

**KNOWLEDGE, ATTITUDES AND PRACTICE
OF THE DMPA INJECTABLE
CONTRACEPTIVE:
Data from Focus Group Discussions**

PHILIPPINES

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KNOWLEDGE, ATTITUDES AND PRACTICE OF THE DMPA INJECTABLE CONTRACEPTIVE: DATA FROM FOCUS GROUP DISCUSSIONS

INTRODUCTION

This report is based on data from twelve focus group discussions (FGDs) conducted throughout the Philippines as part of the DMPA Monitoring and Follow-up Studies sponsored by the Population Council.

The DMPA Monitoring and Follow-up Studies are part of a technical assistance project undertaken by the Population Council in support of the DMPA Reintroduction Program of the Department of Health (DOH). The study aims to provide the program with data on DMPA acceptance and continuation rates as well as a profile of DMPA users and drop-outs to serve as bases for decisions and policies that will ensure quality services for DMPA users.

The study draws information from several sources including: 1) a 15-month monitoring of DMPA acceptors, 2) surveys of DMPA users and drop-outs, 3) focus group discussions with DMPA drop-outs, non-users and husbands of DMPA users, and 4) interviews with DMPA service providers.

This report focuses on the results of the FGDs among DMPA drop-outs, non-users and husbands of DMPA users.

The DMPA Reintroduction Program: Background Information

The DMPA Reintroduction Program was initiated by the DOH in April 1994, following the approval of the use of depot-medroxyprogesterone acetate (DMPA) by the Philippine Bureau of Food and Drugs (BFAD) in November 1993. The program aims to

reintroduce DMPA into the Philippine Family Planning Program (PFPP) through the training of local-level doctors, nurses and midwives as DMPA providers, and the provision of free DMPA services in selected public health facilities. The program is being implemented in three phases.

Phase I concentrates on ten local government units (LGUs) consisting of four chartered cities (Baguio City, Quezon City, Iloilo City and Davao City) and six provinces (Pangasinan, Laguna, Cebu, Davao del Sur, South Cotabato and Surigao del Sur) spread out in seven administrative regions nationwide (see Figure 1). Phase II calls for the expansion of DMPA services in early 1995 to the rest of the cities and provinces within the seven regions where the ten pilot LGUs are located. By the third phase, it is envisioned that DMPA services will be available in all of the 15 regions of the Philippines (Population Council, 1994:3).

OBJECTIVES AND METHODOLOGY

The FGDs were designed as an exploratory tool for identifying issues related to DMPA use, non-use and discontinuation, as well as on the role of husbands in their wives' use of DMPA. Information from these FGDs was envisioned to enrich the discussion of the results of an on-going survey of DMPA acceptors and drop-outs, as well as to provide additional data from persons not covered by the survey (i.e., those relating to non-users of DMPA and husbands of DMPA users).

Four FGDs were conducted in each of the country's three island groupings, namely Luzon, Visayas and Mindanao. The FGDs in Luzon were facilitated by the staff of the Social Development Research Center (SDRC) of De La Salle University while those in Visayas and Mindanao were facilitated by the staff of the Research Institute for Mindanao Culture (RIMCU), Xavier University. The FGDs were held on separate occasions during the months of February and March, 1995. The facilitators used a

Baguio City

Quezon City

Pangasinan

La

Cebu

Iloilo City

Surigao del Sur

South Cotabato

Davao City
Davao del Sur

**Figure 1. LGUS Involved in Phase I
of the DMPA Reintroduction Program**

standard set of FGD guidelines for each group of participants as had been prepared by the Population Council office, Manila (see Appendix A).

The 12 FGD sessions were conducted among three groups of participants: husbands of women who have ever used DMPA (whether current users or drop-outs), women who were current users of family planning (FP) methods other than DMPA (pill, IUD and calendar rhythm), and former DMPA users who had already stopped using the injectable as an FP method by the time the FGD was conducted. FGDs were held in both urban and rural areas where possible.

The original design of the study called for the conduct of 15 FGDs. However, despite several follow-up activities, the facilitators from both RIMCU and SDRC failed to gather enough participants from the urban areas for three FGD sessions scheduled for the husbands of DMPA users. In general, it proved to be very difficult to convince married men to attend the FGDs, with this difficulty being particularly acute in the urban setting. The final distribution of the FGD groups is shown in Table 1.

Table 1. Distribution of FGD Groups by Island Grouping

FGD Groups	No. of FGD sessions per Island Group			
	Luzon	Visayas	Mindanao	Total
1. Husbands of current DMPA users or DMPA drop-outs				
a. Rural Sample	1	1	1	3
b. Urban Sample	(-)	(-)	(-)	0
2. Users of pills, IUD, rhythm/NFP who began using the method b/w April-Sept 1994				
a. Rural sample	1	1	1	3
b. Urban sample	1	1	1	3
3. DMPA discontinuers/drop-outs				
a. Rural sample	1	0	0	1
b. Urban sample	0	1	1	2
TOTAL	4	4	4	12

NOTE: (-) denotes FGD sessions which were not held as planned

The FGDs were conducted in Quezon City, Laguna, Cebu, Davao Sur, Davao City and South Cotabato. Respondents were drawn from family planning client records of sampled health facilities. For the FGDs with the husbands, the facilitators chose from a list of DMPA acceptors at the health centers, and invited the spouses of those who were selected. Each FGD session had from four to eight participants. Except in the case of FGDs for husbands, all the participants were married women. The FGDs were conducted in the local dialect. Transcripts of the discussions were subsequently translated into English for synthesis in this final report.

