Prospects and Barriers in Promotion of Injectable Contraceptives from Provider's Perspective: A qualitative exploration

Abstract

Although Injectable contraceptives (ICs) have been approved for commercial sale in India by the Drugs Controller General of India since 1993, ICs are one of the least used methods of contraception in India. This study attempts to explore provider's barriers and attitude towards IC. Mystery shopping and in-depth-interview techniques were adopted for the qualitative survey. As ICs have to be made available to the population through chemists, the study captures their perception too. A SWAT analysis has been carried out on the qualitative data. Findings suggest that the awareness is high regarding ICs among the providers, but they are lacking proper orientation on the side effect management of the IC. However, the other non-contraceptive benefits of the IC use apart from its usage as family planning method indicates possibility of successful promotion and spread of IC use in India, even in a high fertility state like Bihar.

1. INTRODUCTION

Injectable contraceptives have been approved for commercial sale in India by the Drugs Controller General of India since 1993[i] [ii]. After more than 15 years of scientific trials and experiments as well as widespread use of ICs in the neighboring countries, there was a hope that in order to increase the basket of choice of contraceptives for women, India may introduce ICs in its official program soon[iii]. Although injectable contraceptives (ICs) are not included in the Family Welfare Programme of India, it is surprising that more than half of the currently married women are aware of this method[iv] [v]. Injectables are one of the least used methods of contraception in India[iv] [vi]. Many times the methods were not informed to the people or in other words they were not informed through a proper source or by a health care professional[vii] [viii] [ix]. It can become more relevant problem in case of ICs, where it is less used and less preferred method in Indian scenario. Moreover, ICs are not over-the-counter products; therefore, it needs to be promoted through qualified health care providers.

In order to promote ICs, it is a prerequisite to strengthen the service delivery system of ICs, even if it is through private providers, which will help in making ICs easily available and popular and also an effective method among population like other existing methods. It will also for creating a proof for the necessity of introducing it in government family planning programme and plan for a strong advocacy. This paper is an effort to examine the prevailing knowledge, attitude and practice pattern of private providers, thereby to find out the barriers and facilitating factors and identify areas of potential improvement.

Extensive product placement is required through trained providers and provider's attitude towards the product and their problems in recommending this product should be explored. Since the first shot of injectable is given by the provider and subsequent shots can be bought from the chemist shop, therefore, it is equally important to know their attitude also.

2. Research Objectives

- ✓ To understand perceptions of Injectables amongst Providers and Chemists, per se and vs. other contraceptive methods, and practices with respect to ICs.
- ✓ To identify the entire spectrum of Motivators and Barriers to IC use

3. Research Methodology

Qualitative Research was conducted amongst Providers and Chemists in the 4 Program Districts of Bihar. One-on-One In-depth Interviews were conducted amongst:

- ✓ Obstetricians/Gynaecologists/ MBBS Doctors (mostly female) with a gynaecology practice
- ✓ Small and Big Chemists

These were conducted across Patna, Bhagalpur, Begusarai and West Champaran districts
Additionally, 8 Mystery Shopping Exercises were undertaken. Both Positively & Negatively Disposed Providers and Chemists were interviewed. The rationale behind interviewing the positively disposed Providers and Chemists was to under their Motivators/positives seen in Injectables, learnings on which could then be applied to the larger mass of this TG, while Negatively disposed Providers and Chemists were interviewed to understand Barriers to Injectables.

The Mystery Shopping Exercise: Rationale and Approach

Objective: The objective of this methodology was to gauge the 'ground realities' of the program districts as against politically correct answers which might be provided to us.

How this Methodology would help us: The Mystery Shopping exercise could have either validated our findings or else could have led to new hypotheses in the event that we found two different sets of findings emerging from the 2 methodologies (DIs & Mystery Shopping Exercises).

