THE EGYPTIAN FERTILITY CARE FOUNDATION

Caseload of Family Planning Clients
Denied a Contraceptive Method Because of Absent Menstruation
In Selected Egyptian Family Planning Centers

Final Report

July 2004

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Acknowledgment

The Egyptian Fertility Care Foundation (EFCF) would like to extend sincere thanks to Dr. Yehia El-Hadidy, Undersecretary and Head of the Population Sector, Ministry of Health and Population for his support, assistance, and approval to conduct the study.

The Egyptian Fertility Care Foundation also acknowledges with thanks the financial support and technical assistance provided by Family Health International (FHI).

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Key to Abbreviations

COCs	Combined oral contraceptives
CSI	Clinical Services Improvement
EFCF	Egyptian Fertility Care Foundation
FHI	Family Health International
FP	Family Planning
POPs	Progestagen only pills
LAM	Lactational Ammenorrhea

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Executive Summary

The current standards of practice for FP/RH services in Egypt emphasize that family planning service providers have to ensure that FP clients are not pregnant before they start contraceptive use. Most providers consider the presence of menstrual bleeding as the only way to ensure that a woman is not pregnant. Thus, they advise clients who present to FP clinics while not menstruating to come back during menstruation to provide them with the FP method.

The purpose of this study is to provide answers to the following questions:-

1- What is the proportion of clients who seek contraceptive heath services while not menstruating?
2- What are the services provided to those women?
3- What are the current practices to rule out pregnancy?
4- How many of those clients return to the clinics when they are requested to do so during menstruation?
5- What are the perceptions and practices of women denied an on-going family planning method because they are not menstruating?

This descriptive follow-up study was conducted in four Governorates namely: Cairo, Giza, Menoufia and Menia. Within these governorates, nine service outlets were chosen based on a heavy case-load. Seven clinics represented MOHP facilities (primary health care centers and teaching hospitals) and two from the service Improvement Project (CSI) clinics.

A purposive sample of 2532 clients were admitted to the study over a period of two months based on the following inclusion criteria:-

a- Clients seeking contraceptive services for the first time (new).
b- Clients seeking contraceptive services after at least six months of no-use (re-starting).

An exit interview was conducted for all clients in the 9 centers after consenting to participate in the study.
An informed consent from those denied a family planning method was taken to participate in the follow-up component of the study that will necessitate returning back to the clinic when she menstruates or to be visited at home if she does not show after one month.

Study sample

Less than 1/6 of the study sample was recruited from Cairo Governorate. The rest were equally distributed between the three other governorates namely: Menoufia, Giza and Menia. Most women were housewives and in the age group 20–30 years. About half of the sample had 1–2 living children and about 40% were illiterate.
Menstruating women who presented to FP clinics between two menstrual periods (currently not menstruating) constituted 27.4% of the study sample or 33.1% of total number menstruating women. Breast feeding amenorrheic women formed

17.2% of the study sample. Mostly they were currently breast-feeding but a minority, 3.7% were in the process of weaning but did not yet menstruate.
It is interesting to note that the majority (71.2%) of menstruating women who present while not menstruating do that during the first half of the menstrual cycle i.e. less than 15 days from the last menstruation.

Exit interview

Overall, 84.3% of the studied sample received a FP method. 13.7% were denied an on-going FP method because of absent menstruation, 0.8% because of the presence of a medical condition, 0.6% because of refusal of the proposed method, and 0.5% because of the presence of local infection.

Nearly all women (98.3%) who presented during menstrual bleeding received a contraceptive method. However, the figure was 78.8% for women presenting between 2 menstrual periods, 64.7% for amenorrheic breast-feeding, and 50.5% for amenorrheic weaning women. For those women, providers excluded the presence of pregnancy either simply by taking history and examination, by ordering a pregnancy test, or by inducing menses first by hormone administration. The rest i.e. 21.2% of non-menstruating, 35.3% of breast-feeding amenorrheic and 49.5% of weaning amenorrheic women were denied a contraceptive because the provider was not sure about their pregnancy status.
There was some center–to–center variation as regards the prescribed contraceptive. However, the IUD was the most commonly prescribed method.
It is of interest to note that among women whose children are up to 3 months old, although nearly all of them (96%) were breast-feeding, 77% of them admitted that they had some menstrual bleeding.
When service providers do not prescribe an on-going contraceptive method to FP clients, they provide a temporary contraceptive method and request the client to return during menstruation to 32.6% of currently non-menstruating clients. The figure was 6.6% to breast-feeding amenorrheic and 9.3% of weaning amenorrheic women. However, they request women to return back while menstruating without prescribing a contraceptive to 20.8% of non-menstruating, 21.9% of breast-feeding amenorrheic and to 13% of weaning amenorrheic women with much difference in different types of service outlets.
For women denied a contraceptive, the non-menstruating group was requested to do a pregnancy test in 10.6% of cases and in 25.8% menstruation was induced by hormone administration before prescribing a contraceptive. The corresponding figures for amenorrheic and breast-feeding women were 11% and 51.9% and for weaning amenorrheic women 22.2 and 51.8%, again there was marked variation between the practice of service providers in different types of service outlets.

Describing their perception and feelings as regards being denied a family planning method and being requested to come back again to the clinic, 58.8% of clients were satisfied and said that it means physicians care for their health. In contrast, 31.4% wished not to return but they have to obey physician's

instructions and only 9.8% said frankly that returning again to the clinic is a problem to them.

Client follow-up

About half of the clients (48.9) denied an ongoing family planning method during their first visit to the clinics returned back to the same clinics by themselves within 4 weeks, 49.9% were home visited and only 1.2% could not be identified.
More that half (63.3%) of home visited clients representing 31.6% of those women who were denied a contraceptive admitted that they had visited another FP center either public or private while 36.7% of those visited at home (representing 18.3% of those denied a contraceptive) said that they did not visit any FP center.

When women who returned to the same clinic were asked about the reason behind their visit, 75.6 said that they came because they had menstruated (41.7% spontaneously and 33.9% after induction by hormone administration), while 7.3% said they did not menstruate and wanted to know if they are pregnant. In any case, 91.7% of those women were prescribed a contraceptive method, again mostly an IUD. It is interesting to note that out the 8.3% of women who did not receive a FP method, 4.7% was because they were found to be pregnant.
When women were asked about the reason behind visiting another FP clinic and not returning to the same clinic, 38.8% said because they had menstruated either spontaneously or after induction. However about one fourth (25.8) stated the reason as being the desire to have another opinion, 15.3% said they went to a near-by clinic and a similar proportion said they were afraid to get pregnant. Only 4.8% said they were not satisfied with the prescribed FP method and wanted to change it. It is interesting to note that 77.4% of those women were prescribed a FP method during their visit to a different clinic, again mostly the IUD.
Women who were home visited and admitted they did not come to the clinic and did not visit another FP clinic stated the reason as being still waiting for the occurrence of menstruation (39.4%), personal reasons (32.4%), started a contraceptive by themselves (15.5%), while 7% stated that they are pregnant. The FP method used by those women themselves was the COCs (61.5%), condom (15.4%) and LAM (11.5%)

INTRODUCTION

Family planning service providers have a responsibility to ensure, with a reasonable degree of certainty, that family planning clients are not pregnant before they receive the chosen contraceptive method. The reason, of course, is the fear that contraceptives might harm an unrecognized pregnancy or that the pregnancy may be considered as a contraceptive failure.[1]

The current standards of practice for FP/RH services in Egypt allow for starting contraceptive methods to non-menstruating women (after the end of menstruation) only under special conditions or exceptional circumstances.
Many providers consider that menstrual bleeding is the only sure way to know that a woman is not pregnant. Thus, they advise clients who present for family planning services when they are not bleeding to wait for the occurrence of menstruation before being prescribed a contraceptive. Other providers will trust the results of a pregnancy test (or sometimes two pregnancy tests), and still others will attempt to induce menstrual bleeding by giving the woman oral contraceptive pills or hormone combination. Finally, some providers may rule out pregnancy simply by history taking and clinical examination.

