

Experiences and care-seeking patterns for menstrual bleeding irregularities among current and past users of injectables and implants in rural Kenya

George Odwe, Francis Obare, John Cleland

Abstract

This study examined experiences and care-seeking practices for menstrual bleeding irregularities among current and past users of injectables and implants in rural Kenya. The analysis is based on quantitative and qualitative data from the third round of a two-year longitudinal study conducted in Homa-Bay County, Western Kenya. The result shows that although many current and past users of injectables and implants reported experiencing method-related menstrual irregularities (range 55%-76%), few sought advice or care from a healthcare provider for management of the conditions. Menstrual irregularities are a pivotal health concern that drives non-use and discontinuation of contraceptive methods in the study area; it affected women's relationships, their performance of domestic chores, and participation in income-generating activities. Quality counselling before initiating a method was limited; counselling on side effects including bleeding irregularities was inadequate, incomplete or not provided at all in some cases. The finding suggests the need for innovative strategies for supporting women who are on contraception by giving comprehensive information on side effects and how to manage them at the time of initiating contraception. This should be accompanied by regular follow-up to ensure that women experiencing unpleasant side effects receive timely advice and appropriate management of the conditions to minimize discontinuation.

Background

Hormonal contraceptives are regarded as safe and highly efficacious; however, concerns about side effects associated with their use can impede contraceptive initiation and may also lead to early discontinuation among users [1]. Changes in the menstrual bleeding pattern have been clinically documented as a major hormonal contraceptive side effect [2-4]. Method-related changes in menstrual bleeding pattern include regular withdrawal bleeding, heavy or prolonged bleeding, irregular spotting/bleeding and amenorrhea (or lack of bleeding). Evidence shows that menstrual bleeding disruption is a major reason for contraceptive dissatisfaction and discontinuation [1, 5-7]. Changes in menstrual bleeding due to contraception, and perceptions thereof, have been shown to vary by method, level of education, parity and socioeconomic status[8]. Qualitative studies have also documented women's negative experiences with contraceptive-related menstrual problems [9-11].

Injectables and implants remain the most widely used contraceptive methods in Kenya; however, they are plagued by a high discontinuation rate (estimated to range between 38-52% within 12 months) due to health-related concerns [12]. Evidence from the Demographic and Health Survey (DHS) shows that side effects or health concerns are some of the reasons for contraceptive non-use or discontinuation; however, aspects of side-effects or health concerns are not well explained [13]. There is also lack of distinction in the experiences of side effects between current and past users. Moreover, information on women's health-seeking practices for contraceptive-related menstrual bleeding problems is rare in Kenya. This study examines experiences and care-seeking practices for menstrual bleeding irregularities among current and

past users of injectables and implants using quantitative and qualitative data from the third round of a longitudinal study in a rural site in Kenya. We compare experiences of past users with current users because they constitute a high proportion of women with unmet need for family planning. Understanding experiences of and care-seeking patterns for the menstrual bleeding problems associated with contraceptive use is important for the development of appropriate contraceptive counselling strategies.

Data and Methods

The analysis is based on both quantitative and qualitative datasets of a 2-year prospective longitudinal study that targeted married or cohabiting women aged 15-39 years at the time of recruitment in Homa-bay County, Western Kenya. The aim of this study was to advance knowledge on unmet need for family planning and unintended pregnancy, including contraceptive uptake and continuation [14]. The study targeted 2,600 women in order to detect a 30% difference in reproductive outcomes between study rounds at 95% confidence level and 80% power, taking into account 45% attrition [14]. The baseline survey was conducted between September and December 2016, a 12-month follow-up between October and December 2017 while the third round was conducted between September and October 2018. The follow-up surveys included only women who completed the preceding round and excluded women who were not at risk of pregnancy at the time of follow-up (that is, those who were sterilized or indicated that they could not get pregnant, separated, divorced or widowed and not in a union). Interviews were completed with 2,424 women during the first round (78% of those sampled), 2,083 women during the second round (86% of those interviewed in the first round) and 1,866 women during the third round (91% of those interviewed in the second round).

