Ram, F.; Rangaiyan, G.; Jayachandran, V.: Contraceptive Morbidity: Is it an Alarming Issue in India?. IASSI Quarterly. 1997. 16(3 & 4). p.159-171.

Contraceptive Morbidity : Is it an Alarming Issue in India?

F. Ram; G. Rangaiyan and V. Jayachandran

Introduction

Acceptance and sustained use of family planning especially of modern spacing methods have generally been low in developing countries particularly in India. The use rate for modern spacing methods was only 6 per cent among the eligible couples in India in 1992 (IIPS, 1995). Although a multitude of social, religious and economic factors play a role in the decision to begin contraceptive use,' studies of the use effectiveness have repeatedly shown that the most common reason for discontinuing rise or low use is the perception of method associated side effects. Contraceptive users often attribute any reproductive tract infection (RTI) or any common health problems to the method. The absence of complete pre-acceptance counseling including information on potential side-effects and low complications and post-acceptance follow-up result in discontinuation of the method (Jejeebhoy, 1995). When accurate diagnostic and effective therapy are not available the response is often to discontinue the method and this probably leads to the discussion of side effects with other women. The ultimate result is low level of contraceptive use.

Community based studies in India on reproductive health have consistently shown that the prevalence of self reported symptoms of RTIs is relatively high among contraceptive users than non-users (Bhatia and Cleland, 1995). The incidence of infection of reproductive tract due to contraceptive use in India has been found too high, owing to the combination of biomedical, behavioral and societal factors. These infections, if not diagnosed early and treated promptly, may represent a serious long-term threat to women's health, which may further lead to an adverse effect on the promotion of family planning program. There is very little knowledge of the fact whether the user of method develops RTI after she begins using it or she has been already suffering from such problems that get aggravated once she initiates the use. Keeping the above discussion in mind an attempt has been made to study the prevailing contraceptive morbidity pattern among the contraceptive users by method for all India and some selected states; to compare title self reported symptoms of morbidity patterns with the available community based studies; and to examine the differentials in the self-reported illness related to contraceptive use by perceived quality of care, type of service providers and place of service and age of the user.

Methods and Materials

The National Family Health Survey (NFHS) conducted during 1992-93 specifically collected information on fertility, family planning, mortality, maternal and child health from nationally representative sample of 89,777 ever married (84,678 currently married) women in the age group of 13-49. This is one of the biggest sources of data on fertility and family planning for India that covers 24 states and the Union Territory of Delhi (Now State) containing 99 per cent of India's population. In the survey questions were asked to users of family planning method whether they have any problem associated with the use of the method. In the present study this question in, combination with background characteristics and perceived quality of services, by the respondents have been analyzed. In the analysis we include only those currently married women who are IUD users or sterilized which consists of majority of 76 percent of the current users. The data has also be taken from the published reports of community based studies in Karnataka, Madhya Pradesh and Uttar Pradesh to compare the results from the NFHS and to gain an insight into the data quality and-reliability of these surveys in bringing the true picture of contraceptive morbidity.

Findings and Discussion

Out of total 84,678 currently married women covered in the NFHS, 1,589 (1.9 per cent) were IUD users and 23,136 (27.3 per cent) were sterilized women. Table 1 indicates the prevalence of reported problems related to the use of IUD and sterilization. Nineteen per cent of the IUD users reported to have one or the other problem related to its use. The major problem is menstrual irregularity (9.8 per cent) followed by backache (6.5 per cent), weakness/inability to work (3.0 per cent) and other problems (3.4 percent). In case of sterilized women, 23.3 per cent are reported to have problems associated with the use of sterilization. Pain/ back-ache (14.5 per cent) were reported to be the main problems followed by weakness/inability to work (9.5 per cent) and other problems seven per cent. It is clear that the major problems associated with the IUD and sterilization use are menstrual, pain/back-ache and weakness inability to work in all the five states considered. But, it is interesting to note that the menstrual problems related to the IUD use in Karnataka is six per cent and is half of that reported in Uttar Pradesh (12 per cent). In case of sterilization women in the state of Maharashtra are reported to have fewer problems in comparison with the other states.

