

FINAL REPORT

Contraceptive Discontinuation: A One-Year Follow-Up Study of Female Reversible Method Users in Urban Honduras

MEASURE Evaluation

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MEASURE Evaluation — MEASURE Evaluation strengthens the capacity of host-country programs to collect and use population and health data. We are a key component of the U.S. Agency for International Development’s (USAID) Monitoring and Evaluation to Assess and Use Results (MEASURE) framework, and promote a continuous cycle of data demand, collection, analysis, and utilization to improve population and health conditions.

Based at the Carolina Population Center at the University of North Carolina at Chapel Hill, NC, MEASURE Evaluation works in partnership with Tulane University School of Public Health and Tropical Medicine in New Orleans, LA; Macro International Inc., based in Calverton, MD; John Snow, Inc., based in Boston, MA; and Futures Group International in Washington.

PRODIM — Programas para el Desarrollo de la Infancia y la Mujer (PRODIM) is a private, nonprofit organization based in Tegucigalpa, Honduras. Founded in 1989, it is a leader in the execution of assessment projects and consultancies in the health field whose mission is to contribute to the improvement of health conditions for the Honduran family.

PRODIM has specialized in the area of health with a variety of work developed over the past 19 years, executing during this time various projects related to community development. Through these projects PRODIM has gained ample experience in the provision of strategic planning, community training with a focus on health prevention and promotion, the preparation of manuals and educational materials for health promotion, integrated sexual and reproductive health services for women of reproductive age, integrated health services for children, and training in the prevention of HIV/AIDS with women, adolescents, and youth. For more than 10 years, PRODIM has also conducted consultancies, evaluations, and research studies with various populations in both urban and rural settings, and in many different aspects related to health.

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INTRODUCTION

It is important that women who use contraception to delay or avoid pregnancy continue to use an effective method until such time as they want another child or no longer need contraception. Premature discontinuation can lead to unplanned pregnancy and unwanted births, which in turn may result in negative public health consequences such as increased maternal, neonatal and infant morbidity and/or mortality (Barden-O’Fallon, Speizer & White, 2008; Conde-Agudelo, Rosas-Bermúdez & Kafury-Goeta, 2006; Marston & Cleland, 2003).

Contraceptive discontinuation is a common event, and many studies have examined the association between the family planning service environment, including access, cost, and quality of services, and the continued use of contraceptives; the individual characteristics of women who are most likely to discontinue, including age, parity, marital status, and fertility desires; or the influence of side effects (Blanc, Curtis & Croft, 2002; Curtis & Blanc, 1997; Koenig, Hossain & Whittaker, 1997; RamaRao, Lacuesta, Costello et al., 2003; Steele, Curtis & Choe, 1999; Ali & Cleland, 1999). Most of this research has considered these factors separately. The present study examines all of these indicators simultaneously.

1. Objectives

The overall goal of the present study is to examine women’s contraceptive use prospectively over a one-year period. It aims to go beyond previous research by assessing the relative importance of and interactions among the family planning service environment, women’s individual characteristics, and their experience with side effects on contraception continuation or discontinuation.

The findings from this study complement the Honduras *Encuesta Nacional de Demografía y Salud 2005-2006* (ENDESA) (Secretaria de Salud & Marco International, 2006). ENDESA is a cross-sectional survey of a nationally-representative sample of all women aged 15-49 that includes retrospective and current measures of contraceptive use. The present study follows a panel of women recruited from family planning service sites who at the time of the first interview were either continuing or new users of a temporary (reversible) contraceptive method. The study examines patterns of contraceptive use during the follow-up period. As compared to the women surveyed in ENDESA, the family planning clients in this study are significantly younger, less likely to be working, and less likely to have a religious affiliation.

A copy of the follow-up questionnaire is included in Appendix A. To receive a copy of the baseline questionnaire or the follow-up questionnaire in Spanish, please e-mail Janine Barden-O’Fallon at the MEASURE Evaluation project, at bardenof@email.unc.edu.

2. Methods

The study was conducted in four urban areas of Honduras: Tegucigalpa, San Pedro Sula, Santa Rosa de Copán/La Entrada, and Gracias. It included three phases of data collection.

- Phase I collected qualitative data on the decision-making processes around contraceptive adoption/continuation, including the role of providers in this process, perceptions of side effects, perceptions of service providers, usual reactions to side effects, and motivations to continue use when side effects are experienced. Eight focus groups were conducted in May 2006 with 73 women from the four urban areas of the study. Results from the focus groups were used to inform the survey instrument for phases II and III of the study.
- Phases II and III encompass the prospective panel study. In phase II, 800 new and continuing users of female reversible contraceptive methods were recruited as they left the participating family planning service sites. Individually-administered exit interviews collected information about individual characteristics (demographics, fertility intentions, pregnancy motivations, self-sufficiency, previous experience with contraceptives and previous experience of side effects), perceived service quality (in terms of counseling received and information provided on method), and expectations and fear of side effects. Phase II provides the baseline data for the follow-up study. Results from phases I and II can be found in a working paper entitled “Characteristics of Female Reversible Method Users in Four Urban Areas of Honduras,” available at the MEASURE Evaluation Web site (www.cpc.unc.edu/measure) (Barden-O’Fallon, Speizer, Cáceres Zelaya, Cáliz Borjas & Rodríguez Valenzuela, 2007).
- Phase III conducted follow-up interviews with the same women interviewed in phase II approximately one year after the baseline interview. The follow-up interviews obtain details about contraceptive continuation, experience with side effects, and current fertility intentions and motivations. This report presents the key findings from the follow-up survey.

Authorization for the study was obtained from the Institutional Review Board (IRB) of the University of North Carolina at Chapel Hill, the Honduran Secretary of Health, and Asociación Hondureña de Planificación de Familia (ASHONPLAFA). Meetings were also held with local authorities of the selected sites prior to the launch of data collection.

Study sites: Thirteen facilities participated in the study, including public hospitals, health centers of the Secretary of Health (CESAMOs), and ASHONPLAFA clinics. Four geographic areas were included: Tegucigalpa, San Pedro Sula, Santa Rosa de Copán (including La Entrada) and Gracias.

Participant selection: Women were enrolled between October 6, 2006, and November 10, 2006, at the study sites. Eligibility criteria included age (15-44) and contraceptive status at the time of the visit to the family planning service (new or continuing users of the injectable, oral contraceptive pills, or IUD). These three methods are the most commonly used female reversible methods in Honduras. There were no enrollment quotas for type of method. A total of 800 women were recruited. Half of the baseline sample consisted of women who were continuing users of the pill, injectable, or IUD (50%), the other half were either new family planning users (14%), women switching to one of these methods for the first time (14%), or users who had previously stopped use and were re-adopting one of the methods on the day of the interview (22%). An informed consent statement was read to each participant prior to interview; only

women who gave their consent participated. Participants were asked for contact information so that they could be re-interviewed in a year’s time.¹

Follow-up: Follow-up data were collected between October 29, 2007, and December 20, 2007, using contact information provided at baseline to locate respondents and arrange for the interview. Interviews were carried out in a private space chosen by the participant — most (84%) were conducted in the participant’s home, the rest were conducted at health clinics or other public sites. The informed consent statement was read to each participant prior to the interview.

The follow-up questionnaire included the following subject areas:

- update on demographic characteristics
- contraceptive use and pregnancy status for each month of study²
- current contraceptive use or pregnancy status
- experience with side effects during study period
- motivation to avoid pregnancies
- contraceptive decision-making

FINDINGS

The biggest difficulty in locating study participants at follow-up was their high level of mobility during the year. Despite this limitation, complete interviews were collected from 671 of the 800 women enrolled at baseline (the “panel sample”), for a total response rate of 84% (Table 1.1).

Table 1.1 Follow-up Status by Study Site

Study Site	Baseline N	Completed n (%)	Not Located n (%)	Refused n (%)	Death n (%)
Tegucigalpa	200	159 (80)	37 (19)	3 (2)	1 (<1)
San Pedro Sula	200	154 (77)	43 (22)	3 (2)	0
Santa Rosa de Copán/La Entrada	283	253 (89)	29 (10)	0	1 (<1)
Gracias	117	105 (90)	11 (9)	1 (1)	0
Total	800	671 (84)	120 (15)	7 (1)	2 (<1)

¹ For more details on the baseline survey, see “Characteristics of Female Reversible Method Users in Four Urban Areas of Honduras” (www.cpc.unc.edu/measure).

² Participants were asked about each month between the first interview and the follow-up. Baseline surveys were conducted in October and November 2006, and follow-ups in November and December 2007. All respondents contributed at least 12 months to the study observation, and some contributed up to 14 months, depending on the dates of their baseline and follow-up interviews.

As observed in Table 1.1, the western cities of Santa Rosa de Copán/La Entrada and Gracias obtained a response rate of about 90%, while Tegucigalpa and San Pedro Sula had lower response rates, of 80% and 77%, respectively. The main reason for non-response was inability to locate the participant. Very few women refused the interview or had died during the year (1%).

