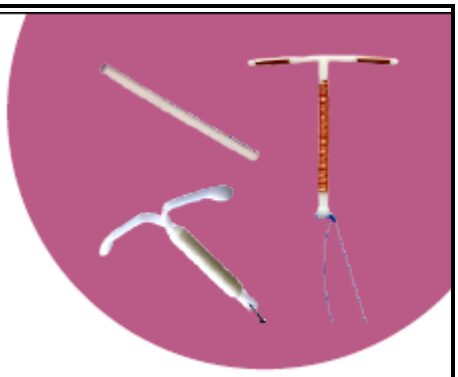


Technical consultation

EXPANDING THE ROLE OF LONG ACTING REVERSIBLE CONTRACEPTION IN INDIA

3rd September, 2021

Summary Report

Centre for Contraception Research

ARTH
Action Research and Training for Health

Background and context

Uptake of family planning has evolved in India over the past decades, with increasing education, urbanization, migration and nuclearization of families triggering demand for contraception especially among young persons, and with the introduction of newer methods like injectables, hormonal IUDs, implants and newer pills widening the canvas of options. However, large sections of the population continue to lack access to a range of methods due to inadequate information, opportunity and poor availability of commodities and services. Further, the COVID19 pandemic has abruptly impacted fertility preferences and increased the demand for contraception.

Considering the continuing need for improved access to contraception among women and men (especially youth), a re-look at the role of long-acting reversible contraception (LARC) would be appropriate. The Centre for Contraception Research (CCR), a unit of Action Research and Training for Health (ARTH), Udaipur, organized a technical consultation on *'Expanding the role of long-acting reversible contraception (LARC) in India'.* This consultation aimed to review national and global experiences with LARCs till date, examine changes in social, economic and programme context and envision a role for this category of contraceptive options in public and private sectors in the country. For the purpose of this consultation, LARCs that need one time insertion and act for 3 to 5 years and above (Copper-T, LNG-IUS and sub-dermal implants) were considered.

Objectives of the consultation

1. To review the contribution of long-acting reversible contraception within family planning programmes of developing countries

2. To discuss lessons learnt from pilot studies conducted across India on user acceptability of LARCs and explore innovative approaches to widen their use in the country

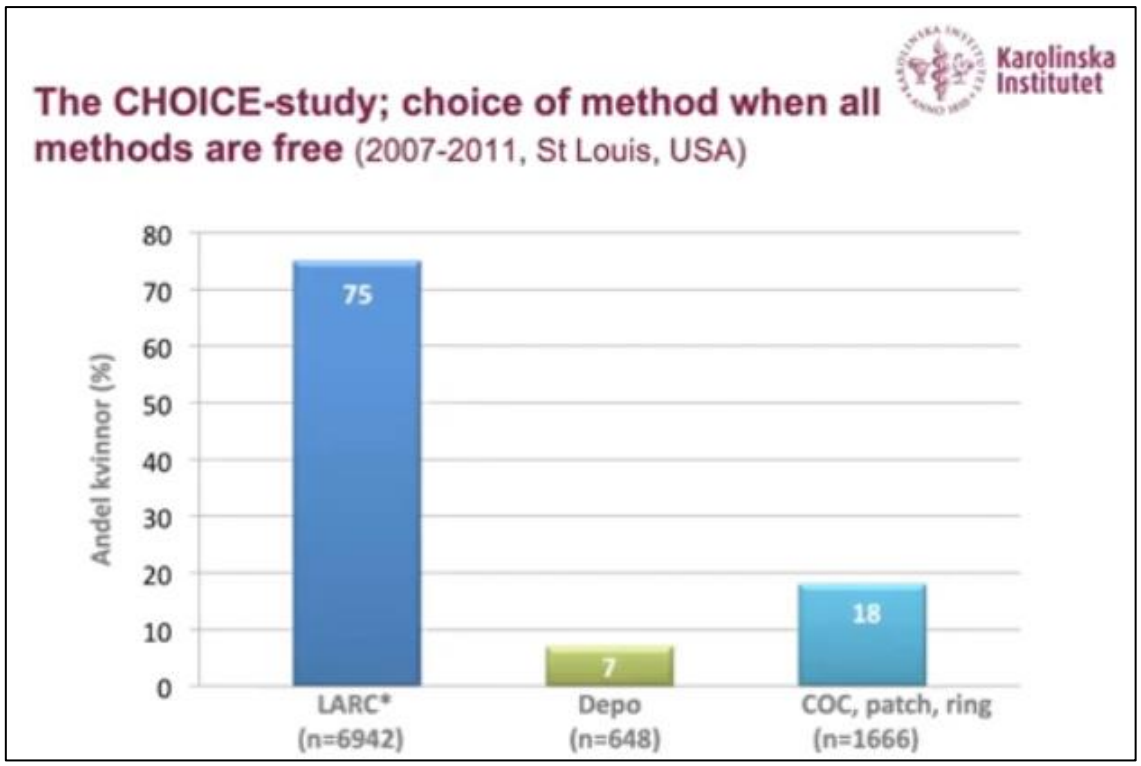
3. To envision an expanded role for long-acting reversible contraception within India's national family welfare programme