Table 1: Percentage of IUD Users and Sterilized Women by Problems in India and Selected States, NFHS

States	Problems related to IUD use				No. of Women				Number of Women
	Menstrual	Backache	Weakness/Inability to work	Others		Pain/Backache	Weakness/Inability to work	Other	
India	9.8	6.5	3.0	3.4	1589	14.5	9.5	7.1	23136
Karnataka	6.2	5.4	3.1	0.8	130	16.0	10.5	4.9	1670
Madhya Pradesh	9.1	6.4	6.0	3.8	67	12.2	11.4	5.5	1575
Maharashtra	7.3	4.2	2.1	7.3	96	11.9	5.7	6.0	1527
Tamil Nadu	10.9	5.4	3.1	4.7	129	18.1	9.8	5.6	1365
Uttar pradesh	11.7	5.4	3.4	1.9	126	19.9	10.4	8.8	1287

Community Based Studies and the NFHS

The aim of this section is to throw some light on the possibility of large-scale surveys in future to identify some of RTIs problems, by comparing the available NFHS data on contraceptive morbidity with some of the findings of the community based studies. Study conducted by the Ministry of Health and Family Welfare (MOHFW, 1991) in Uttar Pradesh reveals that out of total sterilized women who were not-satisfied with the method, 42.5 per cent have complained of backache, 25 per cent weakness and 11.9 per cent have irregular bleeding. On the other hand out of total dissatisfied IUD users, 37 per cent reported having bleeding/sepsis, 34 per cent back-ache and 14 per cent irregular period. Few, community based studies (Bhatia and Cleland, 1995; CORT, 1995; SIFPSA, 1996) tried to relate these problems reported by women to reproductive tract infections. These studies however, used a set of reported symptoms to identify the possible reproductive tract infections from the women to assess the

prevalence of reproductive tract infections in a community. The common are the pain/back-ache which is used to identify the chances of pelvic inflammatory diseases (PID) and the inability to work or weakness is used as to identify the anemic level of the patients. Keeping that as a standard to identify the prevalence of RTI related to contraceptive use in this paper, menstrual problems, pain/back-ache and weakness/inability to work are taken for the further discussion (irregular periods and excessive bleeding is grouped under menstrual problems).

Table 2, shows that in Karnataka, eight per cent of the IUD users reported to have menstrual problems, while it was six per cent in the NFHS (also see, Table 1). In case of backache, it was 13.9 per cent in the community based study conducted in Karnataka and the same is only 5.4 per cent in the NFHS, weakness/inability to work was 16.2 per cent and 3 per cent, respectively. Twenty per cent of the sterilized women reported to have pain/back-ache in the community based study and 16 per cent reported the same in the NFHS. Weakness and inability to work was reported by 28 percent of the sterilized women in the community based study, while the NFHS shows the same as 10 per cent. In Madhya Pradesh information about illness by method wise is not available from the community study though, overall, 7.1 per cent of contraceptive users are reported to have menstrual problems, 32 per cent back ache, 19 per cent weakness and 13.4 per cent other problems. While in the case of NFHS, 9.1 percent of the IUD users are reported to have menstrual problems, 6.4 percent have backache followed by weakness/inability to work 6.0 percent and 3.8 percent are reported to have other problems. The results from the evaluation study conducted by the MOHFW in Uttar Pradesh shows 6.2 and 4.2 percent of the IUD users suffer from menstrual problems and backache respectively. While among the sterilized women 14.6 percent are reported to have pain/backache and 5.0 percent have weakness/inability to work.

Table 2: Percentage of Current Users of IUD and Female Sterilization by problems in Selected States of India from Community Based Surveys

States					**Number of Women**				**Number of Women**
	Menstrual	**Backache**	**Weakness/Inability to Work**	**Others**		**Pain/Backache**	**Weakness/Inability to work**	**Other**	
Karnataka	7.9	13.9	16.2	2.3	258	20.3	28.3	-	1263

Madhya Pradesh	7.1	32.0	19.3	13.4	-	-	-	-	-
Uttar Pradesh	6.2	4.2	-	1.0	187	14.6	5.0	8.0	151

1 Percentage of users of IUD, pills and sterilization combined. Source: Bhatia and Cleland (1995), 'Self Reported Symptoms of Gynecological Morbidity and Their Treatment in South India' Studies in Family Planning, Vol. 26, No 4.

