Acceptability of the Diaphragm Among Low-Income Women in São Paulo, Brazil

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A study of the acceptability of the diaphragm among low-income women in São Paulo, Brazil, found that about 11% of 1,723 women who sought a method in one of five public health clinics opted for the diaphragm following a contraceptive educational session on all methods. The main reason they gave for doing so was because it was physically harmless. Women who chose the diaphragm were older and better educated than those who chose the pill, and were more likely than IUD users to want to space births rather than limit them. However, 46% of the women who selected the method were no longer using it three months later, compared with 29% of women who chose the condom and 16% who chose the pill. Although low-income women appear willing to use the diaphragm, providers may need further training to assist women in resolving difficulties that appear in the first few months of diaphragm use. (International Family Planning Perspectives, **21**:114–118, 1995)

Although the diaphragm is a safe method of contraception, international experience has raised issues of its effectiveness and appropriateness for low-income women.[1] Diaphragm use has not been widespread in Brazil; prior to 1986, the diaphragm was relatively expensive and sold in a few pharmacies only. The available data on the prevalence of current diaphragm use have been compiled by an activist women's organization[2] and by medical schools; these data are not representative of women who use the country's public health services.

Before the 1980s, the Brazilian government had no national family planning program, although it did not inhibit private initiatives in the field. The lack of a national program led to skewed use of specific methods: For example, the 1986 Demographic and Health Survey (DHS) for Brazil indicated that among the 66% of cohabiting women aged 15–44 who practiced some form of contraception, nearly 80% of them used just two methods: female sterilization (41% of all use) and the pill, usually without medical supervision (38% of use).[3] No diaphragm use at the national level was recorded in that survey.

In 1984, the country's Ministry of Health established a Women's Comprehensive Health Care Program (Programa de Atenção Integral à Saúde de Mulher, or PAISM), which included prenatal and gynecologic care as well as family planning activities. A network of public health services was planned, offering free oral contraceptives, IUDs, diaphragms and condoms, as well as natural methods of family planning (Billings and rhythm). Although these services became available in the state of São Paulo in 1986, an evaluation conducted in 1988 in metropolitan areas indicated that options other than the pill were still very restricted and that health professionals strongly resisted prescribing the diaphragm, most often because of a lack of knowledge about the method.[4]

We undertook a project in one health district of greater São Paulo aimed at increasing the range of contraceptive options for Brazilian women. Specifically, the project sought to overcome health professionals' reluctance to promote the diaphragm and to make it truly accessible to low-income women. The project also gauged the method's acceptability and use-effectiveness.

Methodology

The project was conducted between January 1989 and December 1992 in Osasco, one of the 15 health districts of the São Paulo metropolitan area. (São Paulo is the third most populous city in the world, with a current population of 16.1 million.[5]) The Osasco district included five facilities that were developing family planning activities at the time of the project—a women's health reference center and four basic health centers. The women's health care professionals at these public health centers received theoretical and practical training in contraception to expand their knowledge and raise the standards of professional practice. To avoid occasional shortages of contraceptive supplies, the project relied on its own stock of diaphragms and spermicides (which were prescribed together), pills, IUDs and condoms; the supplies were provided by the Brazilian Health Ministry and the São Paulo State Health Secretariat.

Our study examines the experiences of women who chose a method after a contraceptive educational session at one of the centers between August 1989 and August 1991. The women had to meet the following eligibility criteria: They could not be pregnant; they had to live or work in the region; and they had to give formal consent to participate in the study.

The women who agreed to participate were interviewed in their homes 1–3 months after obtaining their contraceptive method. The interviewers collected sociocultural, economic and reproductive health data from the women, as well as information on the use of their method. Women who selected the diaphragm or the pill were enrolled for a further 6–24 months, as part of the second stage of the study comparing the long-term acceptability and use-effectiveness of the two methods.

This article presents results of the first stage of the study only—the factors that women said influenced their choice of the diaphragm over the other options, and diaphragm users' experience with the method during the first three months of use. The choice of a particular method is influenced not only by the client's wishes, but also by the provider's perceptions of what is best for her; these perceptions include objective medical contraindications as well as the provider's subjective preferences. Our analysis assesses the role of the client's background and perceptions in determining the contraceptive method she uses.

