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Family Planning Acceptor Characteristics Study  
The Gambia

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## SUMMARY

During May 17-June 5, 1983, consultation was provided to the Maternal-Child Health Section of the Government Medical and Health Department, The Gambia Family Planning Association, and USAID/The Gambia, by the Centers for Disease Control (CDC), for a retrospective study of the characteristics of family planning clients. The retrospective study included six family planning clinics (three in the Banjul area and three in the rural areas). Data was abstracted from 1,150 randomly selected client records. Alison Spitz of CDC was the principal consultant during the fieldwork in May 1983 and completed the data analysis found in this report at CDC during June-August, 1983. During October 1983, Jack Graves, M.P.H., also from CDC, reported the findings of this study and conducted a Patient Flow Analysis of The Gambia family planning clinics.

This study represents the first of several planned studies/surveys to obtain data to describe the current program and plan future directions for the program in The Gambia. Overall, this analysis shows that: most women attending The Gambian family planning clinics are about 26 years old, married, live in the area of the clinic they attend, are of varied ethnic backgrounds, have little education, about one-fourth are unemployed, and the mean number of living children is almost three. Most women reported no previous use of contraception prior to the registration visit. The most prevalent method prescribed is oral contraceptives, followed by IUD and then Depo-Provera. Overall, the proportion of women returning for or with their registration method for at least six visits is low (4.0 percent to 46.0 percent); however,

this varies by location and method. Urban women tend to continue their registration method longer than rural women, while a greater proportion of rural contraceptive and Depo-Provera users complete at least six visits compared with IUD users.

Recommendations include the following:

- (1) Development of a standard family planning record form in conjunction with an overall assessment of the client record system.
- (2) Use of Patient Flow Analysis and the development of a client followup system to determine reasons for method and program discontinuation.

## I. BACKGROUND

Family planning services in The Gambia are provided primarily by the Government Medical and Health Department, Ministry of Health, and The Gambia Family Planning Association. In addition, family planning methods are available from pharmacies and private physicians. Based on 1981 service statistics, Jay Friedman estimated that there were 4,543 active contraceptive users in The Gambia (see CDC RSSA Trip Report: The Gambia, December 13, 1982).

### A. Medical and Health Department (MOH)

The Medical and Health Department operates family planning clinics through the Maternal-Child Health Section. The majority of clients are served at the family planning clinic at the Royal Victoria Hospital (RVH) in Banjul. Since opening in November of 1975, the RVH clinic has served about 4,000 new clients. Each year about 500 new clients register at the RVH clinic. The RVH clinic operates 3 days per week. Clinical staff consists of one midwife, one nursing assistant, and one community attendant. In addition, Medical and Health operates eight new clinics in the following rural areas: Brikama, Sukuta, Karantaba Kiang, Essau, Kaur, Kuntaur, Basse, and Yorobowal. About 10-30 women have registered at each of these clinics.

The Government family planning clinics provide oral contraceptives, Depo-Provera, IUD's, condom and foam, and occasionally diaphragms. Women requesting tubal sterilization are referred to the RVH. No fees are required for family planning services. Information about family planning is also provided by the antenatal and infant clinics. There are no outreach services.

### B. The Gambia Family Planning Association

The Gambia Family Planning Association (GFPA) provides contraceptive services in two urban (Banjul and Kanifing) clinics and in seven rural clinics. Rural clinics are located in the following areas: Brikama, Mara Kissa, Western Division Bwiam, Lower River Division, North Bank Division, MacCarthy Island Division, and Upper River Division.

Kanifing, on the outskirts of Banjul, is the largest GFPA clinic. Since 1975 the Kanifing clinic has served 6,000 new acceptors, while since 1971 the Banjul clinic has served 3,000 new clients. About 12 new clients register at the Kanifing clinic per week, while the number of new clients at the other clinics ranges from 1-10.

Like the RVH clinic, the GFPA clinics offer all family planning methods other than tubal sterilization. Women requesting tubal sterilization are again referred to the RVH.

The GFPA clinics operate 6 days per week. They are each staffed by a field supervisor, field assistants, a nursing assistant, and at times rural field workers.

### C. Medical Protocols

Medical protocols differ slightly between the RVH and the GFPA clinics. At all clinics the first visit for any contraceptive method includes history, complete physical exam, and appropriate laboratory tests. Followup visits for oral contraceptives and Depo-Provera include blood pressure, weight, and history, while followup visits for IUD's include string checks and client complaints. However, the RVH and the GFPA clinics differ according to timing of followup visits.

At the RVH, women using orals return for a second visit at 1 month versus 3 months for women attending the GFPA clinics. Also, RVH women with IUD's revisit the clinic 4 weeks after the initial visit compared with 1 week for women at the GFPA clinics. Finally, women attending the RVH have a complete physical exam every year, while GFPA clinics do not provide complete physicals after the first year unless indicated. With the exception of IUD users, all clinics reschedule visits every 3 months after the second visit, regardless of method. Women who need earlier visits may schedule them.

## II. STUDY OF CHARACTERISTICS OF FAMILY PLANNING CLIENTS

### A. Objectives and Organization of the Study

Based on initial discussions with Jay Friedman, M.A., during his November 1982 visit to The Gambia, the Medical and Health Department, The Gambia Family Planning Association, and USAID requested a retrospective study of the characteristics of family planning clients (See CDC RSSA Trip Report: The Gambia, December 13, 1982). Objectives of the study included the following points:

1. Describe the characteristics of family planning clients including sociodemographic background, method choice, and past and present medical factors.
2. Determine the geographic coverage or catchment area of the clinics.
3. Estimate the number and characteristics of users by method and discontinuation pattern.
4. Develop, if needed, a standard client record card for the Medical and Health Department and the GFPA clinics.

Since this study was a cooperative project between the Medical Health Department, the GFPA, and USAID, each agency contributed resources and personnel to the study. Sister Bertha M'Boge assigned Mrs. Batchilly as the Gambian counterpart from the Medical and Health Department, while Mr. Taylor-Thomas appointed Mrs. Dabo as the counterpart from the GFPA. However, due to illness, Mrs. Dabo did not participate during the latter part of the study. The GFPA provided a vehicle and driver and made arrangements for a field trip to the rural clinics included in the study. In addition, GFPA staff from each clinic site worked with the study team. Family Health International provided a grant for local transportation and three record abstractors who were hired for the duration of this study only.

The composition of the study team included:

1. Meri Ames, Assistant Project Manager, USAID/Banjul
2. Sister Bertha M'Boge, Senior Nursing Officer-in-Charge of Maternal-Child Health
3. Anna Batchilly, Midwife-Officer in charge of the RVH Family Planning Clinic
4. J. Tunde Taylor-Thomas, Executive Secretary, GFPA
5. Adama Dabo, Nursing Sister, Kanifing Family Planning Clinic, GFPA
6. Yang M'Boob, Field Supervisor, Bwian, GFPA
7. Alabatou N'Dure, Record Abstractor
8. Sajo Drammeh, Record Abstractor
9. Abdou N'Jie, Record Abstractor
10. Alison Spitz, Nurse Epidemiologist, Centers for Disease Control.

## B. Selection of the Study Centers and Study Period

The study team used the following criteria to select study sites:

1. clinics with the greatest number of new clients;
2. clinics in urban and rural areas; and
3. clinics serving varied ethnic groups.

Based on these criteria, the team selected six clinic sites--three in the Banjul urban area and three in rural areas. The urban clinics included the Royal Victoria Hospital and the GFPA clinics in Banjul and Kanifing. The rural clinics were all GFPA clinics: Bwiam, Pakalinding, and Basse. The rural Medical and Health Department clinics were not included due to the small number of registered clients.

Data collection instruments were designed and a training session held for all study team members. The questionnaires were pretested and self-coded. Each clinic was visited by a team of two to six persons who collected the data during one to two visits.

Our Gambian counterparts selected the period from January 1, 1976, through April 1983 as the sampling frame. This period was chosen in order to detect trends in family planning use and acceptance over at least a 7-year period and for comparison of the RVH and GFPA clinics. Although some of the GFPA clinics began in 1971, the RVH did not open until November 1975.

## C. Study Procedures

In all clinics, family planning client records are organized chronologically. Records of inactive users are not purged from the files. At times, records of

women who transfer are purged; however, this is not done systematically. Overall, records are correctly filed, and we found few missing records.

Study records were selected randomly from each clinic by taking a systematic sample with a random start. Sample size was 400 in each of the two large urban clinics and from 50 to 100 in the other four clinics:

<u>Clinic</u>	<u>Sampling Fraction</u>	<u>Estimated Sample Size</u>
RVH clinic	1/10	400
Kanifing, GFPA	1/6	400
Banjul, GFPA	1/20	100
Basse, GFPA	1/16	100
Bwiam, GFPA	1/20	50
Pakalinding, GFPA	1/16	100

#### D. Data Collection and Analysis

Data collection was completed by abstracting information from client records onto the pretested and precoded questionnaires (the questionnaires are available upon request). Since the RVH and the GFPA clinics use different client records, two questionnaires were developed. While the information obtained for the two groups is similar, the information on the records is arranged differently.

Record abstractors received 2 days of training. Training was conducted by Alison Spitz and Anna Batchilly. In addition, Spitz and Batchilly worked with and supervised the record abstractors throughout the study. All abstracted data on method choice, continuation, and reasons for discontinuation was rechecked by either Spitz or Batchilly.

Spitz was responsible for data processing and analysis at CDC. Family Health International provided a grant for Anna Batchilly to assist with the analysis at CDC, however, she was not able to travel to the U.S. during the time of the analysis. Because the study included two organizations providing family planning services at urban and rural locations, clinics were grouped by organization (RVH or GFPA) and urban or rural location for purposes of analysis. In addition, we calculated weighted results for the urban GFPA clinics (Kanifing and Banjul) in order to reflect the very different sampling fractions used in those two clinics. All tables show the unweighted number of cases.

During October, Jack Graves gave copies of the final draft report to Ms. Ames, Sister Bertha M'Boge, and J. Tunde Taylor-Thomas. This final report includes the comments of Ms. Ames and J. Tunde Taylor-Thomas. Sister Bertha M'Boge did not have any comments on the final draft report.

III. RESULTS

A. Overall Acceptor Characteristics, Royal Victoria Hospital (RVH) Family Planning Clinic and The Gambia Family Planning Association (GFPA)  
Demographic Characteristics (Table 1.1)

Overall, >90 percent of women reported residing in the same area as the family planning clinic they attended. Urban GFPA women tended to be either Wollof, Mandinka, or Jola (66.5 percent), while rural GFPA women tended to be either Mandinka, Fulla or Jola (71.2 percent). Over 80 percent of all GFPA women were Muslim.

We found no consistent pattern by age and clinic location. About one-third of women attending RVH and the rural GFPA clinics were less than 25 years of age compared with more than 50 percent of women in the urban GFPA clinics. However, the mean age of women by clinic location varied slightly--RVH, 25.6; urban GFPA, 24.9, and rural GFPA, 26.8.

In all clinics, more than two-thirds of acceptors reported being ever married. However, 30.9 percent of RVH women were single compared with 15.9 percent of urban GFPA and only 2.4 percent of rural GFPA women.

We found pronounced differences between urban and rural GFPA women for education and employment. More than 75 percent of rural GFPA women reported no education compared with 39 percent of urban GFPA women. Regarding employment, less than 25 percent of all GFPA women reported no employment and a considerable percentage did not report any information on employment status. Of those reporting employment, urban GFPA women primarily reported employment as civil servants (13.6 percent) compared with rural GFPA women reporting employment as

### Medical History (Table 1.3)

The proportion of women with reported medical conditions (self or family) ranged from 0.0 percent to 15.3 percent. However, among women attending either the RVH, urban or rural GFPA for most conditions, less than 5 percent of women reported a medical condition. Of women attending the rural GFPA clinics, 12 and 15 percent reported chest pain and/or headache/epilepsy, respectively, while 7.5 percent of women at the RVH reported a family history of hypertension.

### Physical Examination (Table 1.4)

A greater proportion of RVH women had diastolic blood pressures  $\geq 90$  mm percent (5.0 percent), compared with women at urban and rural GFPA clinics (2.5 percent and 1.6 percent). A greater proportion of RVH women weighed  $>160$  pounds (16.1 percent) than urban or rural GFPA women (6.5 percent and 7.5 percent).

Excluding women with no information, essentially all RVH women had normal breast exams, and slightly less than half of RVH women presented with lactation.

A greater proportion of women attending the RVH had anteverted uteruses of normal size and shape, with normal adnexa compared with women attending the urban and rural GFPA clinics. However, RVH women were slightly more likely to have cervical erosion/inflammation than women at the GFPA clinics. Because of a large percentage of unknown information on blood pressure, weight, and uterus, comparisons among these clinics (urban and rural) may not be valid. However, if these are important items, then information should be collected on all women.

Family Planning History (Table 1.5)

Family planning history varied by clinic. Slightly over half of women at the RVH clinics reported no previous contraceptive use, and oral contraceptives were the primary past contraceptive method reported at the RVH where enough numbers are available for analysis. In the GFPA clinics, there were too many women with unknown information to comment on this variable. However, if the large percentage with unknown information never used contraception, then the great majority of GFPA acceptors never used contraception.

Reported referral source differed by clinic. Fifty-nine percent of women at RVH stated "self" as referral source. Urban GFPA women reported relative (27.5 percent), friend (25.3 percent), and GFPA (16.0 percent) most often as referral sources, while rural GFPA women reported GFPA (54.9 percent), friend (12.2 percent) and "other" (10.2 percent) most often.

Among all women, the primary methods prescribed were oral contraceptives, IUD and Depo-Provera. However 50.7 percent of RVH women received oral contraceptives compared with 72.4 percent of urban and 74.5 percent of rural GFPA women. Both RVH and urban GFPA women reported use of IUD followed by Depo-Provera most frequently after oral contraceptives. However, rural GFPA women were prescribed Depo-Provera most often after oral contraceptives. Less than one percent of rural GFPA women received an IUD.

B. Royal Victoria Hospital (RVH) Family Planning Clinic by Year and Method  
Demographic Characteristics-Trends (Table 2.1)

The demographic characteristics of women attending the RVH changed during the two periods, 1976-1979 and 1980-1983, shown here. During 1980-1983, a greater proportion of women attending the RVH tended to live in areas other than Banjul, to be younger and never married, compared with women attending the RVH during 1976-1979.

Demographic Characteristics (Table 2.2)

Characteristics of women attending the RVH varied by method. While at least 90 percent of oral contraceptive, IUD and Depo-Provera users lived in an urban area, a somewhat larger proportion of Depo-Provera users lived in rural areas compared with oral contraceptive and IUD users. In addition oral contraceptive and IUD users tended to be younger and more often never married than Depo-Provera users.

Reproductive Health (Table 2.3)

Among all RVH women, oral contraceptive and IUD users reported no pregnancies (8.9 percent and 4.3 percent), no stillbirths (93.1 percent and 86.0 percent), no live births (10.9 percent and 10.7 percent), and no living children (10.9 percent and 11.8 percent) more often than Depo-Provera users (0.0 percent, 84.9 percent, 0.0 percent, and 0.0 percent, respectively). However, 42 percent of oral contraceptive users reported the age of her last child as <13 months old, while only 34.4 percent and 33.9 percent of IUD and Depo-Provera users reported the age of her last child as <13 months.

Table 2.3 also shows that we found no consistent patterns among RVH women concerning menstrual history by method. However, while at least 20 percent of all women reported menstrual cramps, a greater proportion of oral contraceptive users reported cramps (27.2 percent) than users of IUD (19.3 percent) and Depo-Provera (18.9 percent).

#### Medical History (Table 2.4)

Generally, the proportion of women with a reported medical condition did not vary by method, except for varicose veins and cancer. Among all RVH respondents, 1.5 percent of oral contraceptive users reported varicose veins compared with 4.3 percent of IUD users and 11.3 percent of Depo-Provera users. Some Depo-Provera users reported cancer (3.8 percent) compared with none for oral contraceptive and IUD users. Overall, >4 percent of RVH women reported a positive family history of diabetes and hypertension. Oral contraceptive and IUD users were at least two times as likely to report a family history of diabetes compared with Depo-Provera users. In addition, IUD users were highly more likely to report a family history of hypertension (12.9 percent) than oral contraceptive and Depo-Provera users (6.9 percent and 5.7 percent).