CORT (1995), 'Small Family by Choice; Family Planning Program in Madhya Pradesh: Baseline Survey', Baroda.

MOHFW (1991), Concurrent Evaluation of Family Welfare Program, Ministry of Health Family Welfare, New Delhi.

It may be noted from the above comparison that the community-based studies have come out with a higher percentage of problems related to contraceptive use as compared to the NFHS. This could be due to (a) the survey instrument must have been structured more specifically to retrieve the information regarding the problem (b) investigators were trained to probe from the respondents and the sampling design adopted by the community studies. It may also be mentioned that NFHS represents whole state, whereas community based studies are for a particular group of population with particular characteristics.

Source of Supply and Quality of Care

One of the main components in the recent reproductive health approach is the quality of service. Safety is clearly an issue for contraceptive methods, which involve surgery or any kind of mechanical insertion inside the body, especially in a population among which RTIs, and STIs are common. If the services are not provided in a hygienic condition during sterilization or IUD insertion the risk of exposure to infection would be very high. Therefore, improvement in the quality of services would be an essential prerequisite for the acceptance and sustained use of contraceptive methods (Verma et al., 1994). Follow up card after the acceptance is also an important indicator to understand the quality of care. It is generally believed that the private sector provides a better service and care than the public sector. Hence in this section an attempt has been made to see the relationship between the, perceived quality of care, which is measured by the café after sterilization, health worker follow-up visits and rate of follow-up services.

Table 3, shows the proportion of women who have illness related to IUD use by the above mentioned variables. It was found that a higher proportion of IUD users who availed of services from paramedics were reportedly having menstrual, back-ache and weakness and other problems than those who availed of services of doctors. A higher proportion of young women had reported the menstrual problem, backache and weakness/inability to work than the older age group. In the case of sources of supply, a higher proportion of women who have got inserted IUD from the public health service had reported higher morbidity than those who availed of private service. Among those who had consulted a doctor after the IUD insertion and among those houses where health workers visited for a follow-up, a higher proportion had reported having menstrual problems. Mean duration of use is Ideal for those who had problems related to IUD use

Table 3: Percentage of IUD Users by Related Problems According to Selected Characteristics in India.

Characteristics	Menstrual	Backache	Weakness/Inability to Work	Others	Number of Women
Service Provider					
Doctor	9.7	6.2	2.7	3.1	1283
Paramedic	10.3	7.8	4.3	4.5	3.6
Source of Method					
Public	10.4	8.0	3.7	4.3	994
private	9.0	4.1	1.9	1.8	595
Health Worker Visit (follow up)					
Yes	12.9	6.5	3.3	3.4	234
No	9.3	6.5	2.9	3.3	1355
Consulted any Doctor for the experience					
Yes	10.8	6.7	3.6	3.0	959
No	8.4	6.3	2.1	3.9	630

In the case of sterilized women (Table 4), a higher, proportion of younger women suffer from problems associated with sterilization than from women who had got the service from older women. A lower proportion of women who had got the service from a private source have problems than those who had got their service from a public source. As expected, if the quality of care in terms of care immediately after sterilization or follow-up services provided after sterilization is rated good, then women had reported less problems than those who perceived the care as bad. Compared to IUD users, sterilized women who had consulted doctors for the experience is higher in India.