We evaluated the differences between the proportions of women who selected each method using Pearson's χ^2 test. We then performed a logistic regression analysis of the probability that women would select the diaphragm over any of the other methods

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offered.[6] We selected the variables for the logistic regression initially by their theoretical importance, and then subsequently confirmed them by bivariate analysis, again using Pearson's χ^2, at a significance level of $p<.10$. The data were processed using an SPSS statistical package.

Sample Characteristics

Out of a total of 2,041 eligible women, 1,744 were successfully interviewed. Thus, 297 women, or 15% of the total sample, were lost to follow-up, mainly because of erroneous addresses and changes of address. The loss to follow-up was fairly uniform, except among the women who chose the diaphragm, fewer of whom were lost to follow-up. This fact reflects the research team's greater concern with diaphragm users, as they were the main focus of the study. More importantly, there were no statistically significant differences between the women who were successfully interviewed and those lost to follow-up regarding age, education, marital status and number of living children.

As Table 1 shows, younger women predominated among users of the centers' services (70% were younger than age 30). This fact probably reflects the widespread practice of female sterilization in Brazil, which reduces the demand for reversible contraception among women older than 30.* The great majority of women had given birth at least once (93%), and the proportions who were at parity one and parity two were similar (34% and 31%). Among all women in the sample, 36% had just one living child, 33% had two living children, 23% had three or more, and about 7% had none (not shown).

Table 1. Number and percentage distribution of contraceptive users, by background characteristics, Osasco Health District, São Paulo, Brazil, 1989–1991

Characteristic	N	%
Age		
15–19	206	11.9
20–29	1,004	58.3
≥30	513	29.8
Parity		
0	116	6.7
1	591	34.3
2	537	31.2
≥3	479	27.8
Desire for more children*		
Spacing births	641	41.0
Limiting childbearing	923	59.0
Duration of marriage		
<2 years	397	23.0
2–5 years	483	28.0
>5 years	843	48.9
Years of schooling		
0–3	392	22.8
4–7	905	52.5
≥8	426	24.7
Socioeconomic status*		
Upper middle class	40	2.4
Lower middle class	322	19.1
Poor	939	55.7
Very poor	386	22.9
Paid employment		
Yes	641	37.2
No	1,082	62.8
Total	1,723	100.0

*Ns do not add up to 1,723 because of missing or incomplete data.

Over half of the sample (59%) affirmed they did not want any more children. Proportionately more women who had at least three children than those with one or two said they wanted to stop childbearing (88% vs. 48%, not shown). The vast majority (92%) lived with a partner, and most (77%) had done so for at least two years. Most of the sample was Catholic (76%) with 16% Protestant (not shown).

Approximately 77% of the women had at least four years of schooling, but only 25% had finished eight years; thus the study population was literate, but poorly educated. Not shown but of note is that only 30% of the women could accurately identify their fertile period within the menstrual cycle; this proportion varied from 19% among those with fewer than four years of schooling to 45% among those with more than seven years.

The study population was predominately low-income women.† The majority of the study participants lived in brick houses, with finished interiors and indoor plumbing; only 9% lived in substandard housing in São Paulo's slum areas. Approximately 23% of the sample fell into the very poor category. The presence of the 40 upper-middle-class women in this sample is unusual, since such women rarely use public health services in Brazil. Their reliance on the public sector for family planning services probably indicates that the IUD and the diaphragm are quite costly when provided through the private sector, so even these comparatively better-off women were attracted to a source of free contraceptives.

Approximately 37% of the women had paid employment at the time of the interview, and 8% had never worked in a paid activity. The great majority of working women (93%) contributed their income to the household budget, and among those who did, 44% covered at least half of the family expenses (data not shown).

Choice of Methods

The methods most frequently chosen by the women were, as shown in Table 2 (page 116), the IUD (31%), the pill (29%) and the condom (20%). The diaphragm, in fourth place, was chosen by approximately 11% of the sample. About 8% of the women were breastfeeding at the time and thus were automatically prescribed the minipill (so they did not, technically, choose a method themselves). (Just 21 women selected spermicides, periodic abstinence and injectables. Because so few women accepted these methods, we have omitted them from the analysis.)

As expected, the woman's socioeconomic status and reproductive history influenced her choice of contraceptive method. The most striking differences were between women who chose the IUD and those who selected the pill. Compared with IUD users, pill users tended to be younger, of lower parity, and to use the method to space births. Furthermore, because the pill is relatively inexpensive and readily available at pharmacies without a prescription, the more affluent women were less likely to choose the pill in the public health centers than were poorer women, and better educated women were also less likely to select the pill, although this trend was not as strong. More than two-fifths (42%) of women who were selecting their first method of contraception decided on the pill; among pill users in the sample who had never used any other method, approximately 42% chose the pill again.

