MA self-use and Post MA contraception

Understanding users, context(s), decision pathways and influences

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Objective of the Inquiry

To understand how women and girls perceive and manage their fertility, focusing on the pathways of decision making on the use, access and adoption of MA (self-use) and contraceptive methods post MA self-use; and to understand the context within which these decisions are made

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Information Sources

Formative study	Married women between 25-49, in rural and urban Agra/Lucknow who had self-used MA in the last 6-12 months; unmarried urban women between 18-24 who had self used MA Husbands of married women who had self-used MA Influencers and healthcare providers
Pharmacy Mapping	Observational study in select pharmacies in Lucknow and Agra Mapping1500 pharmacies in Agra and Lucknow

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Findings

I. Fertility Management

Perceptions, preference and agency

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Pre-marriage: What do women think

- Most women, prior to getting married have a certain set of beliefs on the family size they wish to have and spacing between children
  - Women think that an ideal family should have 2-3 children with 2-5 years between them
- Prior to marriage there is not much thought or discussion with influencers on how the ideal family size / spacing could be achieved.
  - However women and men do have some awareness about contraceptive methods – condoms, OCPs and traditional methods. This passively acquisition of information, primarily from the peer network, for men and from their family (mother/sister in law, etc) for women.
  - It must be noted that almost none of the women said that there was any focused discussion/conversation on contraception before marriage.

> *I did not speak to anyone about this before my marriage. I used to feel shy.* ***Woman, Agra, Rural***

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After marriage: What actually happens

- After marriage, women clearly believe that decisions related to fertility management, including using contraceptives, is a decision that should be taken by the couple, or even by their husband but women do not think that this decision is their prerogative
- Prior to the first pregnancy, there was a discussion between the couple on the number of children and timing of pregnancies – this was especially the case among those couples who used modern methods
  - Among those that primarily used traditional methods, it seems that there were fewer such discussions among the couple
- It is notable that a majority of women are not able to achieve their desires, especially with respect to the timing of the first child
  - Most women said that they would have wanted to delay their first child but were not able to

“*Neighbors think that it’s been long time no kids something like that that’s why family member demand for first child.* ***Woman, Lucknow, Urban***

“*Earlier where I was married I was in the village so them everyone started asking that it has been 2 years why are you not having baby then my mother in law brought some medicine by which after taking I started getting regular periods then after that I conceived and had my first daughter.* ***Woman, Agra, Urban***

“*How long I will wait for before having the second child depends on my husband. No, nobody. My husband takes care of everything; he maintains all the expenses, so I'm not concerned about anybody else.* ***Woman, Lucknow, Rural***

“*From the beginning I felt not to have child but family members convinced me that if child is not there then nobody belongs to anyone…..then husband said that mother is bored and you don't have to anything so let’s have this child and then do whatever you want so I left Mala-D for one month and then I had this child.-****Woman, Rural, Agra***

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Findings

2. Self use MA

From consideration to use: Information, decisions and context

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Why this choice?

Abortion, MA self-use

- A pregnancy disrupted the stated / unstated status quo between the couple – there were no expectations and plans for another child at that point in time
- The objective was to maintain that status quo and therefore continuing the pregnancy was not an option – though it was considered in a few cases
- A surgical abortion was never evaluated positively against MA use because of the need for privacy and a non-clinical, non-surgical, and a less physically traumatic solution

> *We discussed if she should keep the child but decided against it because a pregnancy would affect her health*
> ***Man, Agra, Urban***

> *So I told them that I don't want baby now because our daughter is very small now because I wasn't that strong and ready.*
> ***Woman, Agra, Rural***

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Information on MA

Over a period of time

During the episode

Pharmacists, friends and technology (sometimes)

> *"When wife did not get periods then we checked using Prega News. We did not want child as had 2 kids and I consulted the medical store and they gave tablets to avoid pregnancy."* -**Man, Lucknow Rural,**

Passive, undirected, information acquisition

Active, directed, information seeking

Women and men

Primarily men

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Decision making pathways for MA use

Woman misses her period and seeks confirmation within one to three weeks missing her period

Couple discuss and mutually agree to terminate pregnancy

Abortion related information is actively sourced by the husband, typically from friends and sometimes pharmacists

Husband visits the pharmacy, asks the pharmacist for an option and purchases MA

Husband shares information provided by pharmacist with his wife and hand over the product

In certain cases, especially in rural areas, nausea, giddiness or other physical discomforts were associated with identification of pregnancy.

Decision for abortion and MA use is mutual and typically only involves the wife and husband.

