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Literature search strategy for reversible and permanent contraception in India

MeSH search terms: India, contraception

Introduction

In 1951 India became the first country to launch a national family planning program (1–3). The program continues today and has focused on promoting reversible and permanent contraception, including the use of incentives both to method acceptors and to providers. In 1965, promotion of the intrauterine device (IUD) began. Due to poor screening and resources, matched with poorly managed complications, popularity of the IUD remains low (1).

Contraceptive access and use allows women to delay, space, and limit their pregnancies while also decreasing the risk of maternal death and disability. The diversity of contraceptive methods is low and most women choose sterilization or natural family planning even though most forms of contraception are available at no cost through India's national family planning program (4). In 2010, 56.3% of Indians reported using any method of contraception: 37.3% used female sterilization, 1% male sterilization, 3.1% the "pill," 1.8% "injectables, implant" or IUD, and 7.8% "rhythm, withdrawal, or other traditional methods" (4). Tubal sterilization is the most popular primary method of contraception used: 66% of couples in 2005 reported use of female sterilization (5,6). It is unclear if this lack of contraceptive diversity is due to lack of knowledge and access, or a proportionally larger promotion of sterilization over other methods for contraception. Through India's national family planning program, monetary incentives are provided to Indian men and women for permanent contraception only, such as tubal sterilization and vasectomy.

Research Question

The primary objective of this study is to understand the perceptions, attitudes, and beliefs towards reversible and permanent contraception among Indian women and men in an urban setting. Due to the qualitative methods this proposed research will use, no hypotheses are stated as this research will be hypothesis generating.

Replicable Search Strategy

For the literature search process for this study I queried PubMed and Web of Knowledge.

PubMed Search

In querying PubMed, I proceeded to <http://www.ncbi.nlm.nih.gov/mesh>. This PubMed search strategy began on March 14, 2016.

Using the MeSH database in PubMed, I included the following search terms: India, Contraception. I entered, without quotations, "India" in the search bar. I clicked on "India," and added it to the search builder. I then entered, without quotations, "Contraception" in the search bar and add this to the search builder. There were six MeSH terms from this search: Contraception; Contraception, Postcoital; Contraception, Barrier; Contraception, Immunologic; Contraception Behavior; contraception associated protein 1. As my research question pertains to all types of contraception, is not limited to behavior, and is not focusing on the basic science behind contraceptive methods, I chose "Contraception" as my MeSH term. This initial search resulted in 671 results. Additional restrictions of "Human subjects only" and "English language only" were selected. This subsequent search yielded 317 results.

"India"[Mesh] AND "Contraception"[Mesh] AND ("humans"[MeSH Terms] AND English[lang])

In the subsequent weeks I reviewed the titles for the 317 results and identified items to be included and excluded. Below is a figure detailing exclusion criteria. Of these results, 198 were excluded for the following reasons: not a research article; focusing on the introduction of new reversible methods; relating primarily to abortion rights, emergency contraception, adolescents or STIs; focusing on medical training, immunizations; dealing mostly with contraceptive methods available outside of India; primarily involving contraception for single women; focus on unrelated medical topics; or focus on legal, ethical, or economic policy.

119 articles were included as relevant. Inclusion criteria included results discussing perceptions, attitudes or beliefs of certain contraceptive methods; results discussing stakeholders and influences in the contraceptive decision-making process; discussions of the impact of India's National Family Planning Program; discussion of induced abortion; evaluations or classifications of unmet need for contraception; acceptability of contraceptive methods; complications with a contraceptive method.

Web of Science

The next step in this search strategy was to identify additional relevant articles to our search topic not retrieved by PubMed. In querying Web of Science, I proceeded to <https://webofknowledge.com/> and entered "India" without quotations into the first toolbar and selected "Topic." In the second toolbar I entered "sterilization" without quotations and selected "Topic." In the third toolbar I entered "regret" without quotations and selected "Topic." This query resulted in 12 results. After restricted to "Language – English" there were only 10 results.

The search history is as follows:

You searched for: TOPIC: (india) AND TOPIC: (sterilization) AND TOPIC: (regret)

Refined by: LANGUAGES: (ENGLISH)

Timespan: All years.

Search language=Auto

Summary

In searching two databases, PubMed and Web of Science, using the aforementioned search strategies followed by applying the exclusion and inclusion criteria produced 129 references. This search strategy maximizes specificity of relevant article references retrieved while maintaining sufficient sensitivity to India and contraception, while specifically delving into any additional literature focusing on regret of sterilization.

Pubmed Initial Search
"India" [Mesh] AND "Contraception" [Mesh]
(671 results)

Initial exclusion criteria
Human subjects only
English language only
(317 results)

Included
(119 results)

Excluded
(198 results)

Reasons for exclusion

- Introducing new contraceptive methods 19
- Not a research article 38
- Abortion/reproductive rights 5
- Emergency contraception 12
- Adolescents only 8
- STI's/HIV 2
- Medical provider's knowledge/training 5
- Immunizations/vaccines 5
- Contraception outside India 10
- New method for increasing contraceptive use 14
- Single women 1
- Maternal/prenatal/postpartum health 7
- Rabies or tuberculosis 3
- Domestic violence 1
- Quality of care 1
- Unrelated medical topics (dysmenorrhea, menopause, pelvic inflammatory disease, vas deferens) 4
- Research practices 3
- Legal 9
- Ethics 7
- Trends in population control 15
- International policies 4
- Mentally handicapped 3
- Military 3
- Fertility 3
- Childcare and health of children 4
- Economic policy 4
- Psychology/sociology 4
- Other (genetic counseling, sex workers, Gandhi, fetal loss in gas victims, tea estates) 5

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