PROFILE OF FGD PARTICIPANTS

A total of 17 married men and 55 married women participated in the twelve FGDs. The profile of the participants in each FGD group is presented in Table 2 and briefly described below:

A. Husbands of DMPA Users or DMPA Drop-outs

The three FGDs with husbands of DMPA users or drop-outs were conducted among residents of the rural towns of Pakil (Laguna), Sogod (Cebu) and Padada (Davao Sur). A total of 17 males participated in these FGDs: 4 in Pakil, 6 in Sogod and 7 in Padada. Of the 17 participants, three had wives who were either no longer using any FP method at the time of the FGD or who had already shifted to another method.

The male participants were young. The average age within the three groups ranged from 31-38 years, with an overall average of 34 years.

B. Users of Other FP Methods

Six FGDs were conducted among users of other FP methods: three in the urban areas of Payatas (Quezon City), Toledo City (Cebu) and Sta. Cruz (Davao del Sur); and three in the rural towns of Pakil (Laguna), Sogod (Cebu) and Koronadal (South Cotabato). A total of 39 women participated in these discussions. Twenty-four of these comprised the urban sample while fifteen were from a rural setting.

Of the 39 women in this group, 19 were taking oral contraceptives, 13 had IUDs, 6 were practicing calendar rhythm and one had already been ligated. Their average ages ranged from 26-34 years, with an overall average of 30 years.

C. DMPA Drop-outs

The three FGDs among former DMPA users were held in Pakil (Laguna), Carcar (Cebu) and Davao City (Davao Sur). A total of 16 women participated in the FGDs. Of these, six had shifted to pills, one to IUD, one to calendar rhythm, two to condom and one to withdrawal. Five women were no longer using any FP method at the time of the FGD. The women's average ages ranged from 28-32 years. The mean age for the overall sample was 30 years.

Table 2. Profile of FGD Participants

FGD Group/Venue	Type of venue	No. of Participants	Mean Age (years)	No. of Participants whose Current FP Method was:							
				None	DMPA	Pill	IUD	NFP	Condom	Ligation	Withdrawal
A. Husbands of DMPA users or DMPA drop-outs											
1. Pakil, Laguna	Rural	4	31	1	2	1					
2. Sogod, Cebu	Rural	6	32	1	5						
3. Padada, Davao Sur	Rural	7	38		7						
Sub-total		17	34	2	14	1	0	0	0	0	0
B. Users of Other FP Methods											
1. Payatas, Quezon City	Urban	10	29			6	3			1	
2. Toledo City, Cebu	Urban	6	30			3	3				
3. Sta. Cruz, Davao	Urban	8	34			2	2	4			
4. Pakil, Laguna	Rural	5	30			3		2			
5. Sogod, Cebu	Rural	5	33			2	3				
6. Koronadal, South Cotabato	Rural	5	26			3	2				
Sub-total		39	30	0	0	19	13	6	0	1	0
C. DMPA Drop-outs											
1. Pakil, Laguna	Rural	4	30			3					1
2. Carcar, Cebu	Urban	6	28	2		1		1	2		
3. Davao City, Davao Sur	Urban	6	32	3		2	1				
Sub-total		16	30	5	0	6	1	1	2	0	1
GRAND TOTAL		72	31	7	14	26	14	7	2	1	1

RESULTS OF THE DISCUSSIONS PER FGD GROUP

A. Husbands of DMPA Users or DMPA Drop-outs

1. Knowledge about Their Wives' Use of DMPA

One of the crucial questions being asked by the study dealt with whether or not the husbands knew that their wives had been using DMPA. The husband's knowledge of their wives' use of DMPA was deemed an important factor in the continuation of DMPA use. The general premise in this case was that, if the husbands knew about this, then they would be more supportive and their wives would be more likely to continue using DMPA.

In the FGDs, two aspects of the husbands' knowledge of their wives' use of DMPA were explored: 1) **when** they learned of their wives' use of DMPA--whether this was before or after the wife had herself injected; and 2) their **source** of information--whether the husband learned about it from his wife or from someone else. The FGDs explored whether the information about the wife's use of DMPA was shared with the husband deliberately or if the husband found out merely "by accident". The discussions also sought to find out the circumstances that brought about the husband's awareness (or lack of it) of their wives' use of DMPA.

The results of the discussions reveal that all of the 17 male participants were aware of their wives' use of DMPA. There were, however, variations in the time when they learned about it, as well as in their source of information.

A majority of the husbands knew beforehand that their wife was going to have a DMPA injection. This was true in 12 out of 17 cases. The remaining five participants, however, learned about it only after their wife had already been injected. In fact, one

husband-participant was told about it only after his wife had experienced some adverse side effects from the use of DMPA.