The likelihood of IUD choice rose with increasing socioeconomic status and it was greatest among women with at least four years of schooling. The IUD was also the preferred method among women who had a paying job.

The temporary nature of condom use when it is prescribed for women who are experiencing an infection or gynecologic

*In 1992, nearly one-quarter (24%) of all women aged 30–49 in the São Paulo metropolitan area had undergone sterilization. (See: E. M. Vieira, "Regret After Sterilization Among Low-Income Women in São Paulo, Brazil," doctoral thesis, Faculty of Social Sciences, University of Exeter, United Kingdom, June 1994.) This proportion is even more striking given the procedure's illegality in Brazil, where it is allowed only when pregnancy is considered to be a serious health risk. The situation has resulted in the majority of sterilizations in São Paulo (75%) being performed during a cesarean section and has undoubtedly contributed to the state's high rate of cesarean section (almost 50% of all births). (See: E. Berquó, "Brasil: um Caso Exemplar à Espera de uma Ação Exemplar: Anticoncepção e Partos Cirúrgicos," paper presented at the Seminar on Women's Status and Development, Núcleo de Estudos Populacionais da Universidade Estadual de Campinas, Campinas, Brazil, July 1–2, 1993.)

†The index used differentiates socioeconomic status according to levels of consumption based on the following elements: the head of the family's level of education; ownership of a TV, radio, car, vacuum cleaner or washing machine; whether the family's home has an indoor bathroom; and whether the family has a maid.

Table 2. Percentage distribution of contraceptive users, by method chosen, according to demographic and social characteristics

Characteristic	Pill (N=506)	IUD (N=532)	Condom (N=350)	Diaphragm (N=195)	Minipill (N=140)	Total (N=1,723)
All	**29.3**	**30.8**	**20.3**	**11.3**	**8.1**	**100.0**
Age**						
15–19	42.7	19.4	16.0	5.8	16.0	100.0
20–29	31.7	29.6	18.5	11.5	8.7	100.0
≥30	19.5	38.0	25.5	13.1	3.9	100.0
Parity**						
0	59.5	5.2	15.5	19.8	0.0	100.0
1	34.2	27.2	15.2	10.5	12.9	100.0
2	25.3	35.6	21.2	11.2	6.7	100.0
≥3	20.7	36.3	26.7	10.4	5.8	100.0
Desire for more children**						
Spacing births	38.3	24.4	15.9	12.0	9.3	100.0
Limiting childbearing	21.7	36.5	23.9	10.7	7.2	100.0
Marital status*						
Married	29.1	30.7	20.8	10.9	8.6	100.0
Not married	32.9	33.6	15.4	16.1	2.1	100.0
Years of schooling **						
0–3	29.3	27.0	26.3	9.9	7.4	100.0
4–7	31.0	32.4	19.1	8.8	8.6	100.0
≥8	25.8	31.2	17.4	17.8	7.7	100.0
Socioeconomic status**						
Upper middle class	17.5	40.0	5.0	30.0	7.5	100.0
Lower middle class	25.2	39.1	17.4	12.7	5.6	100.0
Poor	29.4	31.7	22.6	9.3	7.0	100.0
Very poor	32.6	22.3	19.4	13.0	12.7	100.0
Paid employment**						
Yes	26.2	35.3	19.2	15.0	4.4	100.0
No	31.2	28.3	21.0	9.1	10.4	100.0

*p<.05. **p<.001. *Note:* Women with incomplete or inaccurate information were excluded from distributions of individual variables.

problems disguises the real users of this method, since many women interested in the IUD and the pill temporarily selected the condom until their condition improved. Overall, the condom was most frequently chosen by women aged 30 or older, women who had had at least two children, and those who indicated they wanted no more. Poorly educated women and those in the two lowest levels of socioeconomic status were also more likely than women of better education or higher status to accept the condom. One possible explanation for this trend is the greater prevalence of sexually transmitted diseases and cervicitis among these populations.

Women who chose the progestin-only minipill were clearly in a different situation than those who opted for the combined pill. The likelihood of choosing the minipill decreased with age and parity, but its choice was not influenced by future childbearing plans, socioeconomic status or educational attainment. In fact, use of the minipill was primarily determined by whether the woman was breastfeeding, and this group was, therefore, mainly comprised of nonworking women.