The consultation was held online on 3rd September 2021 from 3 to 5.30 pm. It was attended by 55 participants including public health professionals involved in family planning including state NHM representatives, clinical practitioners, academicians from OBGYN departments of medical colleges, representatives of international agencies, non-governmental organizations and the pharmaceutical sector.

SUMMARY

1. Overview

Prof Kristina Gemzell Danielsson, Head, Department of Women´s and Children's Health (WHO Collaborating Centre for SRH), Karolinska Institutet, Stockholm provided a global overview on LARCs and presented evidence on effectiveness and benefits of the methods based on various studies conducted at a global level. She highlighted that LARC methods are equally effective among younger (<21 years), nulliparous and adolescent women and can lead to a 75% reduction in teenage pregnancy. Recent evidence suggests that the hormonal IUD is effective for 7 or even 8 years and has an additional benefit of reducing menstrual bleeding.
Prof Gemzell also shared results of the CHOICE study conducted in USA in 2007, which revealed that most women preferred LARC methods among all other contraceptives, when provided free of charge. In the same study, LNG-IUS emerged with the highest satisfaction rate at the end of 12 months, followed by the Copper IUD and implant. She further dispelled various myths and misconceptions prevailing among women which act as barriers to improved uptake of LARCs at a global level such as effect on future fertility, risk of PID, tubal infertility and ectopic pregnancy.