#### Physical Examination (Tables 2.5 and 2.6)

Physical examination results of RVH women varied slightly by method. Users of oral contraceptives tended to have lower diastolic blood pressures than Depo-Provera users and to weigh less than IUD and Depo-Provera users. There were small or no differences between users of varied methods for physical examination of the uterus. Users of oral contraceptives, IUD, and Depo-Provera tended to have anteflexed and normal-sized and shaped uteruses with normal adnexa.

Oral contraceptive users were less likely to evidence cervical erosion (11.4 percent) than IUD (20.4 percent) or Depo-Provera users (17.0 percent). However, about one-third users of all three methods had vaginal discharge.

Recorded changes in diastolic blood pressure from registration visit to the last clinic visit varied by method (Table 2.6). Less than 2 percent of oral contraceptive users with a registration diastolic value of <90 mg percent had a diastolic blood pressure of  $\geq$ 90 mg percent at the last recorded visit. Among Depo-Provera users, 4.4 percent of women with an initial diastolic value of <90 mg percent had a last recorded value of  $\geq$ 90 mg percent.

#### Family Planning History (Table 2.7)

Among all respondents, oral contraceptive and Depo-Provera users reported less previous method use (61.4 percent and 60.4 percent) than IUD users (45.1 percent). The primary previous method for oral contraceptive users was oral contraceptives (28.2 percent), and IUD users used oral contraceptives and IUD almost equally (21.5 percent and 20.4 percent, respectively). Depo-Provera users reported previously using oral contraceptives most often (11.3 percent).

A somewhat larger proportion of oral contraceptive and IUD users (88.1 percent and 87.1 percent) requested their registration method than did Depo-Provera users (79.2 percent). However, most women received their requested method. Overall, the three primary referral sources for women were self, (59.0 percent), husband (14.3 percent), and nurse or physician (13.3 percent). However, Depo-Provera users were almost two times as likely to report husband and nurse or physician as referral sources compared with oral contraceptive and IUD users.

As expected, timing of return clinic appointment after the registration visit varied by method. Less than 12 weeks after the registration visit, 25.7 percent of oral contraceptive users, 87.1 percent of IUD users, and 17.0 percent of Depo-Provera users were scheduled to return.

#### Followup Methods and Visits (Table 2.8)

We examined followup methods for women receiving either oral contraceptives, the IUD, or Depo-Provera at registration. Women receiving oral contraceptives at registration generally did not change to other methods. However, only 34.1 percent continued to return for resupply of oral contraceptives at the sixth visit. Those women who changed to other methods at followup visits most often obtained the IUD (1.5 percent-3.5 percent).

Almost all women obtaining the IUD at registration did not come back by the scheduled sixth visit--only 17.2 percent were still returning at that visit. At each followup visit (two through six), 3.2 percent-7.5 percent of women initially using the IUD changed to oral contraceptives.

Depo-Provera users were more likely (45.3 percent) than oral contraceptive users (34.1 percent) to return for resupply of the registration method through the sixth followup visit. Women who changed from Depo-Provera to another method were most likely to use oral contraceptives (5.7 percent-7.5 percent).

#### Family Planning Trends (Tables 2.9 and 2.10)

The family planning history of RVH women changed from the period 1976-1979 to the period 1980-1983. During 1980-1983, a smaller proportion of women reported previous use of contraceptives. However, the percentage of women reporting previous use of the IUD increased slightly from 1976-1979 to 1980-1983 (5.7 percent to 9.0 percent).

RVH women reporting "self" as referral source increased (47.5 percent to 66.1 percent) during 1980-1983 from 1976-1976; all other referral sources besides "other" declined.

The primary types of methods requested and prescribed during 1980-1983 remained the same as during 1976-1976--oral contraceptives, followed by IUD and Depo-Provera. However, the proportion of women requesting each type of method changed. Requests for oral contraceptives declined slightly from 53.9 percent to 51.9 percent while requests for the IUD increased from 25.2 percent to 28.7 percent, and for Depo-Provera 11.5 percent to 15.9 percent. However, these changes are all within expected sampling error. Oral contraceptives (54.5 percent), followed by the IUD (23.2 percent) and then Depo-Provera (15.4 percent), remained the most commonly prescribed methods during 1980-1983 as well as 1976-1979.

During the periods 1976-1978 and 1979-1981, the percentage of oral contraceptive users completing at least six visits decreased slightly (65.8 percent to 54.8 percent) (Table 2.10). While it is not possible to compare the proportion of oral contraceptive users completing at least six visits for each shown time period because of unequal opportunity to make followup visits, the data shows a decreasing trend. Overall, a higher percentage of Depo-Provera users tended to complete at least six visits during 1976-1981 compared with oral contraceptive users. Finally, the percent of IUD users completing at least six visits decreased during 1976-1978 to 1979-1980 from 55.6 percent to 40.0 percent.

C. Gambia Family Planning Association Clinics by Year and Method

Demographic Characteristics-Trends (Table 3.1)

The demographic characteristics of GFPA women attending urban and rural clinics changed somewhat during the period 1980-1983 from 1976-1979. During 1980-1983, women attending urban GFPA clinics more often resided in rural areas, were Fulla rather than Jola or Mandinka, older, slightly more often married, and better educated than during 1976-1979. Women attending rural GFPA clinics during 1980-1983 compared with those attending during 1979-1979 more often resided in the Western Division, were Mandinka or Jola rather than "other", were older, and slightly less likely to be married. Finally, during 1980-1983, women were more likely to be employed compared with 1976-1979.

Demographic Characteristics (Table 3.2)

Among women attending the urban GFPA clinics, Depo-Provera users more often resided in rural areas, were Mandinka or "other", Muslim, Catholic, older, married, less educated and more often employed than oral contraceptive and IUD users.

We found small differences between oral contraceptive and Depo-Provera users attending rural GFPA clinics. However, Depo-Provera users more often resided in Pakalinding, were Mandinka, Muslim, older, married, less educated and more often employed than oral contraceptive users.

Reproductive History (Table 3.3)

Among all oral contraceptive, IUD, and Depo-Provera users attending the urban GFPA clinics, Depo-Provera users tended to report more total pregnancies, repeat abortions, stillbirths, live births, living children, and last

pregnancies ending in abortion or miscarriage compared with oral contraceptive and IUD users. This was also true for oral contraceptive and Depo-Provera users attending rural GFPA clinics. Rural GFPA Depo-Provera users more often reported the last pregnancy ending in a stillbirth rather than an abortion or miscarriage.

Generally, menstrual history did not vary much by method. Among urban GFPA oral contraceptive, IUD, and Depo-Provera users >85 percent reported regular cycles, >65 percent scanty or moderate menses, and >27 percent reported a positive history of menstrual cramps. For rural GFPA women, Depo-Provera users reported more profuse menses but less cramps than oral contraceptive users.

#### Medical History (Table 3.4)

Generally, regardless of method, <4 percent of women attending urban GFPA clinics reported history of a specified medical condition. However, 9.2 percent of women receiving an IUD reported a history of jaundice/yellow eyes. Among women attending rural GFPA clinics, oral contraceptive users more often reported a history of jaundice/yellow eyes, chest pain, or headache/eplipsy than Depo-Provera users.

#### Physical Examination (Table 3.5)

Among women attending the urban GFPA clinics, Depo-Provera users tended to have higher diastolic blood pressures and weigh more than oral contraceptive and IUD users. Physical examination of the uterus by method shows no clear pattern. However, IUD users tended more often to have an anteflexed, normal sized and shaped uterus with normal adnexa compared with oral contraceptive and Depo-Provera users. Physical examination revealed varied proportions of

women by method with cervical erosion/inflammation--oral contraceptive users 7.3 percent; IUD users 40.4 percent; and Depo-Provera users 3.2 percent.

Among rural GFPA women there appeared to be small physical examination differences between oral contraceptive and Depo-Provera users. Depo-Provera users tended to have slightly higher diastolic blood pressures and weigh less compared with oral contraceptive users. In addition, the uteruses of Depo-Provera users more often were retroflexed, regular shaped, and larger than oral contraceptive users. There were little or no differences between Depo-Provera and oral contraceptive users regarding the condition of the adnexa and cervix. Again, these comparisons may not be valid due to the high percentage of women with unknown information for these conditions.

#### Family Planning History (Table 3.6)

Family planning history varied by method. No previous use of contraceptives ranged from 28.0 percent (for IUD users) to 31.7 percent (for Depo-Provera users) to 34.1 percent (for oral contraceptive users). Oral contraceptives were the most prevalent past method reported for oral contraceptive, IUD, and Depo-Provera users.

Oral contraceptive and Depo-Provera users most often reported "relative" as clinic referral source (31.7 percent and 25.9 percent) while IUD users most often reported "friend" (29.4 percent).

Among women attending rural GFPA clinics, 58.4 percent of oral contraceptive and 60.0 percent of Depo-Provera users reported no previous contraceptive use. Again, oral contraceptives were the most prevalent past method reported

by both types of method users. For both oral contraceptive and Depo-Provera users the GFPA was the primary referral source (57.4 percent and 44.0 percent, respectively).

#### Followup Methods and Visits (Tables 3.7 and 3.8)

The proportion of urban GFPA women who received oral contraceptives, the IUD, or Depo-Provera at registration, receiving those methods at followup visits varied by method. By the sixth followup, visit 25.2 percent of oral contraceptive users, 3.2 percent of IUD users, and 46.0 percent of Depo-Provera users continued to receive their registration method. Women receiving oral contraceptives, IUD or Depo-Provera at registration tended not to return to the clinic by the sixth visit rather than receive a new method (70.1 percent, 77.7 percent, and 53.6 percent, respectively). However, a small proportion of IUD and Depo-Provera users at each followup visit changed to oral contraceptives.

The number of followup visits for rural GFPA women receiving oral contraceptives and Depo-Provera at registration was extremely low (Table 3.8). Only 4.2 percent and 4.0 percent of oral contraceptive and Depo-Provera users received those methods by the sixth followup visit. Like urban GFPA women, rural women tended not to return to the clinic rather than obtain a different method (94.7 percent for oral contraceptive users and 90.0 percent for Depo-Provera users). A small proportion of Depo-Provera users changed to oral contraceptives at each followup visit.

#### Family Planning Trends (Tables 3.9, 3.10 and 3.11)

From the period 1976-1979 to the period 1980-1983, previous contraceptive use among urban GFPA clinic women remained about the same. However, the primary referral sources changed dramatically. During 1976-1979 urban primary referral

sources included peer (31.3 percent) and relative (31.5 percent) while during 1980-1983, primary sources included nurse/physician/social worker (25.1 percent) and relative (19.0 percent).

Among urban GFPA women, oral contraceptives remained the most prevalent method prescribed during 1980-1983 (70.3 percent). However, use of the IUD increased from 8.4 percent during 1976-1979 to 19.4 percent during 1980-1983 (Table 3.9).

Among rural GFPA women, the proportion of women with no previous contraceptive use decreased from 63.4 percent in 1976-1979 to 50.5 percent in 1980-1983. During 1980-1983, the GFPA continued to be the primary referral source as in 1976-1979 (76.6 percent); however, during 1980-1983 the proportion of women reporting to the GFPA decreased to 27.1 percent.

Among rural GFPA women, oral contraceptives remained the most prevalent method prescribed during 1980-1983, but the proportion of women reporting this method decreased from 86.9 percent in 1976-1979 to 71.0 percent in 1980-1983, while the proportion reporting Depo-Provera increased from 12.4 percent to 29.0 percent.

Generally, we found a slight change from 1976-1979 to 1980-1981 among urban oral contraceptive and Depo-Provera users making at least six followup visits (Table 3.10). However, because oral contraceptive and Depo-Provera users registering after 1981 have not had the time to complete at least six visits, it is not possible to show trends after 1981; however, the data indicate a downward trend in the proportion of women making followup visits. Again, we found only slight changes among rural oral contraceptive users making at least six followup visits (6.6 percent to 4.6 percent) (Table 3.11). While we were

not able to show trends among Depo-Provera users for the proportion of women making at least six followup visits, the percentage completing at least six visits during 1976-1981 was low (12.5 percent).

#### D. GFPA Individual Clinic Results

Because of each clinic's staff interest in the characteristics and method use of women attending their clinic, we present results by clinic (Tables 4.1-4.8). However, due to the small number of records sampled at each clinic, we do not comment on these results.

### IV. DISCUSSION AND RECOMMENDATIONS

#### A. Client Method Continuation

Based on the low proportion of women completing followup visits for all methods and clinics, we recommend that the RVH and GFPA institute or modify followup procedures for women who do not return for scheduled appointments to determine reasons for program/method termination. Because women who stop using a method (unless they change methods or are IUD users) are unlikely to attend the clinic again, we were unable to determine from this record review the major reasons for method termination. About 25 percent of women had known reasons for discontinuation; of these, the greatest proportion of women with known reasons for termination of first method cited medical reasons (side effects or pregnancy/desired pregnancy). A Patient Flow Analysis study at the RVH and GFPA clinics (October 1983) should show, in part, how clinic operations may affect client clinic attendance and method continuation (e.g., dissatisfaction with clinic operations or waiting time may deter clients from returning). On the other hand, low method continuation may also result from method dissatisfaction, method failure resulting in unplanned pregnancy, desire to become

pregnant, lack of knowledge about alternative methods, a move to a new area, or lack of knowledge about how to use methods correctly.

Followup of pregnant women is particularly important to determine if these were planned pregnancies (the women intentionally stopped a method), or the women became pregnant because of method failure. If most women intentionally stop using a method in order to become pregnant, continued clinic followup procedures may not be warranted on a long term basis, but the program would want to ensure that these women are entered into the antenatal program.

The following section on a proposed Client Record System includes how to keep track of women who miss scheduled appointments.

#### B. Client Record System

We recommend that the RVH and the GFPA work jointly to develop a standard family planning client record card. However, because of the varied needs of the RVH and the GFPA, each group may need to adapt this record to their own needs that go beyond the standard information agreed upon by both agencies. In addition, because the client record card is an integral part of a system for documenting patient care, service statistics, and used/needed commodities, we recommend that any changes in the client record card be part of an overall evaluation of the client record system.

For that reason, we are proposing an easy-to-use manual client record system developed by Jay Friedman, M.A., of CDC, for Nigeria, Zaire, and Senegal. While recognizing that the development of an entire client record system (other than guidelines for a standard family planning record form) was not

under the scope of this consultation, we feel that this client record system might serve as a model for and be adapted to the needs of the RVH and the GFPA clinics.

The client record system consists of three forms:

1. client record card;
2. client appointment and identification card; and
3. monthly report of new acceptors and active users and commodity supply and use information (the latter part of this form is not discussed in this report).

1. Client Record Card

Figures 1 and 2 show an example format for the family planning client record form. Figure 1 includes information that is obtained at the registration visit, and Figure 2 shows information that is obtained at followup visits. Below is a listing of suggested record items. Note that Figure 1 does not include all of the suggested record items.

a. Client Demographic Characteristics

- (1) Physical address updated at each visit (to facilitate followup)
- (2) Age
- (3) Marital Status
- (4) Education and/or occupation (client or spouse)
- (5) Ethnic group
- (6) Reason for clinic visit

b. Reproductive History

Pregnancy History

- (1) Pregnancies
- (2) Abortions
- (3) Stillbirths
- (4) Live births
- (5) Living children
- (6) Date and outcome of last pregnancy

Menstrual History

- (1) Regularity
- (2) Flow and duration
- (3) Date of last period
- (4) Dysmenorrhea/metrorrhagia

c. Medical History

- (1) Diabetes
- (2) Heart disease
- (3) Serious complication of pregnancy
- (4) Pelvic tumor/fibroids/cancer
- (5) Gall bladder disease
- (6) Surgery/serious illness in the past year
- (7) Hypertension
- (8) Varicose veins/blood clots
- (9) Severe headaches
- (10) Breast mass
- (11) Liver problems
- (12) Pelvic Inflammatory Disease
- (13) Severe anemia

Since Figure 1 under (2) Significant History leaves no room for the practitioner to note contraindications, an alternative format is to print on the record contraindications for specific methods. This format is illustrated below:

MEDICAL HISTORY	Oral	IUD	Shot	Other	HISTORY COMMENT Interviewer
Diabetes					
Heart Disease					
Serious Complications of Pregnancy					
Pelvic tumor/Fibroids/Cancer					
Gallbladder Disease					
Surgery or Serious Illness in past year					
Family History of Diabetes					
Family History High Blood Pressure					
Family History of Anemia					
Family History of Breast Cancer					

d. Physical Examination

- (1) Blood pressure
- (2) Weight
- (3) Cardiorespiratory system
- (4) Breasts
- (5) Varicose veins

Although certain medical history and physical criteria are contraindications of particular methods, it is important to consider alternative methods, since pregnancy may be contraindicated for some women.

e. Laboratory Tests (if laboratory available)

- (1) Urine
  - (a) albumin
  - (b) sugar
  - (c) white blood cells
- (2) Blood
  - (a) hematocrit/hemoglobin
- (3) Pregnancy test

f. Gynecological Examination

- (1) External genitalia
- (2) Internal genitalia
- (3) Uterus
- (4) Adnexa
- (5) Cultures (depending on medical protocols and laboratory facilities)

g. Family Planning History

- (1) Previous contraceptive use
- (2) Method prescribed and amount
- (3) Date of next appointment

h. Record of Followup Visits

- (1) Date
- (2) Visit purpose (resupply, test results, medical, counseling, annual, other)
- (3) Method supplied and amount or continuation of method, i.e., IUD
- (4) Weight
- (5) Blood pressure
- (6) String check (for IUD)
- (7) Date of last menstrual period
- (8) Date of last pregnancy
- (9) Remarks (complaints, complications, lab results, treatment/referral), reason for method change
- (10) Date of next appointment
- (11) Home followup of clients who do not return to clinic

In two cases, the practitioner may need to attach additional cards to the client card: 1) the patient receives a second complete physical exam, e.g., because of complaints/method changes, or 2) the patient has many medical problems.