Because some women may seek contraceptive services during the postpartum period, or lactational amenorrhea (and sometimes in the interval between normal menstrual periods), ruling out pregnancy is often difficult. Clients who are sent home to await menses, those required to return for a second pregnancy test, or those who take pills to induce menses may not be adequately protected from pregnancy before returning to the clinic. As well, for some clients, visiting a clinic again presents financial, logistic, or other hardships.

This study was carried out by the Egyptian Fertility Care Foundation to provide

information about the proportion of clients who are denied an on-going family planning method because of absent menstruation, what advise is being provided to them by the family planning health provider, whether they will return back to the family planning clinic, and their perception for the need to pay another visit to the clinic.

RESEARCH QUESTIONS

The purpose of this "Caseload Study" is to provide answers to the following research questions:

1. What is the proportion of clients who seek contraceptive health services while they are not menstruating?
2. What does the physician do for these women?
3. How many of these clients eventually come back if they are instructed to return during menstruation?
4. What are the current practices used by providers to rule out pregnancy?
5. What are the attitudes, practices, and perception of women who are denied family planning services because of absent menstruation?

METHODOLOGY

Study design

This is a descriptive follow-up study that was conducted over a period of six months.

Study sites

Selection of study sites ensured representation of Upper and Lower Egypt

[1] Inserting an IUD during pregnancy will usually terminate the pregnancy. There is no evidence, however, that accidentally providing a hormonal method to a pregnant woman will harm the fetus.

governorates. Four governorates were selected in coordination with MOHP officials namely; Cairo, Menoufia, Giza, and Menya governorates. Within these governorates, nine service outlets were included from MOHP facilities (primary health care centers, and teaching hospitals), as well as from the Clinical Service Improvement Project (CSI) clinics.

The following centers were chosen:

Menya governorate:	Menya Gharb urban health center
	Zohra rural health center
	Menya 'B' CSI clinic
Cairo governorate:	El-Galaa Teaching Hospital
Giza governorate:	Imbaba urban health center
	El-Ayat CSI clinic
Menoufia governorate:	Shebin urban health center
	Batanon rural health centre
	Shebin El-Kom Teaching Hospital

These clinics were chosen because of a high caseload of family planning clients.

Study sample

From the beginning, it was decided to collect data over a period of 2 months in the nine centers. During that period, a purposive sample of 2532 new clients was admitted to the study according to the following inclusion criteria:

1. Clients seeking contraceptive services for the first time ("new client");
2. Clients seeking contraceptive services after at least six months of no contraceptive use ("re-starting client").

The sample for the "Client Follow-Up" component of the study included clients who were denied an on-going family planning method during their visit to the clinic. Those women were instructed to return to the clinic during menstruation. Those who did not show after one month were home visited.

An informed consent was obtained from every woman before being admitted to the study. Another consent for being visited at home if needed was also obtained from those included in the follow-up component.

Data collection tools

For the purpose of data collection, three data collection forms and two follow up cards were developed.

1. Exit interview form: This form was filled for family planning clients (new or "re-starting") who consented to be interviewed after receiving the service. The interview was designed to obtain basic information on the current family planning practices in each of the selected clinics as well as the providers' practices to rule out pregnancy.

Information collected from each woman included age, parity, education, menstrual status, preferred contraceptive method, method received or advise provided, and means used to rule out pregnancy (for non-menstruating clients).

In addition, a consent was taken from each non-menstruating client advised to return later while menstruating and was denied an on-going FP method to participate in the "Client Follow-Up" component of the study.

2. Follow-up cards: For the purpose of the "Client Follow-up" component, two cards were developed. One card was designed for collecting personal information to facilitate reaching clients if they do not present to the clinic. The second card was given to the woman herself to identify her when she presents for the follow-up visit.

3. Clinic interview form: This form was filled for clients who return to the clinic. It included information about her current menstrual status as well as her attitude and practices towards being requested by providers to return later to the clinic.

4. Home visit interview form: Participants who did not return to the clinic one month after the initial visit were administered this form during a home visit. This form documented what the woman had done after her visit to the clinic and whether she had initiated a contraceptive method or, if she had become pregnant.

Data collection

Either a nurse or a raeda working at the selected family planning clinics was chosen for data collection. A total of sixteen were identified, two data collectors from each clinic except in Menya urban health care center and CSI clinic where only one data collector was chosen.

Five field supervisors were assigned to facilitate data collection activity and to ensure day-to-day monitoring. One supervisor in Menya governorate, supervised data collection activity in the three centers while one supervisor was assigned in Menoufia governorate to the two primary health care centers and another for the teaching hospital. In Cairo governorate, one supervisor was assigned to El-Galaa teaching hospital.

Training for data collection

Two training courses over two days on data collection were conducted. Data collectors from Menya were trained locally while those from Menoufia, Cairo, and Giza were trained at EFCF headquarters. The PI and the PO of the study conducted the training.

Training in Menya governorate was conducted over two days during the month of February 2004 and was attended by the data collectors as well as the supervisor. The didactic as well as the practical part of the training were conducted in a primary health care center in urban Menya. Training in Cairo was conducted as well, over two days and attended by all other data collectors and supervisors. The didactic part of the training was conducted at EFCF headquarter while the practical component was conducted at El-Galaa Teaching hospital.

Training was done according to a pre-set agenda (annex 1). Participants in both training sessions were introduced to the study and its objectives followed by a presentation on the importance of ethical considerations in research as well as its importance in the current study. Following this presentation, the project officer explained the data collection tools in details after which role-play on filling the forms was conducted by data collectors and supervisors.

For this training, an Arabic data collection guide was prepared and distributed to researchers involved in the data collection activity. This guide explained the process of work, sequence of filling of forms, as well as job descriptions for data collectors and supervisors.

Data collection process

Data collection was carried out in the nine centers March 1st, through April 30th, 2004. The project officer visited each site biweekly to monitor and ensure high quality of data collection. During these visits, all forms were reviewed and checked for accuracy and completeness. Forms were regularly sent to EFCF on biweekly basis where they were checked by the data management staff before data entry.

Data collection from clients who returned to the clinics continued to be received till end of May 2004. Home visits were conducted to all clients who did not show up in the clinics 4 weeks after their first visit.

Data management and analysis

The data management team at EFCF scanned filled questionnaires for completeness and errors and conducted double entry of all data. EFCF guaranteed the confidentiality for all collected data.

Data cleaning followed and data analysis was conducted using the SPSS version 8, software.

FINDINGS

I Description of study clients

This study was conducted in 9 centers located in 4 governorates namely Cairo and Menoufia representing Lower Egypt, and Giza and Menya to represent Upper Egypt. The family planning clinics in the included study centers are affiliated to MOHP representing urban health centers, rural health centers and teaching hospitals. As well, two CSI clinics were included.

