

EXPLORING PATIENT EXPERIENCES WITH CONTRACEPTIVE IMPLANTS: A CROSS-SECTIONAL STUDY

Dissertation Submitted to



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Master of Business Administration (MBA)

in

Hospital and Health Management

by

Simran Randhawa

Under the Supervision and Guidance of

Dr. Anupam Mehrotra

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Centre For Community Economics and Development Consultants Society

Swaraj Campus - F-159-160, Sitapura Industrial and Institutional Area, Jaipur - 302022 (Raj.) INDIA
Tel.: +91-141- 2771855, 7414038811 /22 TeleFax: +91-141-2770330
cecoedecon@gmail.com #visit us at [http. www.cecoedecon.org](http://www.cecoedecon.org) in

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TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Dr. Simran Randhawa**, a student of —**IIHMR University Jaipur Rajasthan**, was engaged with the Centre for Community Economics and Development Consultants Society (CECOEDECON) for Dissertation Project Internship from **10th March, 2025 to 31st May, 2025.**

CECOEDECON is a non-government organization situated in Jaipur, Rajasthan which works for the socio-economic development, legal literacy and empowerment of the marginalized and deprived people living in the rural areas of Rajasthan.

We found her sincere, self-driven, creative and hard-working, wish her the very best in all her future endeavors.

P.M. Paul
Director



WHERE ACTION SPEAKS LOUDER THAN WORDS

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CERTIFICATE

This is to certify that dissertation titled “**Exploring Patient Experiences with Contraceptive Implants: A Cross-Sectional Study**” is a record of the research work undertaken by **Dr. Simran Randhawa** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

A handwritten signature in blue ink, appearing to read 'Anupam'.

Dr. Anupam Mehrotra
Assistant Professor

A handwritten signature in blue ink, appearing to read 'Sanjay'.

Dr. Sanjay Gupta
School Dean

IIHMR University, Jaipur

Date: 19/06/2025

IIHMR University, Jaipur

Date:

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Exploring Patient Experiences with Contraceptive Implants: A Cross-Sectional Study** is the Bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

A handwritten signature in blue ink, appearing to read 'Simran', with a horizontal line drawn through it.

Dr. Simran Randhawa
(date)

ABSTRACT

OBJECTIVE

This cross-sectional qualitative study explores the experiences, concerns, and satisfaction levels of women using contraceptive implants in Rajasthan, India, following the MoHFW rollout of new long-acting reversible contraceptives. The study's primary objectives were to assess overall patient satisfaction, identify common challenges, evaluate accessibility, and provide recommendations for healthcare providers and policymakers.

METHODOLOGY

A total of 150 women from Rajasthan were selected using convenient sampling and interviewed via telephone. Thematic analysis was employed to identify key trends and concerns.

KEY RESULTS

Results indicate that most users (78%) were comfortable with the implant and did not wish to remove it, with 53.3% willing to recommend it to others. The majority (56%) reported no side effects, though 34.7% experienced menstrual changes-identified as the leading cause for early removal. While 58.7% received guidance on managing side effects, and 81.3% were offered follow-up appointments, significant gaps were noted: 68.7% did not receive comprehensive counselling about risks and removal, and nearly half were unsure about continuing the implant after expiration. Most participants (94%) felt their privacy was respected during service delivery.

CONCLUSION

The study concludes that while contraceptive implants are generally well-accepted and effective, improvements in pre-insertion counselling, ongoing support, and empathetic provider communication are essential to address user concerns and enhance satisfaction. Recommendations include mandatory counselling, regular follow-up, provider training in soft skills, and routine feedback mechanisms to inform service delivery improvements.

Keywords: contraceptive implants, patient satisfaction, qualitative study, counselling, Rajasthan

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Sincerely,

Dr. Simran Randhawa

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CHAPTER 1

INTRODUCTION

The Centre for Community Economics and Development Consultants Society (CECOEDECON), based in Jaipur, is a leading civil society organization established in 1982. Initially focused on disaster relief, CECOEDECON has evolved into a rights-based organization working across more than 15 districts in Rajasthan and Madhya Pradesh.

Its mission centers on promoting economic justice, livelihood security, basic rights, institution development, and civil society building, with a strong emphasis on inclusion, community resilience, and gender sensitivity.

CECOEDECON's interventions span natural resource management, sustainable livelihoods, climate change, health, nutrition, education, women and child rights, and human rights, often in partnership with grassroots institutions, national and international networks, and government bodies.

CECOEDECON's holistic and participatory approach, diverse partnerships, and focus on marginalized communities make it a key player in Rajasthan's development sector, though it remains sensitive to external funding and policy environment.



fig.1- CECOEDECON, Jaipur



fig. 2- Location of CECOEDECON, Jaipur

SWOT Analysis for CECOEDECON, Jaipur

Strengths

- Long-standing experience (since 1982)
- Recognized at national and international levels (UN ECOSOC)
- Multi-sectoral, rights-based, and participatory approach
- Strong grassroots presence and partnerships

Weaknesses

- Dependence on donor funding, vulnerable to funding shifts
- Resource constraints for scaling up successful models
- Challenges in sustaining large-scale impact across regions

Opportunities

- Expanding collaborations with global and national networks
- Scaling innovative models for sustainable development
- Advocacy for climate justice and inclusive policies
- Leveraging technology for outreach and impact

Threats

- Policy changes or funding cuts affecting operations
- Socio-political instability in operational areas
- Competition for resources among NGOs

CHAPTER 2

EXPANSION OF CONTRACEPTIVE CHOICES IN THE FAMILY

PLANNING PROGRAM

The introduction of implants in the country is based on strong research and global programmatic evidence. International and national experiences confirm that subdermal implants are safe and effective. When offered with quality services, including counselling and follow-up care, they are acceptable to women, and client satisfaction results in higher continuity of the process.

Government of India is committed to expand basket of choice for family planning services. In this regard MoHFW has planned for roll-out of 2 new contraceptives (sub-dermal implants and subcutaneous-DMPA) in selected 10 states of India. In Rajasthan, Medical College Hospital, Jaipur and Udaipur has been selected for roll-out of sub-dermal implants. Also, Sawai madhopur and Jaisalmer have been selected for roll-out of subcutaneous-DMPA. MoHFW has also identified UNFPA as technical support agency for roll-out of these new contraceptives in Rajasthan.

UNFPA Rajasthan has setup a technical support unit in Directorate of Health and Medical services Rajasthan to support the roll-out of new contraceptives in state. Following districts and facilities have been identified for 1st phase of implementation:

For Subdermal Contraceptive Implants: Jaipur and Udaipur districts have been selected for roll-out of SD-Implant. Following are the identified facilities:

- Mahila Chikitsalay, Jaipur (Affiliated to SMS medical college, Jaipur)
- SSB Hospital, Ambamata, Udaipur (Affiliated to RNT Medical College, Udaipur)
- Pannadhay Hospital, Udaipur (Affiliated to RNT Medical College, Udaipur)
- Zanana Hospital, Jaipur (Affiliated to SMS medical college, Jaipur) started from 1st may 2024.

In 2023, under the guidance of the Ministry of Health and Family Welfare and the National Family Planning Programme, UNFPA India introduced two new contraceptives across 10 states: the Subdermal Single Rod Implant (Implanon) and Subcutaneous Injection (Antara-SC). With support from the Gates Foundation, this initiative ensures access to a broader range of family planning options.

Contraceptive implants are a long-acting reversible contraception method widely used by women worldwide. They offer high efficacy, minimal user intervention, and long-term pregnancy prevention.

However, despite their advantages, users may experience various concerns, including side effects, accessibility, and overall satisfaction. Understanding user experiences through systematic research is essential to improving patient education, service delivery, and policy recommendations. This study aims to gather patient feedback on contraceptive implants to identify trends, shortcomings, and potential areas for improvement.

CHAPTER 3

WHAT ARE CONTRACEPTIVE IMPLANTS?

Contraceptive implants are a long-term birth control method. Another name for them is LARC or long-acting reversible contraception.