In rare cases in rural areas, they consulted an informal provider who recommended MA, in some cases women consulted friends who had used MA

> *When we had to abort then we didn't not wait for long after I missed my cycle. (Wife, Agra)*
> ***Woman, Agra, Urban***

> *I did not understand till 15 days and then I could smell in toilet so then I was doubtful like why urine smells, I doubted that I could be pregnant and told my husband.*
> ***Woman, Agra, Rural***

> *Medical store owner is my friend and that family doctor is also a friend so I told them to talk to each other on phone, then he gave me the pills*
> ***Man, Lucknow, Urban***

> *When my wife said that she missed periods, immediately we checked and we got the abortion done*
> ***Man, Lucknow, Urban***

> *My husband's friend is an informal provider and his wife is an ASHA so I asked her.*
> ***Woman, Lucknow, Rural***

> *My husband asked the chemist if the tablets have side effects and the chemist said no.*
> ***Woman, Lucknow, Urban***

> *Pharmacist gave 5 tablets one was small and the other one was big. He said that after each dose keep 12 hours gap.*
> ***Man, Lucknow, Urban***

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Reproductive Coercion

Abortion, use of medical abortion pills

- The decision to undergo abortion is mutually taken by the couple, with the woman in being a participant to that decision
- The woman in many cases initiates this discussion, while in a few cases it is the man
- Except in a couple of cases, where the woman was “convinced” to abort the child, reproductive coercion was not observed with respect to abortion and the decision was with consent of the woman

“*I skipped my date and was worried that I am pregnant. I told my husband he got the kit and checked so it was confirmed that I was pregnant. I got worried as I did not want the baby. Discussed with my husband even he said the same.* ***Woman, Agra, Urban***

“*The decision was taken mutually, we both were not ready and when I told my husband that I do not want the child right now. Then, my husband said the same thing. He told me that we need to see our finances too.* ***Woman, Lucknow, Urban***

“*At that time she told me that she doesn’t want a baby. I said what to do, she said just look for the way out. She wanted to go to doctor but I refused because that is not good in my perception.* ***Man, Agra, Urban***

“*I wasn’t ready to have the pills since baby would have a life. But later I agreed with him.* ***Woman, Lucknow, Rural***

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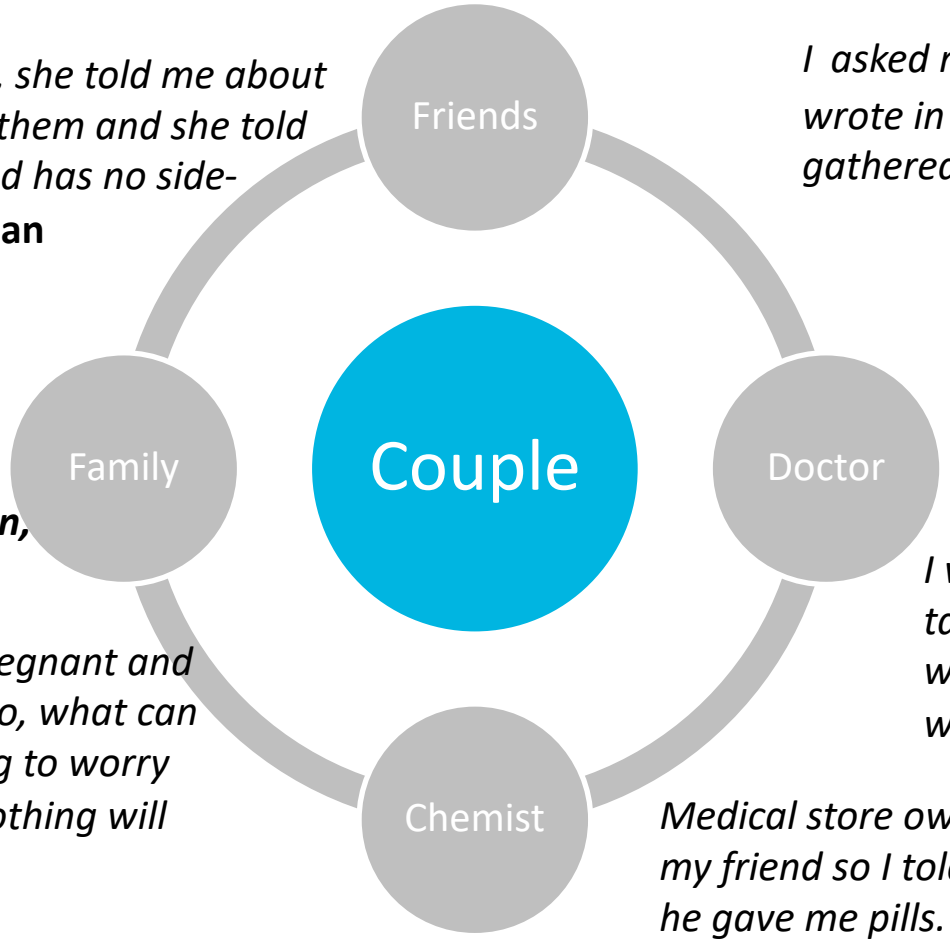
Role of Influencers in the MA decision

Couple makes the decision and there is typically **no one** else involved; others may sometimes validate the decision or add more information. Doctors appear to have significant biases



I talked to my sister-in law, she told me about the drugs. Her friend used them and she told me that it is less painful and has no side-effects. **Woman, Agra, Urban**

I asked my sister whether there would be any risk involved in doing the abortion with a pill. ***Woman, Lucknow, R****ural*