*"We talked about it and we both agreed that she will have the (DMPA) injection."
(49-year old farmer with nine children; Sogod, Cebu)*

*"We both agreed that she will have a Depo injection because we have to plan our family."
(40-year old farmer with two children; Padada, Davao del Sur)*

*"I didn't know (beforehand). She only told me about it after she already had her injection."
(31-year old employee with two children; Sogod, Cebu)*

*"I only knew about it after she already had her injection...I found out from the BHW who gave her the injection."
(30-year old driver with three children; Sogod, Cebu)*

*"I found out about it after almost three months...I told her to stop using it because she's no longer menstruating."
(26-year old farmer with two children; Pakil, Laguna)*

*"I didn't know about it until after she had her first injection. She decided on her own. When she told me about it, what else can I do?
(45-year old farmer with seven children; Pakil, Laguna)*

In most instances (15 out of 17), the husbands were informed about their wives' use of DMPA by the wives themselves. In two instances, the husband learned about it from the midwife or barangay health worker (BHW).

*"I came to know about Depo from the BHW. The BHW told my wife about it and asked her if she likes it. Because she was using pills before, I said, why not try it, it might suit her. So she tried it and it seems there are no side effects."
(28-year old farmer with two children; Padada, Davao del Sur)*

*"Before my wife had her injection, I was first consulted by the staff at the health center...they asked me if I will agree to it."
(25-year old farmer with three children; Pakil, Laguna)*

While half of the men reported that the decision to use DMPA as their FP method was "jointly made" with their spouses, the remaining half of the participants said that it was mainly their wives' initiative and decision to have the injection.

" I knew beforehand that she will have her (DMPA) injection. It was her plan, I simply agreed." (41-year old farmer with eight children; Padada, Davao del Sur)

" Even though she was the one who said that she'll have a Depo injection, we both agreed to it." (40-year old farmer with two children; Padada, Davao del Sur)

Also, while a majority (11 out of 17) of the husbands were readily agreeable to their wives' decision, the others were cautious and hesitant at the start, expressing concern about the method's "safety" and its possible effects on their wives' health. A third of the husbands even sought the opinion of the midwife or the BHW and "observed other DMPA users to see if they have experienced any adverse side effects" to assuage their own apprehensions about DMPA. Once they had been assured that the effects of DMPA would be minimal and manageable, though, the husbands were generally supportive of their wives' use of DMPA. One husband-participant from Padada, Davao Sur even accompanied his wife to the health center for the latter's DMPA injections.

" At first, I was not sure...I was just observing (other users) because we heard rumors that it (DMPA) was not safe. So we observed to see if the rumors were true. But after three months, we didn't hear of anyone who got sick because of Depo, so my wife had her injection." (40-year old farmer with two children; Padada, Davao del Sur)

"It was my wife who really wanted to have the injection. But I did not agree immediately because I felt we had to observe other users first. We've heard talks that it is not good...that it causes knee pain...even shrinking of the hands. But after several months, we saw that nothing has happened to those who have used it. So I asked my wife if she's still interested to have the Depo injection, and she said yes. So she had it." (41-year old farmer with eight children; Padada, Davao del Sur)

2. *What Husbands Know About DMPA*

Most husbands know that DMPA is a 3-month injectable. About a third of them perceive it to be an effective, "failure-free" method of contraception, "as long as the wife goes back for her scheduled reinjection every 3 months." Aside from the method's low failure rate, other perceived advantages of DMPA include its convenience ("no hassle for the wife, unlike pills"), reversibility ("we can discontinue anytime"), safety ("no major effects on the wife's or husband's health"), and the fact that "it's given free at the health center".

"It's good because there's no hassle (in using it). My wife likes it. Besides, it's free." (31-year old employee; Sogod, Cebu)

"I like Depo very much...my wife is no longer hesitant to have sex because she's no longer afraid of becoming pregnant." (40-year old farmer with two children; Padada, Davao del Sur).

"Depo is good because there's no (method) failure, as long as you follow the guidelines." (43-year old farmer with four children; Padada, Davao del Sur).

"It's good because you can be sure that your wife will not get pregnant." (49-year old farmer; Sogod, Cebu)

"Depo is good because my wife's appetite has improved." (41-year old farmer with eight children; Padada, Davao del Sur).

Many of the husbands' responses also dealt with the method's side effects. Among those cited were amenorrhea, bleeding, abdominal pain and decreased libido on the part of the woman. Misconceptions and rumors about DMPA causing sterility, infertility, "shrinking of the hands" and knee pains were common. Moreover, none of the husbands mentioned any knowledge of how to handle such side effects.

"When my wife told me that she wanted to have a Depo injection, we purposely delayed it because we've heard of stories from the other barrio that it is dangerous...stories about bleeding, women not having their menstruation...and that it can also cause high blood pressure. It also makes one sickly. That's why I was afraid (for my wife), because I didn't know much about it yet. So I observed (other users) to find out the truth...but I saw that nothing wrong happened to them. So, we decided to use Depo." (40-year old farmer with two children; Padada, Davao del Sur)

"They say that the hands will curl...your knees will become painful. You'll have stomach pains...I heard this from our neighbors. They're not Depo users, but they know." (41-year old farmer with eight children; Padada, Davao del Sur)

"I heard from previous Depo users who had stopped already that women who use Depo lose interest in sex." (43-year old farmer with four children; Padada, Davao del Sur)

"What I know is that the injection can make a woman sterile...but I have not really verified this yet." (31-year old employee; Sogod, Cebu)

"I heard that (with Depo), the women will no longer bear a child." (31-year old farmer with four children; Sogod, Cebu)

"I heard that it (DMPA) causes sterility...that bothers me because I still want to have more children." (27-year old laborer with one child; Pakil, Laguna)

3. Source of Information on DMPA

A majority of the husbands attribute what they know about DMPA to their wives. About a third of them, however, claim that they first heard about DMPA from the midwife or BHW in their community. Other sources of information that were mentioned include radio advertisements and previous users of DMPA in the neighborhood.