Table 1: Distribution of family planning clients who attended the study centers during the study period

Study center	Number	Percent
Cairo governorate		
Teaching Hospitals FP Clinic	345	13.6
Menoufia governorate		
MOHP Urban FP Center	332	13.1
MOHP Rural FP Center	77	3.0
Teaching Hospitals FP Clinic	304	12.0
Giza governorate		
MOHP Urban FP Center	324	12.8
CSI FP Clinic	408	16.1
Menya governorate		
MOHP Urban FP Center	422	16.7
MOHP Rural FP Center	240	9.5
CSI FP Clinic	80	3.2
Total	2532	100.0

Over the two months period of data collection, a total of 2532 family planning clients were included in the study. Table (1), describes the distribution of those clients who attended the study centers in the four governorates. It shows that 13.6% of the sample was from Cairo governorate while the rest were nearly equally distributed between Menoufia, Giza, and Menya (28.1%, 28.9%, and 29.4% respectively).

Table 2: Socio-demographic characteristics of family planning clients

Characteristic	Cairo		Menoufia		Giza		Menya		Total	
	N	%	N	%	N	%	N	%	N	%
Age groups:										
- 20 – 25	126	36.5	268	37.6	310	42.3	307	41.4	1011	39.9
- 26 – 30	82	23.8	197	27.6	184	25.1	208	28.0	671	26.5
- 31 – 35	49	14.2	105	14.7	133	18.2	134	18.1	421	16.6
- 36+	88	25.5	143	20.1	105	14.3	93	12.5	429	16.9
Education:										
- Illiterate	115	33.3	263	36.9	311	42.5	385	52.2	1076	42.5
- Primary	25	7.2	37	5.2	59	8.1	52	7.0	173	6.8
- Preparatory/Secondary	155	44.9	348	48.8	316	43.2	238	32.1	1057	41.7
- University	50	14.5	65	9.1	46	6.3	65	8.8	226	8.9
Occupation:										
- House wife	294	85.2	590	82.7	672	91.8	657	88.5	2213	87.4
- Working for cash	51	14.8	123	17.3	60	8.2	85	11.5	319	12.6
Number of living children:										
- 0	5	1.4	1	0.1	1	0.1	1	0.1	8	0.3
- 1-2	196	56.8	369	51.8	381	52.0	352	47.4	1298	51.3
- 3-4	115	33.3	278	39.0	258	35.2	271	36.5	922	36.4
- 5+	29	8.4	65	9.1	92	12.6	118	15.9	304	12.0
Total no. of clients per governorate	345	100.0	713	100.0	732	100.0	742	100.0	2532	100.0

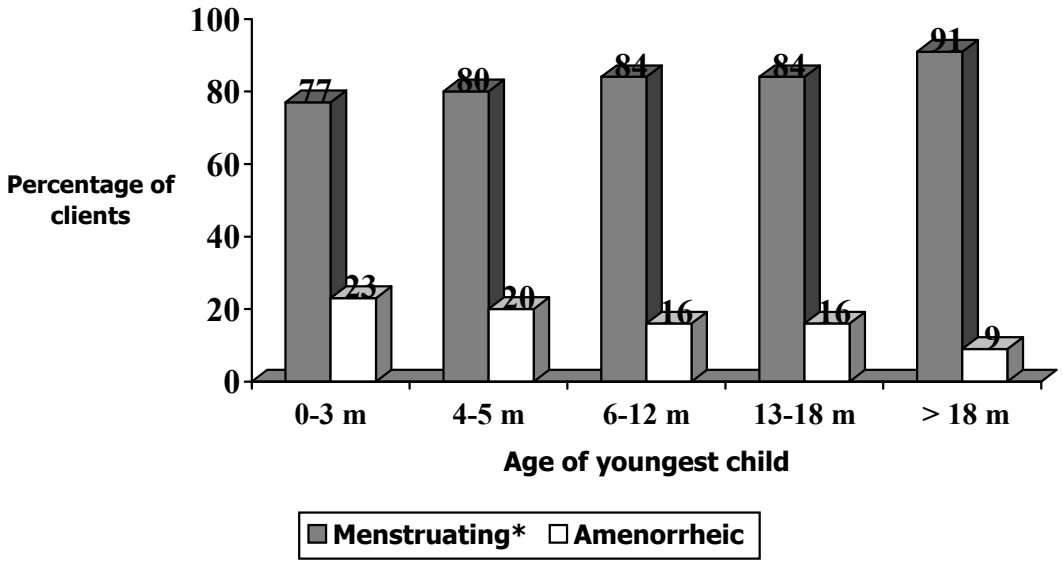
Table (2) describes the socio-demographic characteristics of family planning clients in the studied governorates. In this study, the overall majority of clients (66.4%) were in the age group 20-30 years. Yet, clients from Menya and Giza were on the whole younger.

The illiteracy rate was highest among Menya clients (52.2%) and lowest (33.3%) among Cairo clients.

The majority of clients were housewives (87.4%). The number of women working for cash was highest in Menoufia (17.3%) followed by Cairo (14.8%).

About half of the clients in this study (51.3%), had 1-2 living children and only 12% had 5 or more children. It is important to note that the percentages of women who had 5 or more children were higher in Upper Egypt governorates being 12.6% and 15.9% in Giza and Menya respectively).

Figure 1: Menstrual status according to age of youngest child

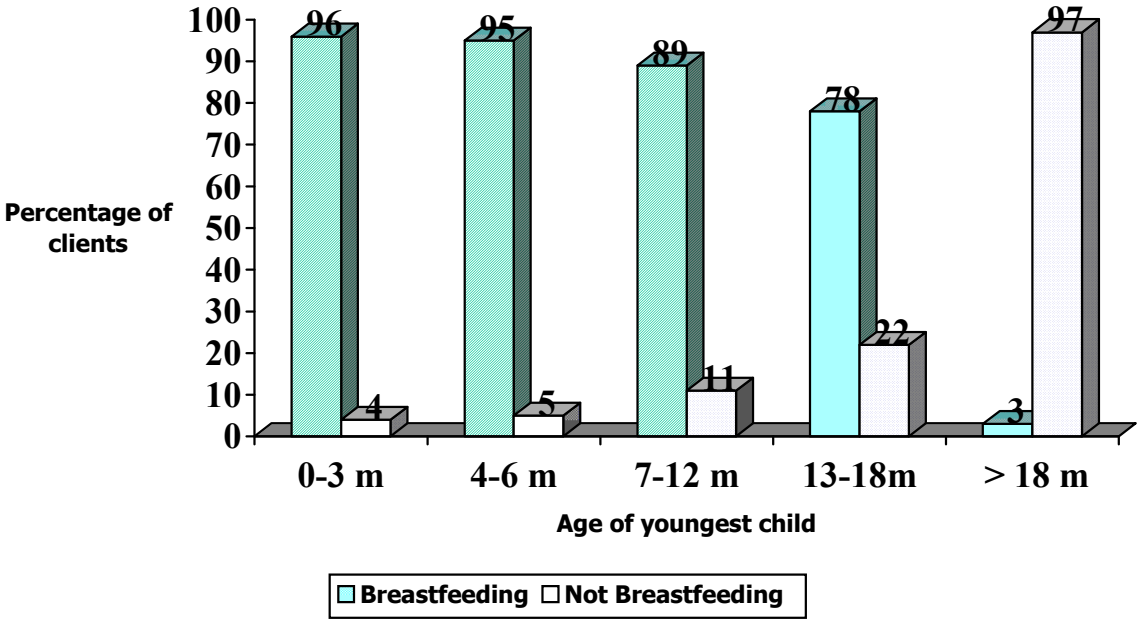


N= 2532

* Menstruating means women presenting to the clinics during menses or between two menstrual periods

Figure 1 describes the clients' menstrual status in relation to the age of youngest child. Overall, 82.8% of the studied sample were menstruating, but presented to the clinic while menstruating or between two menstrual periods (not shown in figure). Among those clients, seventy-seven percent of clients having children within the age group of 0-3 months were menstruating. The percentage increases to 91% if the age of the child was >18 months. On the other hand, 23% of women stated they were amenorrheic when the child was 0-3 months old and the figure decreased to 9% when the age of the child was >18 months.

