this to the daughter-in-law/his wife.”

(Chemist, urban Vadodara, 20 years of experience)





SERVICE PROVIDERS' ATTITUDE

An attitude of service providers in the public health system affects the service provision to an extent. Contraception and abortion are perceived to be only married women's needs. This is in line with the directives the service providers receive to meet their 'targets'. The sexual and reproductive health needs of unmarried adolescents and young women remain confined to menstruation and reproductive tract infections. But some service providers do acknowledge that the young population need information and services on contraception and abortion and that they get these from the private sector.

Adolescents and unmarried young people and contraception

"Contraception is not necessary for this age group, according to me. Even giving them information on this is not appropriate at this age. But we give information on contraception to married adolescents."

(Medical Officer, urban Vadodara, four years of experience)

"Contraception is for women who do not want to have any more children or for spacing between two children, and is for married women."

(ASHA, urban Vadodara, 11 years of experience)

"We inform only young married women about condoms, Antara injection and Chhaya pills."

(Anganwadi worker, urban Vadodara, five years of experience)

"There are other sources from where these young people get information and services. And if at all they use any method, they must be availing them from medical stores. We do not provide them any."

(Lady Medical Officer, urban Vadodara, 30 years of experience)





“Today’s young generation is sexually active. They are more into pre-marital sexual relationships. They indulge in sexual activities without thinking about the pros and cons, without proper knowledge. And then take steps which may be harmful to their health.”

(Chemist, urban Vadodara, 20 years of experience)

“Today’s generation is aware of many things. They take precautions. They eat pills. They do pregnancy tests and also terminate unwanted pregnancy.”

(Chemist, urban Vadodara, 20 years of experience)

“Young generation use Nirodh (condom), married men also use these, but there are chances of pregnancy if the condom tears. In such cases they use the kit (urine pregnancy test). And when two red lines appear on the strip, they go to the doctor. The doctor prescribes tablets which are available in the medical stores.”

(Chemist, urban Vadodara, 33 years of experience)





PRACTICES FOLLOWED BY SERVICE PROVIDERS

While frontline service providers, both from the public as well as private sector play their role in informing people about the availability of contraceptives with them or from other sources, the chemists insist on following the prescribed rules and ask for a doctor's prescription. Sometimes they also give the contraceptive or medical abortion pills depending on the situation of the woman.

"We give information to women on Mamta Diwas (Village Health and Nutrition day). ASHA and the nurse ben are present on those days."

(Anganwadi worker, urban Vadodara, 5 years of experience)

"We advise young people who approach us for abortion pills to go to the doctor first."

(Chemist, urban Vadodara, 20 years of experience)

"We have Copper T for three and five years and sell them only on doctor's prescription. The doctors insert them."

(Chemist, urban Vadodara, 20 years of experience)

"Many women use I-Pill also. In case the woman feels scared of unwanted pregnancy she gets an I-Pill immediately from the medical store."

(ASHA, urban Vadodara, 11 years of experience)

"Primulate N is useful for delaying menses. Women buy these when they have functions in their families or have to go out of the city, that is travel."

(Chemist, urban Vadodara, 20 years of experience)





CHALLENGES AND CONCERNS

Challenges and concerns expressed by respondents ranged from the need for effective convergence for successful outcomes of ongoing programmes, to the possible closure of maternity care services due to an overemphasis on contraceptive programmes, to the increasing fear of the POCSO law due to the raising of the legal age of marriage for girls and the lack of bodily autonomy of users in this patriarchal society.

“Now that the system is working so much on contraception, what will happen to the maternity programmes. Gradually they will stop the antenatal care programmes.”

**(Lady Medical Officer, urban Vadodara,
four years of experience)**

“Till 1988, ICDS and the health department were one department but now they are separate departments. Nutrition and health are seen as separate components. But the convergence is not effective and hence it affects the services to the beneficiaries.”

(CDPO, urban Vadodara, 33 years of experience)

“Now that the age of marriage has been legalized as 21 years for girls, we will have to be careful as to who we are giving information to.”

**(Lady Medical Officer, urban Vadodara,
four years of experience)**

“Even today men from certain communities do not use condoms or allow their wives to use contraception, despite having three to four children.”

**(Lady Medical Officer, urban Vadodara,
four years of experience)**





“Majority of the new users are young daughters-in-law. But even if the daughter-in-law is convinced, the mother-in-law opposes which makes it difficult or impossible for the woman to use any contraceptive.”

(Lady Medical Officer, urban Vadodara, four years of experience)



RECOMMENDATIONS BY CHEMISTS

The recommendations from the Chemists were mainly related to information dissemination and education of the community, which would strengthen the service provision.

“The system should provide information to young people on all these things before hand, at a young age, so that they do not have to face consequences.”

(Chemist years, urban Vadodara, 33 years of experience)

“Health workers should go from house to house, talk to women about their problems related to contraception and help them choose appropriate methods.”

(Chemist, urban Vadodara, 20 years of experience)

“ASHAs or nurses should meet the women who do not have any information on contraception. They should educate them on the available contraceptives, how to use them and where they are available. They should also talk to these women about the consequences of frequent pregnancies.”

(Chemist, urban Vadodara, 33 years of experience)



DISCUSSION AND CONCLUSION

Temporary contraception is becoming the new normal and the availability of user friendly contraceptives is just a phone call away, at least in urban areas. But contraceptive services still remain provider controlled and the health system acknowledges these services are only for married couples. While it may be possible for young and unmarried people to obtain the user friendly contraceptives from the 'basket of choice' available at the health centers, injectables or Copper T which need medical assistance, are a challenge to access. India has about 40% of young people aged 13 - 35 years (National Youth Policy 2021 draft). A considerable proportion is sexually active unmarried population. Perceptions of the service providers that they do not need contraceptive services and should not be given any related information is a matter of grave concern. An effective system has to be in place to provide universal access to contraceptive information and services, without any judgement or prejudice. Otherwise, a large population with unmet needs will rely on 'over the counter' services for contraception which may not always be in the best interest of the user.

What needs to be done

- Service providers at all levels need to be sensitized to the sexual and reproductive health needs of young people, including those with disabilities.
- Availability of contraception and abortion services to all young people irrespective of their marital status, and those with disabilities, must be guaranteed.
- Sensitization and awareness campaigns are required in the community on the importance of contraception, including the bodily autonomy of young daughters-in-law, and gender issues related to contraception.



For More information, CONTACT US AT -

SAHAJ

Programme Office

A-3, Ayodhyapuri Society, Behind Nisarg Flat,
Opposite New Court, Diwalipura,
Vadodara, Gujarat 390 007
Email : sahaj.sm@gmail.com;
Contact no. : (0265) 2358307

Admin & Account Office

1, Shree Hari Apartment,
Behind Express Hotel, Alkapuri, Vadodara,
Gujarat 390 007
Email : sahajsm.acc@gmail.com
Contact no. : (0265) 2342539

www.sahaj.org.in

Implemented by

Sahaj

towards alternatives in health and development

Supported by



UNITED NATIONS UNIVERSITY
UNU-IIGH
(International Institute for Global Health)