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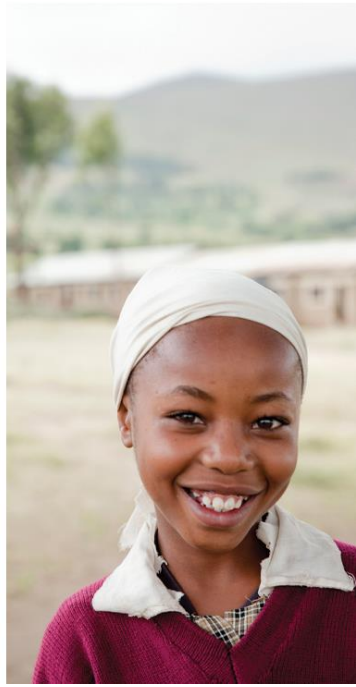
Final Report: User Perspectives on New Long-Acting Contraceptive Technologies

August 2017



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PMA 2020
Performance Monitoring and Accountability 2020

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Photo credit: Abide Family Center, Uganda

Executive Summary

Executive Summary

Method-related concerns represent an important cause of contraceptive non-use and discontinuation. The development of new contraceptive technologies that better meet user needs is crucial to improving family planning (FP) outcomes.

The FHI 360 Contraceptive Technology Innovation (CTI) Department is leading the development of several new long-acting contraceptive methods. As part of this effort, we conducted a mixed-methods study in Burkina Faso and Uganda to assess user preferences for six methods currently under development or ready for introduction: an existing copper IUD (ready for introduction), an existing levonorgestrel intra-uterine system (LNG-IUS) (ready for introduction), a new single rod implant, a biodegradable implant, a longer-acting injectable, and a method of non-surgical permanent contraception. The study included adding a set of questions to the nationally representative PMA2020 female surveys in the two countries and conducting qualitative interviews and focus groups with women, men, and family planning providers and key informants. Data were collected related to desired method characteristics, interest in using the new methods in development, contextual factors related to FP decision-making, perspectives on contraception for men, and user-generated designs.

Users and providers want effective, affordable contraceptives that have minimal side effects. Respondents expressed interest in all of the new methods with greatest interest shown for the longer-acting injectable. Women are concerned about side effects that affect their daily life and expressed particular concern over menstrual changes associated with FP use. However, there are women in both countries who said they would accept a method that induces amenorrhea. Interest in contraception for men was expressed in both countries, and many respondents talked about the need to involve male partners to effectively use contraception.

The results presented in the following slides reflect substantial interest in new contraceptive technologies. Contraceptive developers should incorporate user input into development efforts to design products that will expand choice and better meet user needs and preferences.

Photo credit: Reinout Van Den Bergh Photography

Introduction

Introduction

- Study background
- Conceptual framework
- Contraceptive technology innovation at FHI 360
- New method profiles
- Study objectives

Photo credit: Sergio Pessolano Photography

Study background

In developing countries, 214 million women wish to delay or avoid pregnancy but are not using a modern method of contraception, and an estimated 89 million unintended pregnancies occur every year.[1] While some women do not have access to effective contraceptive methods due to social, cultural, or economic constraints, others are not satisfied with existing options, citing side effects or other method-related concerns as reasons for non-use or discontinuation.[2,3]

Although refinements in the last few decades have improved the safety and side effect profile of commonly used contraceptive technologies, most still employ biological mechanisms discovered in the 1960s using delivery systems developed in the 1970s.[2] In addition, too few long-acting methods are presently available and acceptable to women who wish to postpone childbearing for an extended time or limit childbearing. With the number of women of reproductive age and desire to limit fertility increasing in most regions, the need for new contraceptive technology continues to grow.

Developing new and improved contraceptive technologies has the potential to overcome long-standing barriers to uptake, adherence, and continuation and contribute to the reduction of unmet need and unintended pregnancy. Innovations in drug discovery and delivery from other biomedical fields offer the promise of more effective, less invasive, and user-independent methods, potentially with improved side-effect profiles.

Photo credit: Guido Aldi Photography

Study background cont.