- In the current study, we found that both sets of responses (of that of normal interviews and the interviews done through Mystery Shopping) were in sync. This ruled out the probability of any remote chances of data being biased in nature and helped obtain robust findings

Sample & Centre: Since this Methodology required Female intervention, and that too, employing profiles who understood local dialects and nuances, we proposed to do Mystery Shopping Exercises only in 2 centres- Patna and Bhagalpur. Thus, the entire sample of (8 Mystery Shopping Exercises across 4 centres) was covered in two centres as against the 4 centres.

Who conducted Mystery Shopping: Well-experienced female Investigators from the GfK Patna Field Team helped us in the Mystery Shopping Exercises. A researcher accompanied her to observe and take mental notes.

How we briefed them: We shared the 'Orientation PPT' shared by PSI with the Patna team and then did the first round of briefing through telephone. The 2nd round of briefing, which was relatively shorter in duration, with the intention of refreshing the objective of this exercise for the Investigators/ Mystery Shopping Exercises, took place in Bhagalpur before starting with the Field Work.

How we documented the findings: The accompanying researcher filled in the Summary Sheet post the Mystery Shopping Exercise. She was responsible for documenting both her own observations and the experience felt by the Shopper herself (Please refer to the section- Summary for the Mystery Shopping Exercise)

The Dos & Don'ts for the Mystery Shopper

- Dos:
    - To be familiarized with the caselet / scenario which she enacted as a Mystery Shopper, before she stepped into the Doctor's clinic
    - Did not sound too knowledgeable to the extent of creating alienation from reality and as a result, creating doubts about our intention and arousing suspension
    - Dressed as a married female. To follow the diktats of the local culture while dressing up as a married female
    - Filled up the summary sheets immediately after the interview, once the interview was over.
    - Summary sheets were filled in for ALL the Mystery Shopping interviews
- Don'ts:
    - Not to fumble and come across as someone who is trying to recall what was written in the script in front of the Doctor/ Chemist
    - Not to question the Doctor's knowledge level
    - Taking care of the tonality in case she learned something unexpected from the Doctors. Not to allow their own prejudice to set in during the interviews. Needed to maintain a neutral stand all through the interview
    - Not to get stuck on Injectables simply, because that was the focus of this research so much so that the Doctor/ Chemist started wondering why she was taking unduly great interest in Injectables, but rather, to look at the bigger picture. If they had gotten a good enough idea about the Doctors/ Chemists preference and their mindset, then not to probe further

The Process of Recruitment

- We had identified and divided the areas to be covered by Residential areas and Commercial Areas
- Within each of these areas, we had further divided them by localities
    - Then we targeted those localities where there were higher chances of our finding Doctors. We took a judgmental call on this basis our prior experience in dealing with these markets
    - For example, we targeted 'Doctor's colony' and 'Kankarabad' in Patna
- Post that, we contacted the 'Medicine shops' in each Areas/ locality to generate some 'leads' or 'contacts' as a starting point
    - For this, we had contacted a mix of both Small and Big Medicine Shops
- Post generating these contacts, we administered the recruitment questionnaire to recruit the right profile for our research
    - The Recruitment Questionnaire, had 'attitudinal statements' capturing their disposition towards the category, which was a critical factor in recruiting both Positively Disposed and Negatively Disposed respondents
    - In case of those who cleared all the recruitment criteria and agreed to participate in the study, we took an appointment on the pre-decided dates of research
- For the Mystery Shopping, the same process was followed of identifying the right TG for research as per the Recruitment criteria mentioned in the proposal
- Thereafter on the day of research, the Mystery Shopper and the Researcher accompanying walked into the Doctors' clinics & Chemists' shop, posing as a 'patient' and observed their behaviour
    - To pose as Patients, we had developed 3 hypothetical scenarios which the Mystery Shopper was required to adapt for each of the Interviews
    - The accompanying researcher took mental notes and filled in a one-pager summary note post the interview
    - The 3 scenarios are appended with this document

Detailed Sample Plan

The detailed Sample Plan was as follows:

A total of 32 DI-s and 8 Mystery Shopping Interviews across 4 Centres:

Centres	Providers			Chemists (Mix of Big & Small Chemists)			Total
	Negatively Disposed	Positively Disposed / Neutral	Mystery Shopping Interviews	Negatively Disposed	Positively Disposed / Neutral	Mystery Shopping Interviews	
Patna	2	2	2	2	2	2	12
Bhagalpur	2	2	2	2	2	2	12