A flexible plastic rod, roughly the size of a matchstick, is inserted beneath the skin of the upper arm as a contraceptive implant. A small, consistent amount of the hormone progestin is released by the implant.

By delaying ovulation, progestin helps to avoid pregnancy. Additionally, it thickens the mucous of the cervix. Sperm find it more difficult to reach an egg as a result. Additionally, progestin thins the uterine lining. It becomes more difficult for the fertilized egg to adhere to the uterus if sperm do manage to reach an egg.

BEEFITS OF THE IMPLANT:

- It's reversible. Anytime a patient decides the implant isn't for them or they wish to become pregnant, their healthcare provider can remove it.
- Patients do not have to think about it. Every three years, they will need to replace it. However, unlike other approaches, they will not have to worry about it every day or every month.
- The patient is in charge of their birth control. Getting their partner to accept birth control or pausing intercourse are unnecessary.
- It doesn't include estrogen. Methods containing estrogen can raise the risk of forming blood clots. Therefore, if the patient is looking for a less risky option, the implant can be a better fit.
- It makes a rapid return to fertility possible. As soon as the implant is removed, the patient can begin trying to conceive.

However, not everyone is a good candidate for contraceptive implants. The healthcare team may recommend an alternative method of birth control if the patient has:

- Allergies to any implant component.
- A history of heart attacks, strokes, or severe blood clots.
- Illness or malignancies of the liver.
- A history of breast cancer.
- Bleeding that hasn't been examined by a healthcare professional and occurs outside of the regular period.

People with a history of blood clots should not take etonogestrel, the implant's active component, according to the label. Studies on combination birth control tablets that also contain progestin and estrogen are the source of the warning. However, the estrogen may be the only cause of such dangers. It's unclear whether the implant genuinely poses a danger of blood clots because it simply employs progestin.

If the patient is at risk for blood clots, they can discuss this with their care team. This includes a history of pulmonary emboli, also known as blood clots, in your lungs or legs. They will be able to determine whether the implant is a safe option for the patient.

Additionally, the patients are supposed to let their care team know if they ever had:

- Allergic reactions to antiseptics or anaesthetics
- Depression
- Diabetes
- Gallbladder illness
- Elevated blood pressure
- High triglycerides or high cholesterol

- Epilepsy or seizures

Progestin levels in the blood may be lowered by certain medications and natural remedies. This implies that the implant may not be as effective at preventing conception. Certain medications for seizures, sedatives, HIV medications, and the herb St. John's wort is known to accomplish this. The patients are expected to discuss their birth control choices with their healthcare provider if they are taking any of the medications.

CHAPTER 4

WHAT IS IMPLANON

1. Introduction to Implanon

Implanon is a long-acting reversible contraceptive (LARC) method that has gained global recognition for its efficacy, convenience, and suitability for diverse populations. As a single-rod subdermal implant containing etonogestrel, a third-generation progestin, it offers up to three years of pregnancy prevention. Approved by regulatory bodies worldwide, including India's Central Drugs Standard Control Organization (CDSCO), Implanon is particularly valuable in low-resource settings due to its low maintenance and high effectiveness.

2. Mechanism of Action

Implanon primarily prevents pregnancy through three mechanisms:

- **Ovulation Suppression:** Etonogestrel inhibits the release of luteinizing hormone (LH), preventing ovarian follicle maturation and ovulation.
- **Cervical Mucus Thickening:** Progestin increases mucus viscosity, creating a barrier that impedes sperm penetration.
- **Endometrial Atrophy:** The endometrial lining becomes thin and unsuitable for implantation.

The implant achieves maximum serum concentration of etonogestrel within 24 hours of insertion, with steady release declining from 60–70 mcg/day initially to 25–30 mcg/day by the end of the third year. Its efficacy is unaffected by body mass index (BMI), unlike some oral contraceptives.

3. Salient Features

Physical and Pharmacological Properties

- **Composition:** A 4 cm × 2 mm ethylene vinyl acetate (EVA) rod containing 68 mg of etonogestrel.

- Insertion: Preloaded in a disposable applicator, inserted sub-dermally in the inner upper arm under local anaesthesia.
- Duration: Effective for three years, though earlier removal is possible if desired.
- Non-Biodegradable: Requires surgical removal by a trained provider.

Advantages Over Other LARCs

- Rapid Action: Effective within 24 hours of insertion.
- No Estrogen: Suitable for estrogen-contraindicated patients (e.g., breastfeeding women, those with thrombophilia).
- Low Systemic Exposure: Localized release minimizes hormonal side effects.

4. Benefits of Implanon

Clinical Efficacy

- 99.95% Effectiveness: Only 0.05% failure rate in perfect use, with real-world studies showing <1% failure.
- No User Dependency: Eliminates the risk of missed doses (e.g., pills) or incorrect use (e.g., condoms).

User-Centric Advantages

- Discreet and Convenient: No visible signs of use, ideal for adolescents or women preferring privacy.
- Quick Fertility Return: Median time to conception post-removal is 3–4 months.
- Reduced Anaemia Risk: By minimizing menstrual bleeding in some users.

Public Health Benefits

- Cost-Effective: Lower long-term costs compared to short-term methods.
- High Continuation Rates: Studies show 80–85% continuation at one year, higher than oral contraceptives.

5. Contraindications and Precautions

Absolute Contraindications

- Pregnancy or suspected pregnancy.
- Active liver disease, hepatic tumors, or severe cirrhosis.
- Current or history of thromboembolic disorders (e.g., DVT, pulmonary embolism).
- Undiagnosed abnormal genital bleeding.
- Hypersensitivity to etonogestrel or EVA components.

Relative Contraindications

- Breast Cancer: Avoid in current or past cases; limited data on recurrence risk.
- Migraine with Aura: Progestins may exacerbate symptoms.
- Diabetes: Monitor glucose levels due to potential insulin resistance.

6. Side Effects and Risk

Common Side Effects

- Menstrual Changes (60–70% of Users):
 - Amenorrhea (20–30%), irregular bleeding (40–50%), or prolonged spotting.
 - Leading cause of early removal (reported in 25–35% of discontinuations).
- Non-Menstrual Effects:
 - Headaches (15–20%), weight gain (10–15%), mood swings (5–10%).

Rare Complications

- Insertion/Removal Issues: Infection (<1%), migration (<0.1%), or nerve damage (rare).
- Ectopic Pregnancy Risk: Extremely low (0–0.02 per 1000 women-years) but possible if implantation fails.

7. Insertion and Removal Procedures

Insertion Best Practices

1. Timing: Insert during menstruation or after ruling out pregnancy.
2. Site Preparation: Clean inner upper arm 6–8 cm above the medial epicondyle.
3. Technique: Use aseptic technique with the preloaded applicator.

Removal Challenges

- Deep Implants: Palpation difficulties may require ultrasound localization.
- Fibrosis: Local tissue reaction may complicate extraction.
- Training Requirements: Providers need WHO-certified training to minimize complications.

8. Patient Considerations and Counselling

Pre-Insertion Counselling

- Manage Expectations: Educate about menstrual changes, non-contraceptive benefits, and removal procedures.
- Screening: Rule out contraindications via medical history and basic labs (e.g., liver function tests).

Post-Insertion Follow-Up

- First 3 Months: Monitor bleeding patterns and side effects.
- Annual Check-Ups: Assess implant position and user satisfaction.

9. Implanon in Low-Resource Settings: Lessons from India

Advantages in Rajasthan's Context

- Privacy: Culturally acceptable due to discreet use.

- **Reduced Clinic Visits:** Ideal for rural populations with limited healthcare access.

Challenges Identified

- **Counselling Gaps:** 68.7% of users in Rajasthan reported inadequate pre-insertion information.
- **Follow-Up Barriers:** Distance and cost hinder post-insertion care.

