



Barriers to Intrauterine Contraception in Nepal

Introduction

Despite a long history of service provision contraceptive prevalence in Nepal remains low (around 38%) and the total fertility rate is 4.1. Factors highlighted in previous research include the difficult terrain and road access limited service provision within existing health facilities, lack of knowledge about contraceptive methods among couples, and method preferences among providers ('provider bias'). Among users of family planning, the method mix is dominated by female sterilisation (42%) and Depo Provera (24%).

The intrauterine device (IUD) provides an effective, safe and low cost contraceptive option. The IUD is very little used in Nepal, representing under-utilised potential for couples to space their children or use a non-surgical method for limiting family size.

Research Aims

The present study was designed to investigate barriers to uptake of the IUD among rural communities. A specific focus of the research was to identify knowledge and context so as to inform the formulation of education and communication materials.

Research Methods

Focus group discussions were conducted with 85 women during 2002. Three group discussions with 8-11 participants were arranged in rural areas of each of three districts, Ilam, Morang and Jhapa, making a total of nine groups.



Question routes included knowledge of contraception, understanding of the IUD and its use, barriers to using family planning, and the involvement of husbands in decision making about family planning. A data driven approach was taken to the thematic analysis of transcripts.

Findings

Characteristics of interviewees

Women were married, aged 18-39, were not planning to have another child within the coming year, and had between two and ten children. The groups included both current users and non-users of family planning methods.

Theme: Knowledge

In the past a greater number of children meant security for the parents in their old age and increased working capability on the land they owned:

'In the old days they used to say what God gave he will look after. At that time people used to give birth to a dozen children'

Today's experience is that having a large number of children meant restricting the economic growth and lifestyle of the family:

'What to do having more children? We have to educate them and the land we have doesn't

increase therefore we should have fewer children'

Despite a desire for smaller families, lack of knowledge about family planning methods was a barrier. Most women understood that the purpose of family planning was to prevent pregnancy or birth, there was a lack of detailed knowledge about how the different methods worked. Providers did not offer advice but in some cases simply told the users what they should use:

'Due to not being knowledgeable people, when we were told to use pills we used pills, when we were told to use injection, we used injection'

Theme: Myths and Rumours

Much of the information women have received about contraception was gained not directly from trained personnel, but indirectly through friends and relations. A number of specific misconceptions about intrauterine contraception were mentioned:

'I was warned about womb cancer'

'You get stomach ache after two years and I heard it shifts to the heart'

'It is said that Cu T is not good for those women who have two to three children'

Theme: Availability and accessibility

Because of remoteness and limited infrastructure many women seek family planning supplies from non-clinic outlets such as pharmacies where condoms, Depo Provera and the oral contraceptive pill can be obtained. Methods requiring provision by a health worker such as the IUD are therefore less accessible. For a woman engaged in agriculture, travel to a clinic presents significant economic and practical difficulties:

'The place to get copper-T is far so there is no interest'

'There is a health post near home so we just come to have the injection; we are too busy and have very little spare time'

'We don't get it here (IUD). Mostly we have to engage in farming and we can't get out of our

location. Whatever is available here is what we use, if there was a drastic change that would be another thing'

Theme: Husbands' Influence

Women do express their desires and views about family planning but have little say in the final outcome. Husbands' views are paramount and repeatedly the women from all three districts commented on their inability to act on their desires and choices without their husband's consent. There is a general undercurrent of threat, not stated outright by husbands, but nonetheless felt by the women, which constrains their ability to access family planning for themselves

Many women in equate smaller families with better lifestyles and health. If it is their husband's wish to extend the family, women will on occasions use family planning surreptitiously:

'Some women's husbands are proud so the women take the pills by hiding them'

Men are seldom involved in the actual act of accessing family planning:

'When I ask him he does not stop me but he does not come with me to the health post'

Theme: Medical Obstacles

The need for physical examination for the insertion of an IUD is a deterrent, as most doctors are male.

'We don't have to feel shy to use the injection, but many people are not using the copper-T because of shyness'

Conclusions

Knowledge of and misconceptions about contraceptive methods, the gender context and issues of access and service configuration are barriers to the uptake of the IUD in Nepal. Service interventions such as training of **female mid level service providers** will need to be accompanied by focussed **information, education and communication**.

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