Figure 2: Breastfeeding status among study clients inrelation to age of youngest child



N= 2532

Figure 2 describes clients according to their breastfeeding status in relation to the age of youngest child. Overall, 65.6% of studied sample were breastfeeding (not shown in figure). The figure shows that nearly all clients (96%) who had children within the age group of 0-3 months were breastfeeding.

The percentages of breastfeeding clients decreased as the children grow older to reach only 3.4% when they were > 18 months.

Table 3: Distribution of family planning clients according to their menstrual characteristics per type of center

Characteristic	Urban MOHP		Rural MOHP		Teaching Hospital		CSI Clinic		Total	
	N	%	N	%	N	%	N	%	N	%
Menstruating										
- Currently menstruating	740	68.6	180	56.8	186	28.7	296	60.7	1402	55.4
- Currently not menstruating	192	17.8	71	22.4	276	42.5	155	31.8	694	27.4
Amenorrheic										
- Breastfeeding	111	10.3	51	16.0	153	23.6	28	5.7	343	13.5
- Non-Breastfeeding*	35	3.2	15	4.8	34	5.2	9	1.9	93	3.7
Total	1078	100.0	317	100.0	649	100.0	488	100.0	2532	100.0

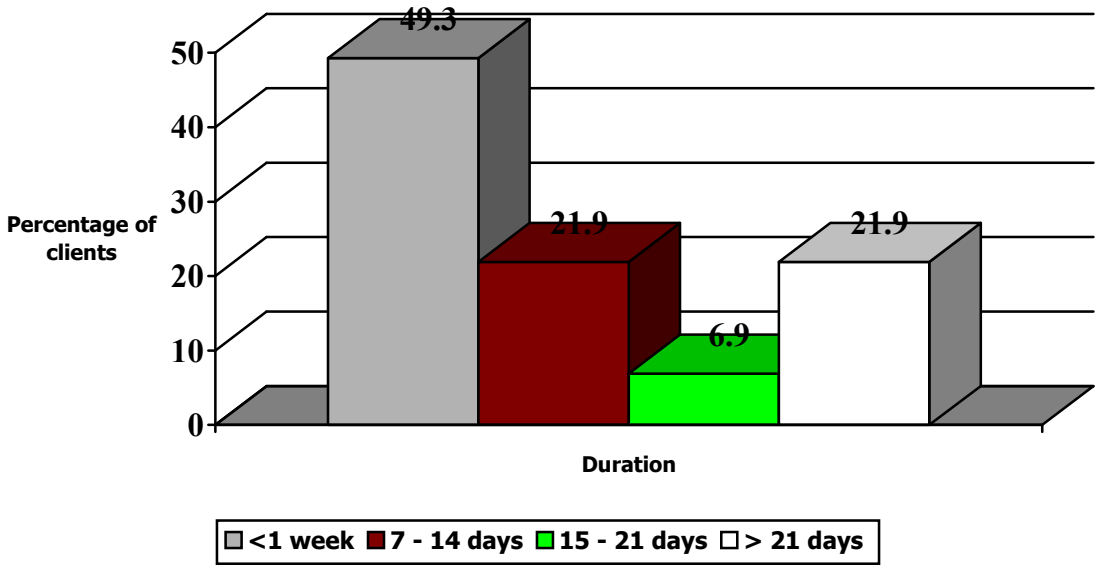
*These clients were in the process of weaning their children.

The main objective of this study was to estimate the caseload of clients who presented to family planning clinics and were denied a family planning method because of absent menstruation. For this purpose, clients were categorized according to their menstrual status on the visit day. Table (3) describes this categorization per type of center. Menstruating clients were further divided into clients who were actually menstruating on the day of the visit and those who were between two menstrual periods. Amenorrheic clients were divided into breastfeeding clients or non-breastfeeding clients who recently started the weaning process.

The great majority (82.8%) of the study sample were menstruating, 55.4% presented while menstruating, and 27.4% between two menstrual periods. Among the 2096 menstruating women, 66.9% presented while menstruating and 33.1% presented between two menstrual periods.

On the other hand amenorrheic clients constituted 17.2% of the studied sample. Among this group, 13.5% were breastfeeding their babies and 3.7% had just weaned but did not menstruate.

Figure 3: Percentages of currently not menstruating clients according to time since last menstruation



N= 694

Figure (3), shows that about one half (49.3%) of family planning clients who visit the clinics between two menstrual periods had their last menstruation since less than one week, 21.9% had their menstruation since 7-14 days, 6.9% between 15-21 days, and 21.9% more than 21 days. It is apparent that 71.2% of those presenting between two menstrual periods, come during the first half of the menstrual cycle.

Table 4: Distribution of studied sample according to previous contraceptive use *

Previous Contraceptive use	Number	Percent
Ever non-users	830	32.8
Ever users	1702	67.2
Type of Family planning method ever used		
- IUD	1264	49.9
- Combined oral pills	638	25.2
- Depoprovera	528	20.9
- Progestagen only pills	174	6.9
- Monthly injections	61	2.4
- LAM	48	1.9
- Subdermal capsules	42	1.7
- Male condom/spermicides	36	1.4

*Some women used more than one method.

Table (4) shows that about one third of the studied sample (32.8%), did not use a contraceptive method before. Among the 67.2% who previously used a method, about one half (49.9%) used the IUD, about one fourth (25.2%) used COCs and about one fifth (20.9%) used Depoprovera.

II Family planning service provision

Table 5: Family planning methods provided to the study clients according to their menstrual status

Family Planning Method	*Family Planning Clients according to their Menstrual Status*							
	Currently menstruating		**Currently not menstruating**		**Amenorrheic breastfeeding**		**Amenorrheic Non-breastfeeding**	
	N	***%***	***N***	***%***	***N***	***%***	***N***	***%***
Received a family planning Method	***1378***	***98.3***	***547***	***78.8***	***222***	***64.7***	***47***	***50.5***
- **IUD**	776	56.3	239	43.7	131	59.0	15	31.9
- **Depoprovera**	288	20.9	78	14.2	23	10.4	11	23.4
- **Combined oral pills**	133	9.7	75	13.7	2	0.9	8	17.0
- **Male condom/ spermicide**	3	0.2	30	5.5	14	6.2	7	14.9
- **Subdermal capsules**	100	7.2	58	10.6	25	11.3	6	12.8
- **Progestagen only pills**	73	5.3	66	12.1	25	11.3	0	0.00
- **Monthly injections**	5	0.4	1	0.2	0	0.0	0	0.00
- **LAM**	0	0.0	0	0.0	2	0.9	0	0.00
Denied a family planning method	***24****	***1.7***	***147***	***21.2***	***121***	***35.3***	***46***	***49.5***
Total	***1402***	***100.0***	***694***	***100.0***	***343***	***100.0***	***93***	***100.0***

* Clients were denied an on-going method due to presence of inflammation, wishes to take her husband's opinion about the method, or she doesn't feel comfortable with the proposed method.