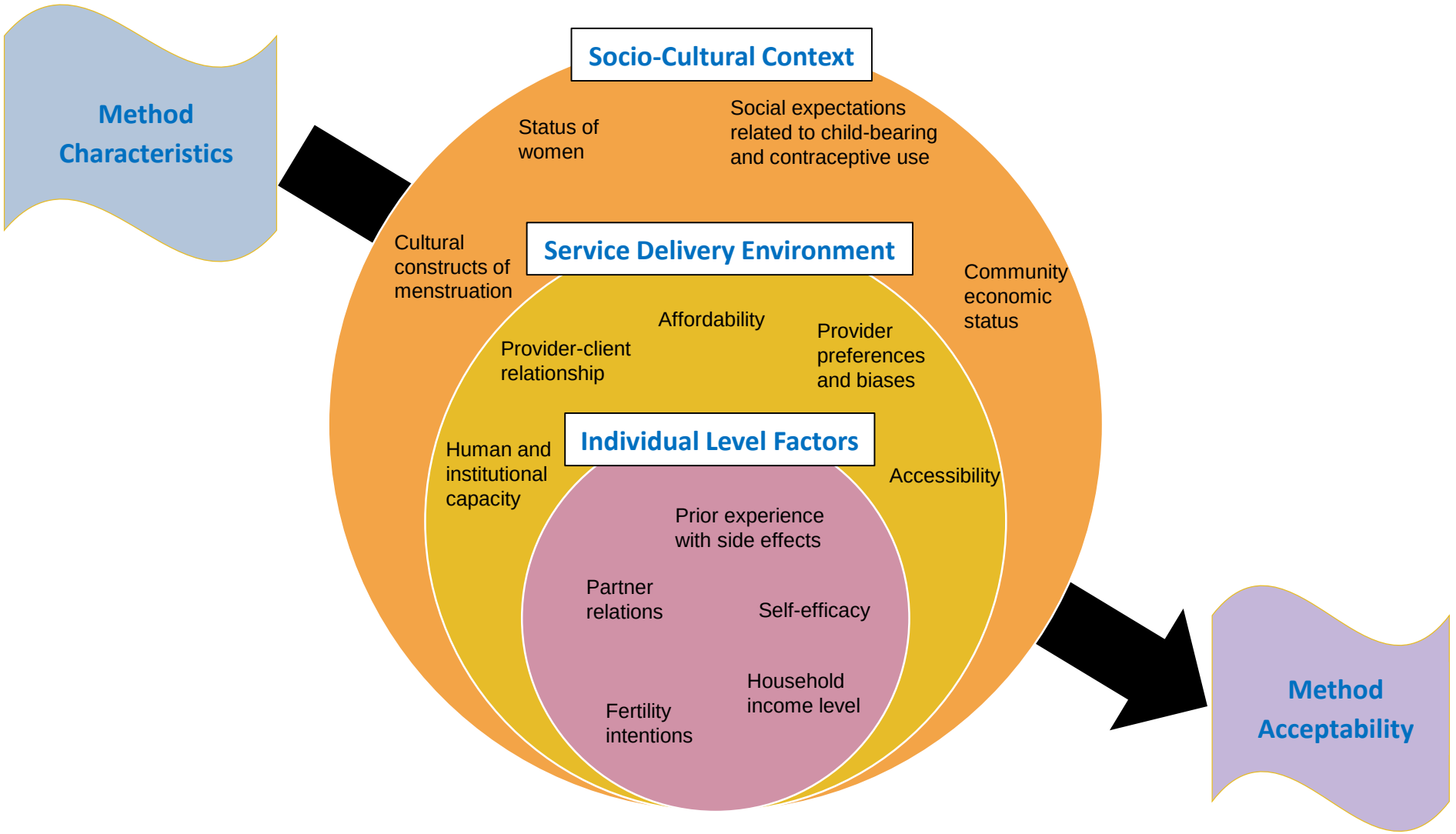
Photo credit: Rebecca Callahan, FHI 360

User acceptability of a new contraceptive technology is a multifaceted and dynamic construct that is largely defined by context.[4] Acceptability of a specific contraceptive method may change over a woman's reproductive life and be influenced by her fertility intentions and contraceptive needs at a given time.