1. Demographic Characteristics of the Study Population

Table 1.2 presents selected demographic characteristics of the initial study population, the follow-up population, and the population lost to follow-up. Note the similarity between respondents who were successfully re-interviewed a year later and those who were lost to follow-up.

Table 1.2 Baseline Characteristics of the Study Population, by Percentage

Characteristic	Initial Study Population N=800	Followed Up N=671	Lost to Follow-up N=129
Age			
19 or less	22	21	21
20-24	34	34	35
25-29	25	26	25
30-34	13	14	13
35+	6	6	6
Education			
None	6	6	7
Primary	65	64	65
Secondary+	29	30	28
Parity			
0-1	45	44	52
2	27	28	22
3+	28	28	26
Marital Status			
In union	94	94	93
Not in union	6	6	7
Residential Area			
Urban	81	80	88
Rural	19	20	12

The follow-up study collected information to update the demographic profile of the panel sample. At follow-up, 10% of respondents experienced a change in union status since the baseline, 7% experienced a union dissolution, and 3% had formed a union between the two surveys. More than one in five (22%) of the study population changed residence over the follow-up period.

2. Contraceptive Use during Study Period

At the time of the baseline interview, the injectable was the most commonly used method, accounting for 72% of use, followed by the IUD at 21%, and finally the contraceptive pill at 7% (Figure 2.1). Women who were lost to follow-up had the same distribution in method use at baseline as the baseline panel sample. At follow-up, 79% of women were using some method of contraception. Use of the injectable declined by about 27 percentage points, but it was still the most commonly used method. IUD use declined slightly, but it was still the second most-popular method. Pill use increased slightly. Seven percent of the sample had switched to other methods, and 21% were not using any method (including women who were pregnant).

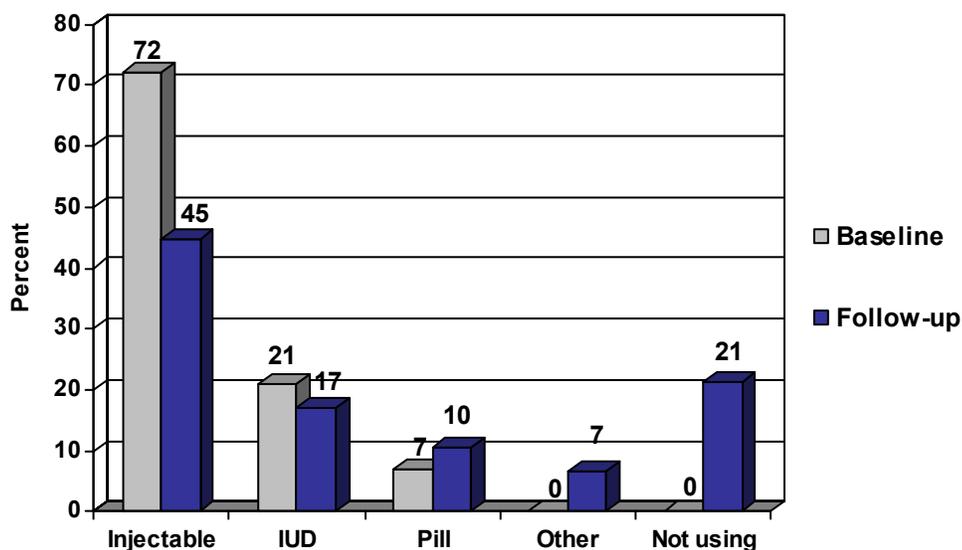


Figure 2.1 Distribution of methods used by women at baseline and follow-up (N=671).

Slightly more than half (54%) of participants reported that they continued using the method they received or were using at baseline without interruption (i.e. “continued use”), 26% interrupted use or switched to another method at least once (i.e. “switched use”),³ and 20% of the women who had been using a temporary method at baseline were not using any method at the time of follow-up (i.e. “discontinued all use”).

Women who switched to a different contraceptive method (or stopped using their baseline method before resuming) did so almost immediately after discontinuation; total contraceptive use among these women averaged 11.4 months — nearly the same as women who used the same method continuously over the 12-month study period. Women who were no longer using any

³ A small number of women (n=16, 2%) interrupted use of their baseline method for at least one month before reinitiating use; these women are classified as “switchers” for ease of presentation, although it is acknowledged that they did not change methods.

method at follow-up used their baseline method for an average of 7.6 months before discontinuing.

Not surprisingly, the IUD showed the highest rate of continuous use; there was no significant difference in continuous use between injectable and pill users. Similar proportions of women switched methods at least once during the study period among each method. Consequently, the IUD showed the lowest all-method discontinuation (6%), while injectable and pill users discontinued using contraception at rates of over 20%. These patterns are shown in Figure 2.2.

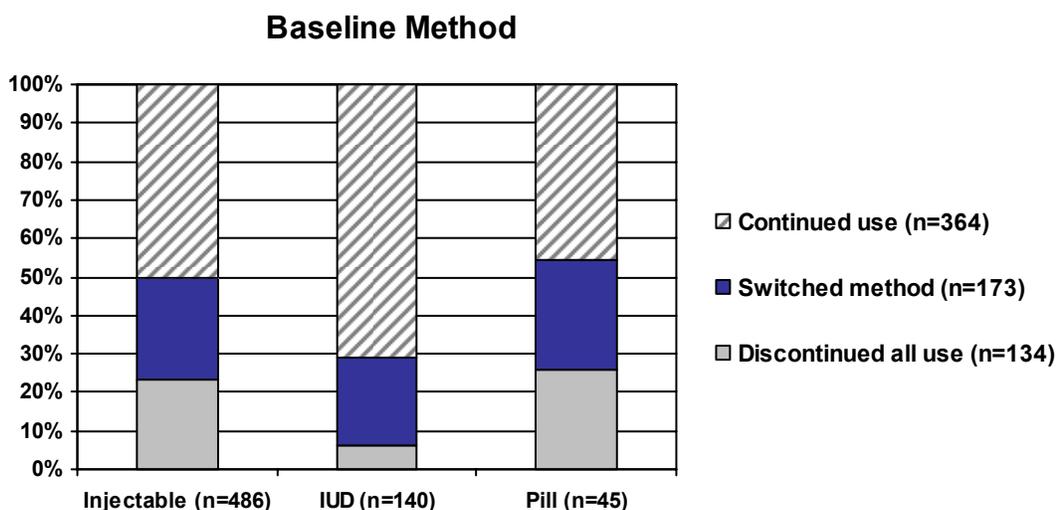


Figure 2.2. Distribution of method used at baseline by whether women continued using the same method, switched methods, or discontinued all use during study period (N=671).

3. Contraceptive Discontinuation

Discontinuation rates for the first six and 12 months of use were calculated for women initiating a method at baseline. The rates are obtained by constructing life tables with information collected in a month-by-month calendar of contraceptive use covering the study period. The overall discontinuation rates for the 324 (48%) women starting a method at baseline are 0.23 at six months and 0.45 at 12 months. This indicates that 23% of women initiating a method at baseline discontinued use of the method by six months while 45% discontinued use of the method by 12 months. Many women who discontinued a method switched to another method during the study period. An examination of all-method discontinuation rates shows that 12% of women initiating a method at baseline discontinued use of all contraception by six months and 25% discontinued all use by one year.

As shown in Table 3.1, users of the injectable and pill had high rates of discontinuation at six and 12 months; a full 50% of women initiating the injectable and 45% of women initiating the pill discontinued the method by one year. Although users of the IUD had lower levels of discontinuation, almost one-third of women initiating the IUD discontinued use by 12 months.

Table 3.1 Discontinuation Rates for the First Six and 12 Months, by Baseline Method, among Women Initiating a Method at Baseline (N=324)

Method	Discontinued at Six Months	Discontinued at 12 Months
Injectable	0.25	0.50
IUD	0.16	0.31
Pills	0.22	0.44
All	0.23	0.45

Contraceptive discontinuation during the first 12 months of use in Honduras appears to be similar to that in Guatemala (Universidad del Valle de Guatemala & CDC Division of Reproductive Health, 2002), the only neighboring country with recent data on contraceptive discontinuation. In Guatemala, the 12-month rate of discontinuation for the injectable is 0.33 and the oral contraceptive discontinuation rate is 0.52 (rates for the IUD were not provided).

A. Reasons for Discontinuation of Baseline Method

Forty-six percent of women (n=307) discontinued using their baseline method during the study. Women were asked to give the main reason for stopping the use of their baseline method. The single most commonly reported reason given was because of side effects, representing 58% of the total (Table 3.2).