These suggested record items are applicable for a clinic program. If at some latter date a community-based distribution system is initiated, then these lists would have to be altered.

### 1. Filing of Client Cards

Depending on the method chosen, a tab with the name of the method will be affixed in one of four positions on the top of the card (Figure 1). The tabs will facilitate counting the cards by method. The cards are filed in a vertical position in a tickler file box--the side recording visits facing front--according to the month of the next clinic appointment. There are file dividers between each month (see Figure 3). At the time of a method change, the old tab must be removed or cut off with a scissor. A tab for the new method is then affixed in the appropriate position on the card.

Active users will be estimated at the end of each month by counting the cards (by method) of clients who have a scheduled appointment at the clinic. These clients are considered "active" because they have received a contraceptive method, are presumably using it, and have a clinic appointment. These cards are filed by the month of the next visit in the front part of the box behind a large separator labeled "ACTIVE."

In addition, at the end of each month a count is made of all cards remaining in the file for the month which has just ended. These are women who did not keep their scheduled appointment during the previous month. These women are now considered, for program purposes, to be "INACTIVE," because they have presumably finished their supply of contraceptives (not strictly true for IUD clients). These cards are removed and placed in the rear part of the same file box by month of missed visit, behind a large divider labeled "INACTIVE." These clients can be followed up by home visits to ascertain the reason for their failure to return to the clinic. If clinic followup activities do not yet exist, as is the case in the early stages of a family planning program, the cards are maintained in the inactive section of the file box until the patient returns. Followup activities are noted on the client's record.

Women who are pregnant at the time of a kept appointment are given an appointment to return in the month when the birth is due. These cards are kept in the active file for the month of the scheduled appointment. Although this overstates the number of active clients, it facilitates post-partum followup. The cards of the clients who die, become menopausal, sterilized, or who move are removed from the active file. Clinic personnel should be trained in the use of the client card and the filing system with the aid of a training manual.

The division between active and inactive clients has two purposes: (1) to provide an accurate count of the number of active users, and (2) to count and identify those clients who have discontinued use and are in need of followup.

## 2. Appointment Card

This card is kept by the family planning client (Figure 4). The card contains the client's name, address, her/his client number, and space for recording the date of 21 subsequent appointments. When a client arrives at the clinic for a scheduled followup visit, the tickler file box is searched for the client's card according to the month of the appointment. The client cards are filed within each monthly section in numerical order so that they can be quickly found. This is particularly important in large clinics.

Each client is assigned a number as follows: The number consists of a left-hand numeral, which is a consecutive count of all new family planning clients each year from January 1. Following this numeral is a dash, which is followed by a one or two-digit number representing the month of the client's first visit, which is followed by a two-digit number representing the year of the client's first visit. For example, in 1981 the 184th new client who

enters in June is assigned 184-6-81 as her/his client number on the Client Card and on the Appointment Card. This number is permanently assigned to this client.

This numbering system is advantageous for three reasons: (1) It facilitates finding the Client Card in the tickler file box; (2) it is a running count of new clients which can be used for monthly and annual reports, and (3) it is a way of measuring the length of time clients have been users as a basis for estimating a ratio of continuing to discontinuing clients for various time periods.

### 3. Monthly Report

a. Section A. "CLIENT VISITS," includes monthly information on the number of visits to the clinic by new and old family planning clients, by method. This data is gathered from a daily clinic register. In this register, all consultations are chronologically recorded and totalled by type at the end of each month. Visits by male condom users should also be recorded. (A simple system for condom distribution in the reception area of clinics could be developed.) Clients re-admitted to the program after having discontinued contraceptive use should be counted under visits for old family planning clients, NOT under new acceptors.

Visits recorded under the first five categories--pill, IUD, injectable, condom male, and other methods-- only include visits when a contraceptive method is supplied or visits for an IUD checkup. A visit for a method change is recorded under the new method given. Other types of visits, such as treatment of method complications, IUD expulsion, and IUD removal, where no new method is supplied, are listed under "other visits."

b. Section B. Number of Active Clients includes the number of Client Cards which are in the active section of the file box (clients in the future scheduled appointments). These cards are counted by method, which is facilitated by the appropriate tabs affixed to the top of each card. This provides the number of clients contracepting in the area served by the facility at any given point in time.

An annual (or quarterly or semi-annual) report is prepared from parts A and B of this form, using the same type of information. To arrive at the annual total of client visits, the data for each month of the year is added up. Since the number of active clients is a prevalence level for a given point in time, the figures as of December 31 would represent the total at the end of the year.

National and/or regional level reports can be prepared by totalling the separate reports for each facility providing family planning services. Reports at the regional level would provide a total of all facilities in the region; reports at the national level would provide a total of all regions.

TABLE 1.1

Demographic Profile of Women Registering at the Royal Victoria Hospital (RVH)<sup>1</sup> and the Gambia Family Planning Association (GFPA)<sup>2</sup>, by Clinic, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>3</sup>  
(Percent Distribution)

<u>Residence</u>	<u>RVH</u>	<u>Kanifing + Banjul</u>	<u>Bwiam + Basse + Pakalinding</u>
Banjul <sup>4</sup>	68.1	68.1	0.0
Kombo-St. Mary <sup>4</sup>	25.6	26.1	0.0
North Bank	0.0	0.1	0.4
Western Division	0.0	3.2	19.8
Pakalinding	0.0	0.1	41.9
Basse	6.0	2.2	37.9
Unknown	0.2	0.1	0.0
<u>Ethnic Group</u>			
Wolof	NA*	31.6	9.9
Mandinka		19.6	43.5
Fulla		7.0	16.6
Jola		15.3	11.1
Other		14.0	12.2
Unknown		12.4	6.3
<u>Religion</u>			
Muslim	NA	82.2	91.7
Catholic		9.2	0.4
Other		3.6	0.0
Unknown		4.8	7.9
<u>Age Group</u>			
10-14	1.2	0.0	0.0
15-19	6.3	11.4	6.3
20-24	26.4	45.0	24.1
25-29	21.6	19.6	34.0
30-34	13.1	9.6	18.6
35-39	3.3	4.4	7.5
40-44	2.5	4.5	2.4
45+	0.2	0.1	0.0
Unknown	25.4	5.4	7.1
<u>Mean Age</u>	<u>25.6</u>	<u>24.9</u>	<u>26.8</u>
<u>Marital Status</u>			
Ever Married	67.9	77.0	88.5
Single	30.9	15.9	2.4
Unknown	1.2	7.0	9.1
<u>Education</u>			
None	NA	39.1	76.3
Primary		20.6	3.6
Secondary		25.3	4.7
Professional		2.2	0.0
Unknown		12.6	15.4

TABLE 1.1

Demographic Profile of Women Registering at the Royal Victoria Hospital(RVH)<sup>1</sup> and the Gambia Family Planning Association (GFPA)<sup>2</sup> by Clinic, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>3</sup>  
(Percent Distribution)  
(Continued)

<u>Employment</u>	<u>RVH</u>	<u>Kanifing + Banjul</u>	<u>Bwiam + Basse + Pakalinding</u>
None	NA	24.5	21.7
Laborer		2.0	0.4
Farmer		3.9	27.7
Trader		5.4	0.8
Civil Servant		13.6	2.8
Other		9.3	23.3
Unknown		41.3	23.3
<u>Employment--Husband</u>			
None	NA	3.4	0.8
Laborer		0.5	1.6
Farmer		5.0	50.6
Trader		8.9	7.5
Civil Servant		29.6	11.5
Other		12.1	15.0
Not married		5.9	1.2
Unknown		34.6	11.9
No. of Cases (Unweighted)	398	478	255
TOTAL	100.0	100.0	100.0

<sup>1</sup>Royal Victoria Hospital Family Planning Clinic is under the Maternal Child Health Section of the Gambia Medical and Health Department, Ministry of Health; RVH is located in an urban area.

<sup>2</sup>The Gambia Family Planning Association (GFPA) includes two urban clinics-- Kanifing and Banjul, and three rural clinics--Bwiam, Basse, and Pakalinding.

<sup>3</sup>Percentages may not add to 100 due to rounding.

<sup>4</sup>Banjul and Kombo-St. Mary are adjoining areas.

\*Information not available.

TABLE 1.2

Reproductive History of Women Registering at the Royal Victoria Hospital(RVH)<sup>1</sup> and the Gambia Family Planning Association (GFPA)<sup>2</sup>, by Clinic, 1976-1983, The Gambia Acceptor Characteristics Study, 1983<sup>3</sup> (Percent Distribution)

A. <u>Pregnancy History</u>	<u>RVH</u>	<u>Kanifing + Banjul</u>	<u>Bwiam + Basse + Pakalinding</u>
<u>No. of Pregnancies</u>			
0	6.3	4.8	4.1
1-3	51.7	57.6	38.7
4-7	29.9	26.7	45.3
8+	8.5	8.1	8.2
Unknown	3.5	2.8	3.7
<u>No. of Abortions<sup>4</sup></u>			
0	66.6	70.4	79.2
1	20.4	22.3	14.5
2-4	6.8	3.6	5.1
Unknown	6.3	3.6	1.2
<u>No. of Stillbirths</u>			
0	89.2	94.0	94.7
1-2	5.3	4.0	4.9
Unknown	5.5	1.8	0.4
<u>No. of Live Births</u>			
0	8.8	11.5	6.2
1-3	53.5	54.6	39.9
4-7	26.4	25.1	43.2
8+	5.8	6.5	10.7
Unknown	5.5	2.2	0.0
<u>No. of Living Children</u>			
0	9.3	12.7	8.2
1-3	56.0	59.4	54.3
4-7	28.4	22.0	35.0
8+	3.5	3.8	2.5
Unknown	2.8	2.0	0.0
<u>Mean No. of Living Children</u>			
	<u>2.9</u>	<u>2.6</u>	<u>2.9</u>
<u>Outcome of Last Pregnancy</u>			
Live birth	NA*	73.4(84.5)**	78.6 (87.6)**
Stillbirth		0.2	2.1
Abortion/miscarriage		7.8	4.9
Never pregnant		4.8	4.1
Unknown		13.1	10.3

TABLE 1.2

Reproductive History of Women Registering at the Royal Victoria Hospital(RVH)<sup>1</sup> and the Gambia Family Planning Association (GFPA)<sup>2</sup>, by Clinic, 1976-1983, The Gambia Acceptor Characteristics Study, 1983<sup>3</sup>  
(Percent Distribution)  
(Continued)

<u>Pregnancy History</u> (Continued)	<u>RVH</u>	<u>Kanifing + Banjul</u>	<u>Bwiam + Basse + Pakalinding</u>
<u>Age of Last Child</u>			
<6 months	19.3	NA	NA
6-12 months	19.1		
13+ months	40.4		
Not applicable	9.0		
Unknown	12.1		
 <b>B. <u>Menstrual History</u></b>			
<u>Menstrual Cycle</u>			
Regular	79.6	88.1	86.8
Irregular	1.2	1.3	1.7
Unknown	19.1	10.6	11.5
<u>Menstrual Bleeding</u>			
Scanty	3.8	2.9	1.9
Moderate	71.3	63.0	58.6
Profuse	11.8	6.8	6.9
Unknown	13.1	27.2	32.6
<u>Menstrual Cramps</u>			
Yes	24.3	30.7	33.9
No	54.0	61.2	59.2
Unknown	21.6	7.5	6.9
<u>Last Menstrual Period</u>			
<6 weeks	55.0	NA	NA
6+ weeks	8.6		
Not applicable	16.6		
Unknown	19.3		
No. of Cases (Uweighted)	398	478	255
TOTAL	100.0	100.0	100.0

<sup>1</sup>Royal Victoria Hospital Family Planning Clinic is under the Maternal Child Health Section of the Gambia Medical and Health Department, Ministry of Health; RVH is located in an urban area.

<sup>2</sup>The Gambia Family Planning Association includes two urban clinics--Kanifing and Banjul, and three rural clinics--Bwiam, Basse, and Pakalinding.

<sup>3</sup>Percentages may not add to 100 due to rounding.

<sup>4</sup>Includes information on miscarriages only for women attending GFPA clinics.

\*Information not available.

\*\*Of those with known outcome.

TABLE 1.3

Reported Medical History of Women Registering at the Royal Victoria Hospital(RVH)<sup>1</sup> and the Gambia Family Planning Association (GFPA), by Clinic, 1976-1983, The Gambia Acceptor Characteristics Study, 1983<sup>3</sup>  
(Percent Distribution)

<u>Percent With Medical History of:</u>	<u>RVH</u>	<u>Kanifing + Banjul</u>	<u>Bwiam + Basse + Pakalinding</u>
Diabetes	0.0	0.0**	0.0**
Hypertension	1.0	NA*	NA
Varicose Veins	4.0	0.5	3.5
Toxemia	0.8	NA	NA
Renal Disease	0.0	NA	NA
Heart Disease <sup>4</sup>	0.2	0.3	11.8
Cancer	0.0	NA	NA
Pelvic Inflammatory Disease	0.7	NA	NA
Liver Disease <sup>5</sup>	0.0**	2.8	3.5
Sickle Cell Disease	NA	0.0**	1.2
<u>Medical History</u>			
Headache/Epilepsy	NA	0.3	15.3
Breast Lump/Blood	NA	0.0	0.4
<u>Family Medical History</u>			
Diabetes	4.3	NA	NA
Hypertension	7.5	NA	NA
Heart Disease	2.5	NA	NA
Cancer	0.5	NA	NA
No. of Cases (Unweighted)	398	378	255
TOTAL	100.0	100.0	100.0

<sup>1</sup>Royal Victoria Hospital Family Planning Clinic is under the Maternal-Child Health Section of the Gambia Medical and Health Department, Ministry of Health; RVH is located in an urban area.

<sup>2</sup>The Gambia Family Planning Association includes two urban clinics-- Kanifing + Banjul--and three rural clinics-- Bwiam + Basse + Pakalinding.

<sup>3</sup>Percentages may not add to 100 due to rounding.

<sup>4</sup>Listed as chest pain for the Gambia Family Planning Association clinics.

<sup>5</sup>Listed as jaundice for GFPA clinics.

\*Information not available.

\*\*Over 25 percent of records with no information for this condition..

