

Operational Research on Consumers' Perceptions towards Implants as a Long Term Family Planning Method



Contents

Acknowledgements.....	3
Executive Summary.....	4
<i>Study aims.....</i>	4
<i>Results.....</i>	4
Background to the Project.....	8
Methodology – Quantitative	9
<i>Sample Design.....</i>	9
<i>Instrument.....</i>	9
<i>Data Collection & Analysis</i>	10
<i>Qualitative.....</i>	11
Sample Characteristics	12
Respondent Characteristics	13
<i>Age</i>	13
<i>Number of children</i>	13
<i>Education</i>	14
<i>Work and Income</i>	15
<i>Household Wealth Index</i>	16
<i>Household Debt.....</i>	17
Knowledge of Contraception	19
<i>Awareness of Contraception</i>	19
<i>Initial Contraceptive experiences</i>	20
Contraceptive Experiences of non- users of Implant.....	23
<i>Rate of Contraceptive use and Methods.....</i>	23
<i>Reasons for use and initial information sources</i>	23
<i>Place where obtained.....</i>	24
<i>Payment and Support Schemes.....</i>	26
<i>Influencers of Choice</i>	26
<i>Positive and negative aspects of current method</i>	27
<i>Recommendation of method to friend / family member</i>	29
Knowledge of the Implant.....	31
<i>Awareness of Implant and providers.....</i>	31
<i>Cost of Implant.....</i>	31
<i>Interest in the implant.....</i>	32
<i>Perceived side effects</i>	33
<i>Overall perceptions</i>	35
Experiences with the Implant.....	38
<i>Initial Decision to Use.....</i>	38
<i>Place of insertion.....</i>	39
<i>Cost of insertion</i>	40
<i>Transport and Reimbursement</i>	41
<i>Influences on choice of Implant.....</i>	42

<i>Overall perception and Rating of Implant</i>	44
<i>Recommendation of the Implant</i>	46
Removal of the Implant - Experiences	49
<i>Period of Implant use</i>	49
<i>Influences in stopping use</i>	49
<i>Reasons for removal</i>	50
Perceptions about removal	52
<i>Knowledge of Implant life</i>	52
<i>Perceptions of removal</i>	52
<i>Continuation of Implant use</i>	53
Trust and Satisfaction with Health Care Providers	54
<i>Satisfaction with public Facility and health staff</i>	55
<i>Satisfaction with Contraceptive Counselling and Services</i>	57
Ranking Contraceptive Methods and Information Sources	58
Qualitative Findings – In Depth Interviews	61
<i>General perceptions of contraceptives</i>	61
<i>Reasons for and against implant use</i>	62
<i>Convenience of Access</i>	62
<i>Perceptions of Local Health Centers</i>	63
<i>Influencers on contraceptive decisions</i>	64
<i>Former users who stopped using Implant</i>	65
<i>Current users' future intentions</i>	65
<i>In Depth Ranking Questions</i>	66
Qualitative findings - Focus Group Discussions (FGDs)	69
<i>General perceptions of contraception</i>	69
<i>Side effects of the implant</i>	70
<i>Perception of LAPM users</i>	71
<i>Barriers to use</i>	71
<i>Ease of access</i>	72
<i>Perceptions and experiences of insertion</i>	73
<i>Influence of women's partners</i>	73
Conclusion	75
<i>Knowledge of contraception</i>	75
<i>Contraceptive experiences</i>	75
<i>Knowledge of the Implant</i>	75
<i>Experiences of the Implant</i>	76
<i>Removal of the implant experience and perception</i>	76
<i>Trust and satisfaction with healthcare providers</i>	76
Appendix 1: Wealth Ranking Methodology	77
Appendix 2: Final Quantitative Instrument	79

Acknowledgements

Angkor Research and Consulting Ltd. would like to thank the organizations and individuals that made this research possible. First of all from the United Nations Population Fund (UNFPA); Dr. Marc Derveeuw, G.L, Representative and Dr. Sokun Sok, Sexual and Reproductive Health Programme Specialist, for designing the overall study and assistance and expertise in designing instrument and sampling framework. Also the team from Merck for their assistance and funding of this project; our particular thanks to Brett Johnson and Anant Vailaya.

Thanks also to the National Ethical Committee for Health Research (NECHR) Cambodia for their support of this project and facilitation of necessary approvals to conduct this research.

Special thanks go to Prof. Tung Rathavy, Director of the National Maternal and Child Health Centre (NMCHC) for her overall guidance and support to research and Dr. Lam Phirun, Manager of the National Reproductive Health Programme (NRHP) for being a co-investigator of the research.

