A STUDY ON THE USE OF CONTRACEPTIVE INJECTIONS IN MARRIED WOMEN OF REPRODUCTIVE AGE IN ALUOI DISTRICT, THUA THIEN HUE PROVINCE 2006 – 2009

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SUMMARY

In recent years, together with the development of society, the population – family planning program has recorded numerous important achievements. In an attempt to diversify contraceptive methods, contraceptive injections were first introduced to the population – family planning programme in Vietnam in 1996. Contraceptive injections and other modern contraceptive methods have helped increased CPR gradually year by year, contributing to achieving the goal of reducing birth rate. However, one disadvantage of contraceptive injections is the high withdrawing rate due to various reasons: menorrhagia, bleeding, amenorrhoea, and side effects, or inadequate drug and service providing in a number of areas. Therefore, we would like to conduct this research with following objectives: (1) describing the situation of using contraceptive injections in Aluoi district, (2) investigating factors relating to the acceptance of using contraceptive injections. The study is conducted following the descriptive research design in women at reproductive age in Aluoi district, 2009. The findings from questionnaires administered to 525 women using contraceptive injections among 2,097 married women at reproductive age in Aluoi District. The rate of using contraceptive methods is: 80.2%, contraceptive injection is: 18.5%. The relation factors to contraceptive injection using were: local area, the reasons for withdrawal from using contraceptive injection, the knowledge's subjects about side effects of contraceptive drugs, the availability and easy accessibility of contraceptive injections, and there are no relation between contraceptive injection using and factors: age, religion, education, marital status, occupation, family financial situation, the present number of children.

1. Introduction

In recent years, together with the development of society, the population-family planning program has recorded numerous important achievements. These include control of the rapid population growth and a reduction in the birth rate of the whole country. The total birth rate was reduced from 3.8 children to 2.28 children in 2000 and 2.08 children in 2008.
In an attempt to diversify contraceptive methods, contraceptive injections were first introduced to the population – family planning program in the country in 1996. Contraceptive injections, together with other modern contraceptive methods have helped the increase in CPR year by year, contributing to achieving the goal of reducing the birth rate. However, one disadvantage of contraceptive injections is the high withdrawal rate due to various reasons such as menorrhagia, bleeding, amenorrhoea, and side effects, or inadequate service provision in a number of areas. Therefore, we would like to conduct the research entitled: “A study on the use of contraceptive injections in women of reproductive age in Aluoi district, Thua Thien Hue province, 2006 - 2009 ”. The objectives of the study are to describe the situation of using contraceptive injections in Aluoi district and investigate factors relating to the acceptance of using contraceptive injections.

2. Methodology

2.1. Research site: Aluoi district, Thua Thien Hue province

2.2. Subjects of the study: women at reproductive age (15 to 49 years old) who used contraceptive injections from 01 July 2006 to 31 June 2009 and are still using them in Aluoi district, Thua Thien Hue province.

2.3. Research methodology:

2.3.1. Research design: the descriptive research design

2.3.2. Sample size: The sample size calculation was used to find out the rate of withdrawal from contraceptive injections in women of reproductive age who are still married. The sample size was calculated according to the ratio estimation formula of 270. The common sample size for the study: The rate of women of childbearing age using contraceptive injections in Aluoi (according to reports) is 19.04%. In order to have 270 women using contraceptive injections, it is necessary to investigate: N = 270 x 100/19.04 = 1,418. In order to ensure a desired representative sample and a desired degree of accuracy, we have doubled the sample size, which is N = 1,418 x 2 = 2,836.

2.3.3. Data collection methods: Using a combination of quantitative and qualitative methods to collect data.

2.3.4. Variables to study: General information about the subjects were age, geographical area, religion, education, marital status, occupation, family financial situation, situation of pregnancy and delivery, and the present number of children. It’s also including the situation of using contraceptive methods such as different kinds of contraceptive methods used and reasons for withdrawal from using contraceptive injections.

2.3.5. Data processing: The information will be directly synthesized according to the list of babies born during the years and data from the surveys will be analyzed.
using the Epi-info 6.0 software.