Method acceptability will also depend on a particular contraceptive product's attributes or characteristics and may be influenced by the family planning service delivery environment. (Slide 9)

Understanding the needs and preferences of potential users and providers is crucial for guiding contraceptive research and development investment. In addition to being safe and effective, new contraceptive methods must also be acceptable to women, and often their partners as well, in order to ensure uptake, adherence, and continuation.

Acceptability of a new contraceptive method: *A conceptual framework*



Contraceptive technology innovation at FHI 360

The **Contraceptive Technology Innovation (CTI) Department** at FHI 360 develops, evaluates, and introduces new and strategically important contraceptives with an emphasis on long-acting methods and a goal to provide quality, affordable and acceptable products for those most in need in low-resource settings. Products under development span multiple stages of research and development (R&D), as well as introduction, targeting key opportunities for rapid expansion of the contraceptive method mix. The CTI department is currently implementing two contraceptive development projects: the CTI Initiative, funded by the Bill & Melinda Gates Foundation, and Envision FP funded by the US Agency for International Development (USAID).

CONTRACEPTIVE TECHNOLOGY INNOVATION EXCHANGE

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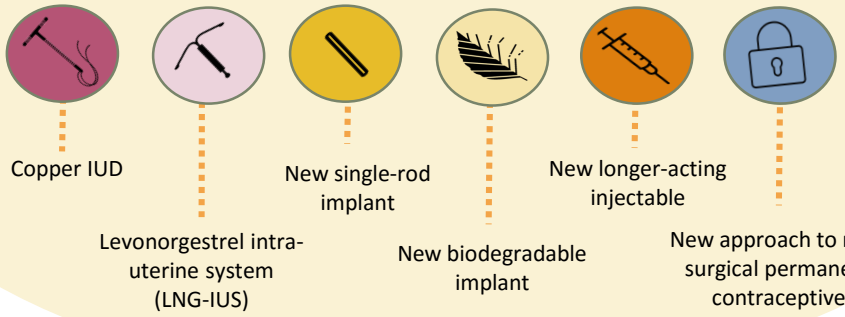
R&D within the CTI Department includes support for the following methods:



The CTI Department is also exploring the potential for other novel approaches or "blue sky" opportunities. For all of these potential new methods, including those yet to be identified, it is crucial to understand the needs, perspectives and preferences of potential users and providers. To accomplish this, the development activities conducted by the CTI department also include a behavioral research component that studies the sociocultural, service delivery, and individual factors that affect method acceptability among users and the feasibility of integrating new contraceptives into service delivery systems.

New method profiles

New copper intrauterine device (IUD): a non-hormonal IUD alternative to the TCu380A (Paragard) with potential design improvements (e.g., smaller size, different shape) and a duration of 10 or more years