TABLE 1.4

Reported Physical Exam of Women Registering at the Royal Victoria Hospital(RVH)<sup>1</sup> and the Gambia Family Planning Association (GFPA)<sup>2</sup>, by Clinic, 1976-1983, The Gambia Acceptor Characteristics Study, 1983<sup>3</sup>  
(Percent Distribution)

<u>Physical Exam</u>	<u>RVH</u>	<u>Kenifing + Banjul</u>	<u>Bwiam + Basse + Pakalinding</u>
<u>Blood Pressure</u>			
Diastolic <90	86.7	57.0	54.5
Diastolic ≥90	5.0	2.5	1.6
Unknown	8.3	40.4	43.9
<u>Weight</u>			
<100 pounds	5.5	5.9	9.0
100-160 pounds	71.3	36.4	36.5
160+ pounds	16.1	6.5	7.5
Unknown	7.0	50.9	47.1
<u>Urinalysis Completed</u>			
Yes	56.3	2.2	2.4
No	0.5	0.0	0.0
Unknown	43.2	97.8	97.6
<u>Hemoglobin</u>			
<70 percent	5.5	NA	NA
>70 percent	50.2		
Unknown	44.2		
<u>Breasts</u>			
Normal	79.4	NA*	NA
Abnormal	2.0		
Unknown	18.6		
<u>Lactation Present</u>			
Yes	38.9		
No	43.7	NA	NA
Unknown	17.3		
<u>Uterus--Position</u>			
Anteflexed	65.1	38.4	43.1
Mid	4.3	28.9	8.6
Retroflexed	13.8	8.1	6.7
Unknown	16.8	24.5	41.6
<u>Uterus--Size</u>			
Normal	78.6	67.1	52.2
Small	2.8	6.3	6.7
Large	1.7	2.5	2.7
Unknown	16.8	24.0	38.4
<u>Uterus--Shape</u>			
Regular	81.6	58.1	50.2
Fibroid	0.5	1.3	5.1
Unknown	17.8	40.4	44.7

TABLE 1.4

Reported Physical Exam of Women Registering at the Royal Victoria Hospital (RVH)<sup>1</sup> and the Gambia Family Planning Association<sup>2</sup>, by Clinic, 1976-1983, The Gambia Acceptor Characteristics Study, 1983<sup>3</sup>  
(Percent Distribution)  
(Continued)

<u>Physical Exam</u>	<u>RVH</u>	<u>Kanifing + Banjul</u>	<u>Bwiam + Basse + Pakalinding</u>
<u>Adnexa</u>			
Normal	78.6	1.9	1.2
Abnormal	0.2	0.0	0.0
Unknown	21.1	98.1	98.8
<u>Discharge<sup>4</sup></u>			
Yes	45.7	29.0	28.0
No	34.4	61.7	67.1
Unknown	19.8	9.2	4.7
<u>Cervical Erosion/ Inflammation</u>			
Yes	13.6	10.1	11.4
No	67.1	51.7	43.9
Unknown	19.3	38.1	44.7
<u>Varicose Veins</u>			
Yes	8.8		
No	74.4	NA	NA
Unknown	16.8		
No. of Cases	398	478	255
TOTAL	100.0	100.0	100.0

<sup>1</sup>Royal Victoria Hospital Family Planning Clinic is under the Maternal Child Health Section of the Gambia Medical and Health Department, Ministry of Health; RVH is located in an urban area.

<sup>2</sup>The Gambia Family Planning Association includes two urban clinics--Kanifing and Banjul, and three rural clinics--Bwiam, Basse, and Pakalinding.

<sup>3</sup>Percentages may not add to 100 due to rounding.

<sup>4</sup>Information for GFPA clinics obtained by medical history.

\*Information not available.

TABLE 1.5

Family Planning History of Women Registering at the Royal Victoria Hospital(RVH)<sup>1</sup> and the Gambia Family Planning Association (GFPA)<sup>2</sup>, by Clinic, 1976-1983, The Gambia Acceptor Characteristics Study, 1983<sup>3</sup>  
(Percent Distribution)

<u>History</u>	<u>RVH</u>	<u>Kanifing + Banjul</u>	<u>Bwiam + Basse + Pakalinding</u>
<u>Previous Contra- ceptive Use</u>			
None	56.5	33.8	58.0
Oral contraceptives	23.4	3.0	1.6
IUD	7.8	0.4	0.0
Depo-Provera	2.0	0.0	0.0
Other	2.8	0.8	2.0
Unknown	7.5	61.9	38.4
<u>Referral Source</u>			
Self	59.0	NA	NA
Relative/Husband	14.3	27.5	5.1
Nurse/MD/Soc. Work.	13.3	13.0	2.8
Friend	7.3	25.3	12.2
GFPA	NA	16.0	54.9
Media	NA	2.1	0.4
Other	5.5	5.2	10.2
Unknown	0.5	10.7	14.5
<u>Method Requested</u>			
Oral contraceptives	51.2	NA*	NA
IUD	27.4		
Depo-Provera	14.1		
Other	1.2		
Unknown	6.0		
<u>Method Prescribed</u>			
Oral contraceptives	50.7	72.4	74.5
IUD	23.4	11.7	0.4
Depo-Provera	13.3	10.1	19.6
Condom and/or foam	2.5	0.2	0.0
None	2.5	1.5	4.7
Other	0.2	0.0	0.4
Unknown	7.3	3.6	0.4

<sup>1</sup>Royal Victoria Hospital Family Planning Clinic is under the Maternal Child Health Section of the Gambia Medical and Health Department, Ministry of Health; RVH is located in an urban area.

<sup>2</sup>The Gambia Family Planning Association includes two urban clinics--Kanifing and Banjul, and three rural clinics--Bwiam, Basse, and Pakalinding.

<sup>3</sup>Percentages may not add to 100 due to rounding.

\*Information not available.

TABLE 2.1

Demographic Profile of Women Registering at the Royal Victoria Hospital (RVH)<sup>1</sup> Family Planning Clinic, by Year<sup>2</sup>  
The Gambia Acceptor Characteristics Study, 1983<sup>3</sup>  
(Percent Distribution)

<u>Characteristics</u>	<u>Total</u>	<u>1976- 1979</u>	<u>1980- 1983</u>
<u>Residence</u>			
Banjul <sup>4</sup>	68.1	77.0	61.8
Kombo-St. Mary <sup>4</sup>	25.6	19.4	30.0
Other	6.0	3.6	7.7
<u>Age Group</u>			
10-14	1.2	2.1	0.8
15-19	6.3	3.6	8.1
20-24	26.4	25.9	28.7
25-29	21.6	25.9	20.6
30-34	13.1	17.3	11.6
35-39	3.3	5.7	2.1
40-44	2.5	4.3	1.7
45+	0.2	0.0	0.0
Unknown	25.4	15.1	26.2
<u>Marital Status</u>			
Ever Married	67.9	73.1	64.8
Single	30.9	25.9	33.5
Unknown	1.2	0.0	1.7
No. of Cases	398	139	233
TOTAL	100.0	100.0	100.0

<sup>1</sup>Royal Victoria Hospital Family Planning Clinic is under the Maternal-Child Health Section of the Gambia Medical and Health Department, Ministry of Health; RVH is located in an urban area.

<sup>2</sup>Excludes 26 women with unknown year of registration.

<sup>3</sup>Percentages may not add to 100 due to rounding.

<sup>4</sup>Banjul and Kombo-St. Mary are adjoining areas.

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TABLE 2.2

Demographic Profile of Women Registering at the Royal Victoria  
Hospital (RVH) Family Planning Clinic by Method, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>1</sup>  
(Percent Distribution)

<u>Characteristics</u>	<u>Total</u> <sup>2</sup>	<u>Oral</u>		
		<u>Contraceptives</u>	<u>IUD</u>	<u>Depo-Provera</u>
<u>Residence</u>				
Banjul <sup>3</sup>	68.1	68.8	72.0	62.3
Kombo-St. Mary <sup>3</sup>	25.6	25.2	24.7	28.3
Other	6.0	5.9	3.2	9.4
Unknown	0.2	0.0	0.0	0.0
<u>Age Group</u>				
10-14	1.2	1.5	1.1	1.9
15-19	6.3	9.9	3.2	0.0
20-24	26.4	32.2	29.0	1.9
25-29	21.6	25.2	22.6	13.2
30-34	13.1	9.4	16.1	28.3
35-39	3.3	3.0	3.2	5.7
40-44	2.5	0.5	2.1	7.5
45+	0.2	0.0	0.0	0.0
Unknown	25.4	18.3	22.6	41.5
<u>Mean Age</u>	<u>25.6</u>	<u>24.2</u>	<u>25.9</u>	<u>31.4</u>
<u>Marital Status</u>				
Ever married	67.9	64.9	60.2	96.2
Single	30.9	34.1	38.7	1.9
Unknown	1.2	1.0	1.1	1.9
No. of Cases	398	202	93	53
TOTAL	100.0	100.0	100.0	100.0

<sup>1</sup>Percentages may not add to 100 due to rounding.

<sup>2</sup>Includes all contraceptive methods.

<sup>3</sup>Banjul and Kombo-St. Mary are adjoining areas.

TABLE 2.3

Reproductive History of Women Registering at the Royal Victoria  
Hospital (RVH) Family Planning Clinic by Method, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>1</sup>  
(Percent Distribution)

A. <u>Pregnancy History</u>	<u>Total</u> <sup>2</sup>	<u>Oral Contraceptives</u>	<u>IUD</u>	<u>Depo-Provera</u>
<u>No. of Pregnancies</u>				
0	6.3	8.9	4.3	0.0
1-3	51.7	62.9	58.1	3.8
4-7	29.9	25.2	30.1	50.9
8+	8.5	1.5	5.4	35.8
Unknown	3.5	1.5	2.1	9.4
<u>No. of Abortions</u>				
0	66.6	71.3	63.4	58.5
1	20.4	20.8	19.3	24.5
2-4	6.8	4.5	8.6	15.2
Unknown	6.3	3.5	8.6	3.8
<u>No. of Stillbirths</u>				
0	89.2	93.1	86.0	84.9
1-2	5.3	5.0	4.3	9.4
Unknown	5.5	2.0	9.7	5.7
<u>No. of Live Births</u>				
0	8.8	10.9	10.7	0.0
1-3	53.5	64.9	58.1	7.5
4-7	26.4	19.8	24.7	52.8
8+	5.8	1.0	2.1	30.2
Unknown	5.5	3.5	4.3	9.4
<u>No. of Living Children</u>				
0	9.3	10.9	11.8	0.0
1-3	56.0	66.8	62.4	9.4
4-7	28.4	18.3	23.7	73.6
8+	3.5	1.0	0.0	17.0
Unknown	2.8	3.0	2.1	0.0
<u>Mean No. of Living Children</u>	<u>2.9</u>	<u>2.1</u>	<u>2.4</u>	<u>6.0</u>
<u>Age of Last Child</u>				
<6 months	19.3	18.8	20.4	20.7
6-12 months	19.1	23.3	14.0	13.2
13+ months	40.4	38.6	43.0	47.2
Not applicable	9.0	9.9	10.7	0.0
Unknown	12.1	9.4	11.8	18.9

TABLE 2.3

Reproductive History of Women Registering at the Royal Victoria  
Hospital (RVH) Family Planning Clinic by Method, 1976-1983  
The Gambia Acceptor Characteristics, 1983<sup>1</sup>  
(Percent Distribution)  
(Continued)

B. <u>Menstrual History</u>	<u>Total</u> <sup>2</sup>	<u>Oral Contraceptives</u>	<u>IUD</u>	<u>Depo-Provera</u>
<u>Menstrual Cycle</u>				
Regular	79.6	80.7	87.1	71.7
Irregular	1.2	1.5	1.1	0.0
Unknown	19.1	17.8	11.8	28.3
<u>Menstrual Bleeding Amount</u>				
Scanty	3.8	3.5	3.2	7.5
Moderate	71.3	73.3	77.4	66.0
Profuse	11.8	12.9	9.7	9.4
Unknown	13.1	10.4	9.7	17.0
<u>Menstrual Cramps</u>				
Yes	24.3	27.2	19.3	18.9
No	54.0	55.4	58.1	56.6
Unknown	21.6	17.3	22.6	24.5
<u>Last Menstrual Period</u>				
<6 weeks	55.6	62.9	65.6	43.4
6+ weeks	8.6	10.9	5.4	7.5
Not applicable <sup>3</sup>	16.6	16.8	15.0	20.7
Unknown	19.3	9.4	14.0	28.3
No. of cases	398	202	93	53
TOTAL	100.0	100.0	100.0	100.0

<sup>1</sup>Percentages may not total to 100 due to rounding.

<sup>2</sup>Includes all methods.

<sup>3</sup>Includes women with a recent delivery and/or known lactating women.

TABLE 2.4

Medical History of Women at First Visit at the Royal Victoria  
Hospital (RVH) Family Planning Clinic by Method, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>1</sup>  
(Percent Distribution)

A. <u>Percent with Medical History of:</u>	<u>Total</u> <sup>2</sup>	<u>Oral Contraceptives</u>	<u>IUD</u>	<u>Depo-Provera</u>
Diabetes	0.0	0.0	0.0	0.0
Hypertension	1.0	1.0	1.1	1.9
Varicose Veins	4.0	1.5	4.3	11.3
Toxemia <sup>3</sup>	0.8	0.5	1.1	0.0
Renal Disease	0.0	0.0	0.0	0.0
Heart Disease	0.2	0.5	0.0	0.0
Cancer	0.0	0.0	0.0	3.8
Pelvic Inflammatory Disease	0.7	0.5	0.0	1.9
Liver Disease	0.0*	0.0	0.0*	0.0*
<b>B. <u>Family Medical History</u></b>				
Diabetes	4.3	4.4	5.4	1.9
Hypertension	7.5	6.9	12.9	5.7
Heart Disease	2.5	1.0	3.2	5.7
Cancer	0.5	0.0	1.1	1.9
No. of Cases	398	202	93	53
TOTAL	100.0	100.0	100.0	100.0

<sup>1</sup>Percentages may not add to 100 due to rounding.

<sup>2</sup>Includes all contraceptive methods.

<sup>3</sup>Includes only ever pregnant women.

\*Over 25 percent with no information for this condition.

TABLE 2.5

Physical Examination of Women Registering at the Royal Victoria  
Hospital (RVH) Family Planning Clinic by Method, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>1</sup>  
(Percent Distribution)

<u>Physical Exam</u>	<u>Total</u> <sup>2</sup>	<u>Oral Contraceptives</u>	<u>IUD</u>	<u>Depo-Provera</u>
<u>Blood Pressure</u>				
Diastolic <90	86.7	91.6	90.3	84.9
Diastolic >90	5.0	3.0	5.4	11.3
Unknown	8.3	5.4	4.3	3.8
<u>Weight</u>				
<100 pounds	5.5	5.4	5.4	5.7
100-160 pounds	71.3	81.2	65.6	58.5
160+ pounds	16.1	8.9	25.8	32.1
Unknown	7.0	4.4	3.2	3.8
<u>Urinalysis Completed</u>				
Yes	56.3	60.9	62.4	52.8
No	0.5	0.5	1.1	0.0
Unknown	43.2	38.6	36.5	47.2
<u>Hemoglobin</u>				
<70 percent	5.5	5.9	5.4	5.7
>70 percent	50.2	54.0	57.0	47.2
Unknown	44.2	40.1	37.6	47.2
<u>Breasts</u>				
Normal	79.4	83.2	91.4	83.0
Abnormal	2.0	3.0	1.1	1.9
Unknown	18.6	13.9	7.5	15.1
<u>Lactation Present</u>				
Yes	38.9	43.1	37.6	43.4
No	43.7	43.6	57.0	43.4
Unknown	17.3	13.4	5.4	13.2
<u>Uterus--Position</u>				
Anteflexed	65.1	69.8	71.0	62.3
Mid	4.3	4.0	6.4	5.7
Retroflexed	13.8	13.9	16.1	18.9
Unknown	16.8	12.4	6.4	13.2
<u>Uterus--Size</u>				
Normal	78.6	84.1	84.9	84.9
Small	2.8	2.0	7.5	0.0
Large	1.7	1.5	1.1	1.9
Unknown	16.8	12.4	6.4	13.2

TABLE 2.5

Physical Examination of Women Registering at the Royal Victoria  
Hospital (RVH) Family Planning Clinic by Method, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>1</sup>  
(Percent Distribution)  
(Continued)

<u>Physical Exam</u>	<u>Total</u> <sup>2</sup>	<u>Oral Contraceptives</u>	<u>IUD</u>	<u>Depo-Provera</u>
<u>Uterus--Shape</u>				
Regular	81.6	87.1	92.5	84.9
Fibroid	0.5	0.0	1.1	0.0
Unknown	17.8	12.9	6.4	15.1
<u>Adnexa</u>				
Normal	78.6	84.1	88.2	81.1
Abnormal	0.2	0.0	0.0	0.0
Unknown	21.1	15.8	11.8	18.9
<u>Cervical Erosion</u>				
Yes	13.6	11.4	20.4	17.0
No	67.1	74.7	73.1	62.3
Unknown	19.3	13.9	6.4	20.8
<u>Vaginal Discharge</u>				
Yes	34.4	38.6	35.5	34.0
No	45.7	46.5	53.8	50.9
Unknown	19.8	14.8	10.7	15.1
<u>Varicose Veins</u>				
Yes	8.8	8.9	6.4	15.1
No	74.4	78.7	89.2	71.7
Unknown	16.8	12.4	4.3	13.2
No. of Cases	398	202	93	53
TOTAL	100.0	100.0	100.0	100.0

<sup>1</sup>Percentages may not add to 100 due to rounding.