Mr. Ian Ramage oversaw the entire research project. Ms. Kren Bopha led the survey teams for the data collection, and Mr. Benjamin Lamberet was the Data Manager/Analyst, in charge of designing the database and overseeing data encoders. Mr. Lachlan Bruce was responsible for conducting the analysis and writing the report. Mr. John Nicewinter assisted with the sample design, questionnaire and data analysis, and edited the report.

Thanks to all of the project staff who collected the data, conducted quality control and supervision, and entered the data into the database. Lastly, but most importantly, we'd like to express our gratitude to the respondents and commune and village authorities who took the time to participate in the survey, providing us with valuable information about their lives and contraceptive preferences.

Executive Summary

Study aims

Merck contracted Angkor Research and Consulting to implement the NMCHC, MSD, and United Nations Population Fund (UNFPA) designed study on *Operational Research on Consumers' Perceptions towards Implants as a Long Term Family Planning Method* across three operational health districts in Cambodia. The study was commissioned with the broad aim of better understanding the determinants of contraceptive choice amongst Cambodian women, with specific focus on the Implant.

To meet these aims, a mixed method study was undertaken consisting of a quantitative study, in depth interviews and focus groups. Across all of these methodologies respondents were sampled from three distinct groups; current users of the implant, former users, and non-users. By gathering opinions and experiences from these three groups the perceptions and experiences can be compared and contrasted to better understand the determinants behind contraceptive method choices.

Results

What drives women to make specific choices for contraception? Including discontinuation and method switching

There were a number of factors which contributed to women's choice in choosing contraceptive methods, however the most commonly cited reason across all methods was that the method be 'easy to use' closely followed by the effectiveness of the method. Acting upon a recommendation was also a noteworthy driver, especially amongst those who had chosen the implant. Perhaps surprisingly the cost of the method was mentioned only by a small percentage of respondents as a reason for choosing one method over another.

In regards to reasons behind discontinuation, the most obvious reason that the woman wishes to have a child was excluded from the sample here because it is a well understood reason. With this removed by far the strongest negative factor for the medicinal based methods (implant and daily pill) were inconvenient side effects. A sentiment that was commonly discussed in the qualitative study was the importance of being able to work for Cambodian women, side effects which make work impossible or uncomfortable are the strongest driver to discontinue or change method.

The availability of Health financing schemes such as HEF, SOA, Voucher, etc were not a factor in women's choice for venue of contraceptive counselling or the chosen method itself. Looking specifically at the implant, no respondents from either the current or former users groups mentioned the availability of health financing amongst the reasons for choosing the implant. However, this is not to say that these schemes are unused; in relation to the implant almost half of respondents had received it for free. Contrasting this usage there was little to no knowledge of availability of financing schemes amongst the non-users of the implant, compared to the almost half who received the implant for free only a handful of non-users said the implant could be obtained for free when they were asked about their perception of price.

Assess the influence in decision-making of women's partners or other parties

Most women felt that they themselves were the main influencer over their choice of contraceptive method across all contraceptive types surveyed in this study. This was especially true for the daily pill and the implant which had a higher percentage of women who felt they were not influenced by others than the withdrawal method.

While the majority of women made their own decision related to contraception choice, this was not the case for all, some women were influenced by other people. Looking specifically at the role played by partners and husbands there was a significantly higher percentage of husbands which had influenced women to use the withdrawal method when compared with the daily pill and the implant. That is not to say that all women who are influenced primarily by their husband will end up using withdrawal method but that for women who are primarily influenced by the husband about contraceptive use there is a greater chance they will using withdrawal method than the daily pill and less chance again of them using the implant. Further, from the qualitative data gathered the influence of the husbands varies between individual couples varying from very positive to very negative influences.

Another influence to note is that of the health staff, who were strong influencers in choosing the implant. In fact more women had been primarily influenced to use the implant by their health staff than influenced by their husband, an opposite trend to the daily pill and withdrawal method.

Determinants for choosing or discontinuing the implant

In addition to looking at the reasons women choose to use the implant it is also pertinent to look at their initial source of information about the implant. The most common initial information source was the local health centre, where just under half of respondents found information on the implant, second to this was information from friends and family where almost one quarter of respondents first got implant information from. The role of family and friends is emphasised again when looking to the reasons respondents started to use the implant and the third most cited reason was a recommendation cited by more than four in ten respondents. Additionally more than eight in ten respondents said they would recommend the implant themselves, so we can certainly say that word of mouth recommendations are a strong determinant of implant choice.