While the discussions did not clarify which sources were responsible for which

particular types of information, one could surmise that the more positive aspects of DMPA which the husbands were aware of could be attributed to their wives. It was pointed out earlier that the wives were, to a great extent, responsible for convincing their spouses of the advantages and benefits of DMPA. The husbands' positive perception of DMPA could also be attributed to information and assurances given by the BHWs. On the other hand, part of the husbands' negative perception of DMPA, particularly its side effects, could have come from observations of former DMPA users in the community as well as their wives' own experiences concerning the use of DMPA.

4. Changes Observed in the Wife After Using DMPA

While a third of the husbands noted "no changes" in their wives' health or behavior after using DMPA, the rest reported some positive and negative changes in their wives' physical and emotional well-being.

Among the positive changes which the husbands noted were their wives' improved appetite, weight gain, increased energy ("she does not seem to tire easily"), decreased irritability and fewer inhibitions about engaging in sex ("since she no longer fears that she will get pregnant"). On the other hand, negative changes included irritability, headaches, decreased menstrual flow, amenorrhea, weakness and to some extent, weight gain.

"She has become easily irritated. She also became fat." (31-year old farmer; Sogod, Cebu)

"She became a little bit stout...she has headaches...and her menstruation flow has lessened. I'm afraid that, if it goes on, then we'll have to see a doctor, and that means we have to spend money...we're thinking of shifting to another method." (31-year old employee; Sogod, Cebu).

"She's very irritable...and she has grown big because her appetite has improved." (49-year old farmer; Sogod, Cebu)

5. Discussion of DMPA with Peers

When asked if they ever discussed DMPA with their male peers or relatives, all except one of the participants said "no". Moreover, when asked if they would recommend DMPA to other married couples, only one gave a definite "yes" while the rest had some reservations. One husband even said "no, to avoid trouble". The following responses of the husbands are typical, and seem to indicate some hesitation on the part of the husbands to actively promote DMPA and take responsibility for the consequences of its use:

"I will tell them it is a good method, but it's up to them if they want to use it or not." (36-year old farmer with four children; Padada, Davao del Sur)

"If they ask me about it, I will tell them to go to the BHW." (28-year old farmer with two children; Padada, Davao del Sur)

"I will tell them about DMPA only if they ask me about it." (42-year old farmer with four children; Padada, Davao del Sur)

"Most of my friends are still single...it's difficult for me to talk to them about it (DMPA)." (26-year old farmer with two children; Padada, Davao del Sur)

When asked if they know of individuals or groups of people in their communities who are against DMPA use, the husbands did not mention any, except to say that "it can be expected that some people are agreeable to DMPA use and others are not." The husbands shared a common observation that "those who have not used any FP method or have not used DMPA in particular are the most likely to object" to its use.

B. Users of FP Methods Other than DMPA

1. Reasons for Choosing their Current FP Method

There was a good mix of methods represented in this set of FGDs among women who were current users of other FP methods. When they were asked why they were currently practicing contraception, the reasons given were only too familiar: to postpone a pregnancy, to space childbirths, to prevent any more unplanned pregnancies and, for some, to stop childbearing altogether. These goals had all been decided upon due to increasing concerns about the high economic cost of having an additional baby and the risks of another pregnancy for the health of the mother.

The women's reasons for choosing their current FP methods included considerations about the method's effectiveness, risks of method failure, reversibility and side effects. In about a third of the cases, the women's choice of their current FP method was also a result of their dissatisfaction with a previous method. For example in the case of IUD users, many of these women were previous users of oral contraceptives who had found the rigors of daily pill intake "inconvenient" and "a hassle". They thus shifted to the intra-uterine device.

"I shifted to IUD because it is more convenient than the pill. It spares me from the hassle of remembering to take my pills everyday. Before I had my IUD, my husband and I talked about it, and we both agreed to use it." (27-year old market vendor and mother of three; Toledo City, Cebu)

2. Reasons for Not Using DMPA

When asked why they did not choose to use DMPA, a third of the women said that they were not aware of DMPA at the time they decided to practice FP. One in five women also said that DMPA was not yet available at the health center when they chose to use a FP method. Six women expressed satisfaction over their current method and said that they have no strong desire to shift to another method at the moment. One in five women claimed fear of injections as their main reason for not having chosen DMPA, while a third feared possible side effects of DMPA use, particularly amenorrhea and bleeding.

"I've been using pills for quite some time now, and I don't have any complaints.