I told him that my wife is pregnant and we do not want this child. So, what can be done. He told me nothing to worry these are the tablets and nothing will happen. ***Man,*** **Agra, Urban**

I asked my friend about the situation, he told me about the medicine, wrote in the piece of paper. He told me rest of the information will be gathered from the chemist. **Man, Lucknow, Urban**

Same thing has already happened me at the time of my second child in which doctor refuses to abort and I have been left with no choice, but this time I was not ready for the third child so I went to chemist and bought those pills ***Man, Agra, Urban***

I went to the government doctor to write down the name of the tablet through which I could abort naturally. The doctor did not write the name of the tablet, he refused to give me a name. So I went straight to the chemist ***Woman, Lucknow, Urban***

Medical store owner is my friend and that family doctor is also my friend so I told them to talk to each other on phone. Then he gave me pills. **Man, Urban, Agra**

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Summarizing

- The unwanted pregnancy disturbs the status quo and the couple's goal is to return to status quo as soon as possible– hence MA
- Active sourcing of information on MA is sought when the couple realizes they are pregnant and men take the lead in active info sourcing; information is otherwise passively accessed through peer networks, primarily among men
- Given the urgency of the event, the decision-making pathway for self-MA use is linear and typically involves three players – the woman, her partner and the source of procurement / information
- The pharmacist plays a central role in provisioning the product, pharmacists are also an important source of (incomplete/incorrect) information regarding product use.
- Reproductive coercion for MA use is not prevalent, on the contrary women are often the initiators of a discussion on abortion – women's agency during this phase is different from the role they have in fertility management in general

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Source of MA

- Pharmacies are the source of MA in the case of almost all self-MA users; a few of the users might have previously visited a doctor in case of a miscarriage or prior abortion where they were oriented about MA
- In most cases husbands procure MA from the pharmacy; it is only in a few cases, mostly urban where the woman also purchases MA from the pharmacy
- Informal healthcare providers or community health workers did not emerge as sources of MA

> *My husband bought medicines for me. He asked the price of it and the chemist said its not very strong.* ***Woman, Lucknow, Rural***

> *They gave me 5 pills and then he said to take first pill and then take the second pill after one day if you feel the result then stop consuming it if not then go for 3rd one.* ***Man, Lucknow, Urban***

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The buying process

Ask

Direct/indirect references to the women's period; no references to pregnancy/abortion:
"din chadh gaye, periods start karvane hai, periods nahi aaye"

Conversation

Pharmacists sometimes ask about time since the last period; often give (incorrect) advice on dosage.
Customers ask for a "guarantee" that the abortion would take place

Purchase

The product exchange is discreet; purchasers sometimes also buy pregnancy test kits and / or sanitary napkins.

Follow-up

In very few cases, the purchaser returns with a query, typically related to continued bleeding or excessive pain. *Pharmacies in many cases give additional doses or rarely also make referrals*

The whole interaction is carried out in a hesitant manner, with the customer making sure, and waiting till there are few people in the pharmacy (the pharmacists recognize this behavior and associate it with the purchase of condoms, MA, and possibly ECs).
The transaction including questions is about 5 minutes.

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Notes from the Field: Pharmacy Landscape

PRICING

In locations with low density of pharmacies MA drugs are sold close to / above MRP but in places where there are many pharmacies in a concentrated area – where the purchaser has choices, the drugs were sold below MRP

DISCREET

In a peri urban setting, a well known person had come to purchase MA but was surrounded by people who wanted to speak to him. He wrote down the brand on a piece of paper and handed it over to the pharmacist. *Lucknow, peri urban pharmacy*

PHARMACIST BIASES

During the study, a man came to the pharmacy to distribute sweets on the birth of his child. The pharmacists shared that this was a young, newly married man who came to a pharmacist to purchase MA. The pharmacist counseled him on why the couple should have the child. *Agra, urban pharmacy*

TRUSTED ADVISOR

A couple needed MA twice in two months, and the known pharmacist suggested that they consider modern contraceptives.
Agra, peri urban pharmacy