Table 3.2 Main Reason for Method Discontinuation among Women Discontinuing Use of Baseline Method (N=307)

	N (%)
Reduced need for contraception	
Wanted to become pregnant	25 (8)
Marital dissolution/separation	26 (8)
Infrequent sex/partner not present	27 (9)
Total	78 (25)
Method failure	
Became pregnant while using	13 (4)
Total	13 (4)
Problems with method	
Side effects	178 (58)
Health concerns	9 (3)
Difficult to use	1 (<1)
Wanted more effective method	3 (1)
Total	191 (62)
Service access/quality	
Little access/too far	2 (1)
Method not available	2 (1)
Total	4 (2)
Other	
Missed appointment	7 (2)
Husband/partner doesn't approve	2 (1)
Other	12 (4)
Total	21 (7)

Approximately one in four women discontinued the use of their method due to a reduced need for contraception (wanted a pregnancy, 8%; marital dissolution/separation, 8%; or infrequent sex, 9%). Factors related to service quality were mentioned only very rarely (2%).

Most women discontinuing use of their method discussed stopping use with their partners if they had one (87%); 86% of the time the conversation was initiated by the woman herself. In almost all cases (95%), the woman reported that her partner knew that she had stopped using the method, something noted to a similar degree in all four regions.

B. Method Switching

Method switching was common during the course of the study period. Of the 307 women discontinuing the use of their baseline method, 173 (56%) went on to use another method. The injection, oral contraceptive, and IUD accounted for 71% of the methods to which women switched. Condoms were chosen by over 13% of women who switched methods, and rhythm was chosen by about 8% of women.

More than three of four women switching methods (77%) did so following a discontinuation due to side effects. Method switching following discontinuations due to health concerns was the second most common experience (4%). The hope of experiencing fewer side effects was the most commonly reported reason given for why women chose a different method (49%). Methods were also chosen because they were perceived to be more effective (21%), because doctors recommended them (20%), they were convenient to use (17%), and they had been used previously (17%).

Most women changed methods without experiencing an interruption in use; however, almost 16% of the women who switched methods, did not have a pregnancy, and were using at follow-up had at least one month of non-use between methods. Seven percent of women who switched methods experienced a pregnancy between methods.

Slightly more than 90% of women (n=158) who switched methods were using a method at the time of follow-up. The largest percentage of these women received their current method at Secretary of Health facilities (46%), while 23% received them from pharmacies, and 14% from the clinics and peripheral sites of ASHONPLAFA. Slightly more than half of the women who were using a different method (other than a traditional method) had obtained their current method at the same facility where they were interviewed 12 months before.

4. Incidence of Pregnancy

There were 54 pregnancies (8% of the follow-up sample) during the study period. Women who used the injectable at the time of baseline accounted for 44 of the pregnancies. The region of Santa Rosa de Copán had the highest percentage of pregnancies (12%) compared to other regions (all less than 7%). Of women reporting a pregnancy, 15 (28%) had stopped contracepting to become pregnant; the remaining pregnancies followed discontinuations for other reasons, including method failure (n=13, 24%) or side effects (n=20, 37%). Nine of the 54 reported pregnancies (17%) ended in loss, miscarriage, or stillbirth. There were 10 live births during the study period and 35 women were pregnant at the time of follow-up.

Nearly two-thirds of the women experiencing pregnancy during the study period reported them as either mistimed or unwanted: 44% wanted to wait longer before getting pregnant and 19% did not want any more children. The remaining 37% wanted to get pregnant when they did.

5. Demographic Correlates of Discontinuation

Neither age, education, nor baseline parity correlated with contraceptive continuation. Women who resided in urban areas were significantly less likely to have discontinued using contraception at follow-up, as were women who were in union at follow-up (Table 5.1).

Table 5.1 Demographic Characteristics by User Status during Study, by Percentage (N=671)

	Continued (n=364)	Switched Method (n=173)	Discontinued All Use (n=134)
Demographic characteristics at follow-up			
Residence**			
Urban	80	79	68
Rural	20	21	32
Union status***			
In union	93	90	78
Not in union	7	10	22

*** $\chi^2=p<0.01$; ** $\chi^2=p<0.05$

6. Experience of Side Effects

Two thirds of respondents reported experiencing some side effects during the year. Overall, the most frequently reported side effect was headaches (40%), followed by amenorrhea, or the lack of a menstrual cycle (33%), and uterine pain (22%) (Figure 6.1).

As expected, reported side effects are method specific: headaches and amenorrhea were most commonly experienced by injectable users; abdominal pain and heavy bleeding were most commonly experienced by users of the IUD; and pill users most often cited headaches, nausea, dizziness, or facial spotting. Table 6.1 shows the full range of side effects experienced among women who continued using the method without interruption during the study period, women who switched methods or took a break from use, and women who discontinued use of contraception altogether.

Among women experiencing side effects during the study period, 44% reported that the side effects interfered with daily activities; 33% reported that side effects interfered with personal relations with their spouse/partner. Women who switched methods were most likely to report these problems.

The majority of women (75%) took actions to decrease side effects. The most frequent actions taken to decrease side effects were consultation with a health provider (64%) and taking medications or home remedies (39%). Consultations with a health care provider were more

common for women who continued using the method without interruption (70%) or who switched/interrupted use (65%) than for women who discontinued using contraception (52%). This finding is statistically significant ($p=.040$), and suggests that women strongly motivated to use contraception seek help from a health care provider when experiencing side effects.

A majority of women (86%) conversed with someone about the side effects they experienced. Women discussed their side effects most often with their spouse/partner (67%) and with health providers (51%). A total of 47% of women also discussed side effects with various family members, most often their mother (26%) and sister(s) (14%).

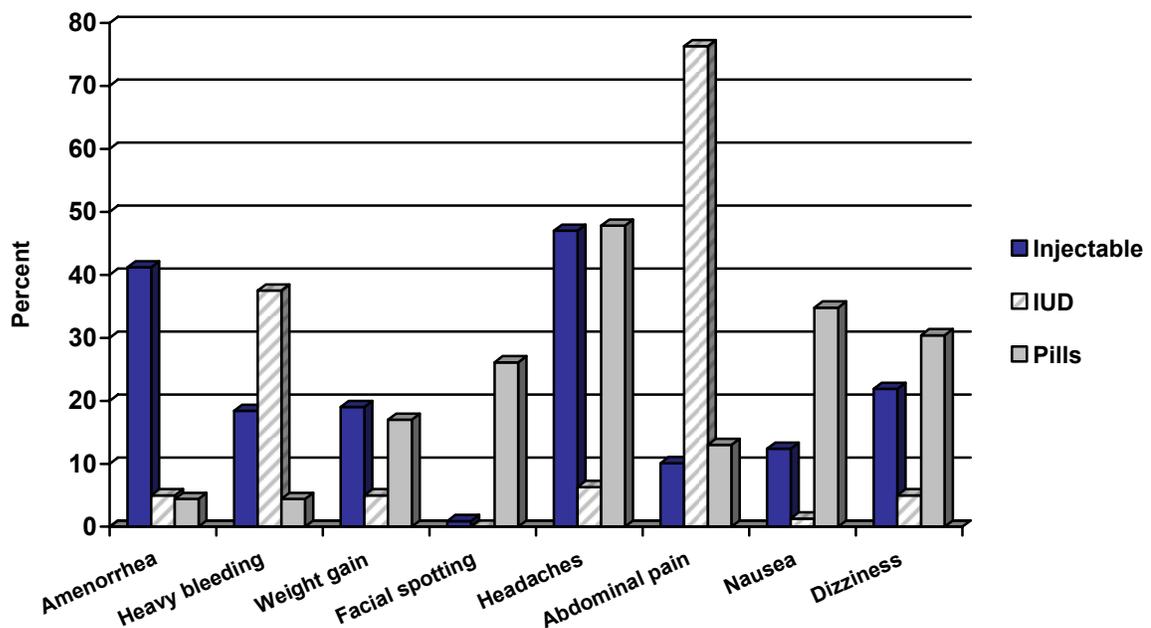


Figure 6.1 Common side effects experienced by users of the injectable, IUD, or oral contraceptive pill (N=450).

Table 6.1 Experience of Side Effects by User Status during Study, by Percentage

	Continued n=364	Switched Method n=173	Discontinued All Use n=134	Total N=671
Experienced any side effects during study period***				
Yes	56	87	70	67
No	44	13	30	33
Number of side effects reported***				
0	44	13	30	33
1	27	28	27	27
2	21	27	22	23
3+	9	32	21	17
	n=205	n=151	n=94	N=450
Among women experiencing side effects:				
Side effects experienced				
Irregular bleeding, spotting	8	11	4	8
No period	37	28	33	33
Heavy bleeding***	12	30	28	21
Weight gain**	11	22	20	16
Weight loss	3	7	5	5
Facial spots	2	2	2	2
Headaches	39	39	44	40
Abdominal pain	23	25	15	22
Infections	5	5	2	4
Nausea	9	13	16	12
Dizziness***	13	23	28	19
Other	10	15	6	11
Was informed by a health worker that she could experience these side effects with the use of her method**				
Yes	69	61	54	63
No	31	39	46	37
Side effects interfered with daily activities***				
Yes	30	58	53	44
No	70	42	47	56
Side effects interfered with personal relations with spouse/partner***				
Yes	25	41	37	33
No	75	59	61	67
Tolerance of side effects***				
Tolerable	64	40	53	54
Somewhat tolerable	21	23	22	22
Intolerable	15	36	25	24

*** $\chi^2=p<0.01$; ** $\chi^2=p<0.05$

7. Fertility Motivations

Women who were not currently pregnant at follow-up were asked about their desire for more children. Figure 7.1 shows how the distribution of answers compares to answers given to the same question at baseline. Interestingly, a higher percentage of women at follow-up (68%) reported wanting more children than did at baseline (59%), even though the percentage that was unsure did not change.