While recommendations and word of mouth are a significant determinant, there were two reasons more commonly cited for starting use, in fact cited by almost twice as many respondents as recommendation; these were 'ease of use' and 'more effective'. Close to nine in ten respondents cited each of these reasons so we should consider them to be the strongest determinant to implant uptake but also be mindful of the role that recommendations play.

In terms of discontinuation of the implant there was one reason which was clearly more important than others in terms of both being recognised as a negative factor by current users and also the most common reason former user stopped using and that was the 'inconvenience of side effects'. The most commonly experienced side effect was amenorrhoea or other period problems, experienced by over half of current and former users. As discovered through the qualitative section of the study it is not pure inconvenience of side

effects, but more that fact that it prevents women from working comfortably and effectively, that elevate inconvenience to the strongest determinant for discontinuation.

Women's perceptions towards family planning and contraceptives, the quality of counselling and services rendered

All women in this study were asked about their recent experiences with both the government health staff (for any treatment type) and also their recent experiences with contraceptive counselling for themselves or another. The telling point is the significant contrast between the two, government health staff were found to be impolite and the facilities to be dirty with long wait times which lead to very low satisfaction of respondents. On the other hand the satisfaction with contraceptive counselling and services was much more positive with over seven in ten respondents finding that the service was effective and only 3% found it ineffective (the remainder thought neither effective nor ineffective). This strong result, especially its contrast to general experience with government health staff, shows that the quality of contraceptive counselling is considered high by respondents.

Perceptions and misconceptions to long-term family planning methods (including the implant)

The perception of long term methods was quite favourable amongst the respondents, when asked about the type of women who use long term methods most respondents described a working class woman who wanted to postpone her childbirth so that she has time to work or do business. In all of the in depth interviews only a handful of respondents mentioned sex workers; and when they did they mentioned it alongside family women or business women. So there is no misconception that long acting methods are exclusively for sex workers or that by having an implant or other long term method women will be judged. This is backed by the findings of the quantitative study where the factor of 'stigma' only attracted nominal responses whenever asked in terms of the implants negative factors.

Possible barriers to accessing contraceptive care (including the implant), including users' perceptions of costs, user fees, existing financial support schemes, and any health care provider bias which could impact women's decisions

When the non-users perceived costs of the implant were compared to the actual costs paid by the users a discrepancy was revealed. On average the perceived costs were considerably higher than the actual costs paid, but perhaps most telling was the awareness of free implants. Only 5% of non-users responded that the implant was free, as opposed to close to half of users who actually received the implant for free. This suggests a lack of awareness of HEF and other schemes which supply the implant to poor respondents for free. This is supported by the fact when non-users were asked about factors which they thought would influence women to use the implant, none mentioned the availability of health schemes such as HEF.

However it is questionable how serious of a barrier this is given the fact that amongst actual users only a nominal amount mentioned the availability of health financing schemes as a reason they chose the implant, as mentioned previously ease of use and effectiveness dominated this measure. Similarly amongst the non users only 5% mentioned the expense of the implant as a reason they felt women would not use. That said, increasing awareness of health financing scheme availability for the implant can potentially help

women to choose the implant over another more expensive method when both satisfy the key drivers of ease of use and effectiveness.

Accessibility and cost of removal experienced by former users and perceptions and knowledge of removal for current users.

A key finding in relation to the removal of implants was that over eight in ten respondents removed their implants early, before the date recommended by their health staff. This is backed by the fact that most respondents used their implant for one year or less. When analysing the reasons for discontinuation the most prevalent was uncomfortable side effects, as mentioned during the qualitative study this was closely tied to the desire of Cambodian women to work and do business. Connected to this reason was women who stopped using the implant due to the high cost of treatment and consultations of the side effects they were experiencing, suggesting it is cheaper to remove the implant than to treat its side effects.

Current users were asked their perceptions around the cost and accessibility of their removals in the future. Tellingly, over six in ten of these respondents said that they didn't know how much the removal would cost, those who did know had varied answers between free and a highest of \$20. This lack of knowledge around removal costs does not appear to be a strong barrier because although current users had low awareness of removal cost they still had the implant inserted in the first place, more than half of current users had the implant inserted even though they were unaware of how much it would cost to take out. Likewise access of removal does not appear to be a barrier in that all except for a nominal number of respondents said that they would return to the same place they had the implant inserted for their removal.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_19525