<sup>2</sup>Includes all contraceptive methods.

TABLE 2.6

Diastolic Blood Pressure at Registration Visit and at Last Recorded Visit, by Method, The Royal Victoria Hospital (RVH) Family Planning Clinic, 1976-1983<sup>1</sup>  
The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)

Diastolic Blood Pressure at Return Visit/Method	Registration Diastolic Blood Pressure	
	<90 mg %	>90 mg %
<u>Oral Contraceptives</u>		
<90 mg %	96.8	100.0
>90 mg %	1.6	0.0
Unknown	1.6	0.0
No. of Cases (Uweighted)	185	6
TOTAL	100.0	100.0
<u>Depo-Provera</u>		
<90 mg %	95.6	50.0
>90 mg %	4.4	33.3
Unknown	0.0	16.7
No. of Cases	45	6
TOTAL	100.0	100.0

<sup>1</sup>Excludes 11 records with no information for blood pressure at registration visit.

<sup>2</sup>Percentages may not add to 100 due to rounding.

TABLE 2.7

Family Planning History of Women Registering at the Royal Victoria Hospital (RVH) Family Planning Clinic by Method, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>1</sup>  
(Percent Distribution)

<u>History</u>	<u>Total</u> <sup>2</sup>	<u>Oral Contraceptives</u>	<u>IUD</u>	<u>Depo-Provera</u>
<u>Previous Contraceptive Use</u>				
None	56.5	61.4	45.1	60.4
Oral contraceptives	23.4	28.2	21.5	11.3
IUD	7.8	3.0	20.4	5.7
Depo-Provera	2.0	0.5	1.1	9.4
Other	2.8	1.5	4.3	3.8
Unknown	7.5	5.4	7.5	9.4
<u>Method Requested</u>				
Oral contraceptives	51.2	88.1	3.2	7.5
IUD	27.4	5.4	87.1	5.7
Depo-Provera	14.1	3.5	1.1	79.2
Other	1.2	0.0	2.1	0.0
Unknown	6.0	3.0	6.4	7.5
<u>Referral Source</u>				
Self	59.0	62.4	63.4	50.9
Husband	14.3	13.9	11.8	22.6
Nurse/M.D.	13.3	10.4	14.0	22.6
Friend	7.3	6.9	5.4	1.9
Other	5.5	5.9	5.4	1.9
Unknown	0.5	0.5	0.0	0.0
<u>Return Clinic Appointment</u>				
<12 weeks	36.7	25.7	87.1	17.0
12+ weeks	36.7	47.5	8.6	75.5
Unknown	26.6	26.7	4.3	7.5
No. of Cases	398	202	93	53
TOTAL	100.0	100.0	100.0	100.0

<sup>1</sup>Percentages may not add to 100 due to rounding

<sup>2</sup>Includes all contraceptive methods.

<sup>3</sup>GFPA=Gambia Family Planning Association.

TABLE 2.8

Followup Contraceptive Method for Women Receiving Oral Contraceptives,  
IUD, or Depo-Provera at First Visit, by Visit Number,  
The Royal Victoria Hospital (RVH) Family Planning Clinic, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>1</sup>  
(Percent Distribution)

First Method/ Followup Method	Visit Number					
	1st	2nd	3rd	4th	5th	6th
<u>Oral Contraceptives</u>						
Oral contraceptives	100.0	76.7	66.8	57.4	48.5	34.1
IUD	0.0	1.5	2.0	3.0	3.5	3.5
Depo-Provera	0.0	0.0	0.5	0.0	0.5	1.0
Condom and/or foam	0.0	1.0	0.0	1.0	0.0	1.0
None	0.0	1.0	2.0	0.5	1.0	1.0
Did not return <sup>2</sup>	0.0	18.3	27.2	36.1	44.0	56.0
Unknown	0.0	1.5	1.5	2.0	2.5	3.4
No. of Cases	202	202	202	202	202	202
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
<u>IUD</u>						
Oral contraceptives	0.0	3.2	2.1	7.5	5.4	6.4
IUD	100.0	76.3	54.8	35.5	24.7	17.2
Depo-Provera	0.0	0.0	2.1	1.1	1.1	2.1
Condom and/or foam	0.0	1.1	1.1	0.0	1.1	0.0
None	0.0	1.1	2.1	1.1	2.1	2.1
Did not return <sup>2</sup>	0.0	15.0	34.4	48.4	58.1	69.9
Unknown	0.0	3.2	3.2	6.4	7.5	2.2
No. of Cases	93	93	93	93	93	93
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
<u>Depo-Provera</u>						
Oral contraceptives	0.0	0.0	0.0	0.0	5.7	7.5
IUD	0.0	0.0	0.0	1.9	1.9	1.9
Depo-Provera	100.0	84.9	73.6	62.3	50.9	45.3
Condom and/or foam	0.0	0.0	0.0	0.0	0.0	0.0
None	0.0	0.0	1.9	0.0	0.0	1.9
Did not return <sup>2</sup>	0.0	13.2	22.6	35.8	41.5	43.4
Unknown	0.0	1.9	1.9	0.0	0.0	0.0
No. of Cases	53	53	53	53	53	53
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

<sup>1</sup>Percentages may not add to 100 due to rounding.

<sup>2</sup>Includes women who may not have had the opportunity to return for at least six visits because of registration year.

TABLE 2.9

Family Planning History of Women Registering at the Royal Victoria Hospital(RVH)<sup>1</sup> Family Planning Clinic, by Year  
The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)

<u>History</u>	<u>1976- 1979</u>	<u>1980- 1983</u>
<u>Previous Contraceptive Use</u>		
None	48.2	61.8
Oral contraceptives	33.1	18.4
IUD	5.7	9.0
Depo-Provera	3.6	1.3
Other	5.7	0.8
Unknown	3.6	8.6
<u>Referral Source</u>		
Self	47.5	66.1
Husband	15.8	13.7
Nurse/MD/Social Worker	21.6	8.1
Friend	12.2	3.9
GFPA	0.0	0.0
Media	0.0	0.0
Other	2.9	7.7
Unknown	0.0	0.4
<u>Method Requested</u>		
Oral contraceptives	53.9	51.9
IUD	25.2	28.7
Depo-Provera	11.5	15.9
Other	1.4	0.8
Unknown	7.9	2.6
<u>Method Prescribed</u>		
Oral contraceptives	52.5	54.5
IUD	27.3	23.2
Depo-Provera	12.2	15.4
Condom and/or foam	2.9	2.6
None	0.7	1.7
Other	0.0	0.4
Unknown	4.3	2.6
No. of Cases (Unweighted)	139	233
TOTAL	100.0	100.0

<sup>1</sup>Royal Victoria Hospital Family Planning Clinic is under the Maternal Child Health Section of the Gambia Medical and Health Department, Ministry of Health; RVH is located in an urban area.

<sup>2</sup>Percentages may not add to 100 due to rounding.

TABLE 2.10

Percent of Acceptors Making Followup Visits<sup>1</sup> by Registration Method and Year of Registration, The Royal Victoria Hospital (RVH) Family Planning Clinic, Selected Time Periods<sup>2</sup>  
The Gambia Acceptor Characteristics Study, 1983

<u>Method/Visits</u>	<u>Year of Registration</u>			
	<u>1976-1978</u>	<u>1979-1981</u>	<u>Jan.-Aug. 1982</u>	<u>Sept. 1982-Apr. 1983</u>
<u>Oral Contraceptives</u>				
1	100.0	100.0	100.0	100.0
2	83.3	89.2	77.4	69.6
3	83.3	83.3	58.1	NA
4	78.5	74.5	45.2	NA
5	71.3	67.6	NA	NA
6+	65.8	54.8	NA	NA
No. of Cases	42	102	31	23
<u>Depo-Provera</u>		<u>1976-1980</u>	<u>Jan. 1981-Apr. 1983</u>	
1		100.0	100.0	
2		87.1	86.4	
3		80.6	NA	
4		74.1	NA	
5		70.9	NA	
6+		70.3	NA	
No. of Cases		31	22	
<u>IUD</u>	<u>1976-1978</u>	<u>1979-1980</u>	<u>1981-1982</u>	
1	100.0	100.0	100.0	
2	77.8	92.0	80.0	
3	74.1	80.0	NA	
4	66.7	64.0	NA	
5	63.0	52.0	NA	
6+	55.6	40.0	NA	
No. of Cases	27	25	30	

<sup>1</sup>Followup visits indicated by NA (not applicable) when women did not have the opportunity to complete at least six visits because of year of registration.

<sup>2</sup>Because of small and varying number of users by method, time periods are grouped differently by method.

TABLE 3.1

Demographic Profile of Women Registering at the  
Gambia Family Planning Association (GFPA)<sup>1</sup>, by Clinic and Year<sup>2</sup>  
The Gambia Acceptor Characteristics Study, 1983<sup>3</sup>  
(Percent Distribution)

	<u>Kanifing &amp; Banjul</u>		<u>Pakalinding &amp; Bwiam &amp; Basse</u>	
	<u>1976- 1979</u>	<u>1980 1983</u>	<u>1976- 1979</u>	<u>1980- 1983</u>
<u>Residence</u>				
Banjul	69.2	64.1	0.0	0.0
Kombo-St. Mary	27.1	23.7	0.0	0.0
North Bank	0.1	0.0	0.0	0.9
Western Division	2.9	4.5	9.1	34.6
Basse	0.4	7.4	45.5	26.2
Pakalinding	0.1	0.1	45.5	38.3
Unknown	0.1	0.0	0.0	0.0
<u>Ethnic Group</u>				
Wolof	31.9	31.1	9.8	9.3
Mandinka	20.2	18.6	42.7	45.8
Fulla	6.2	9.8	16.8	16.8
Jola	16.8	11.1	5.6	18.7
Other	14.2	14.3	17.5	5.6
Unknown	10.6	15.0	7.7	3.7
<u>Religion</u>				
Muslim	81.5	86.6	88.1	97.2
Catholic	9.8	8.5	0.7	0.0
Other	2.4	4.0	0.0	0.0
Unknown	6.2	0.9	11.2	2.8
<u>Age Group</u>				
15-19	14.6	2.2	4.9	8.4
20-24	48.6	35.7	26.6	21.5
25-29	14.4	33.3	35.0	30.8
30-34	11.7	3.7	16.8	21.5
35-39	2.8	8.9	7.7	7.5
40-44	6.1	0.7	1.4	3.7
45+	0.1	0.0	0.0	0.0
Unknown	1.7	15.4	7.7	6.5
<u>Marital Status</u>				
Ever Married	76.7	77.6	88.8	87.9
Single	15.7	16.9	2.1	2.8
Unknown	7.6	5.4	9.1	9.3
<u>Education</u>				
None	40.9	35.4	76.2	76.6
Primary	20.7	21.9	4.2	2.8
Secondary	22.3	30.7	4.2	5.6
Professional	1.8	3.6	0.0	0.0
Unknown	14.3	8.3	15.4	15.0

TABLE 3.1

Demographic Profile of Women Registering at the Gambia  
Family Planning Association (GFPA)<sup>1</sup>, by Clinic and Year<sup>2</sup>  
The Gambia Acceptor Characteristics Study, 1983<sup>3</sup>  
(Percent Distribution)  
(Continued)

	<u>Kanifing &amp; Banjul</u>		<u>Pakalinding &amp; Bwiam &amp; Basse</u>	
	<u>1976- 1979</u>	<u>1980- 1983</u>	<u>1976- 1979</u>	<u>1980- 1983</u>
<u>Employment</u>				
None	24.3	25.0	25.9	16.8
Laborer	2.7	0.1	0.7	0.0
Farmer	4.0	4.2	31.5	23.4
Trader	7.2	1.2	0.0	1.9
Civil Servant	11.1	20.2	1.4	4.7
Other	7.9	10.7	12.6	38.3
Unknown	42.8	38.4	28.0	15.0
<u>Employment-Spouse</u>				
None	3.2	4.2	1.4	0.0
Laborer	0.2	0.6	2.1	0.9
Farmer	5.7	3.7	54.5	44.9
Trader	9.9	6.3	6.3	9.3
Civil Servant	27.1	37.5	10.5	13.1
Other	13.7	8.2	11.9	19.6
Not married	5.0	8.5	1.4	0.9
Unknown	35.0	30.8	11.9	11.6
No. of Cases (Unweighted)	293	179	145	107
TOTAL	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics--  
Kanifing and Banjul--and three rural clinics--Bwiam, Basse, and  
Pakalinding.

<sup>2</sup>Excludes nine records with unknown year of registration.

<sup>3</sup>Percentages may not add to 100 due to rounding.

TABLE 3.2

Demographic Profile of Women Registering at the Gambia  
Family Planning Association (GFPA)<sup>1</sup>, by Clinic and Method, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)

Residence	Kanifing + Banjul			Pakalinding + Bwian + Basse <sup>3</sup>	
	OC <sup>4</sup>	IUD <sup>4</sup>	Depo <sup>4</sup>	OC <sup>4</sup>	Depo <sup>4</sup>
Banjul <sup>5</sup>	68.2	70.8	58.0	0.0	0.0
Kombo-St. Mary <sup>5</sup>	27.8	27.4	18.8	0.0	0.0
North Bank	0.9	0.0	0.0	0.0	2.0
Western Division	2.1	1.1	13.6	18.6	24.0
Basse	1.5	0.7	9.6	41.5	32.0
Pakalinding	0.2	0.0	0.0	39.9	42.0
Unknown	0.1	0.0	0.0	0.0	0.0
<u>Ethnic Group</u>					
Wolof	34.1	22.8	25.9	11.7	2.0
Mandinka	19.1	11.4	24.1	41.0	60.0
Fulla	6.3	11.4	11.4	16.5	12.0
Jola	18.0	4.0	14.0	11.2	10.0
Other	9.9	41.3	22.8	12.2	12.0
Unknown	12.6	8.9	1.8	7.4	4.0
<u>Religion</u>					
Muslim	83.5	77.9	76.8	89.9	100.0
Catholic	9.1	3.3	21.0	0.0	0.0
Other	2.1	18.1	1.3	0.0	0.0
Unknown	4.9	0.7	0.9	10.1	0.0
<u>Age Group</u>					
15-19	12.4	11.0	0.0	7.9	0.0
20-24	47.1	76.6	1.3	31.0	0.0
25-29	22.5	5.8	12.7	35.8	30.0
30-34	6.1	4.0	35.9	13.2	34.0
35-59	2.5	1.1	24.5	3.7	24.0
40-44	2.6	0.4	24.5	0.0	8.0
45+	0.0	0.0	0.4	0.0	0.0
Unknown	6.8	1.1	0.4	8.4	4.0
<u>Mean Age</u>	<u>23.9</u>	<u>22.1</u>	<u>35.0</u>	<u>25.1</u>	<u>32.3</u>
<u>Marital Status</u>					
Ever Married	75.9	78.2	89.5	87.2	94.0
Single	17.3	20.3	0.0	3.2	0.0
Unknown	6.9	1.5	10.5	9.6	6.0
<u>Education</u>					
None	55.6	32.5	65.4	73.4	86.0
Primary	23.1	21.7	2.7	2.7	4.0
Secondary	29.5	27.2	0.0	5.3	4.0
Professional	2.8	0.0	0.9	0.0	0.0
Unknown	9.0	18.5	31.0	18.6	6.0

TABLE 3.2

Demographic Profile of Women Registering at the Gambia  
Gambia Family Planning Association (GFPA)<sup>1</sup>,  
by Clinic and Method, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)  
(Continued)

	Kanifing + Banjul			Pakalinding + Bwiam + Basse <sup>3</sup>	
	OC <sup>4</sup>	IUD <sup>4</sup>	Depo	OC <sup>4</sup>	Depo <sup>4</sup>
<u>Employment</u>					
None	23.1	31.4	19.4	22.9	16.0
Laborer	1.4	0.0	9.6	0.5	0.0
Farmer	2.1	9.2	2.7	27.1	28.0
Trader	5.5	1.1	12.3	0.5	0.0
Civil Servant	14.9	21.4	0.0	2.7	4.0
Other	10.9	4.4	4.9	20.2	36.0
Unknown	42.0	32.5	51.1	26.1	16.0
<u>Employment-Spouse</u>					
None	4.1	1.1	1.3	0.0	2.0
Laborer	0.6	0.0	0.4	1.6	2.0
Farmer	2.7	8.9	12.3	50.5	48.0
Trader	7.1	20.3	13.6	6.4	10.0
Civil Servant	30.7	22.8	24.1	12.8	10.0
Other	9.3	22.8	25.4	12.8	22.0
Not married	6.3	1.5	0.4	1.6	0.0
Unknown	39.1	22.5	22.3	13.8	6.0
No. of Cases (Unweighted)	315	75	60	190	50
TOTAL	100.0	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics--  
Kanifing and Banjul--and three rural clinics--Bwiam, Basse, and  
Pakalinding.