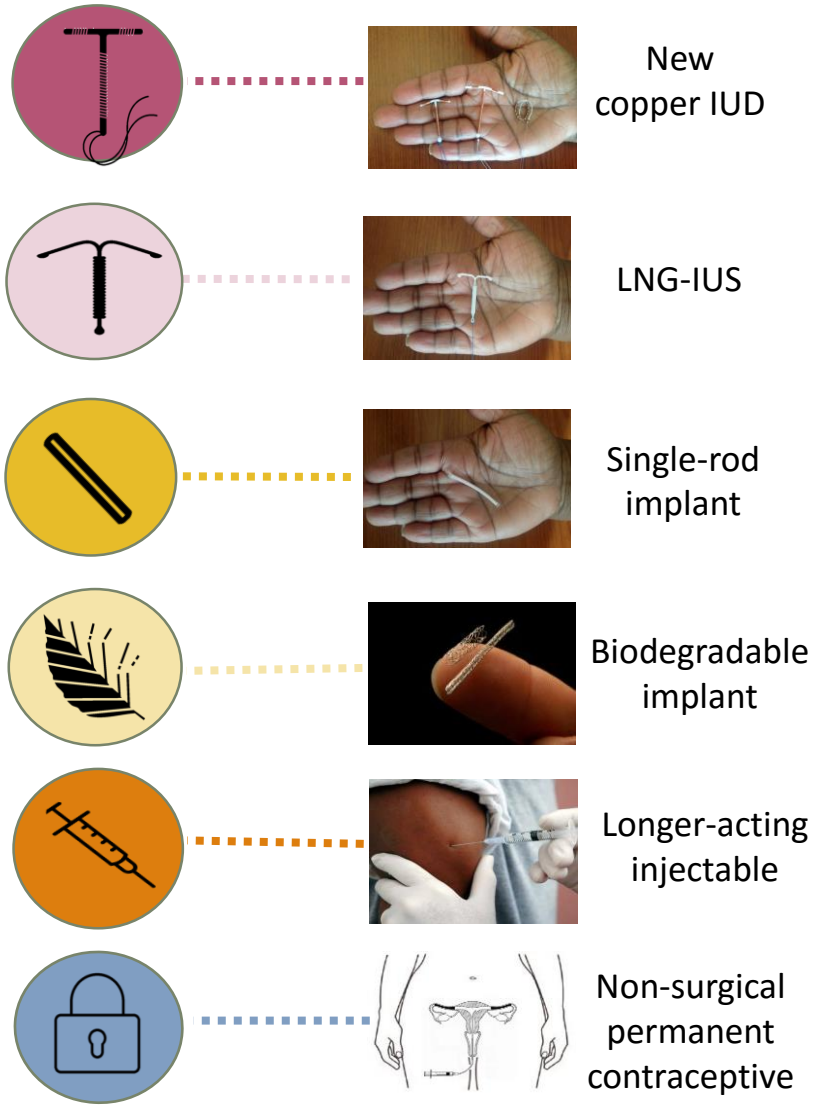
Levonorgestrel intrauterine system (LNG-IUS): a more-affordable alternative to LNG-IUS products currently on the market with a use duration of 5 or more years

New single-rod implant: an alternative progestin-only implant with a use duration of 5 years

Biodegradable implant: a progestin-containing biodegradable implant with a target 18 month use duration, 12 months of removability, and a short tail with predictable return to fertility

Longer-acting injectable: a hormonal injectable with a duration of 6 months

Non-surgical permanent contraceptive (NSPC): a safe and highly effective alternative to surgical sterilization (collaboration with Oregon Health Sciences University)



Study objectives

Photo credit: Anthony Pappone for National Geographic

1. To identify characteristics, including product attributes and service delivery requirements, of long acting contraceptive methods desired by potential users and service providers;

2. To estimate the potential demand for six new, long-acting contraceptive technologies in the CTI pipeline: a biodegradable implant, a new copper IUD, a levonorgestrel-releasing intra-uterine system (IUS), a longer-acting injectable, a new single-rod implant, and a non-surgical permanent contraceptive method;

3. To describe the psychosocial, cultural and socioeconomic factors influencing potential acceptance of six new products in the CTI department pipeline;