10. Comparison with Other LARCs

Feature	Implanon	Copper IUD	Injectable DMPA
Hormonal?	Progestin-only	Non-hormonal	Progestin-only
Duration	3 years	10 years	3 months
Menstrual Impact	Irregular bleeding	Heavier cycles	Amenorrhea common
Fertility Return	Immediate	Immediate	6–12 months

11. Conclusion and Recommendations

Implanon is a transformative tool in modern contraception, particularly for women seeking estrogen-free, long-term protection. Its high efficacy and convenience make it a cornerstone of national family planning programs, including India’s Mission Parivar Vikas. However, success hinges on:

- **Strengthening Counselling:** Address menstrual changes and removal protocols upfront.
- **Provider Training:** Ensure competency in insertion/removal and empathetic communication.
- **Monitoring Systems:** Track long-term outcomes and user satisfaction in diverse populations.

CHAPTER 5

SERVICE PROVISION:

All four identified facilities have initiated service delivery following. Details of service delivery upto January 2025 is as follows:

District	Name of Facilities Providing Subdermal Implant Facilities	Number of SD-Implant inserted	Sample
Udaipur	SSB Hospital Ambamata Chandpole (RNT Medical College), Udaipur	101	11
Udaipur	Pannadhay Hospital, (RNT Medical College), Udaipur	397	44
Jaipur	Mahila Chikitsalay (SMS Medical College), Jaipur	476	52
Jaipur	Zanana Hospital, Jaipur	393	43

The ministry required feedback from 10% of the total population hence sampling is done from each hospital and data was collected.

CHAPTER 6

RESEARCH QUESTION:

1. What are the experiences, concerns, and satisfaction levels of patients currently using contraceptive implants?
2. What role do social networks (family, peers) play in shaping perceptions and adoption of contraceptive implants in rural Rajasthan?

CHAPTER 7

OBJECTIVES

- To analyze the overall satisfaction level of patients using contraceptive implants.
- To identify common concerns and challenges faced by implant users.
- To assess the accessibility and ease of use of contraceptive implants from a patient perspective.
- To provide recommendations for healthcare providers and policymakers based on patient feedback.

CHAPTER 8
REVIEW OF LITERATURE:

Author	Origin	Year	Title	Salient Features
Morena Luigia Rocca, Anna Rita Palumbo, Federica Visconti and Costantino Di Carlo	Switzerland	2021	Safety and Benefits of Contraceptives Implants: A Systematic Review	Progestin-only implants are long-acting, effective, and reversible contraceptives. Etonogestrel (ENG) implants are widely used but often discontinued early due to irregular bleeding. Emerging evidence supports extending their use beyond three years. Proper counselling and skilled insertion are key to successful outcomes.
Thaxton, L. and Lavelanet, A.	USA	2019	Systematic review of efficacy with extending contraceptive implant duration	This review examined the effectiveness of progestin contraceptive implants during extended use. Six studies, mostly cohort designs, assessed the etonogestrel (Implanon) and levonorgestrel (Jadelle) implants. Results suggest continued efficacy beyond approved durations, though study quality was generally low, with limited generalizability and confounding factors not well controlled.

Luis Bahamondes, M.Valeria Bahamondes, Cassia R.T. Juliato	Brazil	2025	Subdermal contraceptive implants	Long-acting reversible contraceptives like subdermal implants (ENG and LNG) are highly effective in preventing unplanned pregnancies, with failure rates as low as 4 in 1000 over five years. They offer long-term protection after a single intervention with few side effects. While ENG is approved for three years, studies are exploring extended use. Care is needed for potential drug interactions.
Moray, K.V., Chaurasia, H., Sachin, O. <i>et al.</i>	Bangladesh	2021	A systematic review on clinical effectiveness, side-effect profile and meta-analysis on continuation rate of etonogestrel contraceptive implant	Unintended pregnancies impact women's health and national healthcare costs. This study reviews the clinical effectiveness, continuation, and side effects of the etonogestrel implant (ESI) compared to LNG-IUS, copper IUD, and DMPA injections in reproductive-age women.

Verma, N. & Bajpai, P. K	India	2021	Knowledge, attitude and practices of contraception among the married women of reproductive age group in urban slums of Lucknow	Assessed KAP among 230 married women; found high awareness (98.6%) but lower practice (70.8%); highlighted the influence of education and counseling on contraceptive use.
Mukherjee, S., Bhattacharjee, S., Sodhiya, H.	India	2022	Contraceptive trends in an industrial belt of central India: a study in ESIC Model hospital over three years	Analyzed contraceptive usage among 300 women; highlighted dominance of female sterilization (69-75%) and low adoption of modern methods; suggested shift towards birth spacing.
Thakur, S., Mohi, M.K., Pathak, N., Jafra, P.	India	2024	A comprehensive analysis of contraceptive safety: Implications for gynecological health and education levels	Assessed knowledge and perception of contraception among 450 women; found preference for tubal ligation and low awareness of modern methods; emphasized role of education.

Das, L., Shekhar, C.	India	2024	Contraceptive behavior of women in India after induced abortion	Analyzed contraceptive choices post-abortion; found low uptake of long-acting methods; emphasized need for post-abortion counseling and services.
Das, M., Anand, A., Hossain, B. <i>et al</i>	India	2022	Inequalities in short-acting reversible, long-acting reversible and permanent contraception use among currently married women in India	Examined socio-economic disparities in contraceptive use; found significant inequalities; recommended targeted approaches to improve access to LARC methods.
Namasivayam, V., Dehury, B., Prakash, R. <i>et al</i>	India	2022	Understanding the rise in traditional contraceptive methods use in Uttar Pradesh, India	Investigated reasons for increased use of traditional methods; identified supply-side issues and cultural preferences; recommended strengthening of FP services.

GAP ANALYSIS

Despite a growing body of research on contraceptive implants and their introduction into India's national family planning program, several critical gaps remain unaddressed in the literature. The following analysis identifies these gaps in the context of existing studies and the findings of the present research. The literature reveals significant gaps in understanding the holistic experiences of contraceptive implant users in India, especially regarding counselling quality, removal access, follow-up care, and the influence of socio-cultural factors. Addressing these gaps through user-centered, context-specific, and longitudinal research is essential for optimizing the implementation and scaling of implant services in the national family planning program

Key gaps identified:

1. Limited India-Specific Research on Implants

While there is extensive global literature on contraceptive implants, particularly from countries like the USA, Brazil, and Switzerland, India-based studies specifically focusing on subdermal implants are sparse. Most Indian research has centred on sterilization, intrauterine devices (IUDs), or oral contraceptives, with only a few exploring the use of implants, especially since their recent introduction under India's FP2030 program.

2. Insufficient Regional Studies on Patient Experience

Most available Indian studies generalize contraceptive behaviour at the national or state level, offering limited insight into localized patient experiences. There is a lack of qualitative data from Rajasthan, especially post-rollout of Implanon and Antara-SC. The current study addresses this by focusing on real-time feedback from users in four key healthcare settings in Jaipur and Udaipur.

3. Gap in Counselling and Follow-Up Insights

The literature acknowledges the importance of pre-insertion counselling and follow-up care in contraceptive satisfaction. However, few Indian studies quantitatively or qualitatively

explore how gaps in counselling affect implant continuation or satisfaction. The present study found that 68.7% of users did not receive proper counselling—a key service delivery gap inadequately addressed in existing literature.

4. Neglect of Sociocultural Influences

Although some Indian research mentions socio-cultural influences on contraceptive choices, specific attention to how menstrual stigma, family opinion, and spousal influence affect implant acceptance remains minimal. The present study's inclusion of social network influence as part of the research question fills this gap.

5. Underrepresentation of User Voices

Previous studies often rely on demographic surveys or retrospective data from hospital records. Few have prioritized user narratives through thematic qualitative analysis. This study's methodology, using direct telephone interviews with 150 implant users, centers patient voices and provides nuanced insights not found in earlier works.

6. Lack of Evidence on Long-Term Acceptability and Continuation

With contraceptive implants being relatively new in India, there is a lack of longitudinal data on their acceptability, continuation rates, and reasons for early removal. The current study provides early-stage insights on these variables, identifying menstrual changes as the primary reason for discontinuation.