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Findings

3. Contraceptive use post MA self-use

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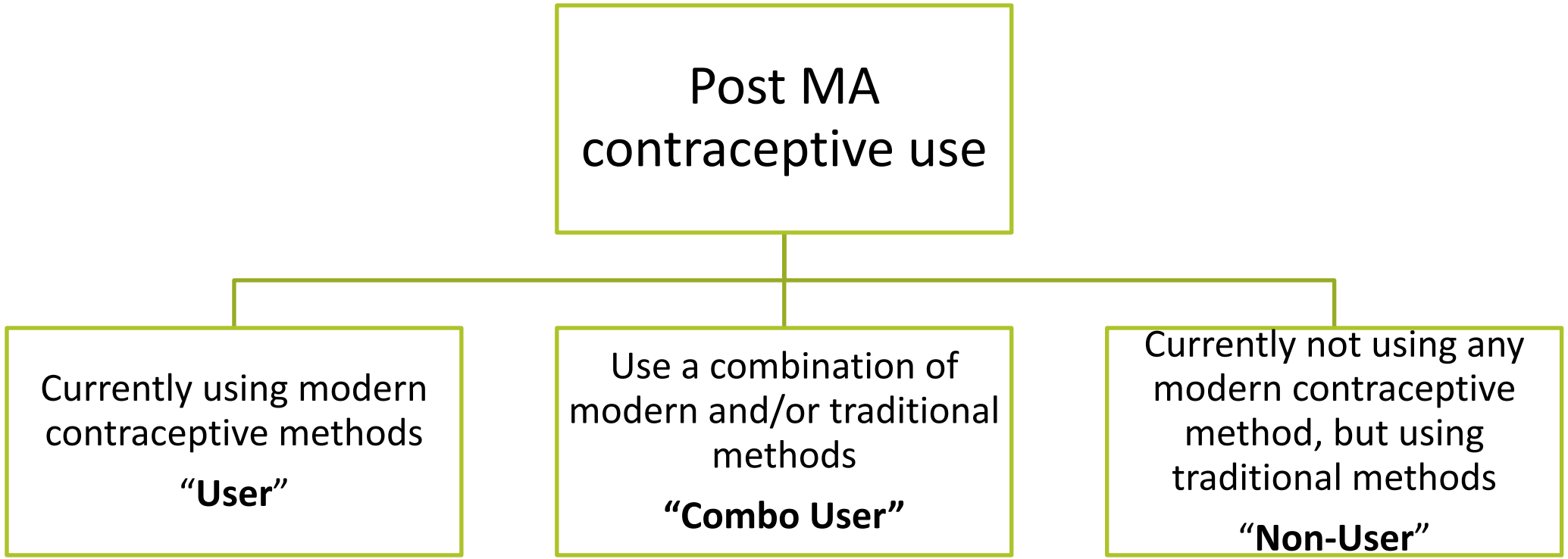
Categorizing post MA contraceptive use



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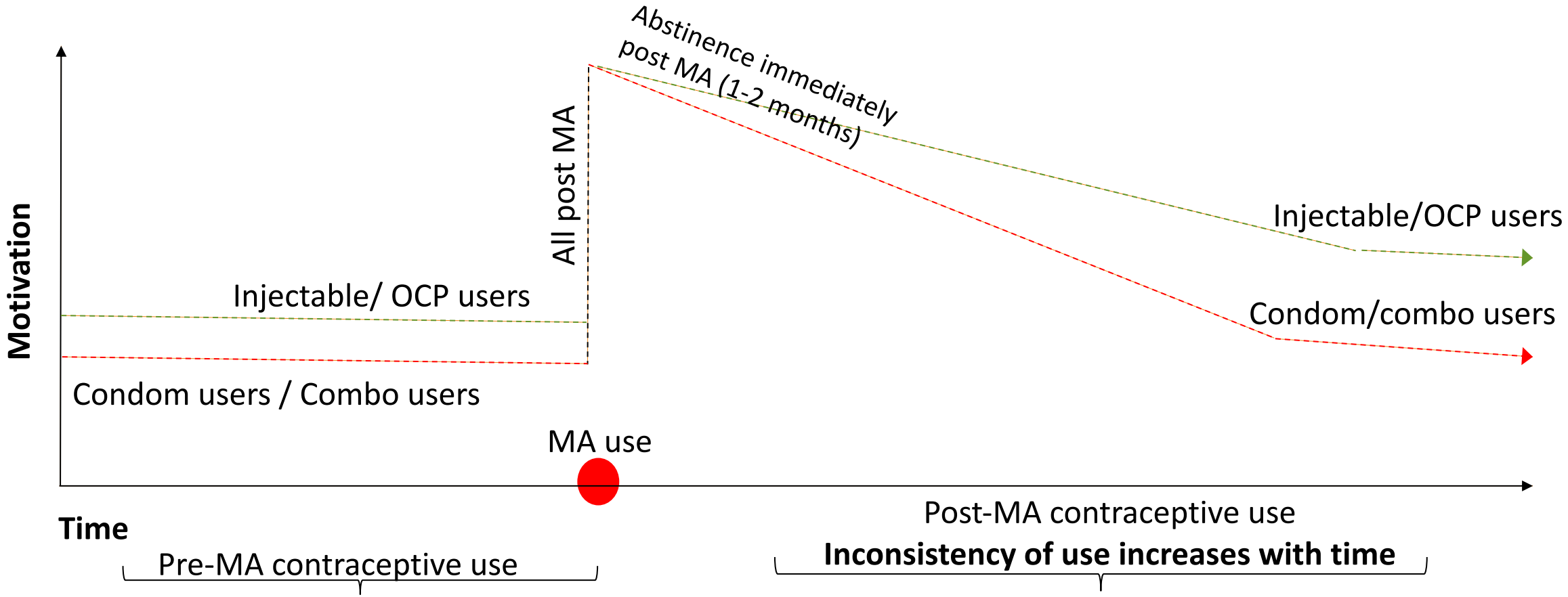
Motivation for contraceptive post MA use is time sensitive



