

*Experiences and Expectations related to
Contraceptive Services*

VOICES

of Young Women and Men from
Low Income Neighbourhoods
in Gujarat, India

May-June 2022

Sahaj

towards alternatives in health and development



UNITED NATIONS UNIVERSITY
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(International Institute for Global Health)

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Low Income Neighbourhoods in Gujarat, India**

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BACKGROUND AND METHODOLOGY

This qualitative study aimed to explore women's preferences for specific contraceptives, and their experiences while using them. We asked them about the factors contributing to continued use and reasons influencing discontinuation of any of these methods.

METHODOLOGY

Focus Group Discussions (FGDs), one each with married women aged 18 to 24 years and 25 to 45 years were conducted in urban Vadodara. Ten and eight women participated in the two FGDs respectively.

Eleven young married women in the age group of 18 to 30 years who have been associated with SAHAJ, across two districts were also interviewed (six in Anand and five in Mahisagar).

In addition, two married men from urban Vadodara and 13 from Mahisagar were also interviewed to find out men's perspective and practices related to contraception.

PROFILE OF RESPONDENTS

Men N = 10

Age wise

18-24 years = 03

25-30 years = 07

Education wise

IX - XII = 07

Post Graduation = 03

Occupation

Skilled work = 03

Shop/Vendor=02

Farming = 03

Job = 02

Status of Children (Parents of)

Only girls = 03

Only boys = 03

At least one boy = 01

No Children = 03

Contraceptive users

Only condoms = 22

Coitus = 02

Not using = 02

Women N = 29

Age wise

18-24 years = 10

25-30 years = 14

31-40 years = 05

Education wise

V-VII = 08

IX - XII = 20

Graduation = 01

Occupation

Skilled work = 03

Domestic Help = 04

Homemaker = 16

Farming = 05

Vendor = 01

Status of Children (Parents of)

Only girls = 09

Only boys = 02

At least one boy = 10

No Children = 08

Contraceptive users

Antara (injection) = 03

Chaaya (pills) = 03

Not using = 07

EXPERIENCES OF YOUNG WOMEN AND MEN ACCESSING CONTRACEPTIVE SERVICES



Access to any service is of utmost importance. Technology is playing its role where access to temporary contraceptives is now just a phone call away.

“The anganwadi ben and ASHA ben give us packets of Nirodh or Mala D, whatever it is that we are using. We only have to inform either of them in advance by phone. They give us their phone numbers.”

(A woman participant from FGD, urban Vadodara)

Technology has played its role in maintaining data information system as well which gives the benefit of keeping a record with the user as well.

“They have given me a card.... ASHA ben said she will remind me when to go for the next injection. I have to take the card with me.”

(24 year old woman, new Antara - injectable contraceptive user, mother of one child, urban Vadodara)



AVAILABILITY OF CONTRACEPTIVES

Availability of contraceptives helps in addressing the demand generation. Condoms, Mala D/Chaya (contraceptive pills) and Antara (contraceptive injections) are available for free in the vicinity or workplace was an advantage for the users of temporary contraceptives.

“My mother is an ASHA worker. So getting condoms is not a problem for us.”

(24 year old married man, educated till Class 9, married since the last seven months, urban Vadodara)





“We use Nirodh. My wife gets them from the ASHA who is also my sister-in-law. Getting them during the Corona lockdown was not a problem because she stays next door.”

(24 year old married man, educated till Class 12, married since the last six years, father of three children, Mahisagar)

“Condoms and Antara are available for free in the PHC. We used Nirodh earlier but my wife now uses Antara. She just got her second shot.”

(25 year old man, Master of Social Work, married for five years, father of a 10 month old, urban Vadodara)

“We had sexual relations three years before we were married. We used condoms. I got them from the company I work for. They gave us big packets during the Corona period.”

(23 year old married man, educated till Class 10, married since the last six months, urban Vadodara)

“The Urban Health Center is near our basti. There are many medical stores also. We can get what we want from these.”

(A woman participant from FGD, urban Vadodara)

“Mala D and male condoms are preferred because of their availability in the basti.”

(A woman participant from FGD, urban Vadodara)



Availability during the COVID period



Although health posts remained confined to COVID services, the system ensured availability of temporary contraceptives with its frontline work force. This measure was noteworthy especially when mobility of women outside their homes was restricted due to the pandemic.

“ASHA ben had enough stock with her during the Corona lockdown - we got pills and condoms from her in the basti. Also, the medical stores were open during Corona so some women bought them from these stores.”

(A woman participant from FGD, urban Vadodara)

“And she gave us packets of Nirodh or pills which would last us for 2 to 3 months because she was not sure when the Corona situation would become normal. What if Corona lockdown comes again and she would not be able to give us Nirodh and pills, that is why.”

(A woman participant from FGD, urban Vadodara)

“We told her that we could not buy them from medical stores. You come and give us. So the ASHAben came and gave us the packets”.