Table (5) describes the different family planning methods provided to study clients according to their menstrual status. The majority of clients (98.3%) who presented to the clinic while menstruating received a FP method. The percentage of clients who received a method decreased when they were not menstruating to 78.8% i.e. about one-fifth (21.2%) of women presenting between two menstrual periods were denied a family planning method because they were not menstruating. Only 64.7% of amenorrheic breast-feeding, and 50.5% of amenorrheic non-breastfeeding clients received a FP method after excluding pregnancy by clinical examination, a pregnancy test or inducing menstruation by hormone administration. The rest were denied a method because the provider was not sure about their pregnancy status. Overall, the IUD was the most

commonly provided method, followed by depoprovera (20.9%) and subdermal capsules (7.2%).

Figure 4: Comparison between desired and received family planning method

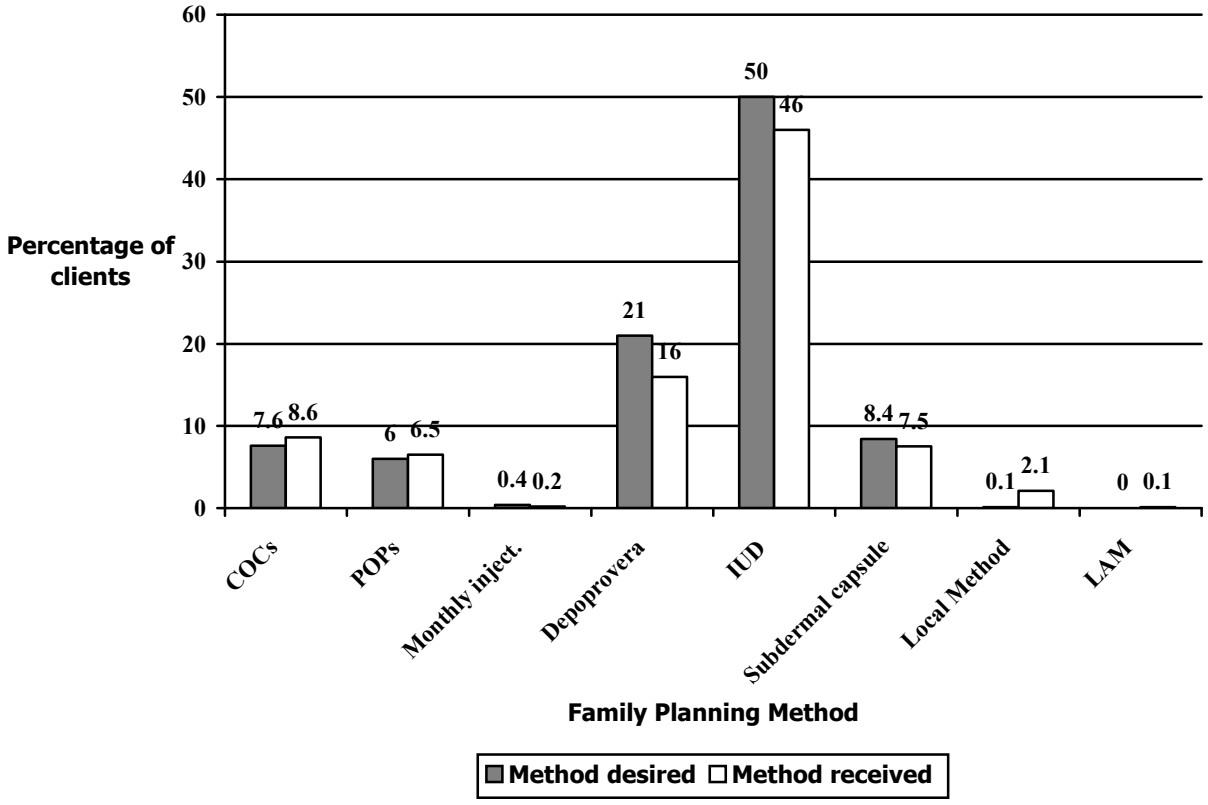


Figure (4) compares the percentage of clients who desired a certain method to those who actually received the same method. This was statistically tested using the kappa test which proved a significant agreement (0.6) between the desired and received method (not shown in table).

Table 6: Contraceptive services received by study sample

Service provided	Percent
Received a FP method	***84.5***
Did not receive a FP method	***15.5***
• Absent menstruation	13.7
• Medical condition necessitated referral	0.8
• Refused proposed method	0.6
• Reproductive tract infection	0.5
• Presence of pregnancy	0.001

Table (6) shows that the great majority (84.5%) of clients received a FP method while 15.5% did not receive a method. Causes for clients being denied a FP method included absent menstruation (13.7%), presence of a medical condition that needed referral (0.8%), client refusal of the proposed method (0.6%), presence of infection (0.5%), or client diagnosed as being pregnant (0.001%).

Table 7: Family planning methods provided to currently menstruating clients per type of center

Family Planning Method	Urban MOHP		Rural MOHP		Teaching Hospitals		CSI Clinics		Total	
	N	%	N	%	N	%	N	%	N	%
Received a method	***733***	***99.1***	***180***	***100.0***	***179***	***96.4***	***286***	***96.6***	***1387***	***98.3***
IUD	421	57.4	72	40.0	67	37.2	216	75.6	776	56.0
Depoprovera	172	23.5	69	38.3	14	7.8	33	11.6	288	21.0
Combined oral pills	48	6.5	24	13.3	48	26.7	13	4.6	133	9.6
Subdermal capsules	58	8.0	14	7.8	28	15.5	0	0.0	100	7.3
Progestagen only pills	34	4.6	0	0.0	21	11.7	18	6.3	73	5.4
Monthly injections	0	0.0	0	0.0	0	0.0	5	1.8	5	0.4
Male condom/ spermicide	0	0.0	1	0.6	1	1.1	1	0.1	3	0.3
Denied a method	***7***	***0.9***	***0***	***0.0***	***7***	***3.8***	***10***	***3.4***	***24***	***1.7***
Total	***740***	***100.0***	***180***	***100.0***	***186***	***100.0***	***296***	***100.0***	***1402***	***100.0***

Table (7) describes the family planning methods provided to currently menstruating clients according to the type of center. The IUD was the most commonly provided method (56%) with some center-to-center variation being highest in the CSI clinics. This was followed by Depoprovera (21%). Only 1.7% of clients who presented while menstruating were denied any FP method (mainly due to presence of infection).

Table 8: Family planning methods provided to currently non-menstruating clients per type of center

Family Planning Method	Urban MOHP		Rural MOHP		Teaching Hospitals		CSI Clinics		Total	
	N	%	N	%	N	%	N	%	N	%
Received a method	***114***	***59.4***	***54***	***73.1***	***256***	***96.2***	***123***	***79.4***	***547***	***78.8***
IUD	52	45.6	26	48.1	80	31.2	81	66.3	239	43.7
Depoprovera	16	14.0	20	37.0	25	9.8	17	13.7	78	14.2
Combined oral pills	6	5.3	3	5.6	53	20.7	13	10.5	75	13.7
Progestagen only pills	5	4.4	0	0.0	55	21.5	6	4.7	66	12.1
Subdermal capsules	13	11.4	4	7.4	41	16.0	0	0.0	58	10.6
Male condom/ spermicides	22	19.3	1	1.9	2	0.8	5	4.1	30	5.5
Monthly injections	0	0.0	0	0.0	0	0.0	1	0.7	1	0.2
Denied a method	***78***	***40.6***	***17***	***23.9***	***20***	***3.8***	***32***	***20.6***	***147***	***21.2***
Total	***192***	***100.0***	***71***	***100.0***	***276***	***100.0***	***155***	***100.0***	***694***	***100.0***

Table (8), shows that again the IUD is the most common FP method provided to currently non-menstruating women (43.7%) with some center-to-center variation being highest in the CSI clinics. The IUD was inserted in women who presented less than 7 days after the end of menstruation. Other methods provided (after excluding pregnancy by history, clinical examination, pregnancy test) were COCs (13.7%), POPs (12.1%), Depoprovera (14.2%), and subdermal capsules (10.6%). It is important to note that COCs and POPs were more commonly used in teaching hospitals (20% & 21% respectively) as compared to other types of centers.