This research bridges multiple gaps by:

- Providing India- and Rajasthan-specific primary data on contraceptive implant users.
- Documenting patient-centred experiences with a focus on counselling, follow-up, and side effects.
- Highlighting the importance of provider communication and health system responsiveness.
- Informing policy and service delivery improvements for scaling the implant program under MoHFW initiatives.

CHAPTER 9

METHODOLOGY

1. **Study Design:** In order to identify and assess the overall satisfaction level of patients and to identify common concerns, a cross-sectional qualitative study was employed.
2. **Setting:** Four government hospitals in Rajasthan, two hospitals from Udaipur, Rajasthan and two hospitals from Jaipur, Rajasthan.
3. **Study Population:** Patients currently using contraceptive implants in Jaipur and Udaipur regions of Rajasthan will be surveyed through telephonic interviews.
4. **Duration of Study:** 10th March 2025- 31st May 2025
5. **Sample Size:** 150 patients. (10% of 1500 of the population)
6. **Sampling Technique:** Convenient sampling method.
7. **Data Collection Procedure:** A structured questionnaire (*see appendix 1*) will be prepared including open-ended and probing questions. Eligible participants will be identified and contacted via telephone. Informed consent will be obtained before conducting interviews. Responses will be recorded and transcribed for qualitative analysis.
8. **Operational Definitions:**
 - a) **Contraceptive Implant:** A single-rod subdermal device containing etonogestrel, inserted in the non-dominant upper arm for long-term pregnancy prevention (3 years), as per India's national family planning guidelines.

- b) **Patient Satisfaction:** User-reported comfort, willingness to recommend the implant, and absence of regret about the method, measured via structured interviews
- c) **Concerns:** Any issues, side effects, or barriers reported by users.
- d) **Accessibility:** The ease with which patients can obtain and maintain contraceptive implants.

CHAPTER 10

Ethical Considerations:

Privacy & Confidentiality: Make sure that all information gathered is managed safely and discreetly, protecting the privacy of study participants' patients and medical staff.

Informed consent: Obtain informed consent from each survey respondent by making sure they are aware of the goals and purpose of the study, as well as any possible risks or advantages.

Fair and Unbiased Participation: Make sure that everyone is free from prejudices and pressures, and that their comments are honest and perceptive.

Data Integrity: Give participants authority over their data while adhering to ethical guidelines for accurate and trustworthy data collecting.

Regulatory Adherence: Comply with all relevant regulations to safeguard participant welfare and product/service quality.

Social Responsibility: Develop and promote healthcare solutions that are truly helpful and meet actual needs in order to demonstrate your commitment to the welfare of society and the well-being of individuals.

Cultural Sensitivity: Be aware of and respect cultural differences in the region, ensuring that the research is culturally sensitive and equitable.

Constant Discussion and Re-evaluation: Take into account new knowledge, technological advancements, and societal norms as you continuously review ethical standards and procedures.

CHAPTER 11

RESULTS AND FINDINGS

Section 1: Demographic Information

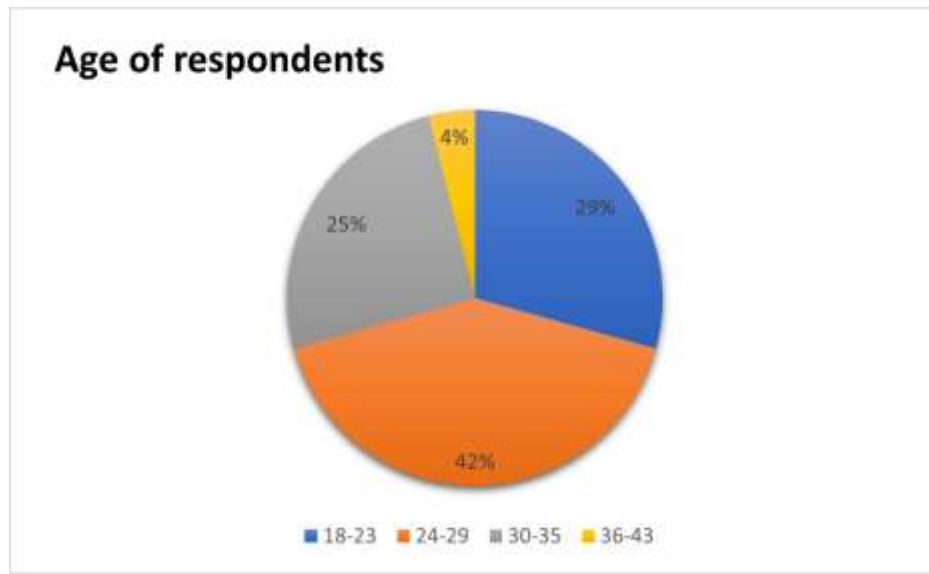


Fig. 3 – Graphical representation of the age of respondents, where 42% of the respondents are in the range of 24-29 years while 29% lie in the range of 18-23 years and 25% lie in the range of 30-35 years and only 4% lie in the range of 36-43 years.

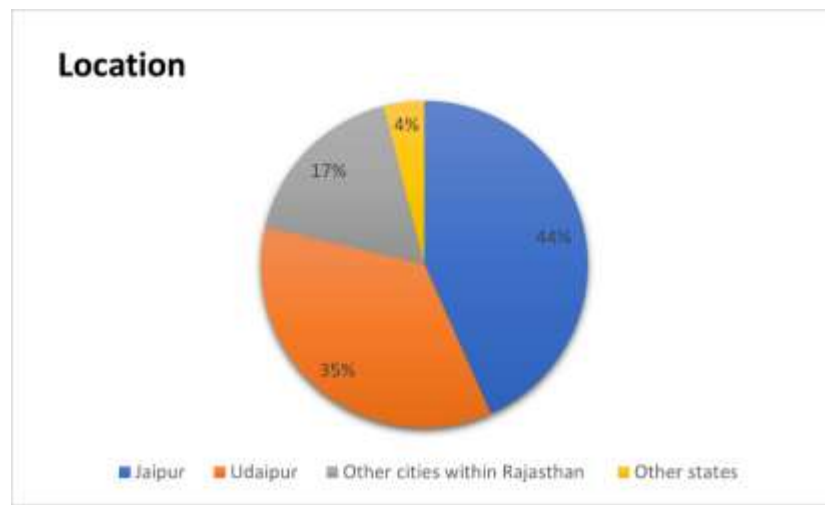


Fig. 4 – Graphical representation of the various locations of the place of residence of the sample, which were spread all across the various districts that come underneath the state of Rajasthan. From the chart, the data depicts that most of the patients belong to Jaipur (43.3%) district followed by Udaipur (34.7%). A comparatively lower percentage of respondents were from districts such as Dausa and Bharatpur.

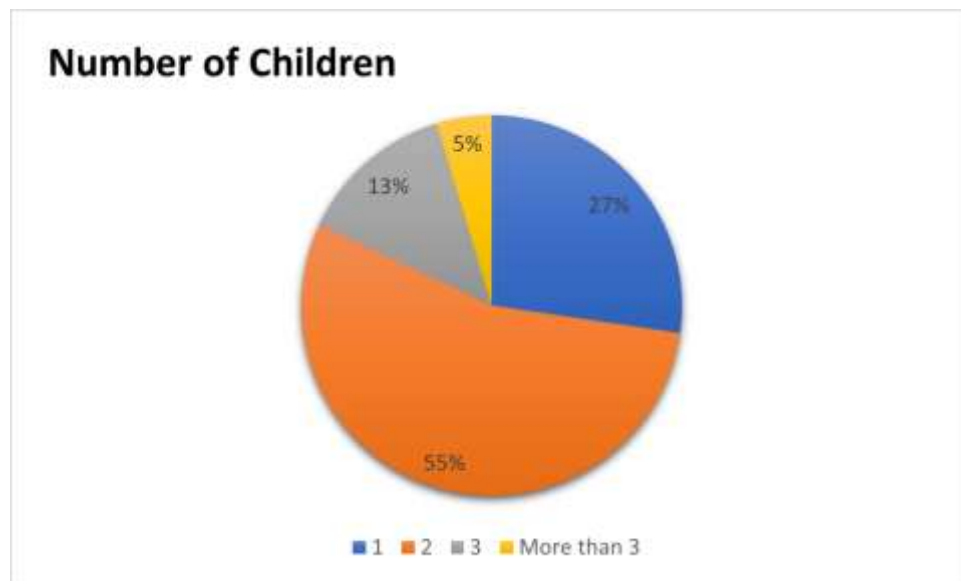


Fig. 5 – Graphical representation of the number of children of each of the respondents from the samples, where 55% of the respondents have two children. Whereas 247% respondents have one child only, 13% respondents have three children and only 5% respondents have more than three children.