Measures: Face-to-face structured interviews with eligible women were carried out in the local language (Dholuo) by trained female interviewers using electronic-based data capture platforms that lasted on average 45 minutes. The questionnaire collected information on women's socio-demographic characteristics, reproduction, sexual activity, retrospective and prospective measures of fertility preferences, method-specific attitudes and experiences with contraceptives including satisfaction, and contraceptive use. During the third round, women who were currently using a method or had used a method in the past were asked to indicate if they had experienced any effect on regular menses and other side effects from using a specific method. Those who affirmed were further asked to indicate the most troubling effect (that is, whether it was no bleeding, irregular bleeding, heavy bleeding or any other effect), and whether they had sought advice or treatment for the side effect from a health provider. The study also sought women's opinion on the suitability of the method, whether the method causes serious health problems and unpleasant side effects (apart from menstrual disruption). This information was obtained for pills, injectables, implants and intrauterine device (IUD); however, this analysis is restricted to current and past users of injectables and implants.

Qualitative data were based on in-depth interviews (IDIs) conducted during the third round with women who discontinued injectables or implants between round 1 and 2. IDIs were conducted using a semi-structured interview guide intended to elicit women's views and experiences using the method and the interactions with the provider. A total of 42 IDIs were conducted with women (21 who discontinued implants and 21 who discontinued injectables between the two rounds). Purposive sampling was used to ensure a diverse sample of women who reported during round 2 that they had previously used injectables or implants but stopped using the method. With respondent consent, all interviews were audio-recorded, and then transcribed verbatim and translated into English. Illustrative quotes are included to support the findings.

Analysis: Analysis of quantitative data involved descriptive statistics. Cross-tabulation with chi-square test was used to assess any significant association between health-seeking behaviour and background characteristics (demographic, socioeconomic and attitudinal attributes). The outcome variable for the analysis was coded 1 if the respondent sought advice or treatment for health problems and 0 otherwise. Independent variables were categorised into: 1) socio-economic (level of education); 2) demographics (age, number of living children, and fertility preference); and 3) attitudes and method-specific beliefs (perceived side effects, health problems, appropriateness of the method for someone like respondent, satisfaction and future intention to use the method). Data were analysed using Stata® 15.1 (StataCorp). We analysed qualitative data using inductive content analysis by identifying key themes and recurrent patterns, as well as unique experiences recounted by respondents.

Ethical considerations: Written informed consent was obtained from all participants during each round of the survey. Ethical approvals for the study were granted by the Observational/Interventions Research Ethics Committee of London School of Hygiene and Tropical Medicine, the Institutional Review Board of the Population Council, and Kenyatta National Hospital/University of Nairobi Ethics and Research Committee. The National Commission for Science, Technology and Innovation granted the research permit.

Results

Background characteristics

The majority of ever users of injectable and implant were aged 25-39 years, had no schooling or had incomplete primary level of education, and wanted no more children (Table 1). On average, ever users of injectable users were slightly older and had more children compared to ever users of implant. Moreover, current implant users outnumbered past users reflecting lower discontinuation rate than injectables.

[Table 1 here]

Experiences of menstrual bleeding irregularities and their consequences

The proportion of women reporting experiencing menstrual problems was slightly higher among past users than current users for both methods (range 55%-76%) (Table 2). The most commonly reported troubling bleeding effect among past users of injectable and implants was heavy bleeding followed by irregular bleeding. In contrast, current users were mostly concerned about irregular bleeding. A significant proportion of both current and past users of injectable and implants were also concerned about amenorrhea (no bleeding; range 19%-36%). The majority of past users of injectable and implant (range, 58-65%) considered as 'very serious' the bleeding irregularities caused by these methods. However, current users considered the bleeding effect to be very serious, moderately serious or not serious at all in almost equal proportion. Half of past injectable users and 44 percent of past implant users also reported experiencing other side effects in addition to the menstrual bleeding irregularities. The most commonly cited additional side effects included dizziness, stomach cramps, fatigue, weight loss, and lower back and joint pain.