Among this group, 21.2% were denied any FP method, because of absent menstruation.

Table 9: Family planning methods provided to amenorrheic breastfeeding clients per type of center

Family Planning Method	Urban MOHP		Rural MOHP		Teaching Hospitals		CSI Clinics		Total	
	N	%	N	%	N	%	N	%	N	%
Received a method	***45***	***40.5***	***11***	***21.6***	***142***	***92.8***	***24***	***85.7***	***222***	***64.7***
IUD	20	44.4	8	72.7	86	60.6	17	70.9	131	59.0
Progestagen only pills	2	4.5	1	9.1	19	13.4	3	12.5	25	11.3
Subdermal capsules	5	11.1	0	0.0	20	14.0	0	0.0	25	11.3
Depoprovera	2	4.5	1	9.1	17	12.0	3	12.5	23	10.4
Male condom/ spermicides	13	28.9	1	9.1	0	0.0	0	0.0	14	6.2
Combined oral pills	1	2.2	0	0.0	0	0.0	1	4.1	2	0.9
LAM	2	4.4	0	0.0	0	0.0	0	0.0	2	0.9
Denied a method	***66***	***59.5***	***40***	***78.4***	***11***	***7.2***	***4***	***14.3***	***121***	***35.3***
Total	***111***	***100.0***	***51***	***100.0***	***153***	***100.0***	***28***	***100.0***	***343***	***100.0***

Table 10: Family planning methods provided to amenorrheic non-breastfeeding clients per type of center

Family Planning Method	Urban MOHP		Rural MOHP		Teaching Hospitals		CSI Clinics		Total	
	N	%	N	%	N	%	N	%	N	%
Received a method	***10***	***28.6***	***2***	***13.3***	***30***	***88.2***	***5***	***55.6***	***47***	***50.5***
IUD	0	0.0	1	50.0	10	33.3	4	80.0	15	31.9
Depoprovera	4	40.0	1	50.0	6	20.0	0	0.0	11	23.4
Combined oral pills	1	10.0	0	0.0	6	20.0	1	20.0	8	17.0
Male condom/ spermicides	5	50.0	0	0.0	2	6.7	0	0.0	7	14.9
Subdermal capsules	0	0.0	0	0.0	6	20.0	0	0.0	6	12.8
Denied a method	***25***	***71.4***	***13***	***86.7***	***4***	***11.8***	***4***	***44.4***	***46***	***49.5***
Total	***35***	***100.0***	***15***	***100.0***	***34***	***100.0***	***9***	***100.0***	***93***	***100.0***

Tables (9) and (10) describe the different family planning methods provided to amenorrheic breastfeeding and non-breastfeeding clients. Still, the IUD was the most commonly used method among both groups (59% & 31.9% respectively). Yet, it is important to note that IUD insertion was higher among amenorrheic non-breastfeeding clients in teaching hospitals (33.3%) and CSI clinics (80%). This may be due to the availability of a pregnancy test in those centers. In almost all cases, the IUD was inserted after excluding pregnancy either by a pregnancy test or by inducing menses by hormone administration. As expected, among these clients, higher percentages were denied a FP method (35.3% among

amenorrheic breastfeeding and 49.5% among amenorrheic non-breastfeeding). Those are cases where providers needed to confirm the absence of pregnancy.

Table 11: Description of services provided to currently non-menstruating clients denied an on-going method per type of center

What did the physician tell the client:	Urban MOHP		Rural MOHP		Teaching Hospitals		CSI Clinics		Total	
	N	%	N	%	N	%	N	%	N	%
- Provided a temporary method* to return back to the clinic when she menstruates	26	25.7	1	5.6	13	59.1	18	48.6	58	32.6
- Return back to the clinic when she menstruates without providing a method	26	25.7	4	22.2	4	18.2	3	8.1	37	20.8
- Do a pregnancy test	7	7.0	8	44.4	2	9.1	2	5.4	19	10.6
- Induced menstruation by pills or injections	40	39.6	0	0.0	0	0.0	6	16.2	46	25.8
- Referred her to Ob/Gyn specialist for treatment	1	1.0	1	5.6	2	9.0	6	16.2	10	5.7
- Patient refused suggested method	1	1.0	4	22.2	2	4.5	2	5.4	8	4.5
Total	101	100.0	18	100.0	22	100.0	37	100.0	178	100.0

* Temporary methods as condom, spermicide, and abstinence.

Family planning clients denied an ongoing family planning method because of absent menstruation received different advices from physicians before they left the clinic. These advices included asking the client to return to the clinic after menstruation with or without prescribing a temporary method, return back to the clinic after performing a pregnancy test, prescription of hormones to induce menstruation, and in some cases referral to an Ob/Gyn specialist for consultation and treatment.

Table (11) describes the different advices given to clients who presented to clinics between two menstrual periods according to the type of visited center. Almost half of those clients (53.4%) were told to return back when they menstruate with or without advise to use a temporary method (32.6% and 20.8% respectively) with some center-to-center variations. Physicians induced menstruation in 25.8 % of clients before prescribing a contraceptive. This was

highest (39.6%) in urban MOHP units. It is interesting to note that advise to do a pregnancy test was much more given by physicians working in rural health units. Only 8 clients reported that they refused the method proposed by providers and that is why they were denied a FP method.

Table 12: Description of services provided to amenorrheic breastfeeding clients denied an on-going method per type of center

What did the physician tell the client:	Urban MOHP		Rural MOHP		Teaching Hospitals		CSI Clinics		Total	
	N	%	N	%	N	%	N	%	N	%
- Provided a temporary method* to return back to the clinic when she menstruates	3	3.7	3	7.3	3	27.3	0	0.0	9	6.6
- Return back to the clinic when she menstruates without providing a method	8	9.9	21	51.2	0	0.0	1	25.0	30	21.9
- Do a pregnancy test	2	2.5	9	22.0	3	27.3	1	25.0	15	11.0
- Induced menstruation by pills or injections	67	82.7	3	7.3	0	0	2	50.0	72	51.9
- Referred her to Ob/Gyn specialist for treatment	1	1.2	0	0.0	5	45.4	0	0.0	6	4.4
- Patient refused suggested method	0	0.0	4	9.8	0	0.0	0	0.0	4	2.9
- You are pregnant	0	0.0	1	2.4	0	0.0	0	0.0	1	0.7
Total	81	100.0	41	100.0	11	100.0	4	100.0	137	100.0

* Temporary methods as condom, spermicide, and abstinence

Table (12) shows that almost half of amenorrheic breastfeeding clients (51.9%) received a prescription in the form of pills or injections to induce menstruation and the percentage was highest in MOHP urban health centers. Among this group, 21.9% were told to return when they menstruate without advise to use a temporary method and only 6.6% reported that they were provided or advised to use a temporary method till they menstruate and return back to the clinic. Only one client reported that the physician told her she was pregnant.