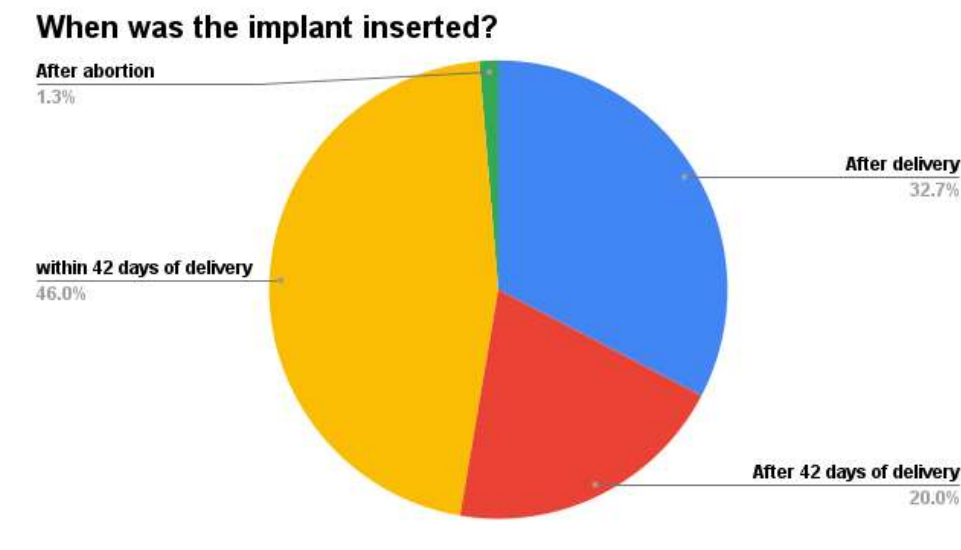


Fig. 6 – Pie-chart representing when the implant was inserted, where 46% of respondents got the implant inserted within 42 days of delivery, while 32.7% respondents got the implant inserted immediately after delivery and 20% of the respondents got the implant inserted after 42 days of delivery and only 1.3% got the implant inserted after abortion.

Section 2: Awareness and Decision Making

Primary Information Sources on Contraceptive Implants

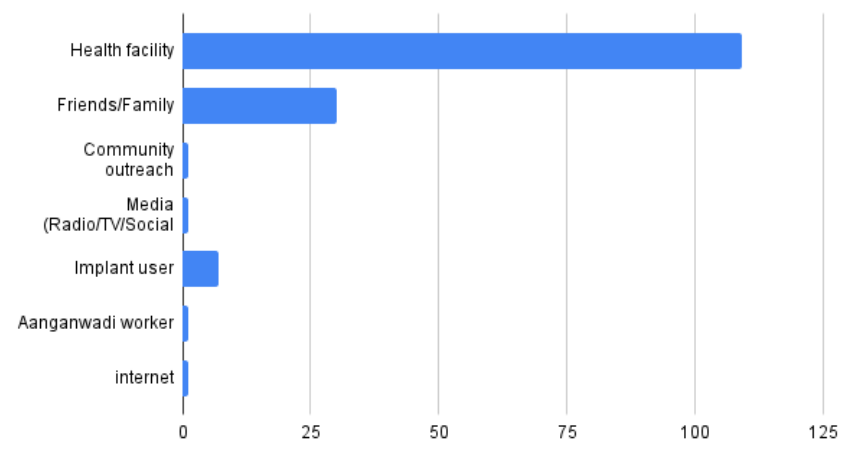


Fig. 7- Graphical representation of the primary sources of information regarding contraceptive implants, where majority (72.7%) of the respondents learned about the implants from the health facility itself, whereas 20% of the respondents heard about it from friends/family and 4.7% heard about the implant from another implant user and the rest of the respondents heard about the implant from other sources like community outreach programs, media, Anganwadi workers or from the internet.

Main reasons for choosing a contraceptive implant

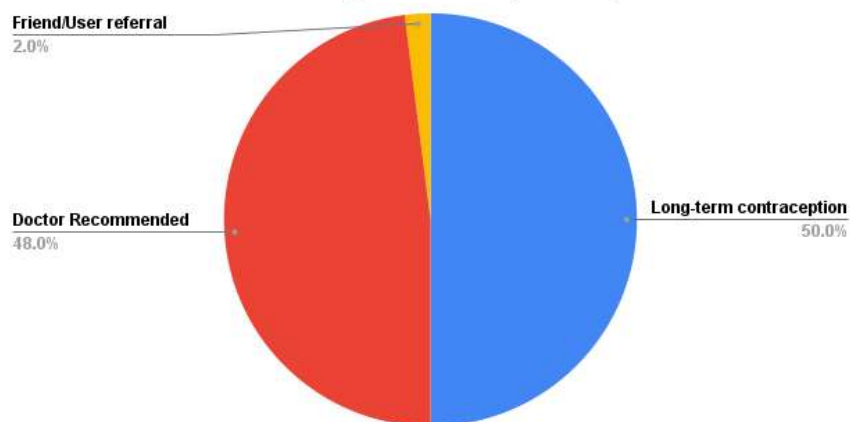


Fig. 8 – Pie-chart representing the main reasons described by the respondents for using contraceptive implants, where 50% of the respondents cited the reason to be long-term contraception, while for 48% implant was recommended by the doctor in-charge and 2% were referred through a friend/implant user.

Section 3: Implant Experience

Duration Since Implant Insertion

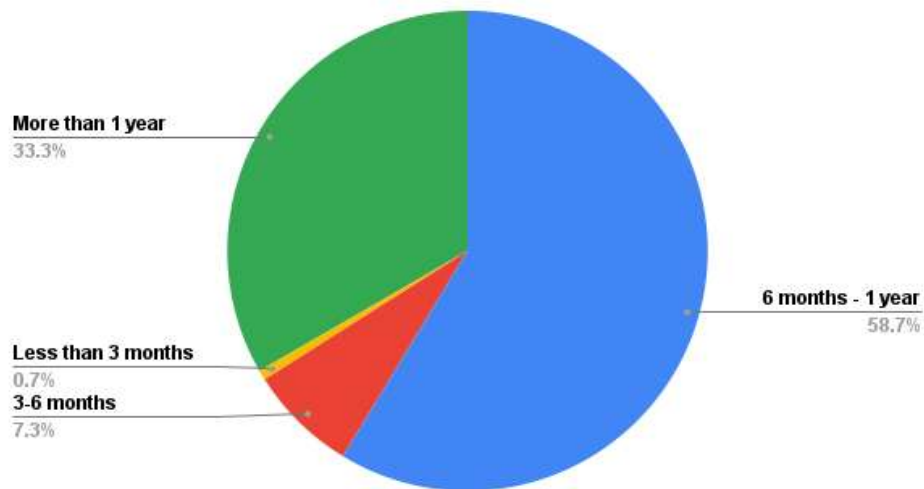


Fig. 9 – Pie- chart representing the duration since implant insertion, where 58.7% of the respondents have been using the implant since 6 months-1 year, while 33.3% of the respondents have been using the implant since more than one year. Whereas 7.3% have been using the implant for 3-6 months and only 0.7% have been using it since less than 3 months.