The choice of the diaphragm tended to increase with age, as more than twice the proportion of women 20 and older as 15–19-year-olds (12–13% vs. 6%) selected this method. Nulliparous women were also nearly twice as likely as parous women to accept the method (20% vs. 11%). However, future childbearing intentions had little effect on diaphragm choice, with roughly equal proportions of those wanting more children and of those not wanting more electing the method (12% and 11%, respectively). The diaphragm was slightly more popular among cohabiting women than among those not in a union.

The unusual finding that the most affluent women were most likely to elect the diaphragm (30% among women in the highest social class) was probably caused by the very small number of women in this category (N=40). There were only slight variations in the proportions of women in the other classes who opted for the diaphragm (9%–13%). (Variation by socioeconomic class was much greater among the women who selected the IUD, for example, where selection declined with income.)

A similar pattern existed by education: Women who had completed at least eight years of schooling were twice as likely to select the diaphragm as were less educated women (18% vs. 9%). However, middle-class and better educated women might have specifically sought out the diaphragm (or the IUD) through public services, since these methods are expensive and not readily available in the private sector.

To assess the extent to which health professionals influenced women's decisions, we asked women whether they made the specific contraceptive choice themselves. About 24% responded they had not, and this proportion varied considerably by the specific method chosen. The proportion who said they would have preferred to use another method was highest among women who accepted the condom (48%), the pill (29%) and the minipill (25%). Comparatively lower proportions of women who decided on the diaphragm (12%) or the IUD (8%) stated they would have preferred to use another method than the one they were prescribed.

Among the women who had wanted to use another method, the restrictions imposed by the service providers, including both contraindications and nonmedical discouragement, were the most frequently mentioned reasons (by 64% of such women) for not receiving their preferred method. Clients who wanted to use the IUD were more frequently denied their first choice (55% of all such cases), followed by female sterilization (17%) and the diaphragm (13%). No woman mentioned that she had been frustrated in her stated choice of the pill.

Users of the Diaphragm

An analysis of the influence of past contraceptive use on current choice indicated that women who had used only the pill and those who had never practiced contraception were the least likely to opt for the diaphragm. Having experienced a contraceptive failure had no effect on the choice of the diaphragm, nor did having rejected use of a particular method or a partner's negative attitude toward male methods.

Table 3 presents the results of the logistic regression analysis comparing women who chose the diaphragm with those who selected other methods, by age, stated motive for contraceptive use (to space or limit births), education and employment. The effect of education was fairly consistent throughout the comparisons: Regardless of the alternative method, better educated women were significantly more likely to select the diaphragm. The odds ratios were 2.5 for the diaphragm compared with the pill, 1.7 compared with the IUD and 2.1 compared with the condom. The only other factor that significantly influenced the probability that a woman would choose the diaphragm over the IUD was

Table 3. Odds that a woman will choose the diaphragm over another method, by method and background characteristic

Method and characteristic	Odds ratio	p value
Pill		
>25 years old	1.8070	.0018
Spacing births	0.6330	.0176
Has paid job	1.8518	.0006
≥8 years of education	2.5294	.0000
IUD		
>25 years old	0.9242	.6608
Spacing births	1.5319	.0179
Has paid job	1.2200	.2473
≥8 years of education	1.7583	.0019
Condom		
>25 years old	0.9273	.7127
Spacing births	1.4866	.0521
Has paid job	1.6427	.0080
≥8 years of education	2.1350	.0002

Note: All variables are dichotomous and were entered in the equation as 1 when the characteristic was present and as 0 when it was not.

the stated motive for contraceptive use: Women using a method to space births rather than limit them were 1.5 times more likely to select the diaphragm than the IUD. However, wanting to space future births significantly decreased the probability that a woman would select the diaphragm over the pill (odds ratio of 0.6). Future childbearing plans had no significant effect in the comparison between condom and diaphragm acceptors.

Being in paid employment significantly increased the probability that a woman would select the diaphragm over the condom (odds ratio of 1.6) or the pill (odds ratio of 1.8). As the table shows, age was a significant factor only when the diaphragm was compared with the pill: Women older than 25 were 1.8 times more likely to choose the diaphragm than the pill.

Why the Diaphragm?