3. Results

3.1. The use and withdrawal rate of contraceptive injections

3.1.1. The proportion of using contraceptive methods

![Pie chart showing the proportion of using contraceptive methods]

**Figure 1.** The proportion of using contraceptive methods in women at reproductive age who are married

- The proportion of using IUD accounts for the biggest number. The lowest one was traditional contraceptive methods.

3.1.2. General withdrawing rate

![Pie chart showing the general withdrawing rate]

**Figure 2.** General withdrawing rate from using contraceptive injections

- The withdrawing rate within the last 03 years is 18.5%.
3.1.3. Reasons for withdrawing from using contraceptive injections

- The reason accounting for the highest rate is health (90.72%).

3.2. Factors relating to withdrawing from using contraceptive injections

3.2.1. Husband’s support and care

<table>
<thead>
<tr>
<th>Husband’s support</th>
<th>Total</th>
<th>Withdrawing number</th>
<th>Withdrawing rate (%)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>460</td>
<td>78</td>
<td>17.0</td>
<td></td>
</tr>
<tr>
<td>Against</td>
<td>18</td>
<td>9</td>
<td>50.0</td>
<td></td>
</tr>
<tr>
<td>Not care</td>
<td>47</td>
<td>10</td>
<td>21.3</td>
<td>P=0.017</td>
</tr>
<tr>
<td>Total</td>
<td>525</td>
<td>97</td>
<td>18.5</td>
<td></td>
</tr>
</tbody>
</table>
The difference in withdrawing rates among groups with different husband’s support levels is statistically significant (P<0.05).

3.2.2. Side effects of contraceptive injections:

Table 2. Correlation between side effects and withdrawal

<table>
<thead>
<tr>
<th>Side effects</th>
<th>Total</th>
<th>Withdrawing number</th>
<th>Withdrawing rate (%)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffer from side effects</td>
<td>505</td>
<td>95</td>
<td>18.8</td>
<td>P=0.319</td>
</tr>
<tr>
<td>Not suffer from side effects</td>
<td>20</td>
<td>2</td>
<td>10.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>525</td>
<td>97</td>
<td>18.5</td>
<td></td>
</tr>
</tbody>
</table>

The group suffering from side effects has higher the withdrawing rate.

3.2.3. The availability and easy accessibility of contraceptive injections

3.2.3.1. The distance from home to service providing location

Table 3. Correlation between distance to service providing location and withdrawal

<table>
<thead>
<tr>
<th>Distance to service providing location</th>
<th>Total</th>
<th>Withdrawing number</th>
<th>Withdrawing rate (%)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 Km</td>
<td>218</td>
<td>29</td>
<td>13.3</td>
<td>P=0.00</td>
</tr>
<tr>
<td>1 - 5 Km</td>
<td>248</td>
<td>42</td>
<td>16.9</td>
<td></td>
</tr>
<tr>
<td>&gt; 5 Km</td>
<td>59</td>
<td>26</td>
<td>44.12</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>525</td>
<td>97</td>
<td>18.5</td>
<td></td>
</tr>
</tbody>
</table>

The distance to service provision location creates a statistically significant difference between the groups using and the groups withdrawing from using contraceptive injections.

3.2.3.2. Difficulties in communication and withdrawal

Table 4. Correlation between communication and withdrawal

<table>
<thead>
<tr>
<th>Difficulties in communication</th>
<th>Total</th>
<th>Withdrawing number</th>
<th>Withdrawing rate (%)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>53</td>
<td>17</td>
<td>28.8</td>
<td>P=0.027</td>
</tr>
<tr>
<td>No</td>
<td>466</td>
<td>80</td>
<td>17.2</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>525</td>
<td>97</td>
<td>18.5</td>
<td></td>
</tr>
</tbody>
</table>
- The difference in withdrawing rates among subjects facing difficulties in communication from CHCs about contraceptive injections is statistically significant (P<0.05).

3.2.3.3. Having to wait when receiving contraceptive injections:

Table 5. Correlation between waiting and withdrawal

<table>
<thead>
<tr>
<th>Waiting long when receiving injections</th>
<th>Total</th>
<th>Withdrawing number</th>
<th>Withdrawing rate (%)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>60</td>
<td>20</td>
<td>33.3</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>465</td>
<td>77</td>
<td>16.6</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>525</td>
<td>97</td>
<td>18.5</td>
<td>P=0.02</td>
</tr>
</tbody>
</table>

- There is a statistically significant correlation between withdrawing rates and long wait when receiving contraceptive injections (P<0.05).