Discomfort or side effects experienced

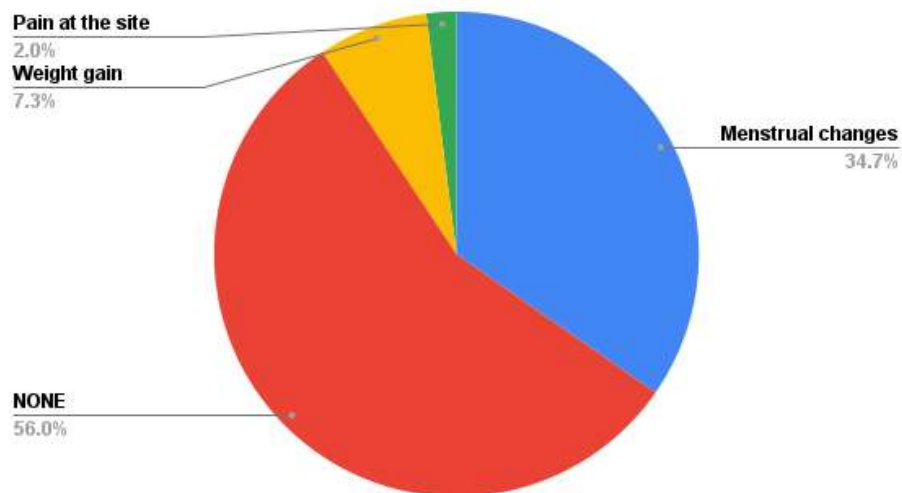


Fig. 10 – Pie-chart representing if the respondents faced any discomfort or side-effects after implant insertion, where 56% did not face any side effects while 34.7% experienced menstrual changes, whereas 7.3% experienced weight gain and only 2% suffered with pain at the site of insertion.

Guidance Offered for Managing Side Effects

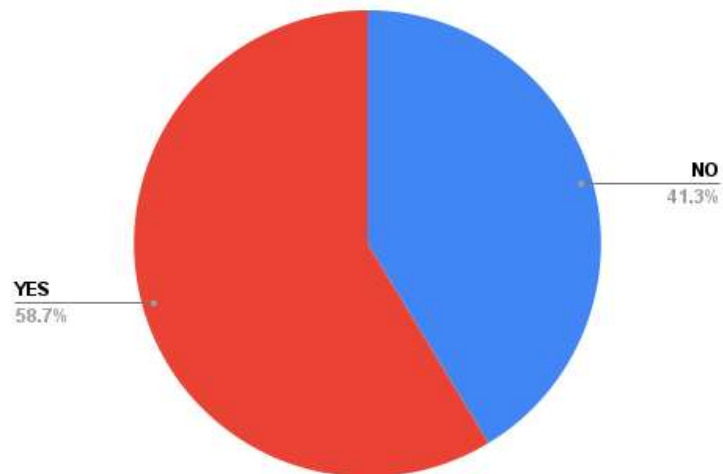


Fig. 11 – Pie- chart representing whether guidance was offered by the doctor in charge regarding what to do if the patient suffers from any side effect where 58.7% responded that they were offered guidance but 41.3% did not receive any guidance.

Percentage of users Wishing to Remove Implant

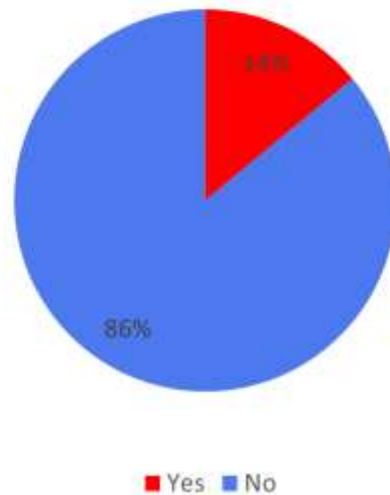


Fig. 12 – Pie-chart representing the percentage of users wishing to remove the implant where majority (86%) are not willing to remove the implant and are comfortable with it while 14% wanted to remove the implant.

Reason for the implant removal

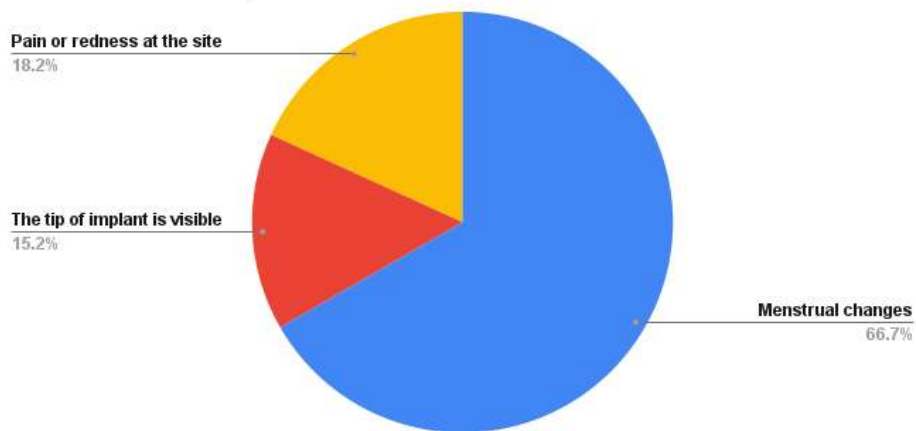


Fig. 13 – Pie- chart representing reason for implant removal which is expressed by the respondents where majority (66.7%) cited the reason to be menstrual changes while 18.2% experienced pain/redness at the site of insertion and 15.2% expressed that the tip of the implant was visible so they wanted to remove it.

Section 4: Service Delivery Experience

Patients Offered Follow-Up Appointments After Starting Method

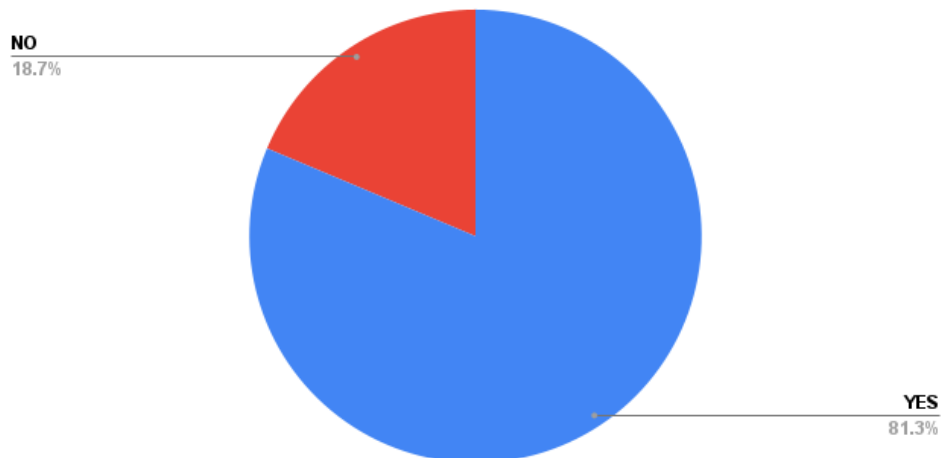


Fig. 14– Pie- chart representing whether the patients were offered follow-up appointment after implant insertion where majority (81.3%) responded that they were offered a follow up appointment but 18.7% were not offered any follow-up appointment.