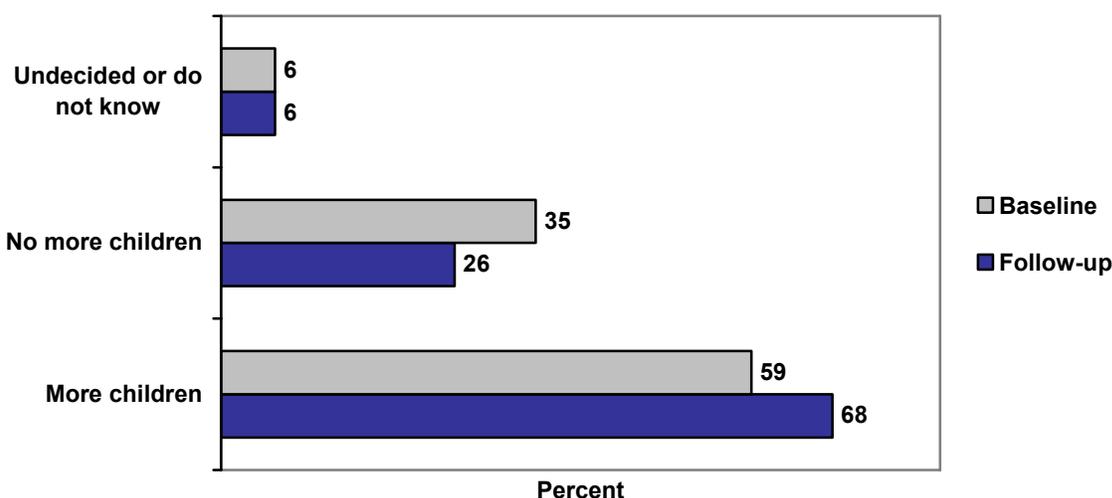


Figure 7.1 Fertility intent at time of baseline and follow-up interview among women who are not pregnant at the time of follow-up (N=636).

Across the two surveys, 72% of women did not change their fertility desires, 16% of the women who reported not wanting more children or who were undecided at baseline wanted more children at follow-up, and 8% of women who wanted more children at baseline did not want any more or were undecided at follow-up. These distributions are shown in Table 7.1.

Table 7.1 Change in Fertility Desires between Baseline and Follow-up Interviews (N=636)

		Fertility Desires at Baseline			Total
		More Children	No More Children	Undecided/ Don't Know	
		n (%)	n (%)	n (%)	N (%)
Fertility Desires at Follow-up	More Children	326 (51)	79 (12)	25 (4)	430 (68)
	No More Children	29 (5)	128 (20)	10 (2)	167 (26)
	Undecided/ Don't Know	20 (3)	14 (2)	5 (1)	39 (6)
	Total	375 (59)	221 (35)	40 (6)	636 (100)

Among women wanting another child at follow-up, the majority (82%) wanted to wait at least two years, while 12% wanted to wait less than two years, 3% wanted another child “soon” or “now” and 3% did not know. Similar to the baseline survey, about 47% of women in union at follow-up stated that their spouse/partner wished for another child within two years.

Non-pregnant women were asked how much of a problem a pregnancy in the next few weeks would be for them. The distribution of answers was quite different from that of the baseline, as shown in Figure 7.2. At baseline, 27% of women responded that a pregnancy in the next few weeks would be “no problem” as compared to 52% of women at follow-up. The percentage of women stating that it would be a “big problem” decreased from 53% at baseline to 37% at follow-up.

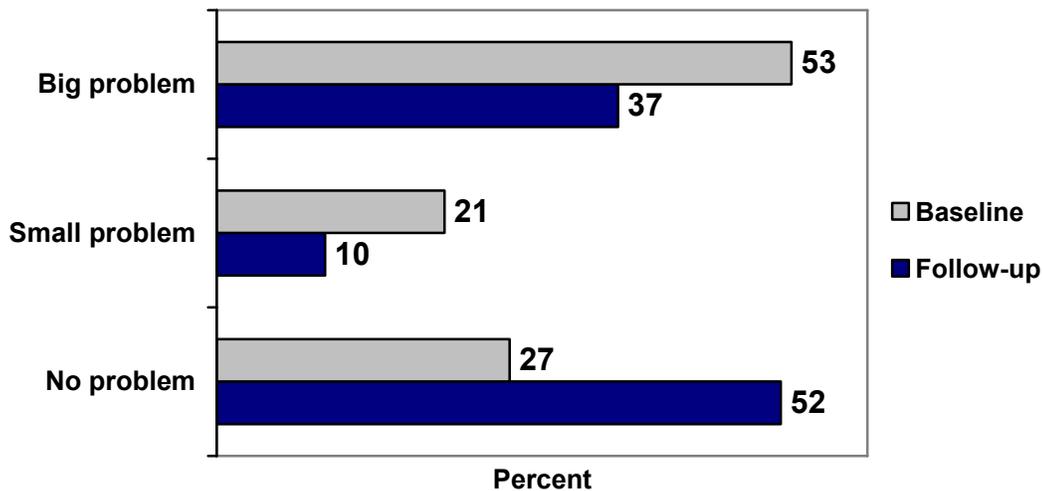


Figure 7.2 Opinion if became pregnant in next few weeks at baseline and follow-up interview (N=636).

Among the 332 women reporting that it would be “no problem” at follow-up, 209 (63%) were currently using contraception and 123 (37%) were not using any method. These figures indicate that attitudes about pregnancy and childbearing vary by time and circumstance. The high proportion of women saying that a pregnancy in the next few weeks would be “no problem” reveals the ambivalence of many women who use contraception, especially after a period of use. When these contraceptive users were asked why a pregnancy in the next few weeks would be “no problem,” they responded with such typical comments as “we accept what comes, whatever it is, because you can’t deny children” and “what God does can’t be avoided, even though you are using family planning.”

Table 7.2 shows that there are significant differences in the distribution of fertility desires by user status during the study period, confirming that women who discontinued were the most likely to desire children within two years compared to women who switched methods or continued using their baseline method.

Table 7.2 Fertility Motivations by User Status during Study, by Percentage (N=671)

	Continued (n=364)	Switched Method (n=173)	Discontinued All Use (n=134)
Desire for more children at baseline***			
Yes, within 2 years	10	6	23
Yes, after 2 year	48	54	37
No/undecided	42	39	40
How much of a problem a pregnancy in next few weeks would be at baseline			
Big problem	53	53	50
Small problem	21	19	20
No problem	27	28	30

*** $\chi^2 = p < 0.01$

There are some differences in fertility motivations by study area. Gracias had the highest percentage of women wanting another child (87%) when compared to the other regions (63-65%). San Pedro Sula and Gracias had the highest percentages of women reporting their husbands wanted another child, 48% and 51%, respectively, compared to 33% in Tegucigalpa and 39% in Santa Rosa de Copán. Most women feel that they, alone or together with their partner, decide how many children to have. However, in Gracias, 20% of women reported that their husband is the one who has final say over such a decision (compared to less than 12% in the other areas).

8. Decision-Making Environment

Women were asked a series of questions on their family planning decision-making environment, including how often they discuss family planning matters with their spouse/partner, who they discuss side effects or health concerns with, and whether they feel that men should have more of a role in family planning in Honduras.

Most spouses/partners were aware that these women were using contraception; less than 3% of women reported that their spouse/partner did not know they were using contraceptives.

The frequency with which conversations about family planning took place with spouses/partners in the last 12 months varied slightly from the baseline to the follow-up, as shown in Figure 8.1. A similar pattern is noted for women who discussed side effects or health concerns with their spouses/partners during the last 12 months.

Table 8.1 presents data on the environment of contraceptive decision-making by whether women continued using their baseline method, switched methods, or discontinued use of all contraception during the course of the study period.