3.2.3.4. Providing frequency of contraceptive injections

Table 6. Correlation between service providing and withdrawal

<table>
<thead>
<tr>
<th>Availability of health staff or medicine</th>
<th>Total</th>
<th>Withdrawing number</th>
<th>Withdrawing rate (%)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>373</td>
<td>59</td>
<td>15.8</td>
<td>P=0.011</td>
</tr>
<tr>
<td>No</td>
<td>152</td>
<td>38</td>
<td>25.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>525</td>
<td>97</td>
<td>18.5</td>
<td></td>
</tr>
</tbody>
</table>

- There is a statistically significant difference in the withdrawing rates between subjects going to have an injection with availability of health staff and medicine (P<0.05).

3.2.3.5. Correlation between client support services and withdrawal:

3.2.3.5.1. Correlation between having an advisor when subjects suffering a side effect and withdrawal

Figure 4. Correlation between having an advisor when subjects suffering a side effect and withdrawal
- The withdrawal rate is higher among subjects who suffer a side effect but do not receive any advice

3.2.3.5.2. Correlation between receiving treatment when subjects suffer side effects and withdrawal

**Table 7. Correlation between receiving treatment when subjects suffer side effects and withdrawal**

<table>
<thead>
<tr>
<th>Receiving treatment</th>
<th>Total</th>
<th>Withdrawing number</th>
<th>Withdrawing rate (%)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>170</td>
<td>26</td>
<td>15.3</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>268</td>
<td>66</td>
<td>24.6</td>
<td>P=0.012</td>
</tr>
<tr>
<td>Total</td>
<td>438</td>
<td>92</td>
<td>21.0</td>
<td></td>
</tr>
</tbody>
</table>

There is a statistically significant difference in withdrawal rates among subjects receiving treatment when suffering side effects (p<0.05).

4. Discussion

4.1. The rate of withdrawal from using contraception:

4.1.1. The rate of using contraceptive methods:

The results of the study showed that the rate of using contraceptive methods among women of reproductive age who are married in Aluoi district is quite high (80.2%). Among the methods used, modern contraceptive methods give the best and the longest lasting results (accounting for 77.78%). From the results, it can be seen that there have been positive changes in Aluoi people’s awareness and behaviour in accepting modern contraceptive methods which are safe and effective. Contraceptive injections and especially implantation drugs, which are a new contraceptive methods applied in Thua Thien Hue, are accepted by Aluoi people at a high rate (21.56% and 2.14 % respectively). This showed that the contraceptive methods are becoming more diversified, and the rates of using different contraceptive methods have gradually been changed. The rate of using contraceptive injections in the whole of Thua Thien Hue province is much lower than that in Aluoi, as revealed by research (4.04 % compared with 21.56 %). This may be because mountainous people in Thua Thien Hue have less choice of contraceptive methods more convenient than contraceptive injections.

4.1.2. The rate of withdrawing from using contraceptive injections:

The withdrawing rate of contraceptive injections among the subjects is 18.5%. Compared with the “Report of the situation of using contraceptive injections in the family planning program”, the rate of withdrawal from using contraceptive injections in this research is lower (18.5% compared with 23%).

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4.1.3. Reasons for withdrawing from contraceptive injections:

The reason accounting for the highest rate is health (90.72%), then accidents or side effects (59.7%), change to a more appropriate method (43.2%), wanting to have a child (18.5%), husband’s disagreement (14.4%). Besides, other reasons account for 67.01%.

4.2. A Number of factors relating to withdrawing from using contraceptive injections

4.2.1. Husband’s support and care:

The difference in withdrawing rates among groups with different husband’s support levels is statistically significant (P<0.05). In group of subjects receiving husband’s support, there are only 17.8% withdrawing, whereas in the group receiving no support from the husband, there were 42.9% withdrawing. The participation in family planning in general, and of contraceptive injections in particular, and husband’s support and sharing responsibility are of great significance in increasing the acceptance and use of this contraceptive method.