West Champaran	2	2	–	2	2	–	8
Begusarai	2	2	–	2	2	–	8
Total	**8**	**8**	**4**	**8**	**8**	**4**	**40**

4. KEY FINDINGS

4.1. Overall Awareness and Attitudes towards Injectables

Awareness of Injectables was observed to be quite high, both among Providers and Chemists too. (West Champaran was the only exception, where awareness amongst Chemists seems relatively lower)

IC emerges practically as the last recommended option among the Negatively Disposed Providers. Even amongst those who are Positively Disposed / Neutral to ICs, it is seldom the first option

- ✓ OCPs emerge as the most popular choice. Nowadays, a lot of new and advanced OCPs are perceived to be available in the markets, which have successfully arrested erstwhile side-effects like headache, nausea and weight gain. Compliance emerges as the only issue. OCPs are perceived apt for all classes of women and all age-groups, given that some are easily available and supplied free of cost at Government Hospitals.
- ✓ IUCDs are also viewed positively by Providers, both from a consumer perspective (Freedom for 3/5 years) and from their own perspective, as the one-time Insertion fee could be as high as Rs. 350. Even if side effects happen, the cases are fewer and far between, and removal is possible, which too results in financial gains for the Doctor, making it a 'win-win' situation for her in either scenario.

4.2. Key Motivators for recommending ICs

The key Motivators for recommending ICs are their suitability for certain segments as follows:

- ✓ Lactating Women, as the quantity and quality of breast-milk is not affected and because the possibility of the patient experiencing the critical side-effect of menstruation related problems is least with this TG.
- ✓ Lower SEC Women, who have little or no family support for family chores and thus self takes a backseat, and who do not understand the seriousness of the issue at hand. Some providers, in fact, don a 'Samaj Sevika' avatar and surreptitiously administer Injectables to malnourished, underweight women with many children already, to prevent their having more children.
- ✓ Moslem women and other conservative communities, given its non-intrusive nature.

4.3. Key Barriers to ICs

4.3.1. Several far reaching Side - Effects

Unlike contraceptive methods like OCPs whose side-effects today are felt to be practically nil, or IUCDs with more 'manageable' side effects which also occur in fewer cases, Providers feel that ICs lead to side effects that impact the consumer socially and emotionally, rather than impacting her health as follows:

- ✓ Amenorrhoea, creating doubts about one's fertility, which in turn adversely impacts the consumer's confidence level and perhaps even her standing & status in her family.

"When they don't get their periods, they start panicking ... they think that they cannot become pregnant again... this breaks their confidence and impacts them adversely"

- ✓ Delayed fertility evokes a sense of stigma in the woman and fear of a huge loss of credibility in the Doctors, even if this happens as a one-odd case, given that word spreads fast in a small town (Almost a sentiment of "A Doctor who is supposed to facilitate childbirth and help bring children into the world is responsible for my not being able to have a child???)
    - Negatively disposed Providers complain that regaining fertility after stopping Injectables takes as long as 6- 12 months and in more rare, extreme cases, even an inability to regain it.

"I have a case where the patient was not able to regain fertility ever, and she tried for 5 years" (Bhagalpur)

"One person took almost 3-4 years to get pregnant after stopping the injection, hence now I don't recommend to the patients" (Begusarai)