Complications During Follow-Up

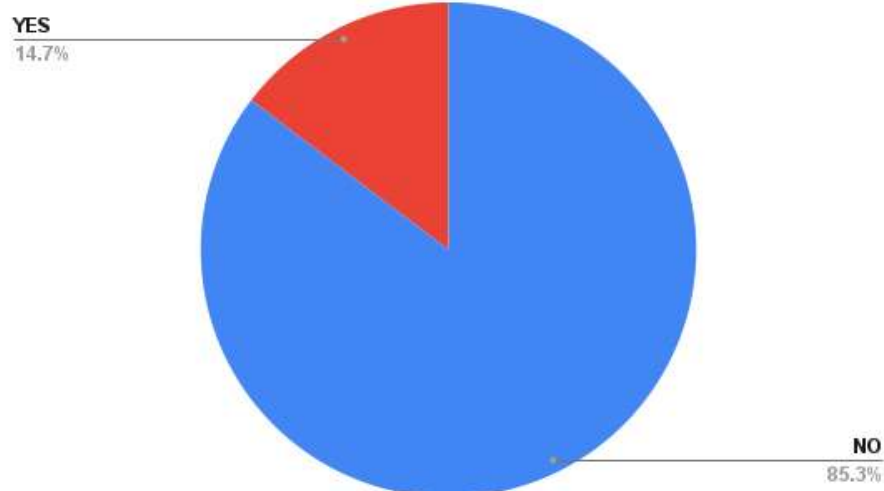


Fig. 15 – Pie- chart representing whether the respondents faced any complications during their follow-up appointment where majority (85.3%) did not face any complications but 14.7% did face complexities during their follow-up visit.

Patient counselling on implant benefits, risks, and removal

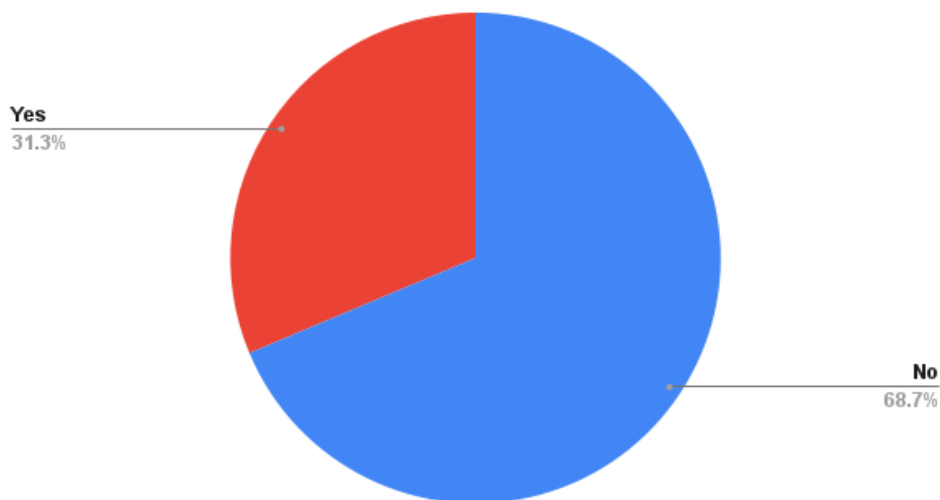


Fig. 16 – Pie- chart representing whether the patients were given proper counselling regarding the implant's benefits, risks and removal process where majority (68.7%) did not receive any counselling and 31.3% did receive counselling.

Patient Perception of Privacy and Confidentiality During Visit

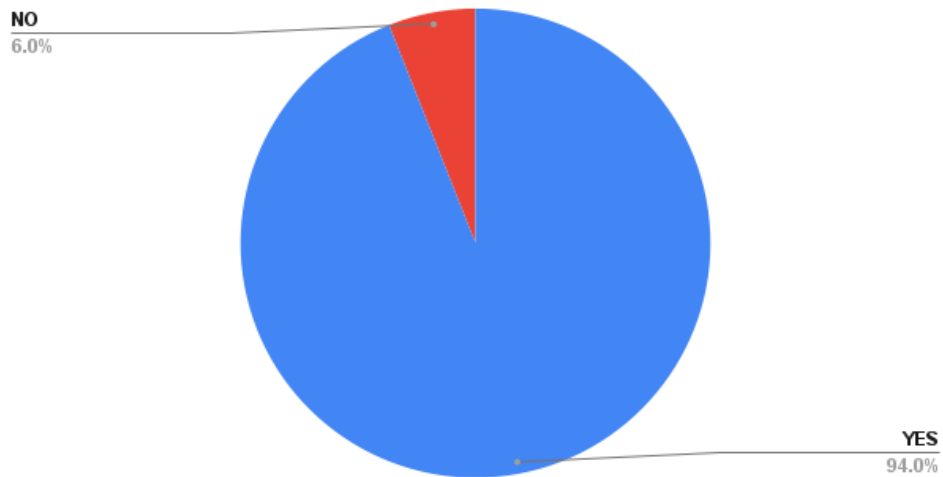


Fig. 17 – Pie- chart representing the patient’s perception of whether their privacy and confidentiality was maintained during their visit where majority (94%) of the patients agreed that their privacy was respected but 6% did not feel the same.

Section 5: Future Considerations and Recommendations

Patient Plans for Implant Replacement After Expiration

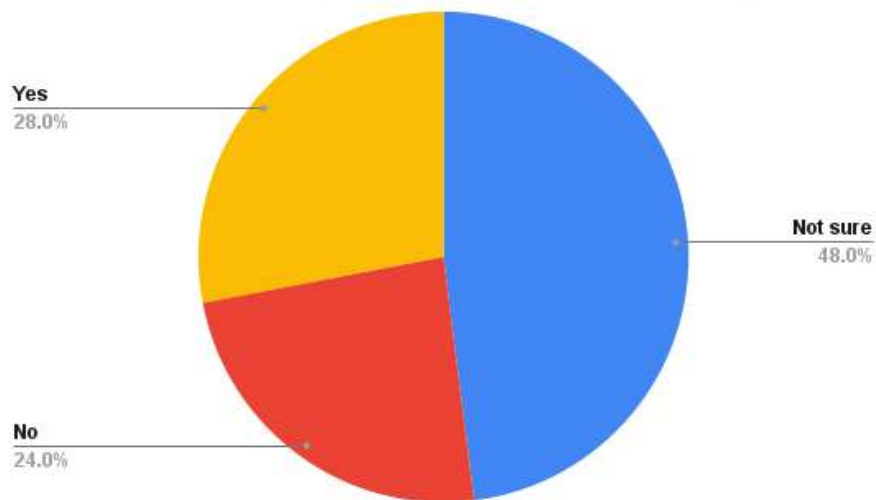


Fig. 18– Pie- chart representing whether the patient plans on continuing the implant after the current one expires where 48% of the respondents were not sure about it while 28% of the respondents wanted to continue using the implant and 24% denied using the implant further.

Patient Willingness to Recommend Contraceptive Implants

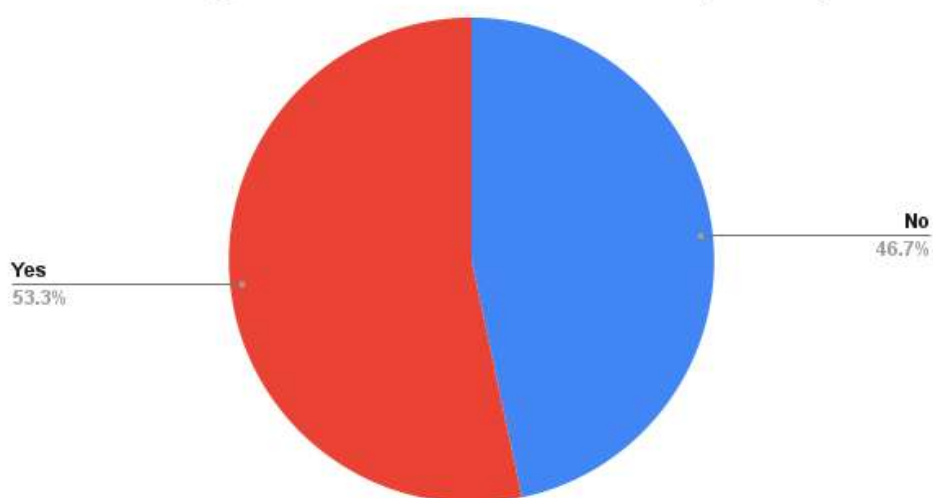


Fig. 19– Pie- chart representing whether the patient is willing to recommend the contraceptive implant to others where 53.3% agreed to recommending the implant to others but 46.7% replied that they will not recommend anyone to use implant based on their own bad experience and they did not want to feel accountable if anyone experiences any side effects.