4.2.2. Side effects:

In the group suffering from side effects, the withdrawal rate is 18.8%, whereas in the group with no side effects, the withdrawal rate is 10%. Among those suffering from mild side effects, the withdrawal rate is 7.9%. Among those suffering from medium side effects, the withdrawal rate is 39.0%; and with those suffering from serious, unbearable side effects, the withdrawal rate is 32.9%. The level of side effects and withdrawal rates are statistically correlated (P=0). Therefore, in order to reduce the rate of withdrawal from contraceptive injections, it is necessary to reduce side effects, and reduce the influence of side effects on women. Especially, it is necessary to help people understand the fact that side effects often take place only during the first and second injection (3 to 6 months).

4.2.3. The availability and easy accessibility of contraceptive injections

4.2.3.1. The distance from home to service providing location: There are up to 44.12% subjects withdrawing with the distance to the service provider being over 5km, 16.9% withdrawing with the distance of 1-5km, but only 13.3% subjects withdrawing with the distance under 1km. In Aluoi district, this is problem because the first injection is administered at the Medical Centre, and the second injection onwards is administered at the commune health center. Therefore, in order to reduce the distance to providing location, it is necessary to provide training to the village health worker network and to the staff at pharmacies in consultancy skills, injection skills and on-site treatment skills in cases with mild side effects.
4.2.3.2. **Difficulties in information provision:**

There is a statistically significant correlation between subjects’ withdrawal rates and difficulties in understanding information when going to have contraceptive injections. Among subjects having difficulty receiving information from their CHC, the withdrawing rate is high, up to 28.8%; whereas among subjects with no communication difficulties, the withdrawing rate is only 17.2%. Reducing difficulties when subjects receive contraceptive injections should include creating favourable environment for the subjects, and ensuring a quick and simple administrative procedure. The behaviour of the service provider also plays an important role in increasing the acceptance of contraceptive injections.

4.2.3.3. **Having to wait a long time when receiving contraceptive injections:**

Among the subjects with a long wait time, the withdrawal rate is up to 33.3%; whereas among the subjects without a long wait time, the withdrawal rate is only 16.6%. Therefore, in order to increase the acceptance rate and decrease the withdrawal rate of contraceptive injections, the service provider has to prepare enough drugs, technical staff and related procedures when subjects come for an injection.

4.2.3.4. **Availability of receiving contraceptive injections (Correlation between service providing and withdrawal):**

Among subjects going to have an injection with no medical staff present, the withdrawal rate goes up to 25.0%; whereas among subjects going to have an injection with medical staff or drugs available, the withdrawing rate is only 15.8%.

4.2.3.5. **Correlation between client support services and withdrawal**

- Giving advice to clients suffering side effects: Among subjects suffering a side effect without advice, the withdrawal rate is high, up to 27.1%; whereas among subjects suffering a side effect with advice, the withdrawal rate is lower, at 20.1%. There is no statistically significant correlation between withdrawal rates among subjects suffering from side effects and giving consultancy.

- Giving treatment when clients suffer side effects: Among subjects receiving treatment when suffering side effects, the withdrawal rate is only 15.3%; whereas among subjects receiving treatment without suffering side effects, the withdrawal rate is high, up to 24.6%. This shows that the subjects using contraceptive injections have not received good support when suffering side effects and accidents.

5. **Conclusion**

Based on the findings from questionnaires administered to 525 women using contraceptive injections among 2,097 married women of reproductive age in Aluoi District, we achieve the following conclusions:
(1) The rate of using contraceptive methods is 80.2%, of which modern contraceptive methods were 97.2%.

(2) The rate of withdrawing from using contraceptive injections is 18.5%. The most popular reason for withdrawing is health reasons, side effects, and changing to using other contraceptive methods, at 90.72%; 59.7%; 43.2% respectively.

(3) Factors relating to withdrawal of use of contraceptive injections include the lack of husband’s support (71.3%); side effects of the medicine (18.8%); distance to providing service (44.12% for over 5 km), unavailable information (28.8%); long waiting time (20.6%) and availability of services.

REFERENCES


6. Thua Thien Hue’s Statistics. Reporting analyzing of Results of survey population family planning change at 01 April 2004; 2005.


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