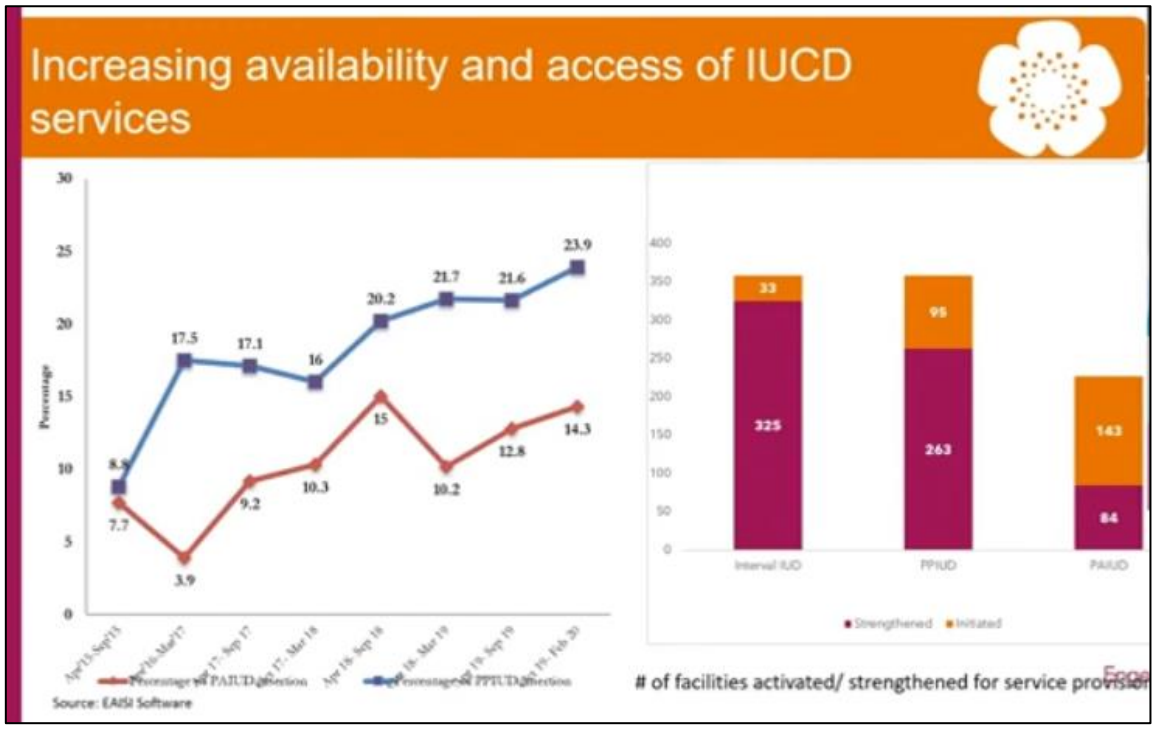


2. Introducing / Scaling Up LARC in health system settings

The next session focused on experiences from various pilots on LARCs conducted in India. The session was chaired by Dr Suneeta Mittal, Director and Head, Dept. of Obstetrics & Gynaecology at Fortis Memorial Research Institute, Gurgaon and included the following presentations:

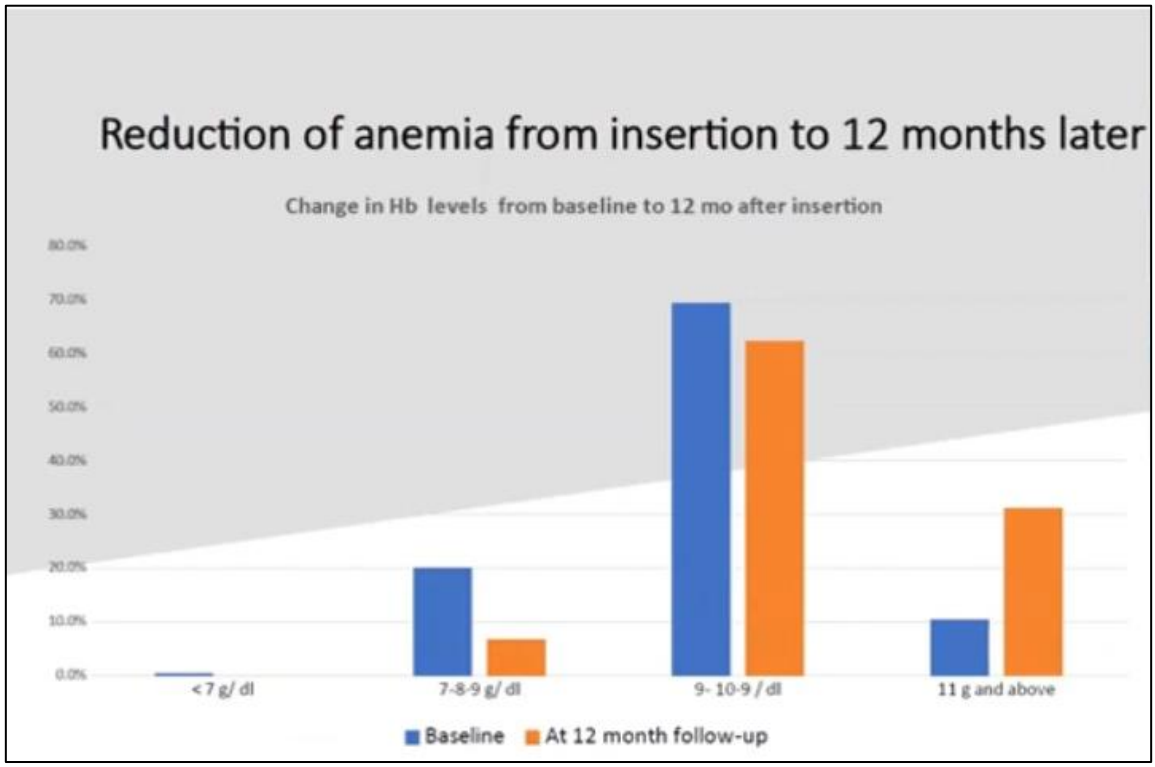
a) Scaling up Copper-T services in two states: the EAISI intervention