* Refers to the context of those who use condoms, OCPs (or both), injectables and/or traditional methods and those who use traditional methods post MA self-use; does not include IUCD, sterilization, users post MA self-use

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Understanding Users

- Women are likely to have completed college education and are in their early-late thirties and are at parity two or one
- Majority are OCP users and in a minority of cases, users of injectables / IUCD
- Consistency of use decreased as the MA episode became more remote in time
- The role of the doctor (‘s recommendation) pre or post MA is a critical factor driving continued use
- Women who consistently use modern methods want to be in greater control wrt to procuring and using contraceptives
- Pre-MA contraceptive use mirrors post MA use

I was a bit weak during those two months and also scared. I and my husband refrained from doing anything. People say that you conceive quickly after an abortion. My husband was already scared, so he asked me to wait until I got my periods. ***Woman, Lucknow, Urban***

After my daughter was born, the doctor recommended some pills and I consumed that daily. ***Woman, Agra, Urban***

Yes, I spoke with my mother and mother-in-law both about Copper-T. They will deny and say to use nothing. I said, okay and spoke with doctor.- ***Woman, Rural, Lucknow***

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Understanding Combo-Users

- Users used both traditional methods and modern methods, most often condoms; however were likely to be more consistent about primarily using modern methods.
- Risk perception of getting pregnant lower than that of users
- Belief in traditional methods
- Post MA self-use contraceptive use **mirrors** pre-MA use scenario, however in the pre MA phase a combination of short term spacing methods and traditional methods or only traditional methods would have been used

He does not like it (condom), but because I got pregnant once, we go for the traditional method because that has worked for us. When he does not feel like withdrawal, we use condom. ***Woman, Agra, Urban***

*I have heard that too much sex can harm the health of the man, so we stay away from each other for a period of 15 days, and we are only intimate 4-5 days a month. Six out of 10 times, we use condom.–**Woman, Rural, Agra***

Only condoms, but if by chance we have not used condom, I will go and pass urine, so that I don't conceive. Or I make sure we use the withdrawal method. And I have no problem with it. I know oral pills come, I watch TV, they show it so much, I know all this, but still I don't take pills, what if I forget it, miss a dose, what will the procedure then. ***Woman, Urban, Agra***

I stopped using OCPs because it was not available in the medical ***Woman, Rural, Agra***

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Understanding Non-users

- Women's ages are spread over a broad range – including a few in their early twenties and others in late thirties / early forties, not likely to be college educated, and likely live in a joint family; parity two (though few might be parity zero as well).
- Non-users used traditional methods, and the consistency of use reflected severity of risk perception which was very high immediately post MA
- Non-users fall into three categories, 1) those that believed that consequences of them getting pregnant were not grave; 2) those who believed that they were at a lower risk of getting pregnant, either because sex was infrequent or because the traditional methods protected them and 3) those that believe that modern methods were ineffective / harmful
- Some non-users are willing to consider longer term methods offering 3-5 years of protection
- As in the case of users, among non-users as well, post MA self-use contraceptive use **mirrors** pre-MA use scenario

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*My husband wanted it more both of us work so it is not possible. It happens once in a week that is more than enough. That is why I trust this formula. The formula won't work where it happens daily. The ones who do it daily they use all these things (modern contraceptives), Wo**man, Lucknow, Urban***

> *I have heard this from my sister-in-law, because she is now pregnant and younger sister-in-law she is not pregnant, so she was saying she has 3 years daughter, I asked to her how to keep the gap, if you go for toilet directly then you won't have pregnancy." **Woman, Urban, Agra***

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> *Yes if it is a boy it will okay and if I get a girl I will smile. My parents say that you should have one more child. Nowadays you get a medicine to have a boy, I had it but it was of no use. **Mother of two girls, Agra Urban***

*I stay away from him for 2 to 3 months we sleep together but we don't do anything. **Woman, Lucknow, Rural***

> *I will consult the doctor for another method without medicines that can stop the pregnancy for 5 to 10 years, **Man, Agra***

Understanding Repeat MA users

- Both users and non-users of modern contraceptives can be repeat MA users Family type- extended family
- Reason for first time abortion-
  - Spacing after the first child is the predominant reason for the first abortion
  - Few respondents chose to self use MA after family completion – after 2 children.
- Reason for repeat MA use in majority of instances, the family was complete.
- Repeat users resort to abstinence / infrequent sex immediately after the abortion episode

We forgot to remember the date of the period.
Woman, Agra, Urban

So we'll make it more medium (In weeks or 2 times a week.) low. (After second abortion) It is less as I have ate medicines so I have weakness. I am also thin as compared to before so it is less. ***Woman, Agra, Rural***

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Reproductive Coercion

Contraceptive use, family size / spacing

- Reproductive coercion, was not typically found with respect to abortion (or MA) but with pressurizing women to have children
- While this was a trend seen across parities, among zero parity women, the husband actively discouraged contraceptive use