4. To explore user preferences related to the design and delivery of novel contraceptive technologies

Research Methods

Research Methods

- Overview
- Country context
- Research approach

Photo credit: FHI 360

Overview

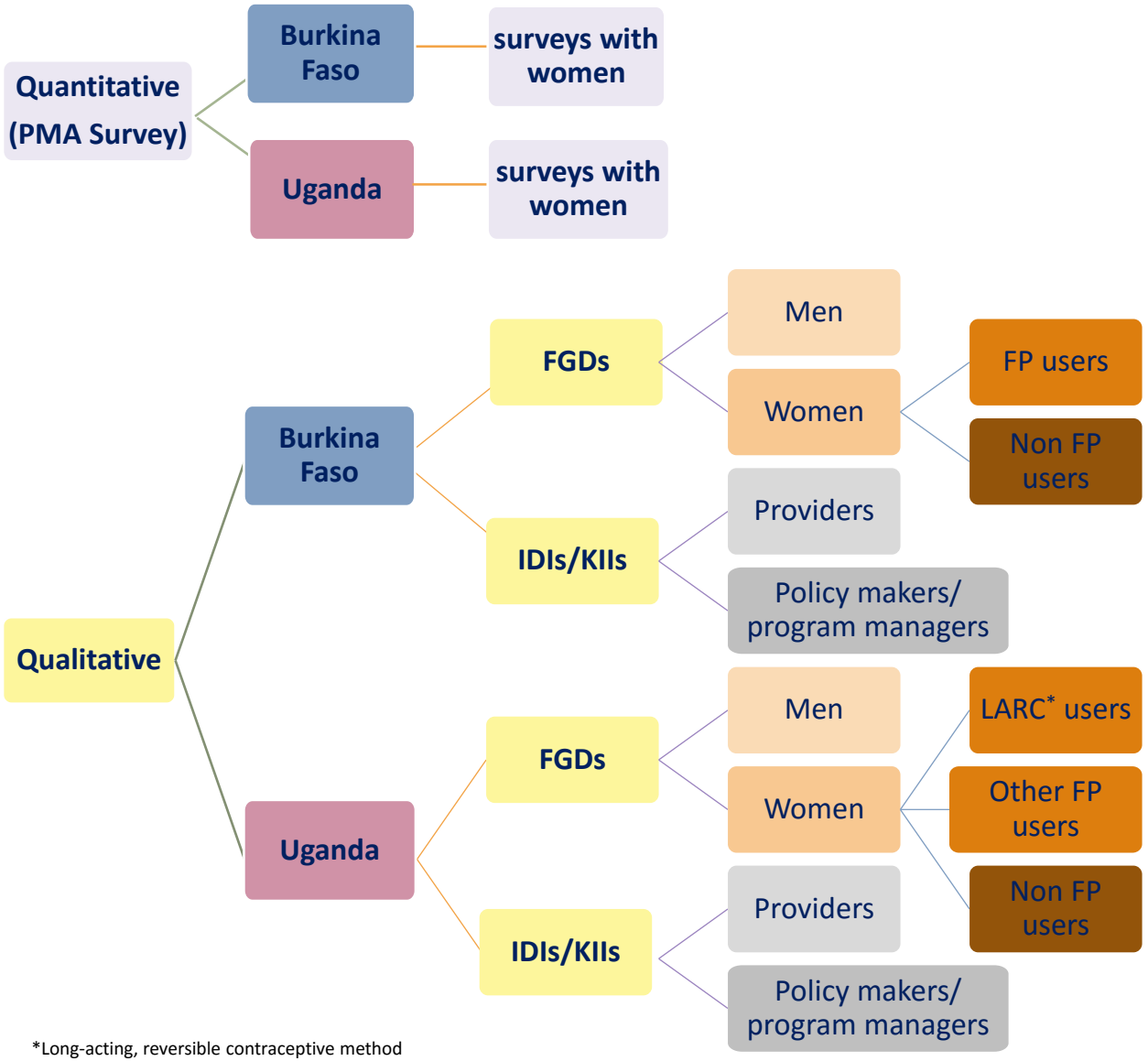
Between February & December 2016 the CTI department, in collaboration with local partners, implemented a mixed methods study in **Burkina Faso** and **Uganda** to assess potential user and provider acceptability of six new contraceptive products currently in development.

Quantitative Component:
Set of questions added to nationally representative PMA2020 survey in the two study countries.

Qualitative Component:
Focus group discussions (FGDs) and in-depth interviews (IDIs) and key informant interviews (KIIs) conducted in 5 regions in Uganda and 4 regions in Burkina Faso.

Population:
Women aged 15-49, men aged 18 and older, family planning providers and policy makers/program managers.

Figure 1. Study Design



*Long-acting, reversible contraceptive method

Country context

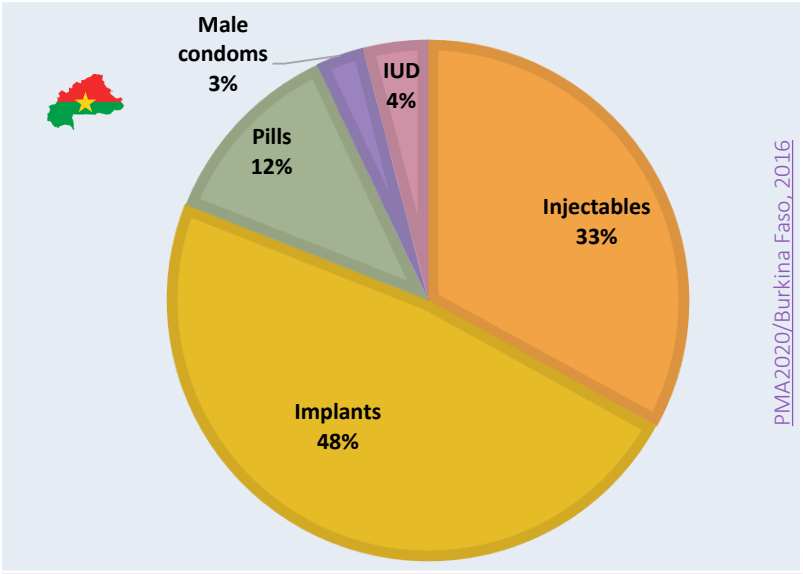
Table 1. Family planning context in the study countries