Besides, I'm afraid of injections." (33-year old housewife with three children; Toledo City, Cebu)

"I know nothing about Depo...I'm also not interested because I'm scared of injections. Besides, I'm already comfortable with pills." (32-year old mother of three; Toledo City, Cebu)

"I don't know enough about it (DMPA). I just heard about it recently. Besides, I've already started using pills when I heard about it." (32-year old mother of two who works in a beauty parlor; Toledo City, Cebu)

"I didn't use it because I was afraid that it will not be good for my health." (32-year old mother of three; Toledo City, Cebu)

"I have not heard anything about this injection. What I usually hear about are pills or IUD...that's why I'm using the IUD. There are many others who use it, and they like it better." (27-year old mother of three; Toledo City, Cebu)

"I prefer the IUD or the pills (to Depo) because it's easier to stop using it. I can have the IUD removed anytime, or stop taking the pills when I don't want it anymore. With Depo, I will have to wait for three months." (24-year old housewife with four children; Toledo City, Cebu)

"Depo was not yet available before. It became available only after I had my IUD already...and I like it (IUD) so far." (31-year old mother of two who works as a clerk; Sta. Cruz, Davao del Sur)

When asked if they would refrain from having a DMPA injection because of their husbands' objection or because of conflicts with their religious beliefs, almost all of the women participants replied in the negative. As one participant said,

"It's better to do something now while you're not yet pregnant, than to abort it (baby) when you are already pregnant." (31-year old housewife and mother of four; Toledo City, Cebu).

3. *What Women Know About DMPA*

Four out of ten participants claimed to have little or no knowledge about DMPA. Knowledge was limited to DMPA being "an injectable contraceptive which is good for three months".

"I don't know anything about Depo...no one has tried it in our neighborhood. I have not heard anything about it." (32-year old housewife and mother of four; Toledo City, Cebu)

"What I know about Depo is that you have an injection once every three months. Then, slowly, your menstrual flow becomes lesser. That's what I'm afraid of." (32-year old housewife and mother of three; Toledo City, Cebu)

Among those who have heard about DMPA, the most cited aspect was its side effects. Amenorrhea was the most frequently mentioned side effect (a third of the women mentioned this). Other side effects included changes in the menstrual flow, prolonged bleeding, improved appetite, weight gain, headaches, abdominal pains, chest pains and irritability. Among the misconceptions held by the women about DMPA were: it causes tumor, bloodclotting and "shrinking of the uterus".

"I heard that with Depo, we will not be having our menstruation for three months. That scares me...what will happen to the blood, where will it go?" (31-year old housewife and mother of four; Sta. Cruz, Davao del Sur)

"What I know about Depo is what my niece told me...that her aunt was operated on for tumor because of Depo. Maybe it was the result of not having menstruation. It's very scary." (40-year old housewife and mother of five; Sta. Cruz, Davao del Sur)

"I heard that women who use Depo will have headaches and stomach aches. Also, if you have a history of illness in your family, you can't use Depo because it might trigger the onset of that illness." (36-year old housewife and mother of two; Sta. Cruz, Davao del Sur)

"I heard that with Depo, you will not have menstruation for three months. They say the blood might clot inside. There are also stories that it can cause tumor." (21-year old housewife and mother of two; Koronadal, South Cotabato)

Like their male counterparts, the women did not mention any information on how to handle or manage the side effects of DMPA use.

4. Sources of Information on DMPA

The women's sources of information on DMPA were more varied than those mentioned by their male counterparts. Four out of ten participants cited relatives, neighbors, friends and co-workers who were both users and non-users of DMPA as their sources of information. One in eight women attributed what they know of DMPA to the health center medical staff (doctor, nurse, midwife) and the BHW. The same number of women reported having read the DMPA leaflets distributed at the health center. A few mentioned TV and radio ads.

"I first heard about Depo from my cousin. She has been using it for almost a year now, and she has no complaints. She has her injection every three months." (33-year old housewife and mother of three; Toledo City, Cebu)

"I read about Depo from the leaflets they were distributing at the health center." (32-year old housewife and mother of three; Toledo City, Cebu)

"My sister-in-law uses Depo, and she's happy that, as a result, she has gained weight." (29-year old housewife with three children; Koronadal, South Cotabato)

To verify if what they have heard about DMPA is true or not, one out of six women either consulted the midwife or a BHW, talked to other DMPA users or "observed" them if they had experienced any adverse side effects.

5. *Circumstances under which Women will Try DMPA*

When asked under what circumstances they would be willing to try DMPA, one out of every five women said that they will consider using DMPA after "knowing more about it"--how DMPA works, how effective it is, how "safe" it is, what its expected side effects might be, and what to do when side effects occur. About four out of ten women also want to see and hear positive feedback from other DMPA users to assure them that the injectable's risks are minimal and manageable.

"If I hear about users who liked it, or who did not feel anything (bad) from using DMPA, then maybe I will try it myself." (32-year old mother of two who works at a beauty parlor; Toledo City, Cebu)

"I think I would like to try it (DMPA), but I have to wait until I know what the side effects are. I still don't know much about Depo, that's why I cannot decide yet." (31-year old housewife and mother of four; Toledo City, Cebu)

"I have plans of trying Depo because I heard that you won't have your menstruation. I thought it would be good because when you have your menstruation, it's very inconvenient. But I still want to know what are the side effects of not having menstruation." (29-year old housewife and mother of three; Koronadal, South Cotabato)

Those who feared injections said that they can only use DMPA once they have overcome this phobia. Two participants said that they will first have to convince their husbands of DMPA's "safety" before they can consider accepting it.