> *He told me I don't want to stop children (during a conversation on contraceptives), you are asking me to use? And you should not have the medicine, he told me this directly."*
> ***Repeat MA user***

> *I got pregnant because he refused to use it. He said it's not good."- **Woman, Urban, Agra, P0, Non User***

> *She (MIL) wanted a child quickly and she used to say that all are having kids so you I said no need to take medical assistance and we will have kids. Then husband said that mother is bored and you don't have to anything so let's have this child and then do whatever you want so I left Mala-D for one month and then I had this child.*
> ***Woman, Lucknow, Urban***

> *At that time when I got married everyone wanted that we should have a baby as soon as possible, husband also said have a baby. **Woman Agra, Rural***

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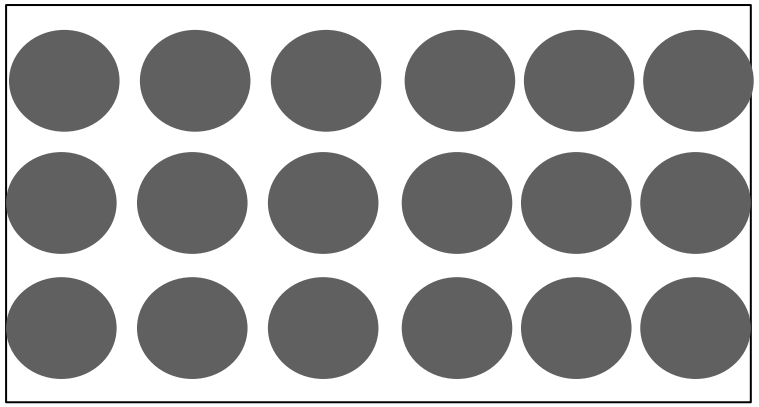
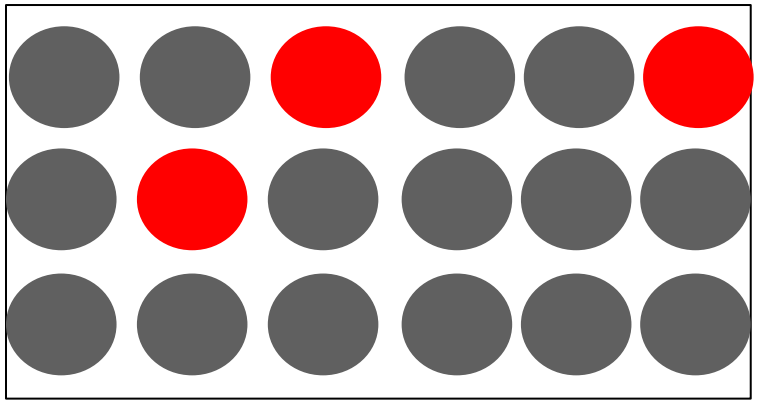
MA users and general MWRA population: Timing



- Indistinguishable from general MWRA population – reasons for use / non-use



- Except immediately after MA use where they exhibit different behaviors due to elevated (perceived) risk of pregnancy
- Greater male involvement – discussion on protection, increased agency of woman
- Motivation to act; receptive to new information

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Summarizing

- Post MA, women can be classified as “users”, “combo-users” or “non-users” of modern methods of contraception
- All these groups experience greater consistency of using (modern or traditional methods) post MA, the usage becomes inconsistent with time for most groups but the rate of decrease in inconsistency differs
- Users are likely to be OCP users, while combo-users are more likely to be condom users and non-users use traditional methods
- In a majority of cases pre MA contraceptive use mirrors post use
- Reproductive coercion is prevalent in contraceptive use – especially in parity zero women, but more generally among all women
- Timing is critical in reaching MA users – this is when MA users behave and think distinctly from other MWRA

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ANNEXURE

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Target Group (Phase 1)

Married women who have self-used MA in the last one year

- Age 25-35
- Users/non-users/discontinued users of modern methods of contraceptives
- Urban
- SEC A,B,C

Husbands of married women who have self-used MA

- Users/non-users/discontinued users of modern methods of contraceptives
- Urban
- SEC A,B, C

Unmarried girls / women

- Ages 18-24
- Sexually active OR who had self-used MA

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Sample (Phase 1)

Centre	Married Women			Husbands			Unmarried Women / Girls*	
	USER of contraceptive post MA	NON-USER of contraceptive post MA	Discontinued user of contraceptive post MA	USER of contraceptive post MA	NON-USER of contraceptive post MA	Discontinued user of contraceptive post MA	16-18 years	19-24 years
Agra	3	2	3	2	2	2	2	2
Lucknow	3	2	3	3	1	2	1	2
Total	**16**			**12**				

*Seven unmarried sexually active women were interviewed but only one of them was an MA user

- Couple interviews where both married women and husbands were interviewed, but separately- **7**
- Individual husbands- **5**
- Individual married women- **9**

