COUPLE ENGAGE
DOUBLING THE IMPACT OF FP INTERVENTIONS

Thematic Barrier 3

INADEQUATE QUALITY OF CARE IN FAMILY PLANNING

Sub-optimal quality of care and its implications on women and couples, and their family planning choices

CONTEXT

At the service delivery level, family planning programs are constrained by inadequate funding, frequent stock outs, under staffing, and poor reception and handling of clients at health facilities, resulting in long waiting time for clients. These gaps in the quality of care provided by the health system have far-reaching implications on the demand of services. Most often, they translate to women bearing repercussions, sometimes in the form of bodily harm induced by side-effects, and the collective refusal of both women and men resulting in the rejection of modern contraceptive methods altogether.

This thematic brief provides evidence from global literature and our primary research in Uttar Pradesh and Bihar on the quality of care with respect to service delivery and the affect it has on women's bodies and couples' lives. This theme will enable researchers and programmers in the family planning landscape to look at the system's functioning and how it in turn shapes the family planning choices of women and couples.

HOW THIS THEME WAS EXPLORED

The respondents, women and men, were asked a series of questions on their experiences of using modern contraceptive methods and their reasons for continuing, discontinuing and switching between methods. Their experiences of side-effects and what they may have heard from others in their social circles were also explored through trust circles and social network mapping activities. In addition, accredited social health activists (ASHAs) were also asked about their role in family planning, their experiences and the challenges they face.

Inadequate quality of care in emerged as a cross-cutting theme, wherein various aspects of service delivery came across as a key deterrent for uptake.

KEY INSIGHTS

No "choice" when it comes to side-effects; women forced to endure debilitating health risks of methods on their bodies.

Literature informs that women endure continuing side-effects while using contraception methods (Jain et al., 2017). With a skewed basket of choice which is tilted toward women-centric methods, women find themselves placed precariously, without any power to make decisions[i]. Choice to use a contraceptive method or to bear the side-effects from it does not lie with women. While men refuse to use the few methods — condoms and male sterilization — available for them under pretexts of decreased pleasure and loss of manhood, women bear the burden and fallouts of contraceptive method use (Bunce, 2007; Char et al., 2009).

First, I gave her Mala D but that was not good, she would feel lethargic and uneasy. Then, we got a Copper T inserted, it used to pain her. Now, we do not use anything, and she had to undergo an abortion recently.

MAN, PARITY 3, GORAKHPUR (URBAN)
(Married for eight years and has three children; a five-year-old son, a four-year-old daughter and a 10-day-old daughter)

He will not get it (sterilization) done. His mother says that he cannot get it done because her son is running a stall and that it will make him weak. The doctor had suggested that since he could not find my vein for sterilization, my husband can get it done, but he refused saying that men do not get it done."

WOMAN, PARITY 2, GORAKHPUR (URBAN)
(Married for nine years, with eight-year-old twin sons)

Findings from our primary research further highlight that many women reported side- effects such as nausea, dizziness and headache. A few women in our sample had also experienced fertility complications and had taken medications to address the same. **Women and couples often disregard pre-existing conditions such as anemia, irregular menses, among other issues, leading to fertility complications.** These remain undiagnosed and untreated, and side-effects of contraceptives put their health at further risk and making their day-to-day living difficult. This invariably constrained women's ability to endure the physical demands of agricultural labor, resulting in reduced household productivity. Direct or indirect losses in revenue were further exacerbated by additional medical care costs to treat women's discomfort. In line with this, literature also suggests that men, who perceived that family planning had side-effects, were also concerned about the financial implications for treating their wives if they experienced side-effects. (Mosha et al., 2013).

The distress and pain in the narratives of women around side-effects was palpable as was their inability to access specific health services to manage them. The prolonged experience of living with side-effects, unplanned pregnancies and multiple abortions leaves psychological and physiological impacts on the women's health. Our findings note that for women, the situation does not get better either way as they bear the brunt whether they use contraceptives or not. The point to note is that there are trade-offs with respect to the "choices" made, which are skewed in their absence of actual choice-making for women, as decisions are taken by men.

I had started falling ill frequently, my body had swollen up after taking pills, now I am on Copper T, but even that is painful. I was in pain for all these months, household work became difficult and we had to spend a lot of money on doctors and medicines.

WOMAN, PARITY 2, GORAKHPUR (RURAL)

(Married for eight years, with two children, a son of 7 years and a daughter of 3 years)

Health systems do not adequately address or provide quality of care, particularly with respect to management of side-effects.