We posed an open-ended question that asked women why they selected the diaphragm and why they did not, and then assigned the responses to structured categories. Each woman was allowed to give up to three reasons for her decision. As Table 4 shows, the main reason given for choosing the diaphragm was concern over health (35% of all reasons), which indicates a general knowledge of the method's lack of side effects compared with the IUD or the pill. About 16% of responses mentioned the method's ease of use, and 15% of responses, its effectiveness.

Women who said they chose the diaphragm so they would not have to worry about contraception (8% of all reasons) seemed to be comparing the diaphragm to the pill, which the user must remember to take daily. Those who replied that the diaphragm was under the woman's control (5% of reasons) referred to the relative independence the method affords both from the woman's health care provider and her sexual partner.

When we asked women whether they would refuse to use any one method (not shown), the diaphragm was the second most frequently mentioned method after the IUD (28% and 35% of the sample, respectively). As Table 4 shows, the main reason women gave for not selecting the diaphragm was the perceived difficulty in handling the method; this was mentioned in approximately 40% of the responses. The other reasons given, in descending order, were that the method was uncomfortable (mentioned in 15% of all responses), that it might fail (12%), that it might get lost in the user's body (6%) and that women felt uneasy about having to touch themselves (6%).

Diaphragm Discontinuation

Approximately 46% (90 women) of those who selected the diaphragm were no longer using the method after 1–3 months of use. This discontinuation rate was higher than that of any of the other methods chosen—29% for the condom, 27% for the minipill, 16% for the pill and 4% for the IUD. Moreover, the diaphragm's high discontinuation rate was not associated with the user's age, parity, marital status or education.

The two most common reasons diaphragm users gave for stopping use of the method (see bottom panel of Table 4) were that they no longer needed protection against pregnancy (responsible for 15% of responses) and that they had had difficulty inserting and removing the device (mentioned in another 15% of responses). This last reason is probably related to general physical discomfort (accounting for 11% of responses); included in this group were complaints of pelvic pain when the diaphragm was in place, bleeding during intercourse and physical awareness of the device when inserted. Each of these situations suggest that the diaphragm was not properly inserted.

Another commonly cited reason for interrupting use was the method's side effects (12%), such as vaginal irritation associated with the spermicides, as well as other complaints such as intestinal obstruction and abdominal pains. These last two, however, are probably not related to the method. (A physician recommended discontinuation of the method for only one of the 13 women citing side effects.) Finally, the partner's dissatisfaction with the method accounted for 11% of the responses; most of these complaints were with the interruption of intercourse when inserting the diaphragm.

General, nonspecific statements such as "did not like" predominated among the "other" reasons given by women, which accounted for a disproportionately large share (37%) of all reasons given. Included in this catch-all category were fears of contraceptive failure, actual contraceptive failure (three women became pregnant, accounting for nearly 3% of all reasons for discontinuation), fear of side effects and interference with sexual activity. Among the women who stopped use of the diaphragm, 64% switched to another method. Their most common selections were the pill (43%), the condom (26%) and withdrawal (17%).

Discussion and Conclusions

The standard contraceptive options in a given population reflect, to a great extent, the availability of methods and the social context of that availability. In Brazil, the persistent lack of government support for reproductive rights has limited the contraceptive options for Brazilian women, which in turn, has negatively affected women's health. When family planning services were first offered through public health services in the 1980s, the majority of clients had used only two methods—either the pill or female sterilization. The enormous social and economic divide between rich and poor in Brazil is present in the re-

Table 4. Percentage distribution of reasons why women did or did not choose the diaphragm and why they discontinued its use

Reason	%
For choosing diaphragm	
Concern over health	35.0
Easy to use	16.3
Effective	15.2
Less worry about use	8.0
Allows woman to control contraception	5.0
Other	20.7
For not choosing the diaphragm	
Difficulties in handling it	39.6
Fear of physical discomfort	14.8
Fear of contraceptive failure	11.7
Fear of not being able to retrieve it	6.0
Feels uneasy about touching genitals	5.8
Other	22.2
For discontinuing diaphragm	
No longer needs contraception	15.2
Difficulties in handling it	15.2
Side effects	11.6
Physical discomfort	10.7
Partner's complaints	10.7
Other	36.6
Total	100.0

productive sphere; only a tiny proportion of women have access to contraceptive information and other methods such as the condom, the IUD and the diaphragm.