Table 13: Description of services provided to amenorrheic non-breastfeeding clients denied an on-going method per type of center

What did the physician tell the client:	Urban MOHP		Rural MOHP		Teaching Hospitals		CSI Clinics		Total	
	N	%	N	%	N	%	N	%	N	%
- Provided a temporary method* to return back to the clinic when she menstruates	2	6.5	1	7.7	2	33.3	0	0.0	5	9.3
- Return back to the clinic when she menstruates without providing a method	1	3.2	4	30.8	2	33.3	0	0.0	7	13.0
- Do a pregnancy test	5	16.2	5	38.5	2	33.3	0	0.0	12	22.2
- Induced menstruation by pills or injections	23	74.2	3	23.1	0	0.0	2	50.0	28	51.8
- Referred her to Ob/Gyn specialist for treatment	0	0.0	0	0.0	0	0.0	2	50.0	2	3.2
Total	31	100.0	13	100.0	6	100.0	4	100.0	54	100.0

***** Temporary methods as condom, spermicide, and abstinence

Table (13) shows that ammenorrheic non-breastfeeding clients were mostly advised to induce menstruation with hormones (51.8%) before using a family planning method. The next common advice was to do a pregnancy test (22.2%).

Table 14: Description of feelings of clients denied a family planning method per type of center

Women's feelings towards FP service denial:	Urban MOHP		Rural MOHP		Teaching Hospitals		CSI Clinics		Total	
	N	%	N	%	N	%	N	%	N	%
- Believe it means physicians care for her health	113	53.2	43	59.7	29	74.4	32	71.1	217	58.8
- Wished not to return, but has to obey physician	79	37.2	26	36.1	4	10.3	7	15.6	116	31.4
- Returning back is a problem to client	21	9.6	3	4.2	6	15.3	6	13.3	36	9.8
Total	213	100.0	72	100.0	39	100.0	45	100.0	369	100.0

One of the objectives of this study, was to determine if requesting a woman to pay a second visit to the center was a hardship. Table (13) describes the feeling of clients denied a FP method per type of center and shows that among all clients, 58.8% were satisfied and stated that this meant that the physician cares for their health. Meanwhile, 31.4% of clients were not satisfied and wished they were not requested to return back to the clinic, however, they accepted that because they had to obey instructions given by physicians. On the other hand, 9.8% were not satisfied and stated frankly that this was a problem to them, the percentage was higher in Teaching hospitals and CSI clinics being 15.3% and 13.3% respectively.

III *Findings from follow-up of clients denied family planning methods*

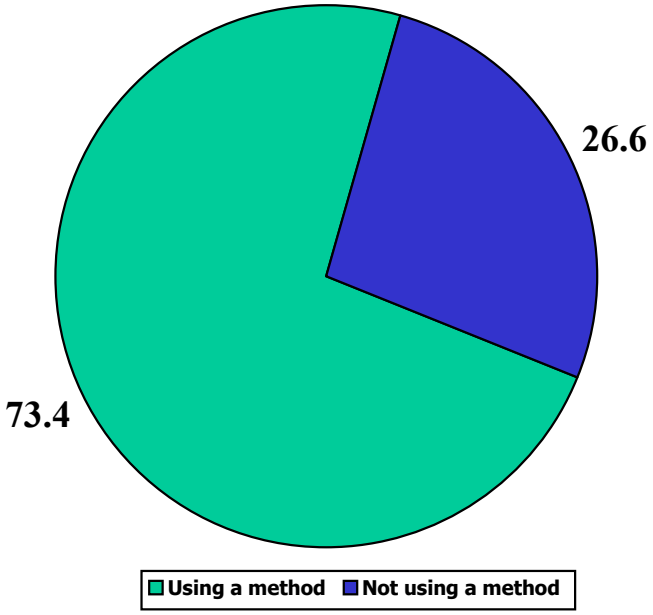
This study focused on family planning clients denied a family planning method during their first visit to a family planning center. It was important to study the behavior of those clients after method denial.

Table 15: Behavior of family planning clients denied an on-going family planning method per type of center

Behavior	Urban MOHP		Rural MOHP		Teaching Hospital		CSI Clinic		Total	
	N	%	N	%	N	%	N	%	N	%
Returned to same clinic	***103***	***47.5***	***36***	***47.4***	***27***	***61.4***	***26***	***46.4***	***192***	***48.9***
Visited another clinic	***80***	***36.9***	***32***	***42.1***	***9***	***20.5***	***3***	***5.4***	***124***	***31.6***
Public	42	52.6	14	43.8	4	44.4	1	33.3	61	49.2
Private	38	47.4	18	56.2	5	55.6	2	66.7	63	50.8
Did not visit any clinic	***31***	***14.2***	***6***	***7.9***	***8***	***17.8***	***27***	***48.2***	***72***	***18.3***
Could not be reached	***3***	***1.4***	***2***	***2.6***	***0***	***0.0***	***0***	***0.0***	***5***	***1.2***
Total	***217***	***100.0***	***76***	***100.0***	***44***	***100.0***	***56***	***100.0***	***393***	***100.0***

Table (15) shows that about half (48.9%) of clients denied a FP method returned to the same clinic within 4 weeks. The rest either visited another clinic (31.6%) or did not visit any other family planning clinic (18.3%).

Figure 5: Current family planning method use by home visited clients



N = 196

Figure 5 shows that 73.4% of women who did not return to the same clinic were found to be using a FP method, when they were home visited.

Table 16: Reported reason for returning to same clinic by clients denied an on-going family planning method per type of center

Reported reason	Urban MOHP		Rural MOHP		Teaching Hospital		CSI Clinic		Total	
	N	%	N	%	N	%	N	%	N	%
Menstruated spontaneously	33	32.0	23	63.9	14	51.9	10	38.5	80	41.7
Menstruated after induction	57	55.3	1	2.8	0	0.0	7	26.9	65	33.9
Did not menstruate and wanted to know if pregnant	8	7.8	4	11.1	2	7.4	0	0.0	14	7.3
Show the result of requested pregnancy test	0	0.0	5	13.9	3	11.1	1	3.8	9	4.7
Others *	5	4.9	3	8.3	8	29.6	8	30.8	24	17.22
Total	103	100.0	36	100.0	27	100.0	26	100.0	192	100.0

* included women who wanted to change the method received during first visit or were cured from infection.

Table (16) shows that 75.6% of clients denied a FP method returned to the same clinic because they menstruated (41.7 spontaneously and 33.9 after induction by hormones prescribed by providers) and want to use a family planning method.

On the other hand, 7.3% came back to the clinic because they did not menstruate and wanted to know if they are pregnant.

Table 17: Family planning methods received by clients who returned to same clinic per type of center

Family planning Method	Urban MOHP		Rural MOHP		Teaching Hospital		CSI Clinic		Total	
	N	%	N	%	N	%	N	%	N	%
Received a family planning method	***95***	***92.2***	***32***	***88.9***	***24***	***88.9***	***25***	***96.2***	***176***	***91.7***
IUD	50	52.6	17	53.1	16	66.4	10	40.0	93	52.9
DMPA	28	29.5	9	28.1	2	8.3	6	24.0	45	25.6
COCs	6	6.3	1	3.1	3	12.5	7	28.0	17	9.7
Implants	6	6.3	3	9.6	1	4.5	0	0.0	10	5.8
POPs	3	3.2	0	0.0	2	8.3	1	4.0	6	3.5
Male condom /spermicide	2	2.1	1	3.1	0	0.0	1	4.0	4	2.4
LAM	0	0.0	1	3.1	0	0.0	0	0.0	1	0.6
Did not receive a family planning method	***8***	***7.8***	***4***	***11.1***	***3***	***11.1***	***1***	***3.8***	***16****	***8.3***
Total	*103*	*100.0*	*36*	*100.0*	*27*	*100.0*	*26*	*100.0*	*192*	*100.0*

* Sixteen clients reported they did not receive a method due to absent menstruation (9), pregnancy (3), and refusal of proposed method (4).