In the FP2020 commitment for a voluntary, rights-based approach for family planning, quality of care needs to be the foundation. In particular, it means listening to what women want, treating individuals with dignity and respect, and ensuring that everyone has access to full information and high-quality care (Satia & Chauhan, 2018). Over the years, progress has been made in this domain and clear guidelines for all crucial components such as access to contraceptive choices, quality

I do not know what keeps happening to my body, I feel tired and troubled all the time, I have left everything on him. After two pregnancies and an abortion, I do not know how to make sense of anything.

WOMAN, PARITY 2, GORAKHPUR (URBAN)

(Married for ten years, with nine-year-old twin sons years; has undergone two abortions)

counseling services, information and follow ups as well as client-provider interaction have been laid out (Muttreja & Singh, 2018), but much remains to be done. A study conducted by ICRW in Bihar highlighted that unsanitary environments that are woefully void of appropriate, clean and comfortable consultation spaces for providers and clients to meet are a pertinent concern. Other aspects such as necessary equipment, drugs and supplies for clinical methods[ii], staff, and method-specific counselling were also found lacking. Literature further suggests that women choose providers based on factors such as confidentiality, privacy and respectful provider-client interaction and they largely avoid government facilities because of their insensitivity. While cost was a major concern, most women were more willing to incur significant costs at private facilities rather than attend government facilities (Jejeebhoy, 2007).

I had gone to get sterilization done after my last abortion but the doctors said that they could not find a vein that is required for it. They kept trying, but it was very painful. I have never heard such a thing happen to anyone but in my case, I am telling you it was a bad experience and now I am relying on his control and withdrawal.

WOMAN, PARITY 2, GORAKHPUR (URBAN)
(Married for nine years, with twin eight-year-old sons)

Findings from our primary research corroborate the above lacunae in quality of care. Women in urban and rural parts of Uttar Pradesh and Bihar report lack of support from the public health system, their partners and the larger community in managing the multiple side-effects of family planning methods. They also expressed an acute lack of trust in public facilities but added that said that they did not have enough money to go to private facilities. Hygiene practices and follow-up care becomes much more pertinent in cases of clinical methods like IUCD (intrauterine contraceptive device), and sterilization and lack of adherence is observed is most instances. In our primary study, most women spoke of singular touchpoints with ASHAs, if at all, for information on family planning with no or little follow up. Most of the frontline workers were present and active at the time they were convincing women for contraceptive uptake or taking them for their first visit to a healthcare facility. Soon after women take up a clinical method, the role of the health worker reduces significantly.

I went to get my checkup done after my first pregnancy and they suggested that I should get PPIUCD inserted, I got it but it is very painful and I also have a lot of bleeding. The ASHA didi from nearby accompanied me during the visit for insertion, but after that she never came.

WOMAN, PARITY 2, KANPUR DEHAT
(Married for four years, with three-year-old son and a two-year old daughter)

Men, too, raised concerns about the quality of government-supplied commodities, particularly condoms. They reported irritability and frequent tearing as common reasons for not using condoms. Literature substantiates that men's unwillingness to use contraceptives is also on account of the quality of products and services available. Reduced sexual pleasure, oily substance on condoms causing irritation, decreasing sexual strength, interruption of foreplay and mood disruptions were oft cited reasons for non-use. For long-term methods, especially male sterilization, decreased sexual libido and sex drive were perceived as hurdles to uptake. For other women-centric methods such as pills, injectables — vaginal dryness, swelling in the body, and irregular or prolonged bleeding were standard responses. In communities with immense stronghold of norms, where the menstrual cycle is also associated with notions of purity and impurity, women find themselves in a precarious position. During menstrual cycles, women are not allowed in the kitchen or the family prayer room and, in some instances, also made to sleep separately.

Government condoms are slimy and cause irritation; they also get torn easily. My condoms broke three times during sex and after that we also had an unplanned pregnancy.

MAN, PARITY 1, DARBHANGA
(Married for four years, with a one-year-old son)

A critical aspect influencing the quality of care of health services is providers' own bias around family planning[iii].

Providers' bias exists in many forms, for instance, with frontline health workers who reach out mostly to women who have completed their desired or ideal family size. They do not reach out to newly married women or to women who have just one child. If cultural influences are to be considered, couples who have had a son are more amenable to family planning as their reproductive role as a couple to bear a child and a son is fulfilled. Further, providers assume women's inability to choose a method of their choice. "Choice" in this case is largely determined by the availability of a method, the family planning targets for the time period, and what providers, based on their own understanding, consider best suitable for the woman and the couple. There exists a deep and stark gap in screening, which creates a divide between fertility aspirations and intentions of couples vis-à-vis their use of family planning.

With inadequate training leading to fragmented knowledge and lack of gender perspective, the single-most influential structure – the community health system, to address the needs of women and couples does not have the capacity and the wherewithal to manage side-effects and other unforeseen health consequences.