Table 4: Percentage of Sterilized Women by Related Problems According to Selected Characteristics in India

Characteristics	Pain/Backache	Weakness/ Inability to work	Others	Number of Women
Age				
Upto 30 years	15.2	9.6	7.0	12366
Above thirty years	14.0	9.5	7.1	10769
Source of Sterilization				
Public	15.5	10.2	7.2	19921
Private	8.8	5.6	6.0	3215
Care after Sterilization				
Good	13.3	8.3	6.1	21385
Bad	30.0	25.1	18.6	1751
Health Worker Visit (follow-up)				
Yes	14.5	9.6	7.0	7328
No	14.7	9.5	7.1	15750
Rate of Follow up services				
Good	13.8	9.0	6.6	7039

Bad	30.8	25.8	17.4	291
Consulted any doctor for the experience				
Yes	17.9	11.8	10.2	10018
No	12.1	7.0	4.6	13063

Differentials in contraceptive morbidity in selected states

It has been clearly established that, type of the service provider (public or private) and perceived problems related to contraceptive use are highly associated (Suhasini, 1997). Table 5, shows that in Karnataka, Madhya Pradesh, Maharashtra, Tamil Nadu and Uttar Pradesh a higher proportion of sterilized women who availed of services from the public health facility, are reported to have back-ache and weakness than those who availed of the services from a private health facility. For example, in Uttar Pradesh 21.0 percent of women who had availed of public health service had reportedly suffered from backache while it was only nine per cent for private health service.

Table 5: Percentage of Sterilized Women by Problems according to Source of Sterilization, selected states of India

State	Source of Supply	Backache	Weakness/Inability to work	Others	Number of Women
Karnataka	Public	17.3	11.6	4.7	1452
	Private	7.3	3.2	6.0	218
Madhya Pradesh	Public	12.4	11.7	5.5	1492
	Private	8.4	5.6	5.6	83
Maharashtra	Public	13.5	6.3	6.3	1186
	Private	6.5	3.5	4.7	341
Tamil Nadu	Public	19.4	10.7	5.4	1141
	Private	11.6	5.4	6.3	224
Uttar Pradesh	Public	20.7	10.7	9.0	1201
	Private	8.8	6.0	6.7	86

In the case of perceived care (respondents were asked to rate the quality of care during and immediately after sterilization as excellent, very good, alright, not so good and very bad; the first three categories were grouped as good and the rest as bad) after sterilization, a significant proportion who perceived that the care was bad suffered from back-ache and weakness. The proportion who perceived the care as bad ranged from 46 per cent in Karnataka to 14 per cent in Madhya Pradesh (Table 6).

Table 6: Percentage of Sterilized Women by Problems According Care After Sterilization, Selected states of India

State	Health care Rate	Backache	Weakness/Inability to Work	Others	Number of Women
Karnataka	Good	14.9	9.3	4.6	16.9
	Bad	45.9	44.3	11.5	61
Madhya Pradesh	Good	11.9	10.2	5.0	1374
	Bad	14.3	19.1	8.9	201
Maharashtra	Good	10.5	5.1	4.9	1468
	Bad	45.5	20.3	32.2	59
Tamil Nadu	Good	17.7	9.2	4.9	1277
	Bad	23.9	19.3	14.8	88
Uttar Pradesh	Good	17.6	7.9	7.3	1139
	Bad	37.5	29.4	20.2	148

Further, the sterilized women were asked about health, worker's visits for follow-up-care for sterilization. It was found that a higher proportion of sterilized women had reported that no health worker visited them after the sterilization and that they suffered from back-ache... and weakness in Uttar Pradesh, Tamil Nadu and Madhya Pradesh, while there was no relation found between health worker's visit and reported problems in karnataka and Maharashtra (Table 7)

Table 7: Percentage of Sterilized Women by Problems According to Health Worker Visit after Sterilized Women by Problems According to health Worker Visit after Sterilization, Selected States of India

State	Health Worker Visited or Not	Backache	Weakness/Inability to Work	Others	Number of Women
Karnataka	Yes	16.2	11.8	5.0	913
	No	15.8	9.0	4.6	755
Madhya Pradesh	Yes	11.5	10.6	5.1	543
	No	12.8	11.9	5.6	1020
Maharashtra	Yes	12.0	5.2	4.3	325
	No	11.9	5.8	6.4	1201
Tamil Nadu	Yes	16.8	9.2	5.0	457
	No	18.8	10.2	5.9	904
Uttar Pradesh	Yes	15.8	8.9	9.9	384
	No	21.6	11.0	8.4	901

Women who had reported that a health worker visited there after sterilization for follow-up-care were asked to rate the care provided by the health worker. It was found that a significant proportion of women who reported the follow-up-care as bad, suffered from the problems associated with-sterilization in comparison with those who reported the follow-up-care as good (Table 8).