Table (17) shows that 91.7% of women who returned to the same clinic received a FP method during their second visit. Again, the IUD was the most common FP method received, being provided to 52.9% of those women. This was followed by DMPA (25.6%).

Table 18: Reported reasons for visiting another clinic as reported by home visited clients per type of center

Reported reason	Urban MOHP		Rural MOHP		Teaching Hospital		CSI Clinic		Total	
	N	%	N	%	N	%	N	%	N	%
Afraid to get pregnant	11	13.8	6	18.8	0	0.0	2	66.7	19	15.3
Wanted another opinion	15	18.8	15	46.9	2	22.2	0	0.0	32	25.8
Went to a near clinic	8	10.0	6	18.8	4	44.4	1	33.3	19	15.3
Menstruation occurred	8	10.0	1	3.1	0	0.0	0	0.0	9	7.3
Menstruation occurred after induction	37	46.3	2	6.3	0	0.0	0	0.0	39	31.5
Wanted to change the method	1	1.3	2	6.3	3	33.3	0	0.0	6	4.8
Total	***80***	***100.0***	***32***	***100.0***	***9***	***100.0***	***3***	***100.0***	***124***	***100.0***

Table (18) shows that when women were asked about the reason behind visiting another FP clinic, 38.8% said because they had menstruated (31.5% after induction and 7.35 spontaneously). The next common reason was the need to have another opinion after discussion with the service provider (25.8%). The percentage of clients who reported the reason as being the need to have another opinion is highest among those who visited MOHP rural clinics (46.9%). Other reported reasons were going to a nearby clinic (15.3%), and fear to get pregnant while not using a FP method (15.3%).

Table 19: Physicians' Advice to Home Visited Clients Who Visited Another Clinic

Physicians' Advice	*Public Clinic*		*Private Clinic*		*Total*	
	N	***%***	***N***	***%***	***N***	***%***
Use a temporary method and come back when you menstruate	2	3.3	2	3.3	4	3.2
Requested to do a pregnancy test	2	3.3	6	9.8	8	6.5
Induce menstruation by hormones	1	1.7	0	0.0	1	0.8
Rely on LAM	0	0.0	3	4.9	3	2.4
Prescribed a treatment	0	0.0	1	1.6	1	0.8
Prescribed an on-going FP method	55	90.0	41	64.0	96	77.4
Told her you are pregnant	1	1.7	6	9.8	7	5.6
Total	***61***	***100.0***	***63***	***100.0***	***124***	***100.0***

Table (19) show that most women (77.4%) who did not return to the same clinic and visited another center were prescribed an on-going family planning method during that visit while 5.6% were told by service providers that they were pregnant.

Table 20: Family planning methods used by home visited clients who visited another clinic

Family Planning Method	*Public Clinic*		*Private Clinic*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
IUD	20	37.3	19	48.7	39	41.9
POPs	8	15.7	13	28.2	21	22.6
DMPA	14	27.5	4	10.3	18	19.4
Implants	2	3.9	2	5.1	4	4.3
COCs	2	3.9	1	2.6	3	3.2
Male condom	0	0.0	1	2.6	1	1.1
Total	***52***	***100.0***	***41***	***100.0***	***93***	***100.0***

Table (20), shows that, again, the IUD was the most commonly used method by women who visited another family planning center, (41.9%) followed by POPs (22.6%), and DMPA (19.4%).

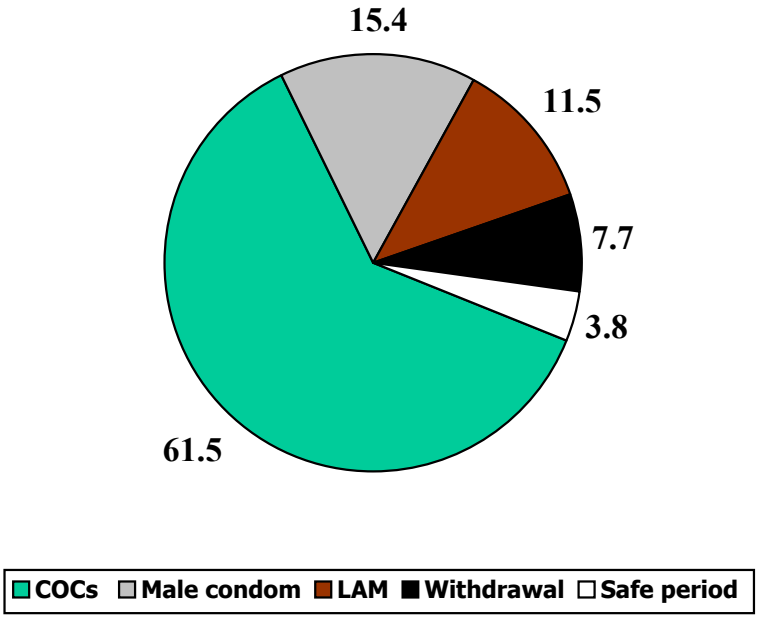
Table 21: Reported reasons for not visiting any clinic as reported by home visited clients per type of center

Reported reason	Urban MOHP		Rural MOHP		Teaching Hospital		CSI Clinic		Total	
	N	%	N	%	N	%	N	%	N	%
Still waiting for menstruation to occur	12	40.0	3	50.0	3	33.3	10	38.5	28	39.4
Used a FP method by herself	7	23.3	1	16.7	0	0.0	3	11.5	11	15.5
Woman suspects being pregnant	1	3.3	0	0.0	0	0.0	0	0.0	1	1.4
Woman is pregnant	2	6.7	2	33.3	0	0.0	1	3.8	5	7.0
Woman plans to get pregnant	2	6.7	0	0.0	0	0.0	0	0.0	2	2.8
Husband traveled	1	33	0	0.0	0	0.0	0	0.0	1	1.4
Others *	6	16.7	0	0.0	5	66.7	12	46.2	23	32.4
Total	***31***	***100.0***	***6***	***100.0***	***8***	***100.0***	***26***	***100.0***	***72***	***100.0***

*Included being busy with their families or husband's refusal.

Table (21) shows that, the most common reason for women not returning to the same clinic and not visiting another clinic was that they were still waiting for return of menstruation (39.4%). About one third (32.4%) stated personal reasons as being the cause. It is important to note that 15.5 of those women started a contraceptive method by themselves and that 7% said they were pregnant at the time when they were home visited.

Figure 6: Family planning methods used by clients who did not visit any clinic



N= 26

Figure (6) describes the family planning methods used by home visited clients who did not visit any other center. COCs were the most commonly used method (61.5%) followed by the male condom (15.4%). It is interesting to note that 11.5% of this group decided to rely on LAM.

Annex 1

Training Agenda for the Data Collection Activity

Day one:

8:30 – 9:00	Welcome and Introduction of Participants	Prof. Ezzeldin Osman Dr. Hala Youssef
9:00 – 10:00	Introduction to study and objectives	Dr. Hala Youssef
10:00 – 11:00	Ethical considerations	Prof. Ezzeldin Osman
	How to fill a consent form	Dr. Hala Youssef
11:00 – 1:00	Explanation of forms of the study	

Day two:

9:00 – 11:00	Practical administration of study forms in FP clinic	Dr. Hala Youssef
11:00 – 1:00	Role distribution and rules for the data collection activity	Dr. Hala Youssef