<sup>2</sup>Percentages may not add to 100 due to rounding.

<sup>3</sup>Excludes information on one woman receiving an IUD.

<sup>4</sup>OC=oral contraceptives; IUD=intrauterine device; Depo=Depo-Provera.

<sup>5</sup>Banjul and Kombo-St. Mary are adjoining areas.

TABLE 3.3

Reproductive History of Women Registering at the Gambia Family  
Planning Association (GFPA)<sup>1</sup>, by Clinic and Method  
The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)

A. <u>Pregnancy History</u>	<u>Kanifing + Banjul</u>			<u>Bwiam + Basse + Pakalinding<sup>3</sup></u>	
	<u>OC<sup>4</sup></u>	<u>IUD<sup>4</sup></u>	<u>Depo<sup>4</sup></u>	<u>OC<sup>4</sup></u>	<u>Depo</u>
<u>No. of Pregnancies</u>					
0	5.5	0.0	0.0	4.4	0.0
1-3	65.2	69.7	0.9	48.6	4.3
4-7	26.8	28.8	32.4	40.4	70.2
8+	2.4	1.1	51.4	5.5	12.8
Unknown	0.1	0.3	15.2	1.1	12.8
<u>No. of Abortions<sup>5</sup></u>					
0	77.9	72.3	76.1	84.2	63.4
1	18.8	20.6	15.8	11.6	25.5
2-4	3.0	5.9	8.0	3.2	10.6
Unknown	0.3	1.1	0.0	0.0	0.0
<u>No. of Stillbirths</u>					
0	96.5	98.2	95.7	95.6	89.4
1-2	3.4	1.4	3.8	4.4	8.5
Unknown	0.0	0.3	0.5	0.0	2.1
<u>No. of Live Births</u>					
0	12.1	1.1	0.5	6.6	0.0
1-3	63.3	70.8	33.4	49.7	8.5
4-7	22.6	27.7	43.8	38.3	68.1
8+	2.0	0.3	22.4	5.5	23.4
Unknown	0.0	0.0	0.0	0.0	0.0
<u>No. of Living Children</u>					
0	13.7	1.1	0.5	9.3	0.0
1-3	65.3	82.9	23.8	65.0	19.1
4-7	19.3	15.7	47.6	24.0	78.7
8+	1.7	0.3	28.1	1.6	2.1
Unknown	0.0	0.0	0.0	0.0	0.0
<u>Mean No. of Living Children</u>					
	<u>2.2</u>	<u>2.5</u>	<u>5.9</u>	<u>2.5</u>	<u>4.4</u>
<u>Outcome of Last Pregnancy</u>					
Live birth	80.0	81.1	81.0	80.3	74.5
Stillbirth	0.3	1.1	1.5	1.6	4.3
Abortion/miscar.	7.0	10.0	3.1	4.3	4.3
Never pregnant	3.8	0.0	0.0	4.4	0.0
Unknown	9.0	7.1	14.3	9.3	17.0

TABLE 3.3

Reproductive History of Women Registering at the Gambia Family Planning Association (GFPA)<sup>1</sup>, by Clinic and Method  
The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)  
(Continued)

B. <u>Menstrual History</u>	<u>Kanifing + Banjul</u>			<u>Bwiam + Basse + Pakalinding</u> <sup>3</sup>	
	<u>OC</u> <sup>4</sup>	<u>IUD</u> <sup>4</sup>	<u>Depo</u> <sup>4</sup>	<u>OC</u> <sup>4</sup>	<u>Depo</u> <sup>4</sup>
<u>Menstrual Cycle</u>					
Regular	88.7	88.6	97.2	97.3	93.6
Irregular	0.5	9.9	0.0	0.5	0.0
Unknown	10.8	1.4	2.8	2.2	6.4
<u>Menstrual Flow</u>					
Scanty	1.6	9.9	11.0	5.5	4.3
Moderate	64.3	60.8	59.0	30.6	27.7
Profuse	8.8	0.7	2.4	20.2	31.9
Unknown	25.3	28.4	27.6	43.7	36.2
<u>Menstrual Cramps</u>					
Yes	30.3	26.7	27.6	53.0	48.9
No	63.3	73.0	71.4	43.7	46.8
Unknown	6.4	0.3	0.9	3.3	4.3
No. of Cases	315	75	60	190	50
TOTAL	100.0	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics--  
Kanifing and Banjul, and three rural clinics--Bwiam, Basse, and  
Pakalinding.

<sup>2</sup>Percentages may not add to 100 due to rounding.

<sup>3</sup>Excludes information on one woman receiving an IUD.

<sup>4</sup>OC=oral contraceptives; IUD=intrauterine device; Depo=Depo-Provera.

<sup>5</sup>Includes miscarriages.

TABLE 3.4

Reported Medical History of Women Registering at the Gambia Family Planning Association (GFPA)<sup>1</sup>, by Clinic and Method, 1976-1983, The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)

Percent With Medical History of:	Kanifing + Banjul			Bwiam + Basse + Pakalinding <sup>3</sup>	
	OC <sup>4</sup>	IUD <sup>4</sup>	Depo <sup>4</sup>	OC	Depo
Diabetes	0.1	0.0*	0.0*	0.0*	0.0*
Varicose Veins	0.0	1.0	0.9	2.6	4.0
Jaundice/Yellow Eyes	2.4	9.2	0.0	4.7	0.0
Sickle Cell Disease	0.0*	0.0*	0.0*	1.6	0.0
Breast Lump/Blood	0.0	0.0	0.0	0.5	0.0
Chest pain	0.2	0.7	0.0	14.2	6.0
Headache/epilepsy	0.2	0.3	0.4	17.9	8.0
No. of Cases (Unweighted)	315	75	60	190	50
TOTAL	100.0	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics-- Kanifing + Banjul--and three rural clinics-- Bwiam + Basse + Pakalinding.

<sup>2</sup>Percentages may not add to 100 due to rounding.

<sup>3</sup>Excludes one woman receiving an IUD.

<sup>4</sup>OC=oral contraceptives; IUD=intrauterine device; Depo=Depo-Provera.

\*Over 25 percent with no information for this condition.

TABLE 3.5

Physical Examination of Women Registering at the Gambia Family Planning Association (GFPA)<sup>1</sup>, by Clinic and Method, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)

Physical Exam	Kanifing + Banjul			Bwiam + Basse + Pakalinding <sup>3</sup>	
	OC <sup>4</sup>	IUD <sup>4</sup>	Depo <sup>4</sup>	OC <sup>4</sup>	Depo <sup>4</sup>
<u>Blood Pressure</u>					
Diastolic <90	68.6	9.9	52.5	54.2	62.0
Diastolic ≥90	1.9	0.3	11.0	1.1	4.0
Unknown	29.5	89.7	36.5	44.7	34.0
<u>Weight</u>					
<100 pounds	7.8	0.3	0.9	9.5	8.0
100-160 pounds	41.2	17.7	36.5	32.6	56.0
160+ pounds	7.4	0.0	14.1	8.9	2.0
Unknown	43.6	81.9	48.4	48.9	34.0
<u>Urinalysis Completed</u>					
Yes	2.5	1.0	0.9	1.1	4.0
No	0.0	0.0	0.0	0.0	0.0
Unknown	97.4	98.9	99.1	98.7	96.0
<u>Uterus--Position</u>					
Anteflexed	37.4	60.3	27.4	42.6	48.0
Mid	29.4	20.9	53.9	9.5	6.0
Retroflexed	10.1	3.2	2.3	4.1	12.0
Unknown	23.2	15.6	16.4	43.7	34.0
<u>Uterus--Size</u>					
Normal	68.0	83.7	72.6	51.6	56.0
Small	7.1	0.7	1.4	6.8	4.0
Large	2.1	0.7	10.0	1.1	10.0
Unknown	22.8	14.9	16.0	40.5	30.0
<u>Uterus--Shape</u>					
Regular	58.5	84.1	42.0	50.0	58.0
Fibroid	1.7	0.0	0.9	4.7	4.0
Unknown	39.8	15.9	57.1	45.3	38.0
<u>Adnexa</u>					
Normal	0.9	2.5	0.5	1.6	0.0
Abnormal	0.0	0.0	0.0	0.0	0.0
Unknown	99.1	97.5	95.5	98.4	100.0
<u>Discharge<sup>5</sup></u>					
Yes	29.6	24.4	24.6	51.6	48.0
No	62.8	66.7	74.0	45.3	48.0
Unknown	7.6	8.9	1.4	3.1	4.0

TABLE 3.5

Physical Examination of Women Registering at the Gambia Family Planning Association (GFPA)<sup>1</sup>, by Clinic and Method, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)  
(Continued)

Physical Exam	Kanifing + Banjul			Bwiam + Basse + Pakalinding <sup>3</sup>	
	OC <sup>4</sup>	IUD <sup>4</sup>	Depo <sup>4</sup>	OC <sup>4</sup>	Depo <sup>4</sup>
<u>Cervical Erosion/ Inflammation</u>					
Yes	7.3	40.4	3.2	8.4	22.0
No	53.5	35.8	75.8	42.6	48.0
Unknown	39.2	23.7	21.0	48.9	30.0
No. of Cases (Unweighted)	315	75	60	190	50
TOTAL	100.0	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics--

Kanifing + Banjul--and three rural clinics-- Bwiam + Basse + Pakalinding.

<sup>2</sup>Percentages may not add to 100 due to rounding.

<sup>3</sup>Excludes information on one woman receiving an IUD.

<sup>4</sup>OC=oral contraceptives; IUD=intrauterine device; Depo=Depo-Provera.

<sup>5</sup>Information obtained by medical history.

TABLE 3.6

Family Planning History of Women Registering at the Gambia Family Planning Association (GFPA)<sup>1</sup>, by Clinic and Method, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)

History	Kanifing + Banjul			Bwiam + Basse + Pakalinding <sup>3</sup>	
	OC <sup>4</sup>	IUD <sup>4</sup>	Depo <sup>4</sup>	OC <sup>4</sup>	Depo <sup>4</sup>
<u>Previous Contraceptive Use</u>					
None	34.1	28.0	31.7	58.4	60.0
Oral contraceptives	2.0	2.1	12.3	1.1	4.0
IUD	0.4	1.0	0.0	0.0	0.0
Depo-Provera	0.0	0.0	0.4	0.0	0.0
Other	1.0	0.7	0.9	2.1	2.0
Unknown	62.5	68.2	55.6	38.4	34.0
<u>Referral Source</u>					
Relative	31.7	12.7	25.9	5.8	4.0
Nurse/MD/Social Worker	10.1	25.8	12.7	1.0	10.0
Friend	24.1	29.4	15.8	8.9	22.0
GFPA	16.8	11.6	21.4	57.4	44.0
Media	1.4	0.3	10.0	0.5	0.0
Other	4.5	18.1	1.3	10.0	12.0
Unknown	11.2	1.8	12.7	16.3	8.0
No. of Cases (Unweighted)	315	75	60	190	50
TOTAL	100.0	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics--  
Kanifing + Banjul--and three rural clinics-- Bwiam + Basse + Pakalinding.

<sup>2</sup>Percentages may not add to 100 due to rounding.

<sup>3</sup>Excludes information on one woman receiving an IUD.

<sup>4</sup>OC=oral contraceptives; IUD=intrauterine device; Depo=Depo-Provera.

TABLE 3.7

Followup Contraceptive Method for Women Receiving Oral Contraceptives, IUD, or Depo-Provera at First Visit, by Visit Number and Clinic, at the Gambia Family Planning Association<sup>1</sup>, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)

First Method/Followup Method	Kanifing and Banjul Clinics					
	Visit Number					
	1st	2nd	3rd	4th	5th	6th
<u>Oral Contraceptives</u>						
Oral contraceptives	100.0	65.4	51.2	36.7	28.4	25.2
IUD	0.0	0.4	0.6	0.5	0.5	0.7
Depo-Provera	0.0	0.0	0.0	0.2	0.2	1.4
Condom/foam/other	0.0	0.2	0.0	0.0	0.0	0.0
None	0.0	0.5	0.3	1.4	1.4	0.2
Did not return <sup>3</sup>	0.0	32.3	46.6	60.9	67.2	70.1
Unknown	0.0	1.1	1.1	1.1	2.3	2.3
No. of Cases (Unweighted)	315	315	315	315	315	315
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
<u>IUD</u>						
Oral contraceptives	0.0	0.3	8.9	9.2	1.0	9.6
IUD	100.0	84.4	61.4	48.6	29.8	3.2
Depo-Provera	0.0	0.3	0.0	0.0	0.0	0.0
Condom/foam/other	0.0	8.5	0.7	0.3	0.7	0.3
None	0.0	0.7	0.7	1.0	0.7	0.7
Did not return <sup>3</sup>	0.0	5.6	28.3	40.7	59.1	77.7
Unknown	0.0	0.0	0.0	0.0	8.5	8.5
No. of Cases (Unweighted)	75	75	75	75	75	75
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
<u>Depo-Provera</u>						
Oral contraceptives	0.0	19.2	10.0	1.3	0.9	0.4
IUD	0.0	0.0	0.0	0.0	0.0	0.0
Depo-Provera	100.0	79.0	74.1	52.7	47.8	46.0
Condom/foam/other	0.0	0.0	0.0	0.0	0.0	0.0
None	0.0	0.0	0.4	0.0	0.0	0.0
Did not return <sup>3</sup>	0.0	1.8	15.4	46.0	51.3	53.6
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
No. of Cases (Unweighted)	60	60	60	60	60	60
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics-- Kanifing and Banjul--and three rural clinics--Bwiam, Basse, and Pakalinding.

<sup>2</sup>Percentages may not add to 100 due to rounding.

<sup>3</sup>Includes women who may not have had the opportunity to return for at least six visits because of registration year.

TABLE 3.8

Followup Contraceptive Method for Women Receiving Oral Contraceptives,  
or Depo-Provera at First Visit, by Visit Number and Clinic, at the  
Gambia Family Planning Association<sup>1</sup>, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)

<u>First Method/Followup</u>	<u>Pakalinding, Bwiam, and Basse Clinics</u>					
	<u>Visit Number</u>					
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>	<u>4th</u>	<u>5th</u>	<u>6th</u>
<u>Oral Contraceptives</u>						
Oral contraceptives	100.0	40.5	19.5	11.0	4.7	4.2
IUD	0.0	0.0	0.5	0.5	0.0	0.0
Depo-Provera	0.0	2.1	1.6	1.0	0.5	0.5
Condom/foam/other	0.0	0.0	0.0	0.0	0.0	0.0
None	0.0	4.7	3.1	0.5	2.1	0.5
Did not return <sup>3</sup>	0.0	52.1	74.2	86.8	92.6	94.7
Unknown	0.0	0.5	1.0	0.0	0.0	0.0
No. of Cases (Unweighted)	190	190	190	190	190	190
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
<u>Depo-Provera</u>						
Oral contraceptives	0.0	2.0	4.0	0.0	4.0	4.0
IUD	0.0	0.0	0.0	0.0	0.0	0.0
Depo-Provera	100.0	66.0	36.0	24.0	14.0	6.0
Condom/foam/other	0.0	0.0	0.0	0.0	0.0	0.0
None	0.0	2.0	2.0	4.0	2.0	0.0
Did not return <sup>3</sup>	0.0	28.0	56.0	72.0	80.0	90.0
Unknown	0.0	2.0	2.0	0.0	0.0	0.0
No. of Cases (Unweighted)	50	50	50	50	50	50
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics--  
Kanifing and Banjul--and three rural clinics--Bwiam, Basse, and  
Pakalinding.

