

More than side effects: How social norms and stigma affect discontinuation

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BACKGROUND

Adolescents are more likely than adults to discontinue contraception due to method failure, side-effects, less access to sexual and reproductive health (SRH) services and irregular sexual activity. In sub-Saharan Africa, the continuity of young women's contraceptive use is dependent on more than accessibility and individual preference. This study examines the experience of adolescent girls aged 15-19 in PSI's Adolescent 360 program in Nigeria and Ethiopia. The program aims to increase access and availability of modern contraceptive methods for married girls. Both programs use aspirational messaging to position contraception as relevant and to young women and their key influencers.

A360 conducted a qualitative study to identify factors contributing to contraceptive discontinuation among married young women in Ethiopia and Nigeria.

METHODS

Evaluations were conducted 6-12 months after program implementation began (July 2019 in Ethiopia; November 2019 in Nigeria) with the goal of understanding how girls who adopted a contraceptive method perceived their experience of care and what factors contributed to girls' contraceptive continuation or discontinuation.

Table 1: Survey participants (IDIs) by country and continuation / discontinuation status

# of Girls	Ethiopia	Nigeria	Total
Continuer	12	11	23
Discontinuer	17	21	38

The evaluation involved in-depth interviews and focus group discussions with girls who attended counselling sessions in the last year and either continued or discontinued their contraceptive method of choice. Observations of counselling sessions were conducted at each site, followed by client exit interviews. Interviews, focus groups, observation transcripts, and project documents were iteratively coded and analysed using qualitative analysis software (MaxQDA).

RESULTS

The tables below show summary responses on all factors contributing to continuation or discontinuation among the sub-set surveyed.

Table 2: Contraception as an asset to achieve future goal was given as the primary reason supporting contraceptive continuation

Factors affecting continuation*	Nigeria (n=11)	Ethiopia (n=12)	Total (n=23)
Support of husband	5	5	10
Contraception supports future goals ⁷ (including child spacing)		5	12
Support of family / mother	4	4	4
Knowledge of side-effects	0	2	2
Girl-initiated follow-up with provider	5	0	5
Provider-initiated follow-up	1	2	3

Table 3: Experience of side effects was given as the primary reason for contraceptive discontinuation

Factors affecting discontinuation*	Nigeria (n=21)	Ethiopia (n=17)	Total (n=38)
Experience of side effects	15	10	25
Pressure or lack of support from husbands / families	7	9	16
Fears / misconceptions about methods	4	2	6
Distance to facility	4	0	4
Embarrassment / stigma	1	0	1
Provider change	1	0	1
Method is inconvenient	1	0	1
No provider follow-up	0	1	1

*Multiple responses permitted per respondent

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"I told him [my husband] I am feeling discomfort with it [the contraceptive method] and he advised me to stop."
(Discontinuer, Ethiopia)

Participants who continued or switched methods described experiencing support in their decision to use contraceptives from their family. Supportive husbands and family members were more likely to encourage girls to consult with a health professional, and in this way served as allies in overcoming side effects as a barrier to continuation.

Findings showed many adolescent girls have little autonomy to choose to begin or discontinue contraceptive methods.

"[My husband] made me use contraception for the last 3 years, but now, he said he wants to have a child, so I stopped it" (Discontinuer, Ethiopia Amhara)

While continuing users and users who discontinued a method reported experiencing side effects, what was notable in in-depth interviews with discontinuers was a heightened sense of stigma around modern contraception and a lack of support for its use from husbands and other influencers.

"The method I am using now makes my menstruation irregular, my husband told me to ask the question if this problem may have effect on my health later...[The HEW] told us that it has no problem." (Continuer, Ethiopia)

"When my mummy saw the [contraceptive] pill with me, she shouted where did I see it, I said, 'I collected it from [the 9ja Girls program] and she wanted to come to [the program] to fight them but I begged her...I just stopped [taking] it, because my mummy threw it away." (Discontinuer, Ogun Nigeria)

The appearance of side effects reinforced widely held beliefs that contraceptives are bad for women's health, thereby shifting the opinion of husbands and family members who had tentatively supported girls' contraceptive use to become unsupportive. As spousal and familial support was a key determinant of contraceptive continuity, this made it particularly difficult for girls who experienced side effects to continue contraceptive use, especially if side effects were visible or obvious to others.

CONCLUSION

Our findings reinforce what is known about side effects as a major concern for young women to continue or discontinue a contraceptive method. However, in contexts in which there is comparatively low acceptance of contraception, findings also suggest that young women's naming of side effects as a reason for discontinuation potentially obscures other relational dynamics that shape their contraceptive use and continuation.

Focus on increasing young women's knowledge of the clinical management of side effects may overlook the complex relationships that they must navigate in order to make reproductive decisions. To support young women in negotiating long-term contraceptive use, interventions should focus attention on addressing norms around contraceptive use in families and communities.

For example:

1. Engaging couples, community leaders, and other key decision makers -- in addition to young women -- in conversation on family planning and contraception.
2. Strengthening service providers' skills to educate and inform on contraceptives and their side effects, including potential changes to menstruation.

PSI is working on addressing these norms by developing interventions that engage husbands, male partners and mothers in a way that motivates them to support family planning.

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