(A woman participant from FGD, urban Vadodara)

“I did not use any contraceptive and got pregnant during the Corona lockdown. So I went to the doctor when I was two months pregnant. The doctor prescribed pills and I got them from the medical store. I had my menses after eating them. I got the baby aborted. Could not afford to keep the baby.”

(A woman participant from FGD, urban Vadodara)



EXPERIENCES OF USING CONTRACEPTIVES

Modern method of contraception



Chaya pills which are the new version of Mala D and are supposed to be non-hormonal. They are becoming popular amongst users of pills.

“We used Nirodh for a year. Then ASHA ben told us about Chaya (non-hormonal contraceptive pills). I am using it now. Very convenient, just take it two days in a week - I have fixed Wednesday and Saturday. It is free.”

(24 year old woman, educated till Class 10, married for 11 years and a mother of two children, Mahisagar)

Antara injection was stopped for some time due to complaints from the users of heavy bleeding. A new version has come in.

“My husband was using condom but then I had itching. I got infection so we stopped using Nirodh I asked ASHA what I should do. She told me about the Antara injection. She said that this injection is given on 5th day of the menses. So I took the Antara injection at the Urban Health Center. It’s been 15 days. I asked the doctor if there would be any problems after taking this injection. She said this is a new lot. Hope there are no problems. But I should inform her or the ASHA if I had any problems”

(28 year old woman, new user of Antara, urban Vadodara)

“I got pregnant even after getting an Antara injection. As we did not want the baby we got it aborted in a private hospital. It cost us Rs 4000/-. How can anyone trust government services if such things happen”

(26 year old woman, educated till class 10, mother of three children, Dahod)





“ I got Antara injection once after ASHA ben told us about it. But then I had menses for more than a week. So I did not go for a second shot. We are using safe period. I make use of the bead-string. No, I do not want to go for an operation”.

(31 year old woman, belonging to Schedule Tribes, educated till Class 12, mother of three children, Anand)

“I ate Mala D but got acidity. I had pain in my chest. So I stopped eating the pills. I went to the health center and they told me about Copper T. I got it put. But then I had heavy bleeding and had lot of white discharge. I went back to the health center. They said I had infection. I got it removed.” When asked if she is using anything else, she said, *“No, right now I am not using anything.”*

(23 year old woman, mother of one child, urban Vadodara)

Heavy bleeding after insertion or continuous use in women is one of the reasons for removal of Copper-T.

“I had Copper T inserted three years ago. Everything was ok for 3 years. Then I had heavy menses. So I went to the government hospital - SSG hospital. But they said everything is ok, there is nothing wrong with the Copper T. But the bleeding continued so I went to a private hospital. They did a sonography. It showed that the Copper T had moved upwards. I told them to remove it, which they did immediately.”

(25 year old woman, uses of Mala D, mother of a girl child, urban Vadodara)

“I had put Copper T twice but had to remove it due to heavy bleeding, both times. We now use Nirodh. We buy it from medical store.”

(A woman participant from FGD, urban Vadodara)





Dual use of condoms, not having to remember days or months and no side effects has made this device more popular besides its availability.

“Nirodh has no side effects. They are given free”

(A woman participant from FGD, urban Vadodara)

“Condoms not only prevent pregnancy but also gives protection from infections.”

(26 years old married man, educated till Class 9, urban Vadodara)

“I have to remember to take the pills. Using Nirodh is easy. Has to be used only at the time of the physical relation. No side effects and no fear of infection. No, I will not go for an operation. It causes weakness in the woman. I have to work all day in the fields.”

(24 year old woman, educated till Class 10, mother of two children, Mahisagar)



Natural method (Calendar rhythm method/safe period)

Safe period is one of the most used natural method for contraception in tribal belts.

“We used condoms first, then safe period. As this is effective for us, we are using safe period.”

(28 year old man, Class 10 fail, married for 11 years, father of children, Mahisagar)

“My husband lives in Surat. He comes once in 15 days. We use safe period.”

(28 year old woman, Mahisagar)

“We use safe period. I visit home once in a month. My wife tells me when it is ok to keep physical relations.”

(26 year old man, Mahisagar)



POWER AND DECISION MAKING

Factors affecting decision making of women



Some women were of the opinion that both husband and wife should mutually decide on contraception. And a few said it was the woman's right to choose the contraceptive she wants.

"In some situation it should be the woman's decision, because it can be that a woman wants the child but her husband disagrees. It is her right to decide when to have children."

(A woman participant from FGD, urban Vadodara)

"When the husband supports, only then we can use contraception."

(A woman participant from FGD, urban Vadodara)

"Some women have to ask their husband and some women decide on their own. Especially those women who are educated... they can decide how many children they want and when to have them. But in some cases despite the woman being educated, she has to agree to her husband and mother-in-law's decision. Even if she is educated but has more girl children, she has no say. No one listens."

(A woman participant from FGD, urban Vadodara)

"Contraception is not allowed for women by their families who have two to three girl children and women are forced for pregnancies for want of a boy child".

(A woman participant from FGD, urban Vadodara)

" My younger daughter is six now, so we are planning for a baby. We want a son."