[Table 2 here]

In-depth interviews with women who had used injectables and/or implants but had stopped by round 2 revealed how menstrual bleeding irregularities affected their well-being including physical, sexual and social health. A major concern expressed by participants was the effect that the bleeding had on their day-to-day lives, including their relationships. Bleeding irregularities due to contraceptive use exposed some women to intimate partner violence including emotional aggression. In addition, many women reported that bleeding irregularities affected their sexual relations and created disharmony in their marriages. Bleeding also negatively impacted daily activities including participation in domestic duties/household chores such as laundry. It also limited women's participation in socio-economic activities due to pain, and fatigue.

We constantly quarreled a lot with my husband... We constantly quarreled over this matter because he was seeing strange things that he had never witnessed in my life, my husband was frustrated by my frequent and excessive bleeding... I could stop bleeding only one week to the end of the month meaning after the next second week the cycle begins again... you see because of that, it means there will be no sex activity in this house for the entire period when I am on blood... I could go without menses the whole month and the next month I could experience excessive and heavy bleeding lasting almost four days to the end of the month. So, I realized this was an issue especially when my husband requested for sexual intercourse, he was not happy about that because the problem was not there before I started using [implant]. **[Past implant user, 22 years old]**

Working on the *shamba* [farm] was very stressful and at times I used to do my laundry while seated. Though it was an occasional problem, it used to hit me very hard whenever it [bleeding] started. This has since stopped after stopping the injection. **[Past injectable user, 24 years old]**

Health concerns around heavy or extended bleeding were linked to negative health outcomes. For example, one participant who discontinued implants felt that heavy bleeding could lead to death. To many women, negative beliefs about health consequences of contraceptive use offset the benefits and discouraged them from using a method. Absence of menstruation or scanty periods were also a major concern to women. Some women feared this could be a sign of bad health as lack of menses was believed to cause congestion of blood in the bodies which could be harmful later in life. While some opted out of using contraceptive completely, others discontinued using a concerned method for some time in order to resume regular menses or switched to a less effective method.

Interviewer: We now want to talk about your experiences when using injectables and after you stopped. Please describe your experiences when using injectables. **Respondent:** I do not experience my menses while using injectable, then I always have a mild backache... the moment I started using it [injectables] when it reaches that time when I should be menstruating, I will spot instead of that normal menstruation... **Interviewer:** What informed your decision to stop using injectable? **Respondent:** ...at least for that blood that maybe congested somewhere to come out, then again, I'll start another cycle... **[Past injectable user, 32 years old]**

Care-seeking patterns for menstrual bleeding problems

For injectables, the proportion of women who sought advice or treatment from a health provider for menstrual bleeding irregularities among current and past users was 38% and 53%, respectively (Table 3). For both current and past users of injectable, care-seeking for menstrual bleeding irregularities was more likely among women who had experienced additional side effects, were unsatisfied with the method, and believed that the method was suitable for someone like respondent, the method could cause serious health problems or unpleasant side effects. Unlike current users, care-seeking for menstrual disruption among past users was

significantly associated with the level of education (more likely among those with higher levels of education).

[Table 3 here]

For implants, the proportions of women who sought advice or treatment from a health provider for menstrual bleeding irregularities among current and past users were 57% and 63%, respectively (Table 4). Similar to injectables, care-seeking for menstrual bleeding irregularities among current and past implant users was more likely among women who had experienced additional side effects and believed that the method causes serious health problems or unpleasant side effects. Unlike past users, care-seeking for menstrual bleeding irregularities among current users of implant was more likely among women who were unsatisfied with the method or believed that the method causes unpleasant side effects.

Results in Tables 3 and 4 further show that there were no statistically significant variations in care-seeking for menstrual disruption by demographic characteristics including age and fertility preference among both current and past injectable and implant users.