<sup>2</sup>Percentages may not add to 100 due to rounding.

<sup>3</sup>Includes women who may not have had the opportunity to complete at  
least six visits because of timing of registration year.

TABLE 3

Family Planning History of Women Registering at the Gambia  
Family Planning Association (GFPA)<sup>1</sup>, by Clinic and Year<sup>2</sup>  
The Gambia Acceptor Characteristics Study, 1983<sup>3</sup>  
(Percent Distribution)

Previous Contra- ceptive Use	Kanifing + Banjul		Pakalinding + Bwiam + Basse	
	1976- 1979	1980- 1983	1976- 1979	1980- 1983
None	34.4	33.2	63.4	50.5
Oral contraceptives	3.5	1.5	0.7	2.8
IUD	0.3	0.6	0.0	0.0
Depo-Provera	0.1	0.0	0.0	0.0
Other	0.3	1.3	1.4	2.8
Unknown	61.3	63.4	34.5	43.9
<u>Referral Source</u>				
Peer	31.3	8.5	5.5	21.5
Relative	31.5	19.0	4.8	5.6
GFPA	16.2	15.0	76.6	27.1
Nurse/MD/Soc. Worker	8.9	25.1	0.7	4.7
Media	1.4	3.7	0.0	0.9
Other	0.2	18.1	2.1	20.6
Unknown	10.4	10.7	10.3	19.6
<u>Method Prescribed</u>				
None	2.2	0.1	0.0	0.0
Oral contraceptives	72.7	70.3	86.9	71.0
IUD	8.9	19.4	0.7	0.0
Depo-Provera	10.6	9.5	12.4	29.0
Condom/Foam	0.6	0.4	0.0	0.0
Other	0.0	0.0	0.0	0.0
Unknown	5.0	0.1	0.7	0.0
No. of Cases (Unweighted)	293	179	145	107
TOTAL	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics--  
Kanifing and Banjul--and three rural clinics--Bwiam, Basse, and  
Pakalinding.

<sup>2</sup>Excludes nine records with unknown year of registration.

<sup>3</sup>Percentages may not add to 100 due to rounding.

TABLE 3.10

Percent of Acceptors Making Followup Visits<sup>1</sup> by  
Registration Method, and Year of  
Registration, The Kanifing and Banjul Clinics,  
The Gambia Family Planning Association (GFPA)<sup>2</sup>,  
Selected Time Periods  
The Gambia Acceptor Characteristics Study, 1983

<u>Method/Visits</u>	<u>1976- 1979</u>	<u>1980- 1981</u>	<u>Jan. 1982- Apr. 1983</u>
<u>Oral Contracep-</u>			
<u>tives</u>			
1	100.0	100.0	100.0
2	69.6	69.6	49.8
3	55.3	53.6	NA
4	42.1	29.4	NA
5	35.5	28.5	NA
6+	32.4	26.3	NA
No. of Cases	195	59	49
<u>Depo-Provera</u>			
1	100.0	100.0	90.7
2	92.4	100.0	90.7
3	74.5	96.1	NA
4	60.5	11.6	NA
5	21.0	11.6	NA
6+	12.0	11.6	NA
No. of Cases	41	21	9

<sup>1</sup>Followup visits indicated by NA (not applicable) when women did not have the opportunity to complete at least six visits because of year of registration.

<sup>2</sup>The Gambia Family Planning Association includes two urban clinics--Kanifing and Banjul--and three rural clinics--Bwiam, Basse, and Pakalinding.

<sup>3</sup>Because of small and varying number of users by method, time periods are grouped differently by method.

TABLE 3.11

Percent of Acceptors Making Followup Visits by Registration Method and Year of Registration, The Pakalinding, Bwiam, and Basse Clinics<sup>2</sup>, Selected Time Periods<sup>3</sup>  
 The Gambia Family Planning Association  
 The Gambia Acceptor Characteristics Study, 1983

<u>Methods/Visits</u>	<u>1976- 1979</u>	<u>1980- 1981</u>	<u>Jan. 1982- Apr. 1983</u>
<u>Oral Contraceptives</u>			
1	100.0	100.0	41.7
2	49.1	42.8	12.5
3	24.5	28.5	NA
4	15.9	9.4	NA
5	8.3	4.6	NA
6+	6	4.6	NA
No. of Cases	118	42	24
<u>Depo-Provera</u>	<u>1976-1981</u>		<u>Jan. 1982- Apr. 1983</u>
1	100.0		100.0
2	75.0		74.7
3	50.0		NA
4	28.1		NA
5	25.0		NA
6+	12.5		NA

<sup>1</sup>Followup visits indicated by NA (not applicable) when women did not have the opportunity to complete at least six visits because of year of registration.

<sup>2</sup>The Gambia Family Planning Association includes two urban clinics--Kanifing and Banjul--and three rural clinics--Bwiam, Basse, and Pakalinding.

<sup>3</sup>Because of small and varying number of users by method, time periods are grouped differently by method.

TABLE 4.1

Demographic Profile of Women Registering at the Gambia  
Family Planning Association (GFPA)<sup>1</sup>, by Clinic and Year<sup>2</sup>  
The Gambia Acceptor Characteristics Study, 1983<sup>3</sup>  
(Percent Distribution)

	Kanifing		Banjul		Pakalinding		Bwiam		Basse	
	1976- 1979	1980- 1983								
<u>Residence</u>										
Banjul	3.1	5.8	89.2	81.8	0.0	0.0	0.0	0.0	0.0	0.0
Kombo-St. Mary	86.2	87.2	9.2	4.5	0.0	0.0	0.0	0.0	0.0	0.0
North Bank	0.4	0.0	0.0	0.0	0.0	2.4	0.0	0.0	0.0	0.0
Western Division	7.6	4.5	1.5	4.5	1.6	0.0	92.3	100.0	0.0	0.0
Basse	1.8	1.9	0.0	9.1	1.6	0.0	7.7	0.0	94.0	96.6
Pakalinding	0.4	0.6	0.0	0.0	96.8	97.6	0.0	0.0	6.0	3.4
Unknown	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<u>Ethnic Group</u>										
Wolof	25.8	28.8	33.8	31.8	12.7	17.1	0.0	2.7	9.0	6.9
Mandinka	20.9	19.9	20.0	18.2	57.1	65.9	46.2	35.1	28.4	31.0
Fulla	11.6	12.2	4.6	9.1	15.9	7.3	7.7	5.4	19.4	44.8
Jola	16.4	17.9	16.9	9.1	3.2	0.0	30.8	48.6	3.0	6.9
Other	20.4	16.7	12.3	13.6	7.9	9.8	15.4	2.7	26.9	3.4
Unknown	4.9	4.5	12.3	18.2	3.2	0.0	0.0	5.4	13.4	6.9
<u>Religion</u>										
Muslim	76.4	87.2	83.1	86.4	95.2	97.6	92.3	94.6	80.6	100.0
Catholic	12.0	6.4	9.2	9.1	1.6	0.0	0.0	0.0	0.0	0.0
Other	5.3	2.6	1.5	4.5	0.0	0.0	0.0	0.0	0.0	0.0
Unknown	6.2	3.8	6.2	0.0	3.2	2.4	7.7	5.4	19.4	0.0
<u>Age Group</u>										
15-19	12.0	9.6	15.4	0.0	4.8	0.0	7.7	10.8	4.5	17.2
20-24	31.6	33.3	53.8	36.4	27.0	17.1	23.1	29.7	26.9	17.2
25-29	26.2	23.1	10.8	36.4	31.7	48.8	30.8	18.9	38.8	20.7
30-34	14.7	16.0	10.8	0.0	14.3	26.8	30.8	24.3	16.4	10.3
35-39	7.1	8.3	1.5	9.1	11.1	0.0	7.7	10.8	4.5	13.8
40-44	5.8	3.2	6.2	0.0	3.2	0.0	0.0	2.7	0.0	10.3
45+	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Unknown	2.2	6.4	1.5	18.2	7.9	7.3	0.0	2.7	9.0	10.3
<u>Marital Status</u>										
Ever Married	80.9	78.8	75.4	77.3	92.1	87.8	100.0	97.3	83.6	75.9
Single	12.0	12.8	16.9	18.2	3.2	4.9	0.0	2.7	1.5	0.0
Unknown	7.1	8.3	7.7	4.5	4.8	7.3	0.0	0.0	14.9	24.1
<u>Education</u>										
None	44.0	47.4	40.0	31.8	85.7	82.9	84.6	91.9	65.7	48.3
Primary	23.1	19.2	20.0	22.7	3.2	0.0	7.7	2.7	4.5	6.9
Secondary	19.6	26.9	23.1	31.8	6.3	9.8	7.7	2.7	1.5	3.4
Professional	2.7	0.6	1.5	4.5	0.0	0.0	0.0	0.0	0.0	0.0
Unknown	10.7	5.8	15.4	9.1	4.8	7.3	0.0	2.7	28.4	41.4

TABLE 4.1

Demographic Profile of Women Registering at the Gambia  
Family Planning Association (GFPA)<sup>1</sup>, by Clinic and Year<sup>2</sup>  
The Gambia Acceptor Characteristics Study, 1983<sup>1</sup>  
(Percent Distribution)  
(Continued)

	Kanifing		Banjul		Pakalinding		Lwiam		Basse	
	1976- 1979	1980- 1983								
<u>Employment</u>										
None	28.4	32.7	23.1	22.7	28.6	7.3	15.4	18.9	25.4	27.6
Laborer	1.3	0.6	3.1	0.0	1.6	0.0	0.0	0.0	0.0	0.0
Farmer	7.1	3.2	3.1	4.5	55.6	19.5	76.9	35.1	0.0	13.8
Trader	10.7	5.1	6.2	0.0	0.0	4.9	0.0	0.0	0.0	0.0
Civil Servant	7.1	12.2	12.3	22.7	1.6	4.9	7.7	0.0	0.0	10.3
Other	18.7	16.0	4.6	9.1	6.3	51.2	0.0	27.0	20.9	34.5
Unknown	26.7	30.1	47.7	40.9	6.3	12.2	0.0	18.9	53.7	13.8
<u>Employment--Husband</u>										
None	3.6	3.2	3.1	4.5	1.6	0.0	7.7	0.0	0.0	0.0
Laborer	1.8	2.6	0.0	0.0	3.2	0.0	0.0	0.0	1.5	3.4
Farmer	4.0	1.3	6.2	4.5	61.9	39.0	61.5	73.0	46.3	17.2
Trader	12.4	12.2	9.2	4.5	1.6	2.4	15.4	2.7	9.0	27.6
Civil Servant	25.3	26.3	27.7	40.9	7.9	24.4	0.0	5.4	14.9	6.9
Other	23.1	20.5	10.8	4.5	17.5	19.5	15.4	16.2	6.0	24.1
Not married	6.2	6.4	4.6	9.1	3.2	0.0	0.0	0.0	0.0	3.4
Unknown	23.6	27.6	38.5	31.8	3.2	14.6	0.0	2.7	22.4	17.2
No. of Cases	228	157	65	22	63	41	14	37	68	29
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics--Kanifing and Banjul--and three rural clinics--Bwiam, Basse, and Pakalinding.

<sup>2</sup>Excludes 9 records with unknown year of registration.

<sup>3</sup>Percentages may not add to 100 due to rounding.

TABLE 4.2

Demographic Profile of Women Registering at the Gambia Family  
Planning Association (GFPA)<sup>1</sup>, by Clinic, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)

<u>Residence</u>	<u>Total</u>	<u>Kanifing</u>	<u>Banjul</u>	<u>Ewiam</u>	<u>Basse</u>	<u>Pakalindi</u>
Banjul <sup>3</sup>	12.8	4.3	87.5	0.0	0.0	0.0
Kombo-St. Mary <sup>3</sup>	46.9	86.4	7.9	0.0	0.0	0.0
North Bank	0.3	0.2	0.0	0.0	0.0	1.0
Western Division	10.5	6.1	2.3	98.0	0.0	1.0
Pakalinding	14.7	0.5	0.0	0.0	5.0	97.1
Basse	14.5	1.8	2.3	2.0	95.0	1.0
Unknown	0.3	0.5	0.0	0.0	0.0	0.0
<u>Ethnic Group</u>						
Wolof	21.8	27.2	32.9	2.0	9.0	14.4
Mandinka	28.5	20.5	19.3	39.2	29.0	60.6
Fulia	12.5	11.5	5.7	5.9	26.0	12.5
Jola	14.7	17.2	14.8	43.1	4.0	1.9
Other	16.0	19.0	12.5	5.9	20.0	8.6
Unknown	6.4	4.6	14.8	3.9	12.0	1.9
<u>Religion</u>						
Muslim	84.3	80.0	82.9	92.1	86.0	96.1
Catholic	6.4	9.7	9.1	0.0	0.0	1.0
Other	2.6	4.3	3.4	0.0	0.0	0.0
Unknown	6.5	5.9	4.5	7.8	16.0	2.9
<u>Age Group</u>						
15-19	9.5	11.3	11.4	9.8	8.0	2.9
20-24	31.4	32.3	48.9	27.4	23.0	23.1
25-29	26.9	24.4	18.2	21.6	35.0	38.5
30-34	15.4	15.1	7.9	25.4	14.0	19.2
35-39	7.2	7.7	3.4	11.8	7.0	6.7
40-44	3.8	4.6	4.5	2.0	3.0	1.9
45+	0.1	0.3	0.0	0.0	0.0	0.0
Unknown	5.6	4.4	5.7	2.0	10.0	7.7
<u>Marital Status</u>						
Ever married	82.4	79.7	76.2	98.0	82.0	90.3
Single	9.4	12.3	17.0	2.0	1.0	3.8
Unknown	8.2	7.9	6.8	0.0	17.0	5.7
<u>Education</u>						
None	54.6	44.6	37.5	88.2	60.0	84.6
Primary	15.1	21.5	20.4	3.9	5.0	1.9
Secondary	16.8	22.6	26.1	3.9	2.0	7.7
Professional	1.2	1.8	2.3	0.0	0.0	0.0
Unknown	12.3	9.5	13.6	3.9	33.0	5.8

TABLE 4.2

Demographic Profile of Women Registering at the Gambia Family  
 Planning Association (GFPA)<sup>1</sup>, by Clinic, 1976-1983  
 The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
 (Percent Distribution)  
 (Continued)

<u>Employment</u>	<u>Total</u>	<u>Kanifing</u>	<u>Banjul</u>	<u>Bwiam</u>	<u>Basse</u>	<u>Pakalinding</u>
None	26.6	30.5	22.7	17.6	26.0	20.2
Laborer	0.9	1.0	2.3	0.0	0.0	1.0
Farmer	13.0	5.4	3.4	47.0	4.0	41.3
Trader	5.3	8.5	4.5	0.0	0.0	1.9
Civil Servant	7.8	9.5	14.8	2.0	3.0	2.9
Other	18.1	17.4	6.8	19.6	24.0	24.0
Unknown	28.2	27.7	45.4	13.7	43.0	8.6
<u>Employment--Husband</u>						
None	2.4	3.3	3.4	2.0	0.0	1.0
Laborer	1.8	2.0	0.0	0.0	3.0	1.9
Farmer	19.8	2.8	5.7	70.6	38.0	52.9
Trader	10.1	12.3	7.9	5.9	14.0	1.9
Civil Servant	21.4	25.9	30.7	3.9	12.0	14.4
Other	18.0	22.0	9.1	15.7	11.0	18.3
Not applicable	4.5	6.4	5.7	0.0	1.0	1.9
Unknown	22.0	25.1	37.5	2.0	21.0	7.7
No. of Cases	733	390	88	51	100	104
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics--Kanifing and Banjul--and three rural clinics--Bwiam, Basse, and Pakalinding.

<sup>2</sup>Percentages may not add to 100 due to rounding.

<sup>3</sup>Banjul and Kombo-St. Mary are adjoining areas.