Table 8.1 Decision-Making Environment by User Status during Study, by Percentage (N=599)

	Continued Use (n=339)	Switched (n=157)	Discontinued (n=103)
Frequency of conversations with spouse/partner about family planning in last 12 months***			
Never/Don't know	13	9	9
One or two times	37	28	49
More often	51	63	41
Frequency of conversations with spouse/partner about side effects or health concerns in last 12 months***			
Never/Don't know	35	11	19
One or two times	31	26	35
More often	35	64	47
Spouse/partner supported use of contraception in last 12 months**			
Yes	97	98	92
No	3	2	8
Discussed side effects or health concerns with family or friends**			
	(n=364)	(n=173)	(n=134)
Yes	44	53	36
No	56	47	14
People with who discussed side effects or health concerns			
	(n=161)	(n=91)	(n=48)
Spouse/partner**	36	52	29
Mother	27	35	27
Sister(s)	29	24	17
Friends/neighbors	51	42	56
Other	24	17	17

*** $\chi^2=p<0.01$; ** $\chi^2=p<0.05$

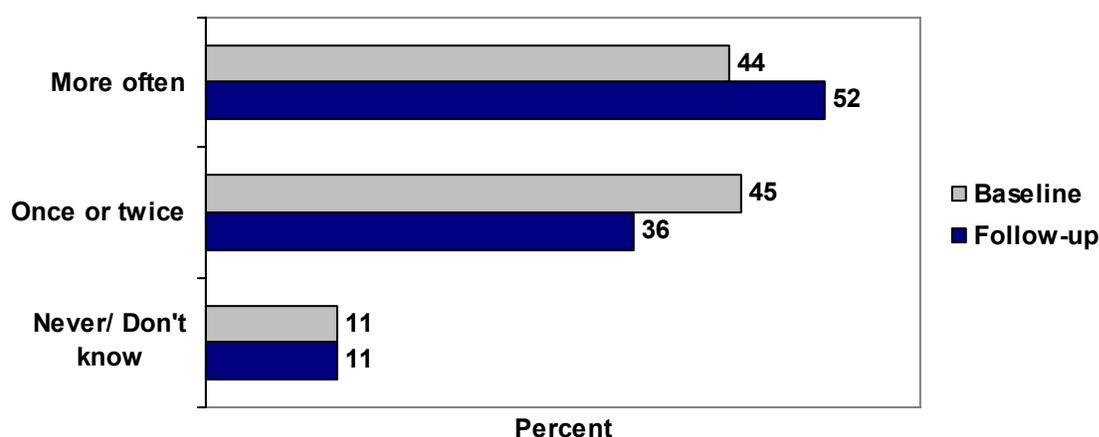


Figure 8.1 Frequency of conversations about family planning in last 12 months at baseline and follow-up, among women with a spouse/partner (N=583).

Highlights from Table 8.1 include the following:

- Women who switched methods during the study period were the most likely to have discussed family planning and side effects with their husband/partner more than one or two times in the previous 12 months (63% and 64%).
- Almost all women in union (96%) stated that they had their spouse/partner's support with the use of contraceptive methods in the last 12 months. Spousal support was highest for women who switched methods during the study.
- In all, 45% of women stated that they had discussed side effects in recent months with friends, neighbors, or family members. Discussions were least often reported by women who discontinued using contraception during the study period (36%).
- Friends and neighbors (49%) and spouse/partner (40%) were the people that the women most often talked to about side effects. Female friends and family members, like mothers and sisters, appear to play an important role in these conversations.
- Virtually all surveyed women (99%) believed that men should have more responsibility regarding family planning (not shown in table).

9. Service Quality

At the baseline exit interview, women were asked a number of questions about their clinic appointment. Indicators of service quality were therefore measured prospectively, and included, among others, the type of facility; the number of methods discussed during the appointment; whether the provider asked about previous experience with contraception, satisfaction with the current method, or preferred method; whether the client felt all her questions had been answered; whether information had been given on method characteristics, including side effects; and overall satisfaction with provider and care that was received. A summary of the findings on service quality is provided in the baseline report, entitled, "Characteristics of Female Reversible Method Users in Four Urban Areas of Honduras" located on the MEASURE Evaluation Web site (www.cpc.unc.edu/measure) (Barden-O'Fallon et al., 2007).

Most indicators of service quality were not shown to be related to differences in user status during the study period. However, one important finding was that women who felt they had all their questions answered by the provider at baseline were the least likely to discontinue using contraception during the study period. Among women who discontinued methods, 49% felt all their questions had been answered at baseline, while 57% of those who continued and 67% of those who switched felt their questions had been answered.

Among women who switched methods, 42% were given information about the advantages and disadvantages of their method at baseline. In comparison, 34% of women who continued using the same method and 33% of women discontinuing all methods were given this information.

Table 9.1 Selected Service Quality Indicators, Assessed at the Time of Baseline Interview, by Percentage (N=671)

	Continued Use (n=339)	Switched (n=157)	Discontinued (n=103)
Discussed three or more methods with provider			
Yes	29	39	34
No	71	61	66
Received information on how to use method effectively			
Yes	40	49	43
No	60	51	57
Felt all questions were answered by provider***			
Yes	57	67	49
No	43	33	51
Was told about advantages and disadvantages of method			
Yes	34	42	33
No	66	58	67
Service provider			
Ministry of Health (CESAMO or hospital)	81	77	82
ASHONPLAFA (clinic)	19	23	18

*** $\chi^2=p<0.01$

CONCLUSIONS

This study provides longitudinal information on contraceptive use over a period of one year for a sample of women using female, reversible methods in four urban areas of Honduras. The study includes data on a number of factors associated with contraceptive discontinuation. In this section, certain themes are highlighted related to the provision of family planning services in Honduras.

Although contraceptive continuation was high, contraceptive discontinuation of reversible methods is inevitable. In any given year, approximately three of every 10 users will stop using their method but still need family planning to space or avoid a pregnancy. The number is even higher among women initiating a method. Family planning programs need to be prepared for discontinuation. It is important to note that the high level of mobility in the study population may make it more difficult to infer continuation rates from service records or statistics. One recommendation stemming from this report is to encourage clients who are not satisfied with their method to return to any clinic if they still want to space or avoid a pregnancy.

Method switching was also very common in this population: Over one-quarter of surveyed women switched to another method during the study year, some switched more than once. This finding affirms the comments from focus group participants who stated that women will “test” methods before finding one that is satisfactory to them (Barden-O’Fallon et al., forthcoming).

The majority of women who switched methods during the study did so because of side effects or health concerns with their baseline method. Headaches were the most common side effect experienced by women, followed by the lack of menses, and uterine pain. However, not all side

effects were related to discontinuation. Discontinuation of the baseline method was significantly related to the experience of heavy bleeding (in the case of IUD), or weight gain and dizziness (in the case of injectables and combined oral contraceptives). Baseline method discontinuation was also associated with whether the women felt the side effects interfered with daily activities or personal relationships (such as with their spouses or partners). Less than two out of three women were told that they could experience the side effects with the method they were using. At their initial consultation, all women should be informed of the potential side effects of their method. In addition, women should be encouraged to ask as many questions about their method as they wish.

During the course of the study, 8% of the interviewed women became pregnant. A total of 3% of women became pregnant while using a contraceptive method (method failure). This is within the 2-5% range of method failure rates found in other Latin American countries (Vadnais, Kols & Abderrahim, 2006). Almost two-thirds of the women who became pregnant during the study said that, at the time of pregnancy, they either wanted to wait longer before having another baby or did not want any more children. In other words, whether using a method of contraception or not, almost two-thirds of the pregnancies were mistimed or unwanted at the time of conception.

Women were asked at baseline and follow-up about their fertility preferences. The results indicate that fertility motivations are flexible, adjusting to changes in circumstances, personal attitudes, and the passage of time. At follow-up, fewer women wanted to stop childbearing than had wanted to at baseline. The percentage of women saying that a pregnancy in the near future would be “no problem” doubled from baseline to follow-up. Again, such indicators signify that there are different levels of motivation to avoid pregnancy, even ambivalence, among users of highly effective contraceptive methods, and that levels of motivation can vary for a single user.

Responses to questions related to communication on family planning with husbands/partners indicate that men are often involved in family planning decisions. Only 11% of respondents said they did not discuss family planning with their spouse/partner during the last year. Of women who discontinued, the majority discussed stopping the method with their partner. To a large degree, this conversation was initiated by the woman and in almost every case they reported that their partner knew about their decision to abandon the method. In fact, women who switched methods were the most likely to have discussed family planning with their spouse more than one or two times during the past year. One of the key findings of this study is that there exists a certain level of communication between couples, allowing joint decision-making to occur about the use of contraceptives.

Women also reported discussing side effects with their close family and friends. Providers of health programs should recognize that family planning tends to be a family decision. They need to look for new ways to inform, educate, and facilitate the participation of those family members who may greatly influence women on whether they should use contraception, when they should begin using a method, and which methods they should use.