[Table 4 here]

Insights from qualitative interviews showed that whereas most women obtained injectables/implants from publicly or privately managed health facilities, few women reported receiving adequate counselling from a healthcare provider, including information about side effects. As narrated by many women, the contraceptive counselling received was, in most cases, inadequate, incomplete or not provided at all at the point of method initiation. Health system challenges such as long queues and understaffing especially at public facilities contributed to low-quality contraceptive counselling services. Most women mentioned being counselled in a large group during postnatal clinics which limited client-provider interactions and restricted the discussion on method attributes and preferences. Interviews with women revealed that some providers only focused on the advantages of using the method and downplayed possible side effects. In some cases, women were not given an opportunity to ask questions or make informed choices about the methods. In addition to poor quality counselling, women had limited method-choice; rather than being counselled on a wide range of methods, and being given neutral, evidence-based information on all methods, some women reported that providers only focused on one method that was available at the facility. Some women also went to the facility with a pre-determined method in mind based on information they obtained from peers who had used the method, which also limited the opportunity to provide counselling on the methods. Coupled with the health systems challenges, providers would be inclined to quickly serve such clients. The limited opportunities for comprehensive counselling on side effects implies that many women may not seek care when they experience challenges with menstrual bleeding and may opt for the easier option of discontinuing the method.

Interviewer: Did a health provider give you information on how method work? **Respondent:** Yes, they said it protect one from being pregnant for the next five years and after that, a new one is provided.

Interviewer: Did the provider give you information about possible side effects? **Respondent:** No, they didn't mention anything on the side effects. [Past Implant user, 33 years old]

We did not have much discussion over it because there were so many clients in the queue waiting to be served...we did not talk much, in fact, we had no discussion on the advantages or disadvantages of implant, ...she only told me that implant is good but did not elaborate much on that, by the way, we took children for postnatal care on that day when we utilized that opportunity to obtain the

method...yeah, I used that opportunity to obtain that particular method while at the facility. [**Past implant user, 18 years old**]

Findings from the qualitative interviews further showed that there were no major variations in the general care-seeking patterns between the two methods. Generally, some women first sought advice about bleeding problems they experienced from their social networks including friends and close relatives. Other women tended to compare their experiences with bleeding and other side effects with those of members of their social networks and made decisions to seek treatment for menstrual irregularities based on this comparison. Moreover, women also made the decision to discontinue a method based on vicarious experiences of heavy bleeding coupled with what they had heard about other people's unpleasant experiences with contraceptive side effects. In some cases, switching from injectables to implants and vice versa did not help women to avoid the side effects making them lose faith in family planning methods. Some women only sought help when they could no longer tolerate the negative experiences and had made up their minds to discontinue using a method. In such cases, they were not willing to accept the provider's advice to manage or stop the bleeding because of their frustrations with the method.

I started with the injection but could skip my periods for say a month then the following month have clots and very heavy flow that could go on for 2 weeks. I also had lower abdominal cramps and backaches so when I told my mother-in-law about it, she told me that the injection was not compatible with my body and I should go for the implant...With the implant, I used to skip my periods. I could skip for 2 months and when the periods finally came, I could get it for like 2 days and it was pure blood. I also became overweight, I became so huge that even my mother got concerned and told me to go and have it removed because she feared I could develop high blood pressure. [**Past injectable and implant user, 25 years old**]

...I explained my frustration to my friends, I told them "nowadays my health has deteriorated and I am seeing things that I have never experienced in my life before, I think it is because of implant", in the process of discussion, I realized my friend also had the same problem, she also complained of severe backache and constant headache when using the method...[**Past implant, 22 years old**]

Once a woman sought help from a health facility, treatment modalities for menstrual problems due to contraceptive use varied depending on the opinion of the provider after a comprehensive assessment. Some providers offered biomedical treatment while others advised clients to discontinue the method altogether. Some women explained that they were given medication to control menstrual bleeding in addition to simple analgesics like paracetamol to manage cramps and pain.