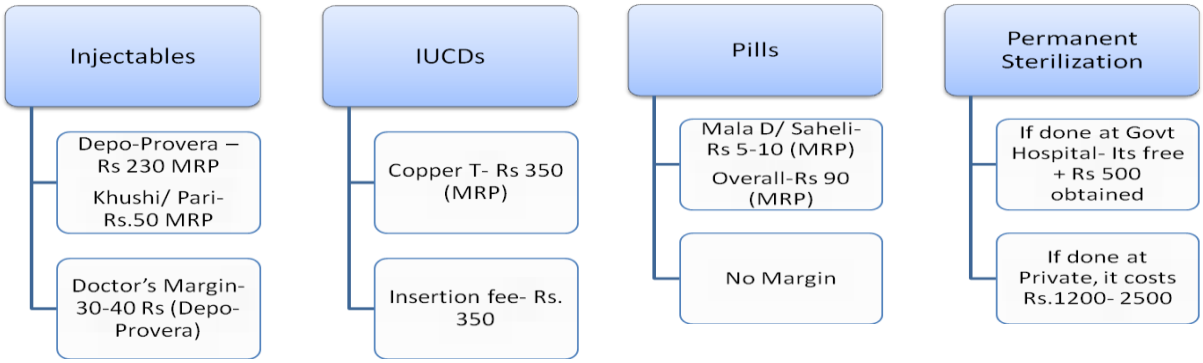
- ✓ Irregular Bleeding and Spotting which hampers regular, day-to-day routines (for instance, being barred from entering in the kitchen or participating in various festivals) causes irritation, both in the consumer and her family members.

"Humaare yahan auraton ke periods se kayi rituals sambandhit hain... unka kitchen mein jaana wagerah... irregular bleeding ki wajah se woh life plan nahin kar paati hain aur unhein kaafi pareshaani uthani padhti hai"

- ✓ Across all centres, most Dropouts are perceived to happen at the time of the 2nd shot, either because of some side effects or the patients forgetting about the 2nd shot.

4.3.2. A Sentiment of 'What's in it for Me?' amongst Doctors

The financial gains for Doctors from various contraceptive methods are captured below as follows:



Doctor's Cost Benefit Analysis

The Doctors seem to have done a Cost-Benefit Analysis of different methods and basis this, clearly find ICs wanting as follows:

- 1st Scenario – IUCDs are a preferred option over Injectables because of the following reasons:
  - ✓ 1-time insertion makes them earn more. In case of any problem or the patient wanting to take it out, then also the Provider will earn, making this **a win-win situation for Doctors**
  - ✓ There is slightly more awareness and fewer perceived side-effects of IUDs whereas in Injectables, there are perceptions of many side-effects and very less awareness
  - ✓ In case of IUCDs, the patient will be loyal and there is 100% assurance of the patient coming back, whereas chances of Injectable patients shifting to another Doctor / Chemist for subsequent shots is quite high.
  - ✓ Even in the event that some side effects arise, this is unlikely to spoil the Image of the Doctor, whereas if the Injectables usage patient faces severe side-effects (hugely delayed fertility, even if this is a one-odd case) then there is an apprehension in the mind of the Provider that it can ruin her reputation.
  - ✓ Typically, the Doctor earns Rs. 40 per shot administered. Technically therefore, while 40 Rs. Per shot would translate into Rs. 160 odd over a 1-year period (40 Rs. Per shot x 4 shots in a year x 1 year), this would not be at par with the earnings for the Doctor from IUDs (as high as Rs. 350 for one insertion). Even this Best Case Scenario with ICs does not happen in reality because of the following factors:
    - Low Compliance : Patient may not necessarily come back dutifully for all remaining shots (Whether 4 shots in a year or 12 shots in 3 years)
    - Patient often gets them administered by Chemists or others like a nurse known to her
    - For those 1-2 shots, having to deal with a panic-stricken patient does not seem worthwhile at all
  - ✓ Injectables would be a profitable option if administering it results in a continued relationship with the Patient over a long period of time (1-3 years), giving her revenue opportunities over that period of time. This is currently, not happening
- 2nd Scenario - Pills are a preferred option over Injectables because of the following reasons :

- Awareness of pills is very high whereas Injectables awareness is quite low
- It is felt that there will be minimal side- effects with pills, given that new-age pills are perceived to be very advanced, whereas Injectables cause Amenorrhea / Irregular Bleeding / Spotting.
- Even the side effects experienced with pills seem less 'potent' (Dizziness, nausea) as opposed to the period-related problems and in extreme cases, the possibility of being held responsible for the patient's delayed fertility