Dr Sunita Singal from Engender Health, shared her experiences of expanding access to interval and postpartum IUCD services in Gujarat and Rajasthan as part of the Expanding Access to IUDs in India (EAISI) project. The intervention comprising on the job training for providers on IUCD administration, improving infection prevention practices, reporting and record keeping, contraceptive commodity planning and quality of service monitoring, resulted in great increase in uptake of interval and postpartum IUDs. She highlighted the importance of contraception counselling, choice and right based approach in improving the uptake of Copper IUCDs. Pain and menstrual changes were major reasons for discontinuation of PPIUCD among women. Dr Singal stressed the need for continuum of care for users and rigorous follow up for improving user adherence to IUCDs. She emphasised that role of providers is key to success of LARCs in terms of quality counselling and client centred services. She ended up with the note that for better continuation of PPIUCD, prior counselling before and after insertion, along with involvement of spouses is essential.



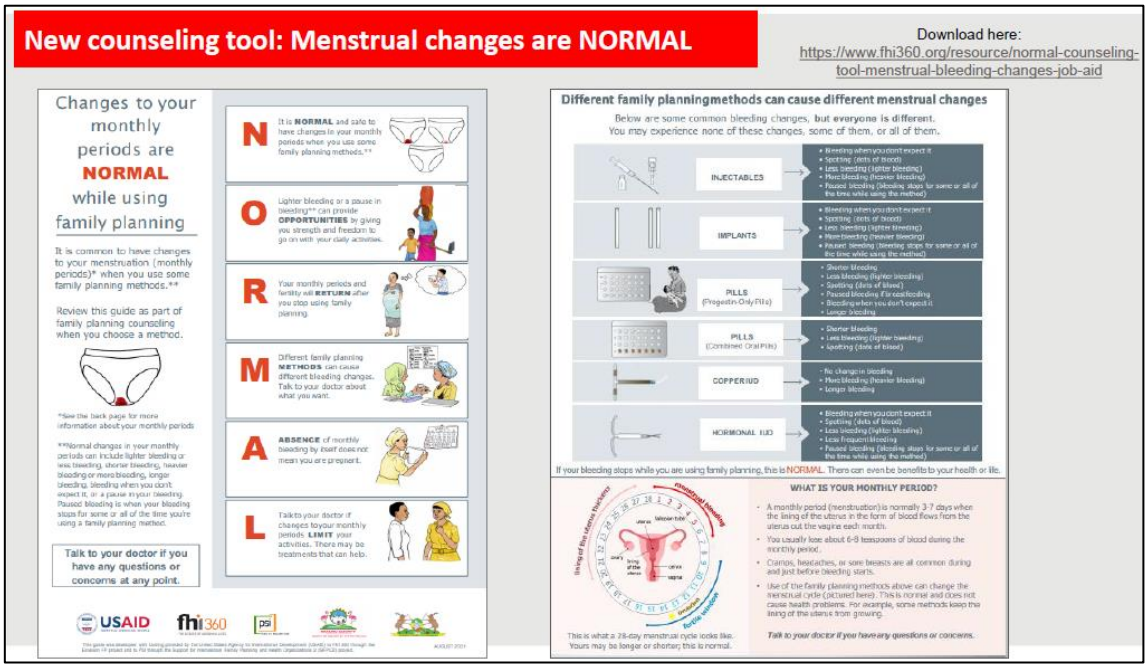
b) Introduction of LNG-IUS in tribal settings in Rajasthan