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FOLLOW-UP

#	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
FU1	PARTICIPANT LOCATED USING CLINIC INFORMATION (STEP 1)	YES1 NO2	→ 101
FU2	PARTICIPANT LOCATED BY TELEPHONE (STEP 2)	YES1 NO2	→ 101
FU3	PARTICIPANT LOCATED USING ADDRESS (STEP 3)	YES1 NO2	→ 101
FU4	PARTICIPANT WAS LOCATED USING INFORMATION PROVIDED BY FAMILY MEMBER OR FRIEND (STEP 4)	YES1 NO2	→ 101
FU5	PARTICIPANT WAS LOCATED USING OTHER METHOD (STEP 5)	YES1 NO2	→ 101
FU6	PARTICIPANT NOT LOCATED: INTERVIEWER IS INFORMED THAT PARTICIPANT MOVED AND NO CONTACT INFORMATION IS AVAILABLE OR CONTACT INFORMATION IS NOT CORRECT.	YES1 NO2	→ END

Section 1: DEMOGRAPHIC UPDATE

#	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME. (USE MILITARY TIME)	HOUR.....__ __ MINUTES.....__ __	
102	RECORD THE PLACE OF INTERVIEW.	HEALTH CLINIC.....1 PARTICIPANT'S HOME.....2 OTHER.....7 (SPECIFY)	
	<p>READ: I would like to begin the interview now by updating some of the information that we collected last year.</p>		
103	Have you changed your residence in the last twelve months?	YES.....1 NO.....2	→ 105
104	IF YES... How many times did you change residence in the last twelve months?	NUMBER OF TIMES MOVED.....__ __	
105	Where do you currently live? (WRITE NAME OF LOCALITY AND CIRCLE THE MUNICIPALITY WHERE THE PARTICIPANT LIVES)	LOCALITY: _____ MUNICIPALITY CHOLOMA.....01 DISTRITO CENTRAL.....02 GRACIAS.....03 LA ENTRADA.....04 SAN ANTONIO CORTES.....05 SAN PEDRO SULA.....06 SANTA LUCIA.....07 SANTA ROSA DE COPAN.....08 TALANGA.....09 TALGUA.....10 OTHER.....99 (SPECIFY)	
106	AREA OF RESIDENCE. (BASED ON THE LOCATION GIVEN, CIRCLE URBAN OR RURAL)	URBAN.....1 RURAL.....2	
107	How old were you at your last birthday?	AGE IN COMPLETED YEARS.....__ __	

108	Are you currently married, living in union, separated, divorced, widowed, or single (never married/in union)?	CURRENTLY MARRIED.....1 LIVING IN UNION.....2 SEPARATED.....3 DIVORCED.....4 WIDOWED.....5 SINGLE.....6	
109	Have you worked in the last 12 months?	YES.....1 NO.....2	→ 112
110	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3	
111	Who decides how to spend the money that you earn? You, your husband/partner, both, or someone else?	HERSELF.....1 HUSBAND/PARTNER.....2 BOTH.....3 SOMEONE ELSE.....4	
112	Who in general makes decisions about spending for household necessities?	HERSELF.....1 SPOUSE/PARTNER.....2 BOTH.....3 SOMEONE ELSE.....4	
113	I would like to ask about any pregnancies you may have had since October 2006. Have you been pregnant at any time since October 2006 to the current date?	YES.....1 NO.....2	→ 201
114	How many pregnancies did you have since October 2006 to the current date?	ONE1 TWO.....2 THREE.....3 FOUR.....4	
115	Were you using a method of contraception when you became pregnant the first time since October 2006? NOTE: if more than one pregnancy last year, we want to know about the first pregnancy only	YES.....1 NO.....2	→ 117

116	<p>IF YES...</p> <p>What method were you using at the time you became pregnant?</p> <p>CIRCLE ALL MENTIONED</p>	<p>PILLS.....A</p> <p>INJECTABLE.....B</p> <p>IUD.....C</p> <p>CONDOM.....D</p> <p>COLLAR METHOD.....E</p> <p>LACTATIONAL AMENORRHEA.....F</p> <p>RHYTHM (BILLINGS, PERIODIC ABSTINENCE).....G</p> <p>WITHDRAWAL.....H</p> <p>OTHER _____ O</p> <p>(SPECIFY)</p>	
117	<p>The first time you became pregnant since October 2006, did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?</p>	<p>THEN.....1</p> <p>LATER.....2</p> <p>NOT AT ALL.....3</p>	<p>→ 119</p> <p>→ 119</p>
118	<p>IF LATER....</p> <p>How much longer would you like to have waited?</p>	<p>MONTHS.....1 ____</p> <p>YEARS.....2 ____</p> <p>DON'T KNOW98</p>	
119	<p>Did any of the pregnancies since October 2006 end in a miscarriage, abortion, or stillbirth?</p>	<p>YES.....1</p> <p>NO.....2</p>	
120	<p>Did you give birth at any time since October 2006 to the current date, (including if the baby was born alive but did not survive)?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>→ 126</p>
121	<p>In what month and year was the baby born?</p>	<p>MONTH.....__ __</p> <p>DON'T KNOW MONTH.....98</p> <p>YEAR.....20__ __</p>	
122	<p>Is the baby still alive?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>→ 126</p>
123	<p>Are you currently breastfeeding?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>→ 126</p>
124	<p>How many times did you breastfeed last night between 6:00p.m. and 6:00a.m.?</p>	<p>NUMBER OF NIGHTTIME FEEDINGS.....__</p>	

125	How many times did you breastfeed yesterday between 6:00a.m. and 6:00p.m.?	NUMBER OF DAYTIME FEEDINGS.....__	
126	Are you pregnant now?	YES.....1 NO.....2	

Section 2: SIDE EFFECTS AND CONTRACEPTIVE USE UPDATE

#	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>READ: In October or November 2006 we interviewed you about family planning use after you had received either the injectable, IUD, or pill. Now I'd like to ask you some questions about your use or non-use of these and other family planning methods over the past twelve months.</p>		
201	<p>Just to verify, at the time of the first interview for this study (OCTOBER/NOVEMBER 2006), which method were you using: the injectable, IUD or pill?</p> <p>IF RESPONDENT DOESN'T REMEMBER, CHECK FRONT COVER AND SAY: According to our records, you were using the <NAME OF METHOD>. Does this sound correct? IF YES, MARK THE APPROPRIATE METHOD AS "PROBED".</p> <p>IF RESPONDENT STILL DOESN'T REMEMBER, MARK AND PROCEED TO QUESTION 220.</p> <p>CIRCLE ONLY ONE RESPONSE.</p>	<p>INJECTABLE.....1 IUD.....2 PILLS.....3</p> <p>PROBED INJECTABLE.....4 PROBED IUD.....5 PROBED PILLS.....6</p> <p>PROBED AND STILL DOESN'T REMEMBER.....8</p>	→ 220
202	<p>Did you experience any side effects while using this method in the last twelve months?</p>	<p>YES.....1 NO.....2</p>	→ 212
203	<p>What side effects did you experience using this method?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>IRREGULAR BLEEDING SPOTTING.....A PERIOD DID NOT COME.....B TOO MUCH BLEEDING.....C GAINED WEIGHT.....D LOST WEIGHT.....E FACIAL SPOTTING.....F HEADACHES.....G ABDOMINAL PAIN.....H INFECTIONS.....I NAUSEA/VOMITING.....J DIZZINESS.....K</p> <p>OTHER _____ L (SPECIFY)</p>	
204	<p>Have you ever been informed by a health care or family planning provider that you could experience these problems with the use of this method of contraception?</p>	<p>YES.....1 NO.....2</p>	
205	<p>Did these side effects interfere with your daily activities?</p>	<p>YES.....1 NO.....2</p>	

206	Did these side effects interfere with your personal relationships with your husband/partner?	YES.....1 NO.....2	
207	How tolerable did you feel the side effects were: tolerable, somewhat tolerable, or not at all tolerable?	TOLERABLE.....1 SOMEWHAT TOLERABLE.....2 NOT AT ALL TOLERABLE.....3 DON'T KNOW/CAN'T REMEMBER.....8	
208	Did you do, or try to do, anything about the side effects?	YES.....1 NO.....2	→ 210
209	IF YES... What did you do? CIRCLE ALL MENTIONED.	SELF-MEDICATED/TOOK HOME REMEDIES.....A WENT TO CLINIC/SAW A HEALTH WORKER.....B SOUGHT ADVICE FROM FRIEND/FAMILY MEMBER.....C SOUGHT ADVICE FROM SPOUSE/PARTNER.....D SWITCHED METHOD.....E STOPPED USING.....F OTHER.....G (SPECIFY)	
210	Did you discuss your side effects with the method with anyone?	YES.....1 NO.....2	→ 212
211	IF YES... With whom did you discuss your side effects? CIRCLE ALL MENTIONED.	SPOUSE/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F SON.....G MOTHER-IN-LAW.....H FRIEND/NEIGHBORS.....I HEALTH WORKER.....J PHARMACIST.....K OTHER.....L (SPECIFY)	
212	Are you currently using the same method of contraception that you were using at the time of the last interview (OCTOBER/NOVEMBER 2006)?	YES.....1 NO.....2 PREGNANT.....3	→ 214 → 214