(26 year old man, educated till second year of college, married for 10 years, father of two daughters, Mahisagar)





“I have two daughters and one son. We are not using anything. We want one more son. We have a lot of land. My son will need a brother to help in managing the fields.”

(24 year old woman, educated till Class 12, Schedule Tribe, mother of three children, Mahisagar)

Power of decision making for contraception is clearly seen when it comes to women seeking services from public health centers. This is also one of the reasons why women do not prefer to go to these health facilities for deliveries.

“They fixed the Copper T in me forcibly.... When they took me to the ward the day after my delivery, I thought it was for a checkup. But then I suspected something else when I saw the Nurse ben with a tray in her hand. When I asked her what was going on, she said that they were going to insert the Copper T in me. I said - No, I don't want it - but the ward staff said that they had to do it. I was alone and was scared to say 'no' again. So, I said 'Ok' and they inserted it in me.”

(32 year old woman, mother of four girls and a boy, Pansora, Anand)

“In the 'big hospital' (government medical college hospital), a new mother will not be given her baby unless she agrees to the Copper T. The poor woman feels scared that she may not get her baby and unwillingly says 'yes' which is noted as 'consent!' That is why many women do not go to government hospitals for their deliveries.”

(28 year old woman, mother of two children, urban Vadodara)





“They take consent of the ASHA who accompanies the woman for her institutional delivery - they do not ask the woman whether she wants the Copper T. The woman should be making the decision. It is her body”

(26 year old woman, mother of one child, urban Vadodara)

Planning a family should be a mutual decision of both the partners. Choice of contraception and support are important factors for effective contraceptive.



Support system

“I got information from ben (NGO field officer) on condoms and Mala D. When my child was six months, I told my husband to use condoms and he agreed. He did not know about them so I explained how to use them. We used condoms for six months. Then we decided to have another baby. I am pregnant now. After this child is born my husband says we should go for a family planning operation.”

(26 year old woman, educated till Class 7, mother of a two year old child and pregnant for the second time, Pansora, Anand).


“I decided not to have a child right now. My husband supports my decision. He buys condoms from the medical store. We are saving so that we can bring up our child well.”

(26 year old woman, educated till Class 12, married since a year, Pansora, Anand)

“I lived with my boyfriend and his parents for a year before our marriage, after my mother passed away. We had physical relations during this period and we used condoms. My mother-in-law supported me.”

(22 year old woman, married since the last six months, Pansora, Anand)





“We are using condoms. We do not want a baby for at least three years. My wife is studying nursing and this is her last year. She needs time to study and then get settled in her job.”

(25 year old youth, Schedule Tribe, highly educated - BCA, BA, MSW married since three months, Dahod)

Feedback or recommendations from the users helps in improving the existing system and devices. Education on the new methods especially on how the method works and the process can help in getting more users.



EXPECTATIONS AND RECOMMENDATIONS



“The health workers should update women on the new contraceptives from time to time so that it helps women to choose the right method.”

(26 year old woman, Pansora)

“New married couples who want to conceive but are not able to do so should be guided by the medical staff especially by the doctors.”

(25 year old youth, Schedule Tribe, lecturer in MSW college, father of two children, Dahod)

“I know about condoms and Mala D but Copper T suited me. I used it for some time and got it removed when we decided to have our second baby. Now we do not want any more children and I want to go for a family planning operation. I want more information on how this operation is done and whether it really has any side effects.”

(27 year old woman, educated till Class 10 , mother of two sons, Anand)



DISCUSSION AND CONCLUSION

Temporary contraception is gradually becoming the new normal in the health system - introducing new methods of temporary contraceptives, sensitizing frontline health workers on their role in informing women on contraception and promoting availability of these contraceptives at their door step or at Urban/ Primary Health Centers is enabling many young women to opt for temporary contraception. Urban women also have the advantage of 'choice' due to medical stores close to their homes. Also as the respondents are users of temporary contraceptives, permanent contraception was not highlighted.

Men's engagement in contraception and those men who believe in gender equality are practicing responsible sexual relationships, thus enhancing

the quality of sexual life. However, use of condoms shows control of the men in contraception.

Practices like forced insertion of Copper T in public health facilities discourage many women from availing public sector contraceptive services. Besides, fear based on experiences of – and rumours about – side effects of contraceptives and permanent contraception (tubal ligation), gender factors like desire for a male child and lack of decision making power in patriarchal families prevents many women from using contraception.

Way forward

We will take these findings back to the community as well as the service providers in different ways, namely:

- Organizing an orientation on new contraceptives for the SAHAJ team by a gynaecologist and discussions with young married women on the new contraceptives, their availability, benefits and side effects.
- Discussions with decision makers like the mothers-in-law on need of contraception in women. Public felicitation of role models and sharing their stories of support to inspire others in the community.
- Group discussions or one-to-one interactions with the young men on contraception and planned pregnancies.
- Sensitizing women's collectives in the bastis (low income neighborhoods/slums) on their role in addressing the factors influencing acceptance or discontinuation of contraception by women.
- Conveying 'Key Asks' through dialogues between the support groups of women and service providers at various levels.



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