Absence of quality of care and inability to manage side-effects, leads to an incomplete follow through of a single method. Couples may resort to inconsistent use of multiple methods.

Studies show that when couples do use modern methods, their use is mostly inconsistent (Thobani et al., 2019). The inconsistency stems from a range of reasons — fragmented knowledge, normative restrictions, experience of side-effects and the health system's inability to respond — all of them impede informed use and uptake. Along with personal experiences of side-effects, use or non-use is also driven by heard experiences of others in the family and the community. Many couples are discouraged from using a particular method themselves if they hear of someone's experience of health risks on account of the same. In such cases, they actively dismiss modern methods and rely on their own self-governed ways of spacing — restrained sex, use of the calendar method[iv] and withdrawal — or they wait to achieve their ideal family size, post which the woman undergoes sterilization.

> **So, when it is going to happen (ejaculation) I know, I pick up my wife and make her stand so that it does not get inside of her.**
>
> ***MAN, PARITY 1, GORAKHPUR (URBAN)***
> *(Married for two years, with a one-year-old son)*

> **We use condoms, it is our go-to method. When a condom is not available, he withdraws. I also take emergency contraceptive pills sometimes but I miss them also due to side-effects, my entire body swells and feels heated up.**
>
> ***WOMAN, PARITY 3, GORAKHPUR (RURAL)***
> *(Married for six years, with a three-year-old daughter and two sons)*

In some cases, couples were using innovative ways of protection to prevent pregnancy such as trying different positions so that withdrawal is easier, urinating after sexual intercourse, etc. The different positions tried by couples have a higher dependency on the man to "control" and take responsibility[v]. This long standing anxiety about using modern methods in combination with incomplete knowledge often leads to couples using multiple methods in an experimental way. Couples devise new ways of "hacking" their way to spacing and avoiding pregnancy. Their own curiosity, the need for self-sufficiency, difficulty of access and high perception of side-effects of modern methods can encourage the couple to take up a unique path that can best suit their needs.

SPECTRUM OF RESPONSES

Women, across all sites and family structures spoke about the multiple and myriad repercussions of side-effects that they had to bear over their reproductive trajectory. While women who had more than one child may have used at least one method spoke about actual experiences of side-effects, women who were newly married or had no child spoke of other people's perceived experiences of side-effects. The latter were also reluctant to use any method and were largely dependent on an incoherent and inconsistent understanding of the calendar method.

The most common combination that couples were found to be using was that of the calendar method and condoms, in cases where men were forthcoming. Where men did not use condoms, pills were the second most used method followed by IUD; the user numbers for either were quite small.

PATHWAYS TO ADDRESS THE BARRIER

- Support couples to understand the trade-offs and repercussions of the family planning choices they make.
- Close coaching and handholding to help, particularly women, to understand and navigate through side-effects experienced.
- Facilitate couples, within their spousal dynamics, to visualize and acknowledge the health risks of their decisions on the woman's body and aid them in identifying mitigating strategies.
- Discuss method-related side effects with clients – women, men and couples – and help them find the best method to fit their needs.
- Enable providers to commit adequate time to help men and women understand the menstrual cycle and fertility processes, particularly those who opt to use traditional methods.
- Facilitate regular trainings and refreshers for providers, supportive supervision and advocate for increasing their technical competence.
- Enable providers to understand the importance of follow-ups, particularly in case of clinical methods, and how regular follow-ups reduce the possibility of backlash and enable sustained use of family planning methods.

COVID-19 IMPACT

With the health system redirected toward COVID-19 response, there has been a reprioritization of tasks and the focus on family planning efforts has taken a backseat. Thus, the needs of couples stand more intensified during these times. It is important, more than ever, to look at the quality of care provided by the health system and its ability to respond to demands for services and information.

ENDNOTES :

i Please refer to Thematic Barrier One: Inequitable Gender Norms.

ii Clinical Methods: Family planning methods which require a clinician to carry out the procedure, for example, IUCD, PPIUCD, sterilization.

iii Please refer to Thematic Barrier Two: Alienation of Men by Health Systems.

iv Calendar-based contraceptive methods prevent pregnancy by monitoring the fertile periods during the menstrual cycle, whereby women and couples avoid sexual intercourse or use alternative contraceptive methods during the fertile stages of the menstrual cycle.

v Please refer to Thematic Barrier Six: Sex as Performance for Men and a Duty for Women.

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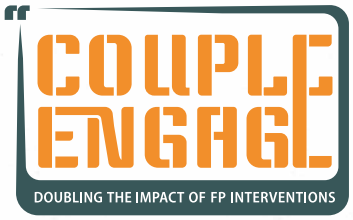
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