213	Have you used this method of contraception continuously over the past 12 months, without interruption, until today?	YES.....1 NO.....2	→ 214
213 A	<p>GO TO THE CALENDAR. MARK COLUMN 1 WITH THE LETTER CODE CORRESPONDING TO THE METHOD USED FOR EVERY MONTH SINCE THE FIRST INTERVIEW:</p> <p>“U” IUD “I” INJECTABLE “P” PILL</p> <p>AFTER COMPLETING COLUMN 1 SKIP TO.....300</p>		→ 300
214	<p>I would now like to ask you a few questions about when you stopped using this method and why you decided to stop using it.</p> <p>When did you stop using this method (for the first time since October/November 2006)?</p> <p>NOTE: FOR WOMEN WHO BECAME PREGNANT WHILE USING THEIR METHOD, THIS IS THE MONTH/YEAR THAT THEY BECAME PREGNANT</p>	<p>MONTH.....<u> </u><u> </u> YEAR.....200<u> </u> DON'T KNOW.....98</p>	
214 A	<p>GO TO THE CALENDAR. MARK COLUMN 1 WITH THE LETTER CODE CORRESPONDING TO THE METHOD USED FOR EACH MONTH SINCE THE FIRST INTERVIEW, UNTIL THE MONTH ITS USE WAS STOPPED.</p> <p>“U” IUD “I” INJECTABLE “P” PILL</p> <p>THEN CONTINUE WITH THE FOLLOWING QUESTIONS...</p>		
Qual 1	<p>Please tell me in your own words all of the reasons why you stopped using this method of contraception? Please be as specific as possible.</p> <p>PROMPT: Any other reason?</p> <p>USE BACK OF PAGE IF MORE SPACE IS NEEDED.</p>	<p>_____</p>	

215	<p>What was the most important reason you stopped using this method?</p> <p>CIRCLE ONLY ONE RESPONSE.</p>	<p>WANTED TO BECOME PREGNANT.....01 BECAME PREGNANT WHILE USING.....02 SIDE EFFECTS.....03 HEALTH CONCERNS.....04 DIFFICULT TO USE.....05 INFREQUENT SEX/HUSBAND AWAY.....06 HUSBAND/PARTNER DISAPPROVED.....07 WANTED MORE EFFECTIVE METHOD.....08 LACK OF ACCESS/TOO FAR....09 COSTS TOO MUCH.....10 DIFFICULT TO GET PREGNANT/MENOPAUSAL..... 11 MARITAL DISSOLUTION/SEPARATION....12 MISSED APPOINTMENT.....13 METHOD NOT AVAILABLE.....14 OTHER.....15 (SPECIFY) DON'T KNOW.....98</p>	→ 219
216	<p>Did you discuss stopping this method with your partner before you made the decision to stop using it?</p>	<p>YES.....1 NO.....2 NO HUSBAND/PARTNER.....3</p>	<p>→ 218 → 219</p>
217	<p>IF YES... Who initiated the conversation about stopping the use of this method?</p>	<p>RESPONDENT.....1 HUSBAND/PARTNER.....2 DON'T KNOW/DON'T REMEMBER.....8</p>	
218	<p>Does your partner know that you have stopped using this method?</p>	<p>YES.....1 NO.....2 PARTNER NEVER KNEW I WAS USING.....3 DON'T KNOW.....8</p>	
219	<p>Have you used any method of contraception since you stopped using this method? (Including if you started using the same method again)</p>	<p>YES.....1 NO.....2</p>	<p>→ 219A → 220A</p>

219 A	<p>GO TO THE CALENDAR, FOR EACH MONTH AFTER THE METHOD WAS STOPPED ASK: Did you use a method of contraception this month, no method, or were you pregnant in this month? What method of contraception did you use?</p> <p>NOTE: FULL-TERM PREGNANCIES SHOULD ACCOUNT FOR 8 MONTHS WITH AN “E” AND AN “N” IN THE NINTH MONTH.</p> <p>MARK EACH LINE WITH ONE OF THE FOLLOWING:</p> <p>“0” NO METHOD USED</p> <p>“S” STERILIZATION “U” IUD “I” INJECTABLE “P” PILL “C” CONDOM “T” TRADITIONAL: RETIRO, ABSTINENCIA PERIODICA, RITMO, COLLAR, MELA “Z” OTHER METHOD _____(SPECIFY)</p> <p>“E” PREGNANT “N” LIVE BIRTH “A” ABORTION/LOSS/STILLBORN</p> <p>THEN CONTINUE WITH THE FOLLOWING QUESTIONS...</p>		
220	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→ 224 → 221
220 A	<p>GO TO THE CALENDAR, FOR EACH MONTH AFTER THE METHOD WAS STOPPED ASK: Were you pregnant in this month?</p> <p>NOTE: FULL-TERM PREGNANCIES SHOULD ACCOUNT FOR 8 MONTHS WITH AN “E” AND AN “N” IN THE NINTH MONTH.</p> <p>MARK EACH LINE WITH ONE OF THE FOLLOWING:</p> <p>“0” NO METHOD USED</p> <p>“E” PREGNANT “N” BIRTH “A” ABORTION/LOSS</p> <p>THEN CONTINUE WITH THE FOLLOWING QUESTIONS...</p>		
221	Do you plan on using contraception again at some point in the future?	YES..... 1 NO 2 DON'T KNOW.....8	→ 223 → 223

222	<p>IF YES...</p> <p>What method(s) do you think you will use?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>PILL.....A INJECTABLE.....B IUD.....C CONDOM.....D DIAPHRAGM.....E EMERGENCY CONTRACEPTIVE PILL.....F MALE STERILIZATION.....G FEMALE STERILIZATIONH IMPLANTS/NORPLANT.....I TABLET, VAGINAL RING, FOAM OR JELLY.....J COLLAR METHOD.....K LACTATIONAL AMENORRHEA.....L RHYTHM (BILLINGS, PERIODIC ABSTINENCE.....M WITHDRAWAL.....N OTHER _____O (SPECIFY)</p>	<p>→ 300</p>
223	<p>IF NO/DON'T KNOW...</p> <p>Why do you think you will not use contraception again at some point in the future?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>HEALTH CONCERNS.....A FEAR OF SIDE EFFECTS.....B INCONVENIENT TO USE.....C WANTS MORE CHILDREN.....D INTERFRERS WITH NORMAL FUNCTIONING OF THE BODY.....E SPOUSE OPPOSES.....F RELIGIOUS REASONS.....G MENOPAUSE.....H COST.....I LACK OF ACCESS TO SERVICES.....J OTHER.....K (SPECIFY) DON'T KNOW.....X</p>	<p>→ 300</p>
224	<p>Which method(s) are you currently using?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>PILLS.....A INJECTABLES.....B IUD.....C CONDOM.....D STERILIZATION.....E RHYTHM/PERIODIC ABSTINENCE.....F WITHDRAWAL.....G OTHER.....H (SPECIFY)</p>	

225	How long have you used your current method without interruption? (ANSWER SHOULD MATCH WHAT IS IN CALENDAR)	# MONTHS.....__ __ DON'T KNOW.....98	
226	Why did you choose to use this current method? CIRCLE ALL MENTIONED.	USED METHOD BEFORE.....A FEWER SIDE EFFECTS.....B EASY TO OBTAIN.....C CONVENIENCE.....D DOCTOR RECOMMENDED.....E FRIEND RECOMMENDED.....F FAMILY MEMBER RECOMMENDED.....G PARTNER APPROVED.....H OTHER.....J (SPECIFY)	
227	Where did you go to obtain your current method the last time?	CESAMO.....1 ASHONPLAFA CLINIC.....2 HOSPITAL.....3 ASHONPLAFA POST.....4 PHARMACY.....5 CESAR.....6 OTHER.....7 (SPECIFY) DON'T REMEMBER.....8	
228	Was it the same clinic that we interviewed you in twelve months ago?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8	
229	Would you say that the decision to use this current method was made mainly by you, mainly by your husband/partner, or did you make the decision together?	RESPONDENT.....1 HUSBAND/PARTNER.....2 JOINT DECISION.....3 OTHER.....4 (SPECIFY)	
230	Do you experience any side effects with your current method?	YES.....1 NO.....2	→ 300

231	<p>What side effects do you experience?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>IRREGULAR BLEEDING SPOTTING.....A PERIOD DOES NOT COME.....B TOO MUCH BLEEDING.....C WEIGHT GAIN.....D WEIGHT LOSS.....E FACIAL SPOTTING.....F HEADACHES.....G ABDOMINAL PAIN.....H INFECTION(S).....I NAUSEA/VOMITING.....J DIZZINESS.....K</p> <p>OTHER _____ L (SPECIFY)</p>	
232	<p>Have you ever been informed by a health care or family planning provider that you could experience these problems with the use of this method of contraception?</p>	<p>YES.....1 NO.....2</p>	
233	<p>Do the side effects interfere with your daily activities?</p>	<p>YES.....1 NO.....2</p>	
234	<p>Do the side effects interfere with your personal relationships with your husband/partner?</p>	<p>YES.....1 NO.....2</p>	
235	<p>How tolerable do you feel the side effects are: tolerable, somewhat tolerable, or not at all tolerable?</p>	<p>TOLERABLE.....1 SOMEWHAT TOLERABLE.....2 NOT AT ALL TOLERABLE.....3</p>	
236	<p>Do you do, or try to do, anything about the side effects?</p>	<p>YES.....1 NO.....2</p>	→ 238
237	<p>IF YES... What do you do?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>SELF-MEDICATE/TAKE HOME REMEDIES.....A GO TO CLINIC/SEE A HEALTH WORKER.....B SEEK ADVICE FROM FRIEND/FAMILY MEMBER.....C SEEK ADVICE FROM SPOUSE/PARTNER.....D PLAN TO SWITCH METHOD.....E PLAN TO STOP USING.....F OTHER.....G (SPECIFY)</p>	