4.4. Other Perceptions and Beliefs about Injectables

- ✓ Most Providers seem unaware of any impact of Injectables on Bone Density of Users across all 4 Centres. Given that Bone Density is likely to be a function of a multiplicity of factors anyway and IC is likely to play a much smaller role in Bone Density loss, having Doctors highlight this side effect to consumers does not seem apt.
- ✓ Weight gain is not seen as a big concern amongst the Neutral / Positively Disposed Providers and Chemists, while those negatively disposed perceive that this could be a serious concern (as much as 6-10 kg gain in a few cases in Begusarai), though this seems more driven by hearsay than basis on-the- ground reality.
- ✓ Across centres, ICs are not perceived to cause any Birth Defects
- ✓ Some Practices being followed during Injectable administration are:

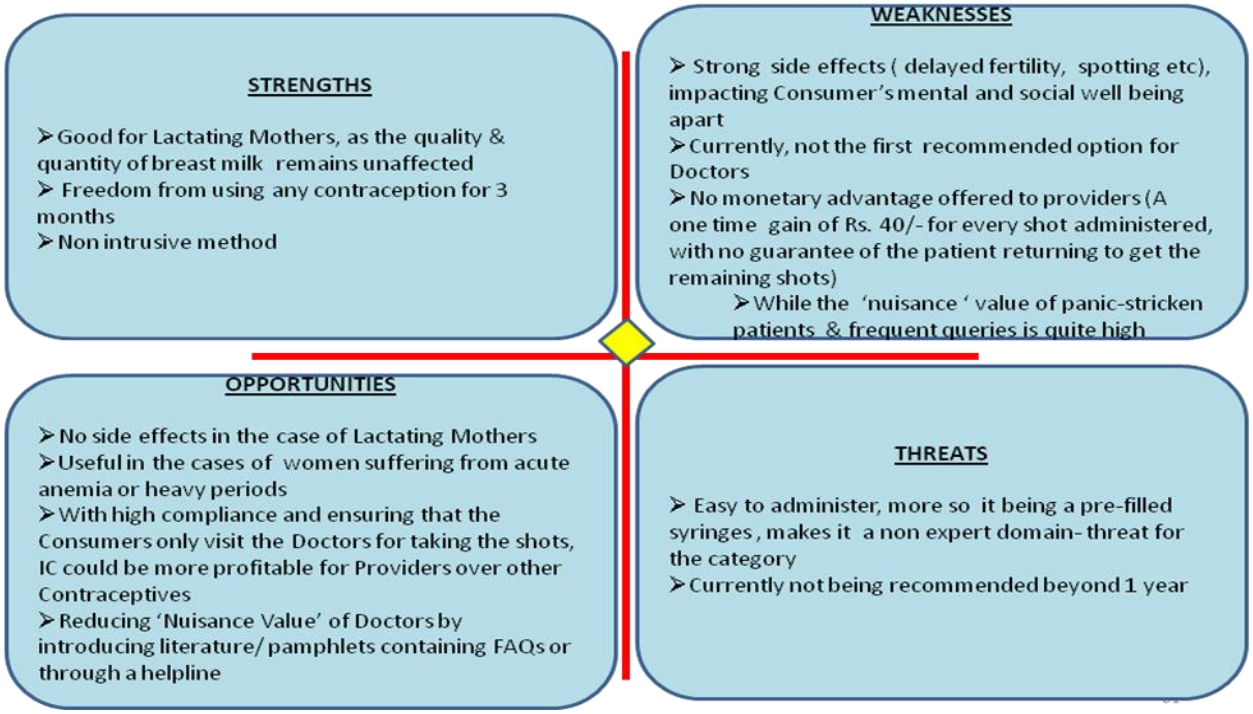
- Assessment of Family History, Medical Check Up (Body Weight, Blood Pressure, number of children, family situation and desire for future kids) done by doctor with the help of paramedical staff

- Cleaning of hands and place where administered into patient (arm, buttocks or thighs)

- Administering of injection by Doctor's paramedical staff like nurses and compounders (Interestingly, in fact, most Begusarai Chemists seem to act like self-appointed doctors and are administering ICs to consumers themselves)

- Most Providers agree that the Injected area must not be 'massaged', though with little awareness of the reasoning behind it. A few believe that either slight massaging is required, or the injected area is supposed to be pressed for some time, to facilitate quick and easy absorption into the body

5. SWOT ANALYSIS



A SWOT Analysis addresses the strengths, weaknesses, opportunities, & threats to the topic. This comprehensive type of analysis addresses a topic w/ the aim of taking action in relation to the topic. If an analysis demonstrates particular strengths & weakness, then particular opportunities & threats (actions) are implied.