Dr Sharad Iyengar, Chief Executive, ARTH, Udaipur shared his organization's experience of introducing the LNG-IUS in primary care settings of Rajasthan. The LNG-IUS service was branded as "*Mukti*" and projected as a method which can be used both for contraception as well as to reduce heavy menstrual bleeding. One year follow up of users showed a user satisfaction rate of 90% and high continuation rate (87.6%) along with an increase in mean haemoglobin levels of 0.7 g% after 1 year of use. While most women liked LNG as it reduced their menstrual bleeding, some discontinued on account of pain and irregular bleeding. Dr Iyengar concluded that it is feasible to deliver LNG-IUS in a primary care setting. Women who no longer need to space, but do not wish to opt for terminal method, may be offered LNG IUS as an interim limiting method.



c) Introduction of LNG-IUS in Africa

Ms Kate Rademacher, senior technical advisor at FHI 360, USA shared her experience of introducing LNG-IUS in Africa. Users chose the method for reasons such as fewer side effects, long action, efficacy, reduced bleeding and discreet nature. Similar to findings from Rajasthan, women from Africa too, endorsed reduced menstrual bleeding. Continuation rates and user satisfaction at 6 and 12 months was considerably high. Providers from Nigeria highlighted lack of awareness among women as one of the limitations which lead to reduced uptake of the method. In her concluding remarks, Ms Rademacher discussed that contraceptive induced menstrual changes are important to users and cannot be ignored when it comes to any hormonal method of contraception. She further stressed the importance of counselling and shared a new counselling tool which was developed and used by FHI 360 to counsel women in Africa about contraceptive changes being 'NORMAL' (normal, opportunities, return, methods, absence, limit)



d) Sub-dermal implant: Introduction in a hospital

Dr. Niranjan Mayadeo, Head of Department, Obstetrics & Gynecology, GS Medical College and KEM Hospital, shared findings from the ICMR study on introducing subdermal implant in a tertiary care setting in Mumbai. Side effects reported by women included menstrual problems (81%) as well as dizziness, headache, weight gain and back ache. Reasons for early discontinuation included menstrual problems, mood disturbances, desire for a child and migration. Dr Mayadeo highlighted the important role played by trained service providers in improving uptake of implants. Additionally, good counselling services for women, continuous access to a train provider and good rapport building with the user were also highlighted as critical pre-requisites for success of implants.

Efficacy and acceptability of Implanon^{R}

Variables	12 mths	24 mths	36 mths
Efficacy (pregnancy rate)	100%	100%	100%
Continuation rate (%)	87.75%	77.55%	57.14%
Number of women completed	43	38	28
Number of women Lost to Follow-up	0	0	0

Chair, Dr Suneeta Mittal provided concluding remarks for the session. She emphasized the need to create a national health movement for LARCs and reiterated the importance of contraception counselling.

3. Panel Discussion: Expanding the role of LARCs in India: policy & programme; training and services; technology, costs and market; acceptability, choice and consent

The presentations on LARC methods were followed by a panel discussion that highlighted critical factors required for planning expansion of LARCs in India. The discussion was chaired by Mr Anand Sinha, Country Representative, Packard Foundation who engaged with panelists regarding their views on feasibility of expanding LARCs and the potential challenges encountered in different contexts.

To begin with, Dr Suneeta Mittal shared her views on lack of awareness about LARCs and need to involve private sector in improving the uptake of these methods. Dr Mittal further added how perception of users about methods matters the most (rather than cost) and emphasized the need to document user experiences. In her opinion, implants may be more popular as they do not require in-utero insertion which may be more acceptable to women. One of her concerns was that hormonal IUD have not been promoted adequately as a contraceptive (in addition to its ability to reduce menstrual bleeding). She concluded by suggesting that to expand LARCs, awareness needs to be generated among all health providers including family physicians, surgeons and other medical practitioners.