One major result from this project to expand knowledge of contraceptives among family planning providers is the effective increase in contraceptive choice in a population that had only limited contraceptive options before the project. That 11% of the women in the study group chose the diaphragm is noteworthy. This proportion was considerably higher than expected, considering that the method had only recently been introduced in Brazilian health centers at the time of the study. This suggests that the professional training carried out as part of the project improved the knowledge and capabilities of the centers' personnel, and allowed them to offer the new method with confidence.

The proportions of women in our study who chose each of the reversible methods, especially methods other than the pill, were considerably different from those of the national population.[7] A large proportion of women in our study began practicing contraception after they had started childbearing, with the pill and withdrawal being the two most frequently used first methods.

The complexity of the contraceptive decision-making process is evident in the contradictions between the reasons given for accepting and not accepting a given method, as well as in the reasons given for discontinuing its use. These contradictions were substantially greater for the diaphragm than for other methods, perhaps because it had only recently become available and was such a new and unfamiliar method.

Changes in marriage and childbearing expectations, the appearance of side effects, difficulties in adapting to a particular method, partner's objections and subjective reactions led 46% of the women who initially selected the diaphragm to discontinue its use. Although the educational, reproductive and health profile of these users was distinctly different from that of other users, the decision to discontinue the diaphragm could not be associated with any one of these variables. While some women cited reasons that would apply equally to any other contraceptive—they stopped using the method because they decided to become pregnant or they were no longer sexually active—other reasons were specific to the diaphragm, mainly the difficulty women had in handling it.

The improved training and preparation of health professionals will be a decisive factor in broadening contraceptive options for Brazilian women in general, and in making the diaphragm a viable alternative for low-income women in particular. However, given the current structural weaknesses in the Brazilian public health system, we could not guarantee the provision of the ongoing support that would have allowed diaphragm users to resolve their initial problems with the method. Similarly, we were unable to offer the level of educational activities to adequately inform them. Thus, rather than demonstrating that the diaphragm is ill-suited to low-income women, the study points to the necessity for more systematic training and supervision of health professionals in prescribing the method and in offering follow-up care and counseling to women who experience difficulties with it.

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Resumen

Un estudio realizado sobre los niveles de aceptación del diafragma entre las mujeres de bajos ingresos de São Paulo, Brasil, reveló que aproximadamente el 11% de las 1.723 que solicitaron un método en una de las cinco clínicas de salud pública optaron por el diafragma, después de asistir a una sesión informativa sobre todos los métodos anticonceptivos. La principal razón por la cual seleccionaron este método fue porque no perjudica la salud. Las mujeres que eligieron el diafragma eran de más edad y habían recibido más años de escolaridad que las que seleccionaron la píldora, y las primeras también eran más propensas que las que aceptaron el DIU de desear espaciar los nacimientos en vez de limitarlos. Sin embargo, el 46% de las mujeres que seleccionaron este método abandonaron su uso tres meses después, en comparación con el 29% de las mujeres que eligieron el condón y el 16% de las usuarias de la píldora. Si bien parece que las mujeres de bajos ingresos aceptarían el uso del diafragma, los proveedores de servicios deben estar mejor adiestrados para asistirlas en resolver las dificultades que se presentan durante los primeros meses de uso.

Résumé

Une étude portant sur l'acceptabilité du diaphragme parmi des femmes à faible revenu de Sao Paulo, au Brésil, a révélé qu'environ 11% des 1.723 femmes qui tentaient d'obtenir une méthode auprès de l'une des cinq cliniques de santé publique choisissaient le diaphragme après une séance d'information sur toutes les méthodes contraceptives. La raison principale citée au soutien de leur choix était l'absence de dommages physiques. Les femmes qui choisissaient le diaphragme étaient plus âgées et mieux instruites que celles qui choisissaient la pilule, et étaient plus susceptibles que les utilisatrices du stérilet de vouloir espacer les naissances plutôt que de les limiter. Cependant, 46% des femmes ayant choisi la méthode ne l'utilisaient plus trois mois après, par rapport à 29% des femmes qui choisissaient le préservatif et 16% de celles qui choisissaient la pilule. Bien que les femmes à faible revenu semblent disposées à utiliser le diaphragme, les travailleurs de la santé ont peut-être besoin d'un complément de formation pour aider les femmes à résoudre les difficultés qui surgissent au cours des quelques premiers mois d'utilisation du diaphragme.