238	Do you discuss your side effects with the method with anyone?	YES.....1 NO.....2	→ 300
239	IF YES... With whom do you discuss your side effects? CIRCLE ALL MENTIONED.	HUSBAND/PARTNER..... A MOTHER..... B PATHER..... C SISTER(S)..... D BROTHER (S)..... E DAUGHTER F SON..... G MOTHER-IN-LAW H FRIENDS/NEIGHBORS..... I HEALTH WORKER..... J PHARMECOLOGIST..... K OTHER_____ L (SPECIFY)	→300

SECTION 3: PREGNANCY MOTIVATIONS UPDATE

	<p>CHECK QUESTION 126 TO SEE IF RESPONDENT IS CURRENTLY PREGNANT</p> <p>PREGNANT..... SKIP TO 306</p> <p>NOT PREGNANT.....CONTINUE</p>		
301	<p>Now I have some questions about the future.</p> <p>Would you like to have (a/another) child, or would you prefer not to have any (more) children?</p>	<p>HAVE (A/ANOTHER) CHILD 1</p> <p>NO MORE/NONE..... 2</p> <p>UNDECIDED/DON'T KNOW.....8</p>	<p>→ 303</p> <p>→ 303</p>
302	<p>How long would you like to wait from now before the birth of (a/another) child?</p>	<p>MONTHS.....1__ __</p> <p>YEARS.....2__ __</p> <p>SOON.....3</p> <p>OTHER _____ 4</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....98</p>	
303	<p>Does your husband/partner want to have another child within two years?</p>	<p>YES 1</p> <p>NO2</p> <p>NO HUSBAND/PARTNER.....7</p> <p>DON'T KNOW.....8</p>	<p>→ 305</p>
304	<p>Who has the ultimate say in your house about the number of children you and your husband/partner should have?</p>	<p>RESPONDENT 1</p> <p>HUSBAND/PARTNER.....2</p> <p>BOTH.....3</p> <p>OTHER PERSON.....4</p> <p>DON'T KNOW.....8</p>	
305	<p>In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?</p>	<p>BIG PROBLEM.....1</p> <p>SMALL PROBLEM.....2</p> <p>NO PROBLEM.....3</p>	
Qual 2	<p>Why do you think it would be a big problem, small problem, or no problem if you discovered that you were pregnant in the next few weeks?</p> <p>USE BACK OF PAGE IF MORE SPACE IS NEEDED</p>	<p>_____</p>	<p>→ 401</p>

306	<p>Now I have some questions about the future.</p> <p>After the child you are currently expecting, would you like to have another child, or would you prefer not to have any more children?</p>	<p>HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 UNDECIDED/DON'T KNOW 8</p>	<p>→ 308 → 308</p>
307	<p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS.....1__ __ YEARS.....2__ __ DON'T KNOW.....98</p>	
308	<p>After the birth of the child you are expecting now, would your husband/partner like to have another child?</p>	<p>YES 1 NO 2 NO HUSBAND/PARTNER.....7 DON'T KNOW.....8</p>	

Section 4. DECISION-MAKING ENVIRONMENT

	<p>READ:</p> <p>The last few questions in this interview are about the people you talk to about family planning and how you make decisions on the use of family planning.</p>		
401	Does your husband/partner know whether or not you are currently using a method of family planning?	<p>YES 1</p> <p>NO 2</p> <p>CURRENTLY PREGNANT..... 3</p> <p>NO HUSBAND/PARTNER..... 7</p> <p>DON'T KNOW..... 8</p>	→ 405
402	How often have you talked to your husband/partner about family planning in the past year: never, once or twice, or more often?	<p>NEVER 1</p> <p>ONCE OR TWICE 2</p> <p>MORE OFTEN 3</p> <p>DON'T KNOW..... 8</p>	
403	How often have you talked to your husband/partner about side effects or health concerns related to your use of contraception in the past year: never, once or twice, or more often?	<p>NEVER 1</p> <p>ONCE OR TWICE 2</p> <p>MORE OFTEN 3</p> <p>DON'T KNOW..... 8</p>	
404	In general, did your partner support your use of modern contraception (pills, injection, and IUD) in the last 12 months?	<p>YES 1</p> <p>NO 2</p> <p>PARTNER DOESN'T KNOW 3</p>	
405	How often do you think a woman's partner should be involved in decisions about her contraceptive use: always, sometimes, or never?	<p>ALWAYS 1</p> <p>SOMETIMES 2</p> <p>NEVER..... 3</p> <p>DON'T KNOW..... 8</p>	
406	In the last few months, have you discussed any health concerns or contraceptive side effects with your friends, neighbors, or relatives?	<p>YES 1</p> <p>NO 2</p>	→ 409
407	<p>With who?</p> <p>Anyone else?</p> <p>RECORD ALL PERSONS MENTIONED.</p>	<p>HUSBAND/PARTNER..... A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SISTER(S)..... D</p> <p>BROTHER(S) E</p> <p>DAUGHTER F</p> <p>SON..... G</p> <p>MOTHER-IN-LAW H</p> <p>FRIENDS/NEIGHBORS..... I</p> <p>OTHER _____ J</p> <p>(SPECIFY)</p>	

408	<p>What side-effects or health concerns were discussed with these friends or family members?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>IRREGULAR BLEEDING SPOTTING.....A LACK OF PERIOD.....B HEAVY BLEEDING.....C WEIGHT GAIN.....D WEIGHT LOSS.....E FACIAL SPOTTING.....F HEADACHES.....G ABDOMINAL PAIN.....H INFECTIONS.....I NAUSEA/VOMITING.....J DIZZINESS.....K</p> <p>OTHER _____ L (SPECIFY)</p>	
409	<p>How important is it to you to have regular menstrual bleeding: very important, somewhat important, or not important?</p>	<p>VERY IMPORTANT.....1 SOMEWHAT IMPORTANT.....2 NOT IMPORTANT.....3</p>	→ 411
410	<p>Why is regular menstrual bleeding important to you?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>IT'S THE WAY THE BODY IS MEANT TO BE.....A IT'S NOT GOOD TO KEEP THAT BLOOD INSIDE.....B IT'S A WAY OF KNOWING THAT I'M NOT PREGNANT.....C CHANGES IN MENSTRUAL FLOW ARE TOO BOTHERSOME/TOO UNCOMFORTABLE.....D OTHER.....E (SPECIFY) NOT SURE/DON'T KNOW.....X</p>	
411	<p>In general, do you agree or disagree that men need to accept more responsibility for family planning in Honduras?</p>	<p>AGREE.....1 DISAGREE.....2 NOT SURE/DON'T KNOW.....8</p>	
412	<p>RECORD THE TIME. (USE MILITARY TIME)</p>	<p>HOUR.....__ __ MINUTES.....__ __</p>	
<p>THANK THE PARTICIPANT FOR THEIR TIME AND WILLINGNESS TO PARTICIPATE IN THE RESEARCH STUDY.</p>			

CONTRACEPTIVE CALENDAR

2A1	<p>INSTRUCTIONS: ONLY ONE CODE PER LINE. ALL MONTHS SHOULD BE FILLED IN.</p> <p style="text-align: right;">TODAY'S DATE: __ __ __</p> <p style="text-align: center;">Column 1</p> <p>2007 DECEMBER....._____</p> <p>NOVEMBER....._____</p> <p>OCTOBER....._____</p> <p>SEPTEMBER....._____</p> <p>AUGUST....._____</p> <p>JULY....._____</p> <p>JUNE....._____</p> <p>MAY....._____</p> <p>APRIL....._____</p> <p>MARCH....._____</p> <p>FEBRUARY....._____</p> <p>JANUARY....._____</p> <p>2006 DECEMBER....._____</p> <p>NOVEMBER....._____ *Month of first interview or</p> <p>OCTOBER....._____ *Month of first interview</p> <p>CODES:</p> <p>“X” MONTHS BEFORE THE FIRST INTERVIEW OR AFTER THE CURRENT INTERVIEW.</p> <p>“0” NO METHOD USED</p> <p>“S” STERILIZATION</p> <p>“U” IUD</p> <p>“I” INJECTABLE</p> <p>“P” PILL</p> <p>“C” CONDOM</p> <p>“T” TRADITIONAL: RETIRO, ABSTINENCIA PERIODICA, RITMO, COLLAR, MELA</p> <p>“Z” OTHER METHOD _____ SPECIFY</p> <p>“E” PREGNANT</p> <p>“N” LIVE BIRTH</p> <p>“A” PREGNANCY LOSS/TERMINATION/STILLBORN</p>
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INTERVIEWER OBSERVATIONS

(To be filled out immediately after the end of the interview)

Comments about the interview:

Comments about specific questions::

Any other comments:

SUPERVISOR OBSERVATIONS

Name of supervisor: _____ Date: _____

FIELD EDITOR OBSERVATIONS

Name of field editor: _____ Date: _____