Dr Suchitra Pandit, former President of FOGSI and an obstetrics -gynecology consultant at Surya Hospitals, Mumbai highlighted the need to promote LARCs among younger women and expressed that implant may have more popularity among younger women if promoted correctly. Newer LARCs such as LNG-IUS have traditionally not been positioned as contraceptives and hence, need a change in positioning and marketing strategy. She quoted cost as a barrier to LARC uptake and opined that if cost is reduced, more women might opt for them. She added that providers should not be driven by incentives in order to promote LARCs and should counsel clients in an unbiased manner. Dr Pandit also highlighted the urgent need for training and hand holding of providers on LARC administration and structured counselling as critical pre-requisites for expansion of these methods in India.

Reflecting on issues related to informed choice and consent on LARCs, Dr Alka Barua, from CommonHealth highlighted the importance of power dynamics, gender and reproductive health rights in family planning. She emphasized that gender and rights have to be central in the way family planning and contraception counselling are conceptualized. She also reflected on how service providers are not gender sensitive and ask for husband's permission for contraceptive use which makes women averse to approaching providers for LARCs. She challenged the notion of male involvement during contraception counselling since women in any case have limited autonomy and negotiating power in decision making. She ended with a note that family planning programmes should take a client-based approach and be viewed within context of broader social determinants of health rather than in isolation as vertical programmes.

Mr Mukul Taparia, Managing Director at Pregna International reflected on the current capacity for manufacturing, distribution, quality and cost of LARCs in India. He discussed importance of expanding market on the demand side through a three-way partnership of government, social marketing and the private sector. He highlighted supply side constraints related to LARCs - especially implants - they are costly as they are currently being imported in the country, which results in delayed supplies and stock outs. In comparison, LNG is manufactured in India and has proven to have good user acceptability, thus has greater potential for uptake. He recommended a need for greater involvement of private sector in promoting the use of LARCs and need for demand creation which will potentially lower the costs.

Ministry perspective

Dr SK Sikdar, Advisor, Maternal Health & FP, at Ministry of Health and Family Welfare, Government of India, shared his perspective and highlighted that the country has witnessed an increase in contraceptive use (as indicated by NFHS data) over the past few years which offers hope for considering LARC expansion. He recalled recent successes in expanding the use of postpartum IUDs (Copper-T), the introduction of injectables and the growing success of centchroman pills, and attributed this to the central government's positive response to the need for more investment in family planning services as well as high demand on part of community members. There is a need to have supportive policy environment and integration of FP with other maternal and child health programmes. He recommended gathering more evidence on LARC methods including user experiences and acceptability of the methods. He concluded by highlighting a few critical steps which are needed for LARC expansion in India including – improving procurement and availability, capacity building of providers, drafting of technical guidelines and protocols on LARC usage and generation of user demand. While the Copper-T has scope for further expansion, the implant may be considered for pilot introduction.

DIRECTIONS FOR FUTURE

The following directions emerged from the consultation to pave the way forward if an expansion in role of LARCs is considered in the Indian FP programme:

a) Long-acting reversible contraceptives have a place for those who wish to limit, but with the assurance of reversibility – they may therefore serve an increasing role as interim limiting methods.
b) Considering the lack of evidence on feasibility and user acceptability of LARCs in India, there is a need to conduct further research in identified, priority settings on existing methods (copper IUD) as well as newer methods (LNG-IUS and implants).
c) Side effects especially contraceptive induced menstrual changes remain a critical barrier to uptake and continuation of LARCs. Experiences from India and other countries have highlighted the need for improvement in quality of FP service delivery in terms of counselling and follow up support for users, and to especially understand women's response to ongoing menstrual changes.
d) Informed consent and choice need to be given utmost importance so that women can opt, continue or discontinue the LARC method of their choice, when they desire.
e) Newer LARCs hold potential for expansion in India. However, they face certain barriers such as high cost, lack of provider preparedness and poor user demand. From a manufacturing and procurement side, the country has indigenous capacity. Efforts are required to improve provider capacity (especially for implants) as well as demand generation by repositioning newer LARCs as contraceptive with the added advantage of reducing anaemia in women.
f) Active involvement of private sector and professional bodies such as FOGSI will be crucial in promoting LARCs.
g) Collaboration with the pharmaceutical sector is required to improve affordability and accessibility, especially for newer LARCs.