On the other hand, a third of the women claim to be satisfied with their current FP method and were not keen on shifting to DMPA at the moment. However, almost all of them said that once they become dissatisfied with their method or if there will be any health considerations that will constrain them from continuing with their present method, then they would consider using DMPA.

C. DMPA Drop-outs

1. *Reasons for Choosing DMPA*

Two thirds of the women chose DMPA because it was perceived to be an effective, long-lasting method which "gives women protection from the risk of pregnancy for three months."

One fourth of the women who used pills before were drawn to DMPA because it gave them "no more worries of forgetting to take the pill everyday". Meanwhile, one participant who used to practice calendar rhythm found DMPA convenient "because I do not have to monitor my fertile periods anymore". For others who could not take pills or practice calendar rhythm because of health considerations, DMPA provided a welcome alternative. Three participants decided to use DMPA because they were advised by the health center doctor, nurse, midwife or BHW in their community.

"I used Depo to make sure there is no failure in my use of family planning..so I no longer have to remember to take the pill everyday. I don't want to give birth anymore." (43-year old housewife and mother of nine; Davao City)

"I chose Depo because it is convenient to use. My job involves travelling...I manage a big farm in Malang and come home every now and then to get fertilizers. I don't have time anymore to monitor when I am "safe" or not. When I'm home with my husband, I want to be sure that I am protected. With Depo, I don't need to remember taking the pill everyday; I'm protected for three months...I didn't even tell my husband anymore that I had a Depo injection so he won't have a chance to object. I just want to be sure I'm protected because I do not want to have any more children." (34-year old mother of three; Davao City)

2. *Involvement of Husbands in the Decision to Use DMPA*

While half of the women claimed that their husbands knew of their DMPA use, their responses strongly indicate that the initiative and decision to use DMPA came from them.

In general, their husbands were merely informed about the decision, later giving their agreement to it.

At least four women reported that they told their husbands about their use of DMPA only after they had their first injection. One participant even claimed that, as of the time of the FGD, her husband still did not know that she had used DMPA.

"My husband did not know (that I had a Depo injection). He only knew about it later, when I already had those side effects. I finally told him because I was already afraid. He found out after two months." (34-year old mother of three; Davao City)

3. Reasons for Stopping DMPA Use

One of the most crucial findings to be culled from this FGD group concerns the reasons why these women decided to discontinue DMPA use. A review of their responses shows that the main reason for doing so was to "stop the side effects that they experienced with DMPA use", particularly those affecting their menstruation.

Eight out of ten drop-outs mentioned that they have experienced side effects relating to their menstruation. The more commonly cited side effects were heavy menstrual flow (n=5), prolonged or continued bleeding (n=4), and amenorrhea (n=3). Other complaints included abdominal pains, breast pains, unexpected weight gain, headaches, weakness, body pain, and irritability. In seven out of ten cases, these side effects were experienced soon after the first injection, prompting the women to decide against ever being reinjected. The others decided to "wait some more and see if the effects will subside with the second dose", only to decide after this to stop the injections altogether.

"I stopped after two injections because I became fat. My appetite improved and I noticed I'm getting bigger." (26-year old housewife and mother of two; Davao City)

"I stopped my Depo injections because I felt pain in my breasts. I also felt feverish. The nurse told me not to be alarmed because that is normal for first

time users of Depo...but I have already shifted to pills." (29-year old housewife and mother of two; Davao City)

"My breasts felt hard and painful, like what one feels when she is pregnant. My menstruation also became irregular. In fact, it hasn't stopped to this day." (34-year old mother of three; Davao City)

"My menstruation was a mixture of black particles and dead blood...my abdomen was also painful. I had headaches before the onset of my menstruation " (43-year old housewife and mother of nine; Davao City)

It is important to note that almost half of the women reportedly did "nothing" to remedy their situation. In most cases, they simply decided to stop having any more injections so that the effects would subside and eventually wear off. The others either went to the health center or to a hospital for medical consultation and treatment.

While two-thirds of the women said that they were told to expect some of the side effects mentioned above, all except two did not mention being informed of what to do when these occurred. Even though some of the women did go back to the healthcenter or hospital for further consultations, this did not seem to stop them from discontinuing with DMPA use.

4. Screening and Counselling Experience at the Health Center

While the DMPA providers are trained to screen their potential clients thoroughly before any injections can be administered, a review of the responses from these FGDs reveals that this protocol was not consistently practiced.

Two women reported being interviewed about their menstrual cycle and their medical history. Two others even underwent a uterus examination or a pregnancy test prior to their injection. However, for most of the remaining women, "no check-up was done prior to the administration of the DMPA injection."

"They gave me leaflets to read...they told me there will be changes in my body, that it's possible to experience spotting." (29-year old housewife and mother of two; Davao City)

"I was really happy because I was allowed to choose what method to use. When I decided to choose Depo, the doctor examined me and told me to come back after three days so she can check my uterus. I went back to the health center where my uterus was checked for masses. They didn't find any, and so I was given the injection." (23-year old housewife with one child; Davao City)

The same observation can be made with regard to the practice of client counselling prior to giving the DMPA injection. While two-thirds of the women claimed to have been told to expect changes in their menstruation, particularly amenorrhea and spotting, as well as headaches and other changes in their bodies, the others were not informed of what side effects to expect with the injection.