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Target Group- Phase 2

- Married women/girls 18-49 years old who have self-used MA in the recent past (4-12 months)
- Mix of SEC B/C/D/E in **rural** and urban centers of Agra and Lucknow
- Unmarried women/girls between 18-24 years old who have self-used MA in the recent past
- Husbands / partners of women between 18-49 years old who have self-used MA in the recent past
- Healthcare providers and influencers

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Sample- Phase 2

		MA self-user			Healthcare Providers*		Other influencers		
		Married girls/ women (18-49 yrs)	Unmarried girls/ women (18-24 yrs)	Husband/ partner	Doctors**	CHW	Pharmacist	Friends/nursing staff	
		IDI	IDI	IDI	IDI	FGD	IDI	IDI	**Total Achieved**
Agra	**Urban**	8	3	3	-	1	3	2	**20**
Agra	**Rural**	4	-	2	3	-			**9**
Lucknow	**Urban**	10	3	3	-	-	4	2	**22**
Lucknow	**Rural**	4	-	2	-	1	-	-	**7**
Total		**26**	**6**	**10**	**3**	**2**	**7**	**4**	**58**

- Couple interviews where both Married Woman and husband were interviewed but separately- 9
- Individual husband- 1
- Individual Married women- 17
- Unmarried MA user- 6

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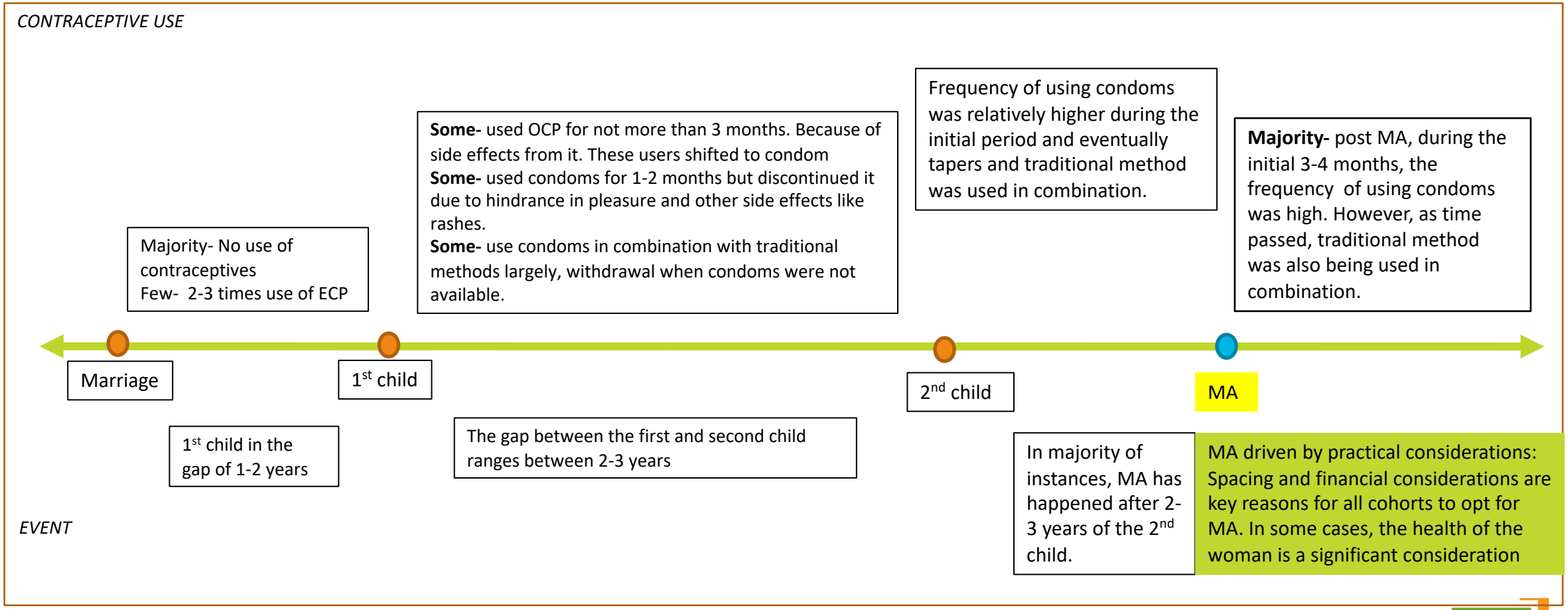
Reproductive and contraceptive use timeline

