

Women's Autonomy and Men's Concerns Regarding Contraception: Exploring Men's Experiences with Progesterone Vaginal Ring in Three sub-Saharan African Countries

Francis Obare, Fatou Mbow, Saumya RamaRao, and Avishek Hazra

Introduction

The Progesterone Vaginal Ring (PVR) was developed to serve the contraceptive needs of postpartum women since it contains progesterone as the sole hormone as opposed to estrogen which is not recommended for lactating women. Studies in multiple settings have shown that PVR is safe and effective, enhances the amenorrheic effects of breastfeeding, and is efficacious as long as the mother is breastfeeding at least four times a day (Massai et al. 1999; Nath and Sitruk-Ware 2010; Roy et al. 2020; Sivin et al. 1997). The ring is self-inserted and user-controlled – women can self-insert and remove it when not in need, which gives them greater control over how the product is used (RamaRao et al. 2013, 2018).

Besides expanding contraceptive choices for lactating women, PVR's attributes are likely to enhance women's autonomy over their reproductive decision-making and behavior, and reduce their dependence on husbands as well as health care providers, which ultimately reduces the burden on the health care system (RamaRao et al. 2013, 2018). However, the extent to which PVR enhances women's autonomy over their reproductive decision-making and behavior may be influenced by cultural acceptance of family planning and vaginally-inserted products, unequal gender and power relations within households, and the cost of accessing the product, which could be major barriers in low-resource settings such as sub-Saharan Africa (SSA) (McLellan-Lemal et al. 2017; Undie et al. 2020).

At the time of writing this paper, PVR had already been registered in Senegal and Nigeria following acceptability studies that were conducted between 2013 and 2014 in Kenya, Nigeria and Senegal (RamaRao et al. 2018). This calls for an in-depth understanding of the product's role in promoting women's autonomy regarding their reproductive decision-making and behavior in a context of unequal gender and power relations. Such an understanding is important for informing positioning of the method within family planning programs in these countries, especially with respect to distribution channels and user information. In this paper, we explore men's experiences with PVR based on responses from women as well as husbands of a subset of women users in the three countries, and identify how such experiences are likely to influence women's rights and autonomy regarding their reproductive decisions and contraceptive behavior.

Data and methods

We use a mixed-methods approach drawing on data from quantitative interviews with 174 women who participated in a PVR acceptability study, and qualitative in-depth interviews with 10 husbands of a subset of the women in the three countries. Women for the quantitative interviews were those who chose PVR during family planning counseling and who were prospectively followed over a period of 6 months for two ring cycles. They were interviewed at the time of recruitment and at 3 and 6 months of ring use or at the time of discontinuation. In-depth interviews

with husbands of PVR users were conducted at the end of the two ring cycles. In order to minimize the risk of partner violence against those who were covertly using the method, women were first asked whether their partners would be willing to participate in an interview. Only husbands of those women who were agreeable to their partners being interviewed were approached for interview. Interviews were completed with a total of 10 men across the three countries (3 in Kenya, 3 in Nigeria and 4 in Senegal). Analysis of the quantitative data entailed generating descriptive statistics (percentages) to determine the extent of partner experiences with the ring as reported by the women. We used an exploratory inductive content analysis approach to analyze the qualitative data from interviews with men.

Results

The results showed that user-control (women could insert and remove the method themselves), ease of use, and non-interference with sex and flow of breast milk were attributes of the method that men appreciated, which was also consistent with women's reports. However, all men interviewed across the three countries considered it important for their partners to inform them when using PVR or other family planning methods to avoid conflict within households. Nearly all men interviewed, except one, reported that their partners switched to another method after completing two cycles of PVR although some participants did not know the method their partners had switched to. Others reported that they were not involved in the choice of the method their partners switched to but supported those choices if they had no side effects. Interviews with women who discontinued using PVR showed that their husbands played minimal role. Only 12% of women who discontinued using the method did so due to husband discomfort or unease with the ring. Instead, the most common reasons for discontinuation pertained to the individual woman's experiences with PVR, including inadvertent expulsion or loss of the ring, personal discomfort, and feeling the ring slipping. The decision to discontinue using the ring was also mostly made by the woman (79% of the cases) while husbands made such decisions in only 27% of the cases. Men's narratives further showed that health care providers played important roles in supporting sustainable use of the method through giving information, counseling and assisting women who experienced ring slippage to manage those challenges.

Conclusion

The findings highlight the potential for self-use health interventions such as PVR to expand women's choices and control over their reproductive decisions. The findings further suggest that sustainable use of self-care health interventions in contexts such as those of sub-Saharan Africa requires linkages with appropriate health systems structures to address challenges with use if and when they arise. In addition, consistent with global recommendations, the findings underscore the need for self-care health interventions to take into account the circumstances in which beneficiaries live to ensure that the interventions achieve the goals of expanding access to high quality care at affordable costs while safeguarding the rights of users.

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