I was given Femiplan pills and some other medication on the side. They told me it was meant to regulate my period dates. I took it the whole of July then August I had my normal periods for 3 days. Initially, I was using 8 sanitary towels a day, but it moved to 1 sanitary towel a day. I used to use a whole 5 packet for a week of heavy periods. [**Past injectable user, 24 years old**]

Discussion

Current literature on contraceptive-related menstrual bleeding is mainly drawn from clinical trials which tend to ignore the implication of diverse social and cultural contexts. Our study therefore contributes to the literature on reasons for contraceptive discontinuation by providing nuances on aspects of side effects/health concerns as a major reason for contraceptive non-use or dissatisfaction. We examined in detail women's experiences of menstrual bleeding problems associated with contraceptive use, consequences of such experiences, and care-seeking

behaviors in the context of pervasive health-related myths and misconceptions about methods [15]. The findings showed that although many current and past users of injectables and implants reported experiencing method-related menstrual irregularities, few sought advice or care from a healthcare provider for management of the conditions. Seeking advice or healthcare for menstrual bleeding irregularities arising from use of injectables was high among women with higher levels of education. In addition, care-seeking for menstrual bleeding irregularities was associated with women's attitude and beliefs about a method (high among women with negative beliefs about the method, that is, the method causes serious health problems or unpleasant side effects)

Findings from qualitative interviews showed that menstrual irregularities are a pivotal health concern that drives non-use and discontinuation of contraceptive methods. Contraceptive-related menstrual bleeding negatively impacted the well-being of women; it affected their relationships, performance of domestic chores, and participation in income-generating activities for many women. Quality counselling before initiating a method was limited in the study setting. Counselling on side effects including bleeding was inadequate, incomplete or not provided at all in some cases. Health system challenges such as inadequate staff and limited method choice contributed to lack of or poor-quality counselling services. The findings suggest that for the Kenyan government to realize the Family Planning 2020 (FP2020) goal of improving access to family planning and reducing unmet need, there is need for innovative strategies for supporting women who are on contraception by giving comprehensive information on side effects and how to manage them at the time of initiating contraception. This should be accompanied by regular follow-up so that those who experience unpleasant side effects receive timely advice and appropriate management of the conditions to minimize discontinuation.

References

1. Tolley, E., et al., *The impact of menstrual side effects on contraceptive discontinuation: findings from a longitudinal study in Cairo, Egypt*. International family planning perspectives, 2005: p. 15-23.
2. Mansour, D., et al., *The effects of Implanon® on menstrual bleeding patterns*. The European Journal of Contraception & Reproductive Health Care, 2008. **13**(sup1): p. 13-28.
3. Sanders, J.N., et al., *Bleeding, cramping, and satisfaction among new copper IUD users: A prospective study*. PloS one, 2018. **13**(11): p. e0199724.
4. de Mello Jacobucci, M.S.B., et al., *Bleeding patterns of adolescents using a combination contraceptive injection for 1 year*. Contraception, 2006. **73**(6): p. 594-597.
5. Glasier, A., *Implantable contraceptives for women: effectiveness, discontinuation rates, return of fertility, and outcome of pregnancies*. Contraception, 2002. **65**(1): p. 29-37.
6. Hollander, D., *Method-related menstrual irregularities especially increased bleeding often lead to discontinuation*. International Family Planning Perspectives, 1995. **21**(3): p. 119-20.
7. Diedrich, J.T., et al., *Association of short-term bleeding and cramping patterns with long-acting reversible contraceptive method satisfaction*. American journal of obstetrics and gynecology, 2015. **212**(1): p. 50-e1.
8. Makuch, M.Y., et al., *Opinion and experience of Brazilian women regarding menstrual bleeding and use of combined oral contraceptives*. International Journal of Gynecology & Obstetrics, 2012. **117**(1): p. 5-9.
9. Kibira, S.P.S., et al., *"I spent a full month bleeding, I thought I was going to die..." a qualitative study of experiences of women using modern contraception in Wakiso District, Uganda*. PloS one, 2015. **10**(11): p. e0141998.