"I didn't undergo any check-up...I was injected immediately...They told me that Depo will make my menstruation stop...but they didn't tell me what to do in case I experienced this side effect." (43-year old mother of nine; Davao City)

Also, while a few of the women were advised to have a monthly check-up, and to go to the health center once any side effect was experienced, most were not informed as to what to do if side effects should occur.

5. Assessment of the Quality of DMPA Services at the Health Center

All of the participants reported that DMPA supplies were always and readily available at the health center whenever they went there for their injections. Service was relatively quick with women who needed a DMPA injection not being made to wait a long time or to come back on another day, if they were found eligible for injection.

Half of the women said that they had been given DMPA leaflets and reminder cards and that they had been told by the health worker when to come back for their reinjection.

Services at the health center were usually given for free. A third of the women did

report, though, that they had been asked to give a minimal "donation" to the center, ranging from two to twenty pesos per injection.

6. Clients' Suggestions for Improving DMPA Services

The women were unanimous in saying that more information campaigns should be conducted to make women more aware and knowledgeable about DMPA. Suggestions were made to conduct these activities at the barangay level so that more couples will come to know about DMPA as a FP method. About one in four participants even suggested that DMPA service providers carry out house-to-house visits or organize groups of men and women in the barangays so that more people would know about the advantages and disadvantages of DMPA as a contraceptive. They stressed the importance of DMPA providers explaining fully and clearly the side effects to be expected from the use of DMPA and, even more, what to do in cases where side effects occur. They also suggested that service providers make occasional home visits to follow up on the status of DMPA users.

"I suggest that counselling should be done in the barangay and not only at the (health) center...mothers could be grouped together so that more people can hear about Depo. There they would be made to understand the possible side effects." (29-year old housewife; Davao City)

7. Plans to Resume DMPA Use

When asked if they have any plans of resuming DMPA use, six out of ten women answered in the affirmative, although they were quick to say that they would do so "only if the side effects would stop". In particular, these problems included bleeding, irregular menstruation, abdominal pains and weight gain. On the other hand, a few women preferred

to stay with their current method and were not interested to shift back to DMPA.

"If my menstruation goes back to normal and the stomach pains and the pain around the waist would stop...yes, I would use DMPA again." (43-year old housewife and mother of nine; Davao City)

PROGRAM IMPLICATIONS

A. On IEC Activities

1. IEC activities for Husbands

The results of the FGDs with the husbands revealed that, while husbands perceive DMPA to be an effective contraceptive, an acute lack of information about what side effects are to be expected, and more importantly, how these side effects could be managed and treated, has resulted to husbands being hesitant about discussing DMPA among their peers, much less endorsing its use. In this regard, the need to involve husbands in the IEC activities for DMPA cannot be overemphasized. The program can look into tapping existing men's organizations and using these as entry points to disseminate information on DMPA and other FP methods. There is certainly a need to widen men's access to information on DMPA and family planning in general, given the finding that their source of information has often been limited to their wives.

2. IEC Activities for Non-users of DMPA

The finding that non-use of DMPA was due to a large extent to the lack of awareness on the part of non-users that DMPA is available at the health centers calls for a wider and more intensive campaign to inform women about DMPA. Since many of the non-users said that they were willing to try DMPA after "knowing more about it", information campaigns on DMPA should be undertaken to target these potential injectable users. IEC activities should especially focus on providing correct information especially about commonly held misconceptions about DMPA as fears arising from rumors or inadequate information have been the major deterrents to DMPA use among this group of women. There should be a conscious effort on the part of DMPA service providers to ensure that rumors are corrected during counselling.

It is interesting to note that four out of ten non-users of DMPA said that they would be willing to try DMPA after seeing or hearing more positive feedback about the method. In this regard, the program managers could design IEC activities that would make use of the testimonials of satisfied DMPA users in the community to effectively capture their intended target.

B. On Service Delivery

1. Counselling

Given the finding that rumors and misconceptions about DMPA, particularly its side effects, are common among husbands of DMPA acceptors, non-users of DMPA and even among the drop-outs, efforts to encourage women to go to the health centers to verify such information should therefore be emphasized among service providers. One alternative is to tap the volunteer health workers to conduct house visits specifically for this purpose.

Results of the FGDs with DMPA drop-outs seem to lend evidence to previous findings in Bangladesh that the husband's support is an important determinant of DMPA continuation among women (Riley et al, 1994). It was evident among this group of women that their husbands had minimal involvement in their decision to use DMPA. In some cases, the husbands were not even informed until after the women had their first injection. This finding points to the need for service providers to encourage women to discuss DMPA with their husbands and to involve them in the decision-making process. Towards this end, husbands could be invited to join the women during the counselling sessions prior to the administration of DMPA injections.