TABLE 4.3

Reproductive History of Women Registering at the Gambia Family  
Planning Association (GFPA)<sup>1</sup> Clinic, 1976-1983,  
The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)

A. <u>Pregnancy History</u>	<u>Total</u>	<u>Kanifing</u>	<u>Banjul</u>	<u>Bwiam</u>	<u>Basse</u>	<u>Pakalinding</u>
<u>No. of Pregnancies</u>						
0	3.0	1.8	5.7	7.8	3.0	2.9
1-3	46.6	49.0	60.2	41.2	36.0	39.4
4-7	37.9	35.9	23.9	43.1	49.0	44.2
8+	8.4	9.0	7.9	5.9	8.0	8.5
Unknown	3.9	4.3	2.3	2.0	4.0	4.8
<u>No. of Abortions<sup>3</sup></u>						
0	75.3	74.1	69.3	74.5	86.0	75.0
1	17.0	17.2	23.9	17.6	10.0	17.3
2-4	4.5	4.3	3.4	7.8	3.0	5.8
Unknown	3.1	4.3	3.4	0.0	1.0	1.9
<u>No. of Stillbirths</u>						
0	91.8	89.5	95.4	98.0	95.0	91.3
1-2	5.3	6.1	3.4	2.0	4.0	6.7
Unknown	2.9	4.4	1.1	0.0	1.0	1.9
<u>No. of Live Births</u>						
0	7.8	4.6	13.6	11.8	5.0	3.8
1-3	58.5	51.0	55.7	39.2	38.0	43.3
4-7	28.8	33.1	22.7	43.1	46.0	41.3
8+	4.0	9.2	5.7	5.9	11.0	11.5
Unknown	1.4	2.0	2.3	0.0	0.0	0.0
<u>No. of Living Children</u>						
0	7.8	5.9	14.8	15.7	6.0	6.7
1-3	58.5	60.3	59.1	47.0	52.0	63.5
4-7	28.8	27.4	20.4	35.3	38.0	28.8
8+	4.0	5.1	3.4	2.0	4.0	1.0
Unknown	0.9	1.2	2.3	0.0	0.0	0.0
<u>Outcome of Last Pregnancy</u>						
Live birth	76.7	78.2	72.7	72.5	79.0	74.0
Stillbirth	1.1	0.8	0.0	0.0	5.0	0.0
Abortion/miscarriage	6.7	7.7	7.9	5.9	5.0	4.0
Never pregnant	3.0	1.8	5.7	7.8	3.0	3.0
Unknown	12.5	11.5	13.6	13.7	8.0	19.2

TABLE 4.3

Reproductive History of Women Registering at the Gambia Family  
Planning Association (GFPA)<sup>1</sup> Clinic, 1976-1983,  
The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution  
(Continued)

B. <u>Menstrual History</u>	<u>Total</u>	<u>Kanifing</u>	<u>Banjul</u>	<u>Bwiam</u>	<u>Basse</u>	<u>Pakalinding</u>
<u>Menstrual Cycle</u>						
Regular	89.9	86.4	88.6	94.1	99.0	93.3
Irregular	1.3	1.8	1.1	0.0	1.0	1.0
Unknown	8.7	11.8	10.2	5.9	0.0	5.8
<u>Menstrual Flow</u>						
Scanty	3.4	1.5	3.4	11.8	5.0	4.8
Moderate	49.0	57.2	64.8	35.3	21.0	38.5
Profuse	12.7	6.9	6.8	23.5	24.0	23.1
Unknown	34.9	34.3	25.0	29.4	50.0	33.6
<u>Menstrual Cramps</u>						
Yes	31.5	34.9	29.5	64.7	64.0	28.8
No	62.3	58.5	62.5	35.3	34.0	64.4
Unknown	6.1	6.7	7.9	0.0	2.0	6.7
No. of Cases	733	390	88	51	100	104
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics--Kanifing and Banjul--and three rural clinics--Bwiam, Basse, and Pakalinding.

<sup>2</sup>Percentages may not add to 100 due to rounding.

<sup>3</sup>Includes miscarriages.

TABLE 4.4

Medical History of Women Registering at the Gambia Family  
 Planning Association (GFPA)<sup>1</sup>, by Clinic, 1976-1983,  
 The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
 (Percent Distribution)

<u>Percent With Medical History of:</u>	<u>Total</u>	<u>Kanifing</u>	<u>Banjul</u>	<u>Bwiam</u>	<u>Basse</u>	<u>Pakalinding</u>
Diabetes	0.1*	0.2*	0.0*	0.0	0.0*	0.0*
Varicose Veins	2.3	2.0	0.0	2.0	5.0	2.9
Jaundice/Yellow Eyes	2.2	1.0	3.4	2.0	7.0	1.0
Sickle Cell Disease	0.4*	0.0*	0.0*	0.0	3.0	0.0
Breast Lump/Blood	0.1	0.0	0.0	0.0	1.0	0.0
Chest Pain	4.8	1.3	0.0	2.0	29.0	0.0
Headache/Epilepsy	6.0	1.3	0.0	3.9	36.0	1.0
No. of Cases	733	390	88	51	100	104
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics--Kanifing and Banjul--and three rural clinics--Bwiam, Basse, and Pakalinding.

<sup>2</sup>Percentages may not add to 100 due to rounding.

\*Over 25 percent of records with no information for this condition.

TABLE 4.5

Physical Examination of Women Registering at the Gambia Family  
Planning Association (GFPA)<sup>1</sup>, by Clinic, 1976-1983,  
The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)

<u>Physical Exam</u>	<u>Total</u>	<u>Kanifing</u>	<u>Banjul</u>	<u>Bwiam</u>	<u>Basse</u>	<u>Pakalinding</u>
<u>Blood Pressure</u>						
Diastolic <90	56.6	57.9	56.8	92.1	45.0	45.2
Diastolic >90	2.6	3.3	2.3	2.0	0.0	2.9
Unknown	40.8	38.7	40.9	5.9	55.0	51.9
<u>Weight</u>						
<100 pounds	5.6	3.1	6.8	13.7	10.0	5.8
100-160 pounds	33.1	29.7	38.5	70.6	29.0	26.9
160+ pounds	12.0	16.9	3.4	9.8	11.0	2.9
Unknown	49.2	50.2	51.1	5.9	50.0	64.4
<u>Urinalysis Completed</u>						
Yes	0.0	5.9	1.1	3.9	3.0	1.0
No	4.1	0.0	0.0	0.0	0.0	0.0
Unknown	95.9	94.1	98.9	96.1	97.0	99.0
<u>Uterus--Position</u>						
Anteflexed	39.8	37.9	38.6	39.2	17.0	70.2
Mid	18.8	22.8	30.7	29.4	7.0	0.0
Retroflexed	7.9	8.7	7.9	17.6	7.0	1.0
Unknown	33.4	30.5	22.7	13.7	69.0	28.8
<u>Uterus--Size</u>						
Normal	60.2	63.6	68.2	54.9	29.0	73.1
Small	5.7	4.9	6.8	25.5	2.0	1.9
Large	3.0	3.3	2.3	7.8	2.0	1.0
Unknown	31.1	28.2	22.7	11.8	67.0	24.0
<u>Uterus--Shape</u>						
Regular	55.8	59.0	57.9	70.6	30.0	59.6
Fibroid	3.0	2.0	1.1	15.7	2.0	2.9
Unknown	41.2	39.0	40.9	13.7	68.0	37.5
<u>Adnexa</u>						
Normal	3.0	4.6	1.1	0.0	2.0	1.0
Abnormal	0.0	0.0	0.0	0.0	0.0	0.0
Unknown	97.0	95.4	98.9	100.0	98.0	99.0
<u>Discharge<sup>3</sup></u>						
Yes	31.5	34.6	27.3	43.1	22.0	26.9
No	62.3	59.2	62.5	54.9	72.0	68.3
Unknown	6.1	6.1	10.2	2.0	6.0	4.8

TABLE 4.5

Physical Examination of Women Registering at the Gambia Family  
 Planning Association (GFPA)<sup>1</sup> by Clinic, 1976-1983,  
 The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
 (Percent Distribution)  
 (Continued)

<u>Physical Exam</u>	<u>Total</u>	<u>Kanifing</u>	<u>Banjul</u>	<u>Bwiam</u>	<u>Basse</u>	<u>Pakalinding</u>
<u>Cervical Erosion/ Inflammation</u>						
Yes	12.3	13.6	9.1	7.8	16.0	8.6
No	42.3	38.7	55.7	60.0	17.0	66.3
Unknown	45.1	47.7	35.2	41.2	67.0	25.0
No. of Cases	733	390	88	51	100	104
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics--Kanifing and Banjul--and three rural clinics--Bwiam, Basse, and Pakalinding.

<sup>2</sup>Percentages may not add to 100 due to rounding.

<sup>3</sup>Information obtained by medical history.

TABLE 4.6

Family Planning History of Women Registering at the Gambia Family Planning Association (GFFA)<sup>1</sup>, by Clinic, 1976-1983, The Gambia Acceptor Characteristics Study, 1983<sup>2</sup>  
(Percent Distribution)

<u>History</u>	<u>Total</u>	<u>Kanifing</u>	<u>Banjul</u>	<u>Bwiam</u>	<u>Basse</u>	<u>Pakalinding</u>
<u>Previous Contraceptive Use</u>						
None	51.2	51.8	28.4	49.0	84.0	37.5
Oral contraceptives	3.7	5.4	2.3	0.0	0.0	3.8
IUD	0.9	1.8	0.0	0.0	0.0	0.0
Depo-Provera	0.1	0.2	0.0	0.0	0.0	0.0
Other	2.4	3.3	0.0	9.8	0.0	0.0
Unknown	41.6	37.4	69.3	41.2	16.0	38.6
<u>Referral Source</u>						
Relative	20.0	28.2	27.3	0.0	5.0	7.7
Nurse/MD/Social Work	10.2	14.6	12.5	2.0	6.0	0.0
Friend	19.5	22.8	26.1	3.9	14.0	14.4
GFFA	28.0	12.8	17.0	52.9	50.0	60.6
Media	0.0	1.3	2.3	2.0	0.0	0.0
Other	0.0	7.7	4.5	33.3	8.0	1.0
Unknown	13.0	12.6	10.2	5.9	17.0	16.3
<u>Method Prescribed</u>						
Oral contraceptives	68.9	63.8	75.0	68.6	82.0	70.2
IUD	10.4	16.9	10.2	0.0	1.0	0.0
Depo-Provera	15.0	13.3	9.1	25.5	15.0	21.1
Condom and/or foam	1.2	2.3	0.0	0.0	0.0	0.0
None	0.0	2.8	1.1	5.9	1.0	7.7
Other	0.1	0.0	0.0	0.0	1.0	0.0
Unknown	1.1	0.8	4.5	0.0	0.0	1.0
No. of Cases	733	390	88	51	100	104
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics--Kanifing and Banjul--and three rural clinics--Bwiam, Basse, and Pakalinding.

<sup>2</sup>Percentages may not add to 100 due to rounding.

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TABLE 4.7

Family Planning History of Women Registering at the Gambia Family Planning Association (GFPA)<sup>1</sup>, by Clinic and Year<sup>2</sup>, 1976-1983  
The Gambia Acceptor Characteristics Study, 1983<sup>3</sup>  
(Percent Distribution)

	Kanifing		Banjul		Pakalinding		Bwiam		Basse	
	1976- 1979	1980- 1983								
<u>Previous Use</u>										
None	51.8	52.9	29.2	27.3	44.4	26.8	57.1	45.9	82.4	89.7
Orals	4.8	6.4	3.1	0.0	1.6	7.3	0.0	0.0	0.0	0.0
IUD	1.3	2.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Depo-Provera	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	1.3	5.7	0.0	0.0	0.0	0.0	14.3	8.1	0.0	0.0
Unknown	40.4	32.5	67.7	72.7	54.0	65.9	28.6	45.9	17.6	10.3
<u>Referral Source</u>										
Peer	23.2	21.7	33.8	4.5	7.9	24.4	0.0	5.4	4.4	37.9
Relative/Husband	33.8	21.0	30.8	18.2	6.3	9.8	0.0	0.0	4.4	6.9
GFPA	18.9	4.5	15.4	18.2	82.5	26.8	100.0	35.1	66.2	17.2
Nurse/MD/Soc Wrk	12.7	17.8	7.7	27.3	0.0	0.0	0.0	2.7	1.5	13.8
Media	1.3	1.3	1.5	4.5	0.0	0.0	0.0	2.7	0.0	0.0
Other	0.9	17.8	0.0	18.2	0.0	2.4	0.0	45.9	4.4	13.8
Unknown	9.2	15.9	10.8	9.1	3.2	36.6	0.0	8.1	19.1	10.3
<u>Method Prescribed</u>										
None	4.4	0.6	1.5	0.0	6.3	9.8	21.4	0.0	0.0	3.4
Orals	64.0	62.4	75.4	72.7	71.4	68.3	64.3	70.3	94.1	55.2
Iud	12.7	23.6	7.7	18.2	0.0	0.0	0.0	0.0	1.5	0.0
Depo-Provera	15.4	10.8	9.2	9.1	20.6	22.0	14.3	29.7	4.4	37.9
Condom/Foam	2.6	1.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.4
Unknown	0.9	0.6	6.2	0.0	1.6	0.0	0.0	0.0	0.0	0.0
No. of Cases	228	157	65	22	63	41	14	37	68	29
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics--Kanifing and Banjul--and three rural clinics--Bwiam, Basse, and Pakalinding.

<sup>2</sup>Excludes nine records with unknown year of registration.

<sup>3</sup>Percentages may not add to 100 due to rounding.

TABLE 4.8

Contraceptive Use of Women Registering at the Gambia Family  
Planning Association (GFPA)<sup>1</sup> by Year and Clinic<sup>2</sup>,  
The Gambia Acceptor Characteristics Study, 1983<sup>3</sup>  
(Percent Distribution)

<u>Contraceptive Use</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1981</u>	<u>1983</u>
<u>Kanifing</u>								
Oral contraceptives	56.9	58.6	73.2	67.9	63.4	63.4	60.9	62.1
IUD	10.3	13.8	10.7	16.1	17.1	21.9	30.4	24.1
Depo-Provera	17.2	20.7	10.7	12.5	14.6	12.2	6.5	10.3
Condom/foam/other	6.9	3.4	0.0	0.0	2.4	2.4	0.0	3.4
None	8.6	1.7	5.4	1.8	0.0	0.0	2.2	0.0
Unknown	0.0	1.7	0.0	1.8	2.4	0.0	0.0	0.0
No. of Cases	58	58	56	56	41	41	46	29
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

<u>Contraceptive Use</u>	<u>1976 - 1977</u>	<u>1978 - 1979</u>	<u>1980 - 1983</u>
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Banjul

Oral contraceptives	72.2	79.3	72.7
IUD	8.3	6.9	18.2
Depo-Provera	11.1	6.9	9.1
Condom/foam/other	0.0	0.0	0.0
None	2.8	0.0	0.0
Unknown	5.6	6.9	0.0
No. of Cases	36	29	22
TOTAL	100.0	100.0	100.0

Basse

Oral contraceptives	100.0	87.5	55.2
IUD	0.0	3.1	0.0
Depo-Provera	0.0	9.4	37.9
Condom/foam/other	0.0	0.0	3.4
None	0.0	0.0	3.4
Unknown	0.0	0.0	0.0
No. of Cases	36	32	29
TOTAL	100.0	100.0	100.0

TABLE 4.8

Contraceptive Use of Women Registering at the Gambia Family Planning Association (GFPA)<sup>1</sup> by Year and Clinic<sup>2</sup>,  
The Gambia Acceptor Characteristics Study, 1983<sup>3</sup>  
(Percent Distribution)  
(Continued)

<u>Contraceptive Use</u>	<u>1976 - 1977</u>	<u>1978 - 1979</u>	<u>1980 - 1983</u>
<u>Pakalinding</u>			
Oral contraceptives	72.0	71.0	68.3
IUD	0.0	0.0	0.0
Depo-Provera	12.0	26.3	21.9
Condom/foam/other	0.0	0.0	0.0
None	12.0	2.6	9.8
Unknown	4.0	0.0	0.0
No. of Cases	25	38	41
TOTAL	100.0	100.0	100.0
<u>Bwiam</u>			
	<u>1976-1979</u>	<u>1980-1983</u>	
Oral contraceptives	64.3	70.3	
IUD	0.0	0.0	
Depo-Provera	14.3	29.7	
Condom/Foam/other	0.0	0.0	
None	33.3	0.0	
Unknown	0.0	0.0	
No. of Cases	14	37	
TOTAL	100.0	100.0	

<sup>1</sup>The Gambia Family Planning Association includes two urban clinics--Kenifing and Banjul--and three rural clinics--Bwiam, Basse, and Pakalinding.

<sup>2</sup>Because of small numbers by clinic years, are grouped differently by clinic.

<sup>3</sup>Excludes nine records with unknown year of registration.

<sup>4</sup>Percentages may not total to 100 due to rounding.