CHAPTER 12

DISCUSSION

Menstruation changes were cited as a primary reason for early removal in the search results, which is consistent with the user's findings that 34.7% of users had menstruation problems. This need to be a major topic of conversation when it comes to managing side effects. The same study also highlights the value of follow-up and counselling, which is related to user data that indicates 68.7% of users did not obtain thorough counselling. That is an additional crucial consideration regarding gaps in service delivery.

Despite adverse effects, users regarded the implant's dependability, which is consistent with the user's conclusion that 53.3% would suggest the implant. This might be explored in terms of striking a balance between side effects and efficacy.

Additionally, cultural views of menstruation should be addressed because the search results' inclusion of amenorrhea as a problem matches the user's data.

The user's findings are supported by the result, which addresses bleeding irregularities as the primary cause of discontinuation. Additionally, it states that appropriate counselling can reduce the number of early removals, which relates to the user's recommendation for better pre-insertion counselling.

Looking at the results, the key findings include high satisfaction (78% comfortable, 53.3% willing to recommend), gaps in counselling (68.7% no counselling), and follow-up issues (18.7% no follow-up offered).

The demographic data indicates that the majority of users were between the ages of 24-29 and had two children. The significant proportion of people who learned about implants from medical institutions (72.7%) indicates that healthcare providers play a critical role in the spread of information.

Inconsistency is also evident in the user's results, which reveal that 41.3% did not receive side effect guidance while 58.7% did. Given that 48% of respondents were uncertain about continuing the implant, future concerns highlight the need for improved counselling.

CHAPTER 13

SUGGESTIONS

Suggestions provided by the user:

- Doctors should listen to the need of the patients.
- Doctors should be polite with the patients while doing their work.
- Doctors should inform the patients about side effects and problems related to implants.
- Doctors should listen to the problems of the patients, if they are reluctant to use implant or if they want to remove it doctors should comply.
- Doctors should inform about the possible complications after implant insertion.

Other suggestions:

- Ensure that all patients receive comprehensive pre-insertion counselling that clearly explains the implant's benefits, side effects, and removal process.
- For better understanding of the patients, visual aids like leaflets or videos can be provided, possibly in patients own language for better understanding.
- A standard follow-up schedule should be mandated after insertion to monitor side effects and resolve any concerns the patient might be having.
- Telephonic or SMS reminders for follow-up appointments can be provided in case the patient forgets.
- Protocols can be provided for managing most commonly reported side effects like menstrual irregularities, which were the leading cause of discontinuation.
- Proper training should be provided to healthcare providers to respond empathetically to patients concerns to prevent early removals.
- Training should be done periodically to refresh the staff on implant insertion, removal and complication management.
- Training should include soft skills and confidentiality training to gain and maintain patient trust and satisfaction.
- For the purpose of dispelling myths and raise awareness, outreach programs should be conducted through ASHA workers, Anganwadi workers and local healthcare

providers.

- Focus should be on improving community acceptance, this can be done by highlighting long term benefits and safety of implants.
- Feedback should be taken routinely through surveys or feedback forms to monitor user satisfaction and identify gaps in the service provision.
- Data from the feedback should be used to adjust the service delivery strategies and better plans can be made accordingly.

CHAPTER 14

CONCLUSION:

This study offers a comprehensive insight into the real-world experiences of women using contraceptive implants in Rajasthan, as part of the first-phase rollout under the guidance of the Ministry of Health and Family Welfare and technical support from UNFPA. Through the feedback collected from 150 users across four healthcare facilities, we have gathered critical evidence that underscores both the strengths and limitations of the current program.

The findings reflect that while a majority of women reported satisfaction with the implant and wished to continue its use and recommend the method to their peers, several significant gaps remain in counselling, follow-up, and management of side effects.

The fact that the majority of users felt their privacy and dignity were upheld and that they learnt about the implant from reliable medical professionals is encouraging. However, the data also reveals that a significant portion of patients were unsure about continuing the implant after its expiration, and approximately one-third of patients did not receive enough information regarding side effects. The majority of early removal instances were caused by menstrual irregularities, which were the most frequent side effect. This is an area that obviously needs more assistance.

It is noteworthy that the most valuable thing to patients and service providers is good counselling. Patients who received clear and empathetic communication felt better prepared to manage their experience. On the other hand, those who experienced dismissive attitudes or lacked adequate information, were more likely to express dissatisfaction. This highlights the need for routine training of healthcare providers, not only in the technical aspects of insertion and removal but also in building a relationship, addressing myths, and delivering patient-centred care.

The Ministry of Health and Family Welfare's initiative to roll out implants as part of an expanded contraceptive basket is well-founded. However, to increase method adoption and continuation, responsive service delivery, and ongoing feedback are crucial.

In conclusion, while contraceptive implants present a promising solution for long-term, reversible birth control, their success depends heavily on how well the healthcare system supports user, not just during insertion, but throughout their entire journey. This study emphasizes how crucial it is to hear users' opinions and use their suggestions as the foundation for improving India's reproductive healthcare system.

CHAPTER 15

IMPLICATIONS OF RESEARCH:

- The Ministry of Health and Family Welfare (MoHFW) of India has recognized the critical importance of gathering user feedback on contraceptive implants to ensure the success and acceptability of this long-acting reversible contraceptive (LARC) method. This initiative aligns with India's commitment to expanding contraceptive choices under the FP2030 framework.
- By analyzing feedback, MoHFW can update family planning programs to better meet the needs of the population.
- The findings will help healthcare providers understand patient concerns and improve service delivery.
- Policymakers may use the results to design better contraceptive education and support programs.
- The study will start a broader discussion on patient-centered reproductive health services.
- Regular feedback collection serves as a tool for monitoring and evaluating the efficacy of contraceptive implant programs.

CHAPTER 16

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CHAPTER 17

APPENDIX

Appendix 1: Questionnaire for Clients Who Have Received Contraceptive Implants under the UNFPA Project

SECTION 1: DEMOGRAPHIC INFORMATION

1. Age: _____ (given in the data)
2. Location: _____ (given in the data)
3. Number of children:
 - 1
 - 2
 - 3
 - More than 3

SECTION 2: AWARENESS AND DECISION MAKING

4. How did you learn about contraceptive implants?
 - Health facility
 - Community outreach
 - Media (Radio/TV/Social Media)
 - Friends/Family
 - Other _____
5. What were the main reasons for choosing a contraceptive implant?
 - Long-term contraception
 - Fewer side effects compared to other methods
 - Recommended by a healthcare provider
 - Other _____

SECTION 3: IMPLANT EXPERIENCE

6. How long have you had the implant? (given in the data)

- Less than 3 months
- 3-6 months
- 6 months - 1 year
- More than 1 year

7. Did you experience any discomfort or side effects?

- No
- Yes
- If yes? _____

8. Were you given instructions on what to do in case of side effects or complications?

- No
- Yes
- If yes? _____

9. Do you want to remove the implant?

- No
- Yes
- If yes, why? _____

10. Reason for the implant removal?

- It got removed on its own/The tip of implant was visible
- Time limit was completed
- Menstrual changes seen
- Want to have a baby
- Any other reason _____

SECTION 4: SERVICE DELIVERY EXPERIENCE

11. Were you offered a follow-up appointment or support after initiating the method?

- Yes
- No

12. Did you feel any complications during follow-up?

- Yes
- No

13. Did you receive adequate counselling on the implant's benefits, risks, and removal process?

- Yes
- No

14. Were your privacy and confidentiality respected during your visit?

- Yes
- No

SECTION 5: FUTURE CONSIDERATIONS AND RECOMMENDATIONS

15. Do you plan to continue using the implant when the current one expires?

- Yes
- No
- Not sure

16. Would you recommend contraceptive implants to others?

- Yes
- No

17. What improvements would you suggest for better contraceptive services? (Open-ended)