Combo User



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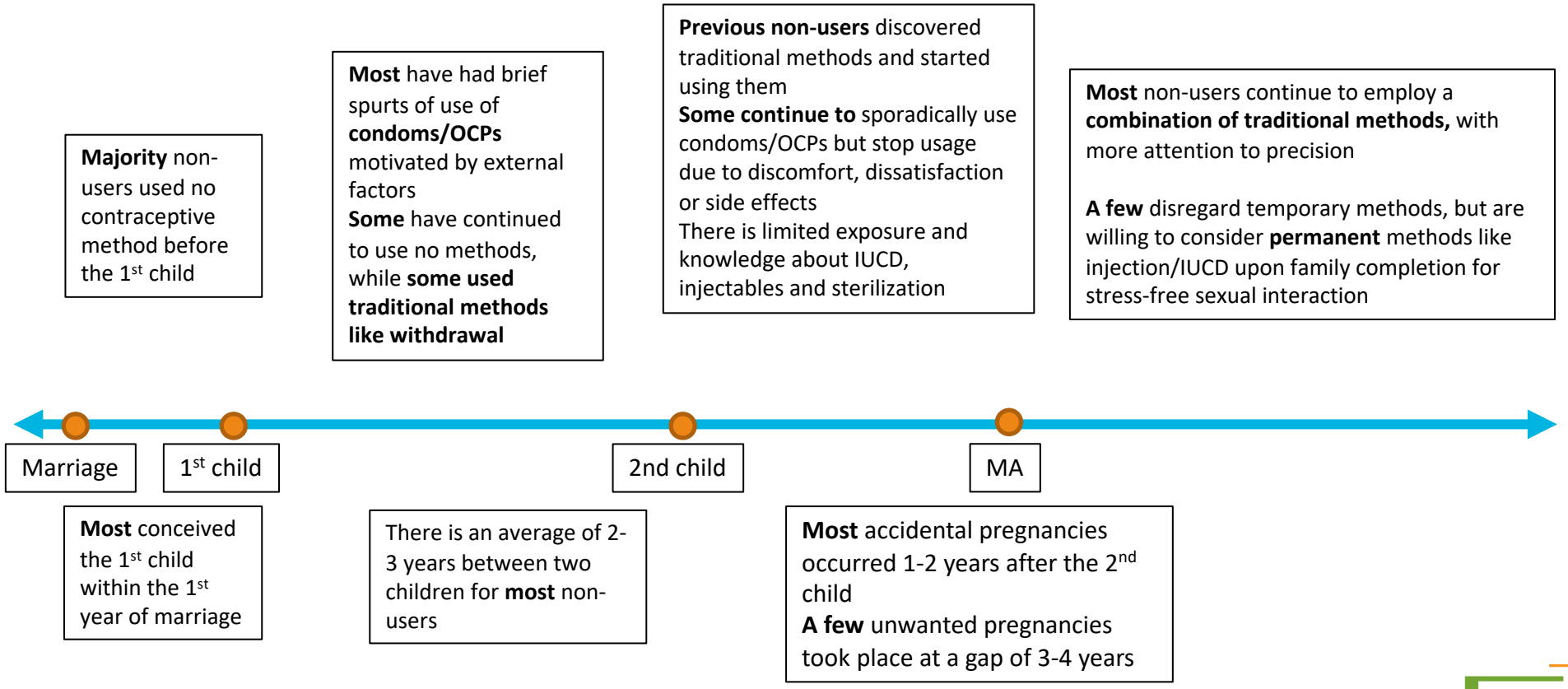
Reproductive and contraceptive use timeline

Non-User



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Reproductive and contraceptive timeline:

Repeat MA user

2005-06: No methods – modern or traditional

2006-07 : OCP – Pearl for **6 months.** Dropped due to side effects

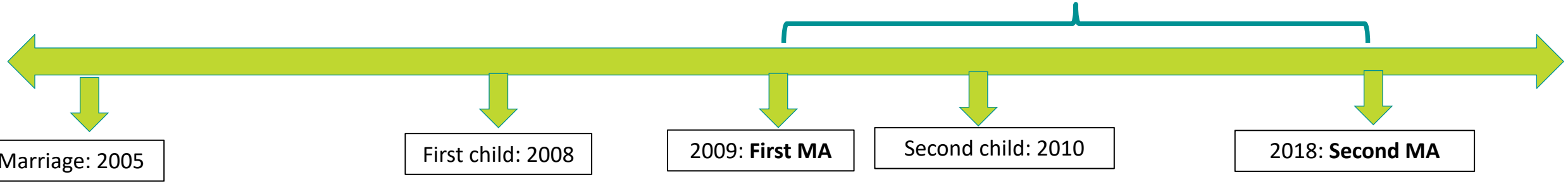
2007-09: Alternating between condom, traditional methods and abstinence. Dissatisfaction with condom

2009: Condom for 2-3 months after MA

2010-2018: Traditional method and condom.

2017: Belief that she won't get pregnant again, used only **calendar method**

2018 onwards: Condom in combination with calendar method, when condoms unavailable



Marriage: 2005

First child: 2008

2009: **First MA**

Second child: 2010

2018: **Second MA**

After having my period we take protection for 8 to 10 days to avoid pregnancy. I know this calculation. From the 20th day we don't use protection. We use protection 8 days before and after my period.

Reason for MA: Young child
Source: Neighborhood women. Discussed with husband, used MA without any stated challenges

Reason for MA: Family completion, financial considerations
Source: Own past experience
No complication, apprehension or challenge faced by husband or wife

I consulted with a doctor who told me to use protection (condom) if the pills don't suit my health. So, I thought that as I was becoming weak day by day because of consuming medicine, it is better to use protection.

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