Self-care practices in management of side-effects due to use of modern contraceptive methods: findings from a descriptive mixed methods study in Niger, Nepal and Uganda

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Introduction:

Contraceptive side effects are a major reason for contraceptive discontinuation or inconsistent use. Self-care could empower contraceptive users in dealing with contraceptive side effects, especially where healthcare access is challenging. Little is known the opportunities available to contraceptive users in developing countries to practice self-care for side effects management. The World Health Organization provided guidance on self-care oriented family planning options. However, countries are at different stages of adopting these guidelines. Nepal, Niger and Uganda are at different introduction stages of contraceptive self-care options and at least one-fifth of all women have unmet need for FP in the three countries. We conducted a secondary analysis of data from a mixed-methods study in Niger, Nepal, and Uganda to examine women's approaches to management of contraceptive side effects.

Methods:

We conducted a secondary analysis of data from a cross-sectional, mixed-methods study conducted between June and July 2022. This study included a household survey with women and men, and in-depth interviews with women, men and providers in all three countries. Women (15-49 years) and men (18 years and above) were eligible if they were married, cohabitating or had been in a recent relationship in the past 3 months. For women, the focus was on current and recent modern method users (other than sterilization) and women with unmet need. Our definition of recent users was women who were not currently using a modern method but who reported they were using a modern method as their most recent method prior to their current status as traditional users or non-users. An urban-rural mix was adopted during recruitment.

Our analysis population included all the women in the survey sample, current or recent users of a modern contraceptive method, in Nepal (n=430), Niger (n=510), and Uganda (N=374) and women in the in-depth interviews: 35 in Nepal, 30 in Niger and 36 in Uganda. We adjusted for sampling design in the survey and provide descriptive statistics. For the qualitative component, we used inductive and deductive approach to derive themes.

Results:

Among all the women in the survey sample, the mean age was 33, 32 and 31 years in Nepal, Niger and Uganda, respectively. The mean number of living children were 2, 4, and 3 whereas 99%, 98% and 48% were married in Nepal, Niger and Uganda, respectively. The proportion that reported experiencing contraceptive induced menstrual changes (CIMCs) or non-bleeding side effects during last episode of use were 57% in Nepal, 35% in Niger and 73% in Uganda. Among these women who reported CIMCs or non-bleeding side effects, more than half, across the countries, sought assistance: 60% in Nepal, 56% in Niger and 62% in Uganda. Women attempting to self-manage the side effects were: 33% in Nepal, 24% in Niger and 47% in Uganda.

Regarding the sources of assistance for CIMCs, women who reported seeking assistance were asked where they sought assistance from; 80 in Nepal, 54 in Niger and 108 in Uganda. The most common reported source of across the countries were providers at health facilities (=74% in Nepal, 83% in Niger and 81% in Uganda). In addition, almost half of women mentioned seeking assistance from community health workers (CHWs) in Nepal. Drug shops/pharmacies were also reported by some women in Nepal and Uganda, and friends or relatives reported by between 11% to 17% across the three countries.

Among women who reported attempting to manage CIMCs or non-bleeding side effects on their own during last episode of use, we asked what they did; 37 in Nepal, 22 in Niger and 87 in Uganda. The most commonly reported approach was the use of over-the-counter medicine (= 62% in Nepal, 27% in Niger and 71% in Uganda). Overall, the approaches were more diversified in Nepal than in other countries, with over 20% of women mentioning approaches like applying heat, tracking bleeding days, changing menstrual hygiene practices or changing their diet. However, over 70% of women in the three countries perceived that it was important or very important to engage with a health provider or CHW to manage side effects.

The different approaches to handling CIMS and non-bleeding side effects were further reiterated by women in the qualitative sample who described their efforts to resolve menstrual-related and other side effects. Especially in Uganda – but also Niger, women tended to return to the clinic to seek treatment for changes in menstrual cycle and other side effects.

> *"I had challenges. I never stopped bleeding. I would bleed for the entire month. HOW DID YOU MANAGE THAT PROBLEM? I would go to see the health providers and they would give me some tablets... I swallowed different tablets, and I would frequently go back and explain to the health provider about it."*37-year-old married woman, urban Uganda

When treatment delivered at the clinic was not effective, women might either switch method – or as highlighted in the second quote, seek an alternative source of treatment.

> *"I had just started bleeding (when I was) at the health center and they gave me pills. In any case, these pills didn't stop the bleeding. I had to resort to traditional methods to get the bleeding to stop."* 42-YEAR-OLD MARRIED WOMAN, URBAN NIGER

In Niger and Nepal, women who experienced strong side effects – especially related to menstrual cycle changes - might decide to stop using modern methods altogether and instead adopt a traditional method, such as using amulets obtained through a 'marabout' in Niger – or practicing withdrawal in Nepal.

> *"WHAT IS THE REASON WHY YOU AND YOUR HUSBAND DECIDED TO USE THIS METHOD (withdrawal) FOR FP? I used the injection, but it disrupted my menstrual cycle, and sometimes I would get fat and sometimes become very thin, so we thought that this way would be better."* 46-year-old married woman, 3 children, urban Nepal

However, the qualitative data highlight that women sometimes see CIMCs or other side effects as benefits of method use; for a few women, CIMCs/non-bleeding side effects from a method were perceived more as contraceptive benefits. For example, a lady from Niger was happy about gaining weight and about her menstrual period stopping while using injections:

> *"In the end, I decided against the implant for injections. Happily, they were compatible with my body. I could go 4-5 months without having a period. And they caused me to gain weight because they increased my appetite – in contrast to pills which decreased my appetite a lot… lastly, during Ramadan because of fatigue and fasting, my periods would come unexpectedly with pain that would shake me. The same day that I went to the health center to get an injection, my period stopped. But, without that, it would have continued all month long. I learned that that was caused by fasting."* 24-year-old married woman, Urban Niger

In addition, we asked all women if they would be interested in getting assistance to manage CIMCs or other side effects from various sources other than health facilities and, interest was the highest in getting assistance from CHWs and drug shops across countries. A total of 88% in Nepal, 75% in Niger and 63% in Uganda wanted to get assistance from CHWs whereas 71% in Nepal, 32% in Niger and 44% in Uganda wanted to get from drug shops. There was also interest in receiving assistance from friends or relatives or through home delivery, especially in Nepal but also in Uganda.

Conclusion: Our results suggest that women who experienced CIMCs or non-bleeding side effects due to use of modern contraceptives, seek assistance primarily from facility-based providers but also from non-traditional sources such as social networks and drug shops/pharmacies. In addition, almost half self-managed the side effects using largely over the counter medicine and other non-medicinal approaches. Consistent with this behavior, many women perceive that it is important to seek support from providers and identified health facilities as their preferred source of assistance but there are windows of opportunities via other channels and for self-management.

Our results suggest the role of self-care in family planning programming in improving universal access to products and practices to manage contraceptive side effects. There is need for more research in this area.