10. Imbuki, K., et al., *Factors influencing contraceptive choice and discontinuation among HIV-positive women in Kericho, Kenya*. African journal of reproductive health, 2010. **14**(4).
11. Chebet, J.J., et al., *"Every method seems to have its problems"-Perspectives on side effects of hormonal contraceptives in Morogoro Region, Tanzania*. BMC women's health, 2015. **15**(1): p. 97.
12. Kenya National Bureau of Statistics (KNBS), et al., *Kenya Demographic and Health Survey 2014*. 2015, KNBS, MOH, NACC, KEMRI, NCPD: Nairobi.
13. Polis, C.B., R. Hussain, and A. Berry, *There might be blood: a scoping review on women's responses to contraceptive-induced menstrual bleeding changes*. Reproductive health, 2018. **15**(1): p. 114.
14. Machiyama, K., et al., *Reasons for unmet need for family planning, with attention to the measurement of fertility preferences: protocol for a multi-site cohort study*. Reproductive health, 2017. **14**(1): p. 23.
15. Machiyama, K., et al., *Women's attitudes and beliefs towards specific contraceptive methods in Bangladesh and Kenya*. Reproductive health, 2018. **15**(1): p. 75.

Annexes

Table 1: Baseline characteristic of ever users of injectables and implants at round three

Characteristics	Injectables	Implants
Age (years)		
15-24	30.8	38.3
25-39	69.3	61.7
Mean age [SD]	28.2[0.14]	27.4[0.19]
Education		
No schooling/ some primary	43.2	43.1
Primary complete	33.5	33.8
Secondary +	23.4	23.1
Number of living children		
0-1	10.7	11
2-3	42.2	44.3
4 and above	47.2	44.7
Mean [SD]	3.5[0.05]	3.4[0.08]
Fertility preference		
Want to soon/want within 2 years/undecided	15.0	13.9
Want no more	46.6	51.6
Want to wait 2 years or more/other	38.4	34.5
Baseline use status		
Never used	10.3	25.3
Currently using	35.7	42.5
Ever used but not currently using	54.1	32.2
Total number of women (N)	1512	792

Table 2: Proportion of women who reported experiencing menstrual bleeding disruption and other side effects among current and past users of injectable and implant

	Injectables		Implants	
	Past users	Current users	Past users	Current users
% who experienced any effect on regular menses from using (METHOD)	(n=954)	(n=558)	(n=368)	(n=424)
Yes	76.0	69.0	60.3	54.5
No	24.0	31.0	39.7	45.5
The most troubling bleeding effect	(n=725)	(n=385)	(n=222)	(n=231)
No bleeding	26.2	36.1	18.9	25.1
Irregular bleeding	32.7	43.9	34.7	52.4
Heavy bleeding	36.4	17.7	40.5	20.8
Others	4.7	2.3	5.9	1.7
Perceived seriousness of the bleeding side effect				
Very serious	57.7	27.3	64.9	34.6
Moderately serious	25.9	36.9	23.0	35.5
Not serious	16.4	35.8	12.2	29.9
% who experienced other side effects	(n=954)	(n=558)	(n=368)	(n=424)
Yes	49.5	31.5	44.0	31.1
No	51.5	68.5	56.0	68.9
Other most troubling side effects	(n=472)	(n=176)	(n=162)	(n=132)
Headaches	8.3	6.3	8.0	6.8
Dizziness	15.7	14.8	20.4	15.9
Stomach pains/cramps	17.2	19.3	10.5	13.6
Fatigue	8.9	8.0	15.4	9.1
Nausea	1.7	3.4	0.6	2.3
Breast tenderness	0.2	0.0	0.0	0.0
Weight loss	12.1	4.6	18.5	8.3
Weight gain	3.2	1.7	2.5	2.3
Decrease in sexual pleasure/function	4.0	4.6	3.1	3.8
Other	28.8	37.5	21.0	37.9