6. CONCLUSIONS AND RECOMMENDATIONS

- ✓ Awareness of injectables is quite high in the 4 program districts we covered as part of this study
    - On an Awareness Continuum, Begusarai and West Champaran are seen as the most aware centres while Patna and Bhagalpur- the least aware ones
        - This could be due to the amount of on-ground activities taking place in the two 'aware' centres
- ✓ IC is not the first option when recommending Contraceptive methods to Patients

✓ Key Barriers :

- The problems of Amenorrhea and Irregular Bleeding the most feared side effects
  - Create both emotional & social issues for patients apart from the obvious health implications
  - But the emotional and the social angle (feeling low, ambiguity on pregnancy, panicky state of mind etc.) are perceived to be the much bigger problem, both by Consumers and Providers, vs. health issues, which are manageable
  - Patients see delayed fertility as a stigma on them, while Doctors fear a huge loss of credibility if this happens even as a one-odd case in a small town where word spreads very fast

- A Cost-Benefit Analysis done by Doctors seems to reveal no monetary gains vs. IUCDs:
  - ICs are usually recommended for a year, and in this case are likely to result in Rs. 160 being made in the Best Care Scenario of 100% compliance, as opposed to Rs. 350 made from IUCD insertion, AND with the nuisance value of panic-stricken patients
  - Most patients drop out post the 1st shot, or even if they continue, could possibly get the remaining administered by others.

  While Pills lead to no monetary gains, there is no 'pain' as well (A 'No Pain No Gain' scenario, which is still preferable over the IC scenario of 'No Major Gain, lots of Pain' as described above)

7. Way Forward: Key Action Points for programme

✓ To reduce the 'Nuisance Value' of panic stricken patients, Pamphlets / leaflets in easy-to-understand consumer language, highlighting all FAQs related to IC could be provided to both Providers and influencers for correct dissemination, educating Consumers with minimum time cost.

✓ The pamphlets could be interactive in nature, employing lots of pictorial representations of the data and use of illustrations & colourful layouts for creating interest & appeal

✓ Additionally, **a Helpline** to address patient queries could be considered.

✓ Literature which is evidence-based is perhaps needed to educate the Doctors on the nuances of weight gain (the fact that this could be an effect of other factors as well)

- ✓ To tackle the barrier of IC being easily administered by people other than Doctors, a communication for awareness could be developed to position Doctors as the **'Experts' or 'Specialists'** for everything related with Family Planning in general and for Injectables in particular, thus ensuring that Doctors get maximum number of footfall for IC

- ✓ Rather than trying to appeal to all possible segments within the TG, there is perhaps a merit in **targeting the lowest hanging fruit to begin with for Injectables i.e. Lactating Mothers,** and gradually move on to other segments, as & when positive Word of Mouth based on actual experience slowly starts spreading

- ✓ Given that a high proportion of Dropouts seem to happen post the 1st shot, perhaps **some intervention** is **needed to impress upon Doctors that ensuring the patient's coming back for the 2nd shot is critical**

- ✓ For better Compliance with IC, perhaps a Card which has printed tables to be filled in with the dates and the prescription etc. could be used. This could be provided by PSI to Doctors.

- ✓ Very critically, there is seemingly not much monetary gain in recommending Injectables for Doctors. On the number line, it is not at zero (where Pills feature) nor at (+) where IUCDs figure, but at (-)
  - There is **merit in thinking of ways and means in which ICs somehow become more lucrative for Doctors.**

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