2. Side Effects Management

Side effects, especially those relating to menstruation, account for most of the cases of DMPA drop-outs and discontinuation as gleaned from the FGD results. This is in consonance with findings in Thailand (Narkavonnakit, et al., 1982) and Bangladesh (Riley, et al., 1994). It is important to note that based on the experience of the drop-outs who participated in the FGDs, complaints of side effects start as early as the first injection, and that most women were willing to endure the side effects for no more than six months (or until the second dose of injection). In most cases, they also do "nothing" about such side effects except to decide not to have any more reinjections thereafter. In this regard, post-injection instructions could be improved to specifically stress to the client the need to go back to the health center as soon as they experience any side effects from DMPA. Clients could also be given leaflets containing instructions on how to deal with expected side effects. This is especially important given the finding that most of the DMPA drop-outs had little or no knowledge of how side effects could be managed or treated.

3. Client Screening and Assessment

It is also important to note that proper screening and client assessment procedures were not consistently observed by the service providers as far as the DMPA drop-outs were concerned. Training for service providers should therefore emphasize the need to observe this protocol consistently to ensure that quality care is given to women.

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APPENDIX A

FGD Guidelines

1. Husbands of Current DMPA Users and Drop-outs

a. Husband's knowledge of wife's use of DMPA

- When and how did the husband learn of his wife's use (and discontinuation) of DMPA?
- What was his initial reaction upon knowing of his wife's use (and discontinuation) of DMPA?

b. Husband's role in the decision-making process regarding wife's use (and discontinuation) of DMPA

- Did husband/wife ever talk about using (discontinuing) DMPA?
- What were the circumstances that brought about the discussion?
- What were the husband's/wife's opinions about it?
- Were there conflicts?
- How were these conflicts resolved?
- How did they arrive at a decision?
- Whose decision was it for the wife to use (discontinue) DMPA?
- What were some other realistic options considered (aside from DMPA) and why were these dropped in favor of DMPA?

c. Husband's knowledge/attitudes about DMPA

- What does the husband know about DMPA?
 - mechanism/how it works
 - safety/health risks/contraindications
 - effectivity of the method
 - management of health risks
 - source/availability of method
 - costs
- What/who were his sources of information?
- What rumors has he heard about DMPA use?
- Did he ever try to find out if these were true?
- How did he validate his information?
- Did he ever discuss these with his wife? Why/why not?
- Did these information/misconceptions ever affect his decision to support/withdraw support to his wife's use of DMPA?
- What are the main advantages of this method? Its weaknesses?

d. Discussions with Male Peers

- Does he discuss use of FP with other male friends?
- Did he feel that his friends approve/were neutral/disapprove of FP use? Why?
- Did he discuss his decision on wife's DMPA use (discontinued use) with his friends?
- What were his friends' reactions?

e. Husband's attitudes towards wife's DMPA use

- Was the husband always supportive/approving of the wife's use (discontinued use) of DMPA? Why/why not?
- What were his reservations, if any?
 - safety/health concerns
 - effectivity
 - management of health risks
 - availability/accesibility/cost
- How did he manage/resolve such reservations?
- Has he noticed any changes in his wife (physically, emotionally, psychologically) after using DMPA? What are these changes?
- Were such changes positive/negative, and how did he feel/react to such changes?
- Did he ever discuss these with his wife?
- How did he cope with such changes?
- Would he continue supporting his wife's use (discontinued use) of DMPA, or would he prefer that she use another method?
If so, which method, and why?
- Would he recommend that other women relatives or friends use DMPA? Why/why not?

2. Current users of other FP methods

a. Reasons for contracepting/using FP methods

b. Reasons for choosing current method over DMPA

- Why did they choose their current method over DMPA?

- effectivity
- convenience/ease of use
- cost
- husband's approval
- health reasons
- others

- What were their reservations about DMPA?

- safety/health concerns
- effectivity
- management of health risks
- availability/accessibility/cost

- husband's disapproval
- conflicts with church/religious beliefs

- Under what circumstance would they be willing to try DMPA?

c. Knowledge/attitudes about DMPA

- What do they know about DMPA? How much or how little do they know about the method?

- mechanism/how it works
- safety/health risks/contraindications
- effectivity of the method
- management of health risks
- source/availability of method
- costs
- advantages and weaknesses of DMPA

- What/who were their sources of information?

- What rumors have they heard about DMPA use?

- Did they ever try to find out if these were true?

- How did they validate such information?

- To what extent did such information (or lack of it) affect their decision not to use DMPA?

3. DMPA Discontinuers/Drop-outs

a. Reasons for Choosing DMPA over other methods

- Why did they decide to try/use DMPA as an FP method?
 - effectivity
 - convenience/ease of use
 - cost
 - husband's approval
 - influence of friends/family

b. Reasons for Discontinuing Use of DMPA

- Why did they decide to stop using DMPA?
 - experienced side effects
 - husband's disapproval
- What side effects did they experience? How long/how often did you experience these before they decided to stop using DMPA?
- Do they plan to resume using DMPA? Why/why not?
- Under what circumstance would they be willing to resume DMPA use?

c. Management of side effects

- How did they deal with the side effects they experienced?
- Were they told to expect such side effects by their DMPA provider before their first DMPA injection?
- Were they informed how to manage or deal with these side effects?

d. Assessment of DMPA service delivery

- How would they evaluate the DMPA services offered in the health center?
 - competence of DMPA provider
 - quality of care provided
 - availability of DMPA supplies in the health center
- What would they suggest to improve DMPA service delivery?