Table 3: Proportion of women who experienced and sought advice/treatment for the menstrual bleeding problem among current and past injectable users by background characteristics

Background characteristics	Past injectables users				Current injectable users			
	N	% who reported experiencing menstrual disruptions	% who sought advice or treatment	p-value*	N	% who reported experiencing menstrual disruptions	% who sought advice or treatment	p-value*
Age								
15-24	279	70.6	53.3		186	65.1	34.7	
25-39	675	78.2	52.5	0.841	372	71.0	39.4	0.379
Education								
No schooling/ some primary	403	73.2	48.5		250	66.4	35.5	
Primary complete	310	77.1	49.8	0.005	196	72.5	35.9	0.203
Secondary +	241	79.3	62.8		112	68.8	46.8	
Fertility preference								
Want to soon, within 2years, undecided	159	75.5	55.8		68	61.8	31.0	
Want to wait for 2 or more years	427	75.2	53.6	0.549	278	71.6	36.7	0.396
Want no more	368	77.2	50.4		212	67.9	41.7	
Experienced other side effects								
Yes	472	86.0	57.4		382	61.8	30.9	<0.001
No	482	66.2	46.7	0.004	176	84.7	49.0	
The method is suitable for someone like me								
Suitable	542	67.7	47.4		520	67.7	36.4	
Not suitable	412	86.9	58.1	0.004	38	86.8	54.6	0.040
The method causes serious health problems								
No	560	68.4	43.9		432	65.3	33.7	
Yes	394	86.8	62.6	<0.001	126	81.8	49.5	0.005
The method causes unpleasant side effect								
No	342	54.4	42.5		292	56.2	29.3	
Yes	612	88.1	56.2	0.001	266	83.1	44.3	0.003
Satisfied with using the Method								
Satisfied	429	65.5	44.1		76	90.8	52.2	
Unsatisfied/mixed	525	84.6	58.1	<0.001	482	65.6	34.8	0.007
All women (N)	954	76.0	52.7		558	69.0	37.9	

*P-values for care-seeking

Table 4: Proportion of women who experienced and sought advice/treatment for the menstrual bleeding problem among current and past implant users by background characteristics

Background characteristics	Past implant users				Current implant users			
	N	% who reported experiencing menstrual disruptions	% who sought advice or treatment	p-value*	N	% who reported experiencing menstrual disruptions	% who sought advice or treatment	p-value*
Age								
15-24	141	58.9	62.7		162	57.4	41.9	
25-39	227	61.2	63.3	0.922	262	52.7	36.2	0.382
Education								
No schooling/ some primary	160	61.9	62.6		181	54.1	38.8	
Primary complete	129	55.8	59.7	0.597	139	49.6	31.9	0.382
Secondary +	79	64.6	68.6		104	61.5	45.3	
Fertility preference								
Want to soon, within 2years, undecided	76	67.1	51		34	58.8	40.0	
Want to wait for 2 or more years	182	58.8	67.3	0.123	227	54.6	40.3	0.781
Want no more	110	58.2	65.6		163	53.4	35.6	
Experienced other side effects								
Yes	162	80.3	69.2		292	49.7	33.1	
No	206	44.7	54.4	0.024	132	65.2	47.7	0.028
The method is suitable for someone like me								
Suitable	146	46.6	55.9		372	50.5	34.0	
Not suitable	222	69.4	66.2	0.141	52	82.7	58.1	0.003
The method causes serious health problems								
No	201	50.3	56.4		341	52.2	33.7	
Yes	167	72.5	68.6	0.062	83	63.9	54.7	0.006
The method causes unpleasant side effect								
No	150	40.7	52.5		235	42.6	36.0	
Yes	218	73.9	67.1	0.044	189	69.3	40.5	0.490
Satisfied with using the Method								
Satisfied	131	50.4	48.5		71	74.7	47.2	
Unsatisfied/mixed	237	65.8	69.2	0.003	353	50.4	36.0	0.141
All women (N)	368	60.3	63.1		424	54.5	38.5	

*P-values for care-seeking