Table 8: Percentage of Sterilized Women by Problems According to Rate the Follow-up Services for the Sterilization in some Selected States.

State	Rate of Follow-up	Backache	Weakness/Inability to work	Others	Number of Women
Karnataka	Good	15.9	11.1	4.7	888
	Bad	28.0	36.0	16.0	25
Madhya Pradesh	Good	10.3	10.2	4.8	515
	Bad	32.6	17.1	10.8	28

Maharashtra	Good	11.2	5.1	3.8	313
	Bad	33.3	8.3	16.7	12
Tamil Nadu	Good	16.4	9.1	4.9	450
	Bad	42.9	14.3	14.3	7
Uttar Pradesh	Good	14.7	7.7	9.0	362
	Bad	33.5	27.6	24.3	23

Conclusion and Policy Implications

Analysis of NFHS data and Review of Other available data for India and States indicate that a significant proportion of women suffering from illness relate their problems to contraceptive use.

A comparatively higher proportion of sterilized women had reportedly suffered illness related to contraceptive use than reversible method users. The differentials in terms of type of service providers, source of the service availed of and quality of care in terms of care during the IUD insertion and sterilization, follow up care, and during follow-up care; have significant relation with the illness related to contraceptives use. It is clear from the analysis that type of service provider and sources of the service are closely related to the perceived problems. It is often perceived that private health services are of higher quality than public services. If the service provider is a doctor, the possible risks associated with the method use will be minimized when combined with that of a paramedic. Perceived quality of the service is an important factor for the illness related to contraceptive use. It was also found that perceived quality of care also differed significantly across the states.

Considering the new shift from the demographic oriented approach of family planning to individual need based approach, this study supports the need for quality of care as a prerequisite for the success of the future reproductive health program. It can be concluded from the above findings that reproductive tract symptoms resulting from contraceptive use could be addressed within the context of the family planning clinic if the proper quality of service, technologies and training for accurate diagnosis and therapy could be provided to couples before accepting any method and while using the method. From this analysis, it is not known whether these women got the problem after they initiated the use or they had it before the use. Nevertheless reproductive morbidity is high and needs immediate corrective measures in order to reduce the problems associated or not-associated with method.

References

1. Bhatia, J.C. and Cleland, J (1995), 'Self reported symptoms of Gynecological Morbidity and their Treatment in South India', Studies in Family Planning, vol. 26, No. 4.

2. International Institute for Population Sciences (1995), National Family Health Survey (MCH and Family Planning), India 1992-93. Bombay: IIPS.

3. Jejeebhoy, Shireen, J (1995), 'Addressing Women's Reproductive Health Needs Priorities for the Family Welfare Program', Selected Reading Material on Reproductive Tract infection, Society for Operations Research and Training, Baroda.

4. Ministry of Health and Family Welfare (1991), 'Concurrent Evaluation of Family Welfare Program', Second Report (Period 1989-90) MOHFW, New Delhi.

5. SIFPSA (1996), 'Performance Indicators for the Innovations in Family Planning Services Project, 1995, PERFORM Survey in Uttar Pradesh, Lucknow.

6. Contraceptive Morbidity : Is it an Alarming Issue 171

7. Suhasini, S. 1997. Quality of Sterilization Care - Public Vs Private: A Comparative Study of Andhra Pradesh and Uttar Pradesh, seminar paper submitted as a part of requirement of requirement for the Master Degree in Population Studies at International Institute for Population Sciences, Mumbai.

8. Verma, Ravi K., Roy, T.K. and Saxena, P.C, (1994), 'Quality of Family Welfare Services and Care in Selected Indian States', International Institute for Population Sciences, Bombay.