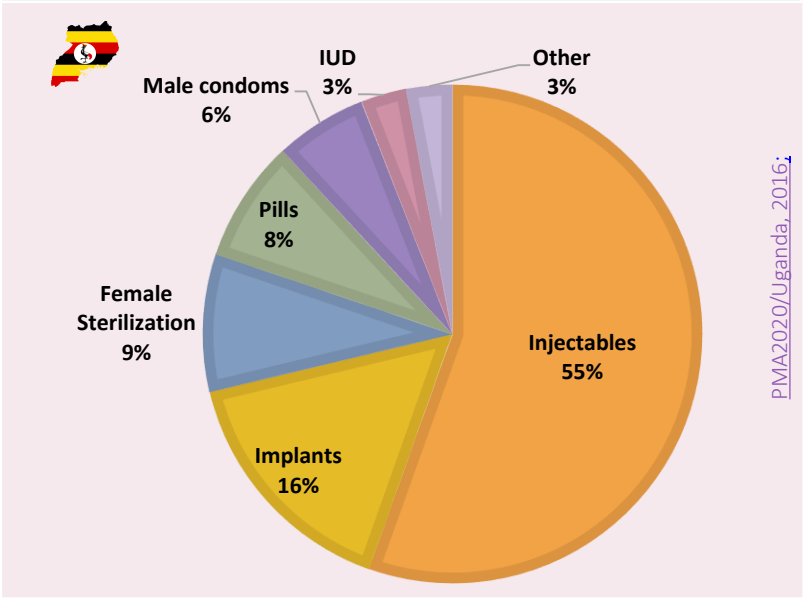
	Total Fertility Rate	Modern Contraceptive Prevalence Rate	Unmet Need for Contraception	Service delivery points with FP	Public facilities offering LARC	Private facilities offering LARC	FP Service delivery points supporting CHWs*
BURKINA FASO	6.0	25%	29%	96%	94%	43%	22%
UGANDA	6.0	32%	31%	95%	61%	18%	41%

*Community health workers

We selected one country in West Africa and one in East Africa to represent different cultural and socioeconomic contexts. We chose countries that have participated in the PMA2020 surveys, and which had relatively low modern contraceptive prevalence rate (mCPR), high unmet need for contraception, and a relatively large proportion of both injectable and long-acting reversible contraception (LARC) users in their method mix (Table 1 and Figure 2).

Figure 2. Modern method mix among married contraceptive users aged 15-49 in the study countries





Research approach

Quantitative Module

Performance Monitoring and Accountability 2020

The Performance Monitoring and Accountability 2020 (PMA2020) survey program implements repeated cross-sectional surveys in 11 countries to monitor key family planning indicators. The survey uses resident enumerators (REs) and a mobile-assisted data collection system to collect nationally representative data at the household and facility level. The household survey includes a household and women's questionnaire. For this study we added a set of 12 questions to the women's questionnaire in one round of the PMA2020 survey in Burkina Faso and Uganda. Women interested in using a contraceptive method in the future were eligible for the module of questions. The survey questions focused on:

Attitudes Toward Contraceptive Method Attributes

Important method characteristics; preferred method duration; acceptability of amenorrhea

Reactions to New Methods in Development

Interest in using the six new methods; method most interested in using

Drivers of User Preferences

Demographic & reproductive history characteristics associated with interest in using new methods

Qualitative Module

The qualitative component of the study was implemented in collaboration with the PMA2020 implementing partners in Burkina Faso and Uganda in select PMA2020 enumeration areas. Focus group discussions were conducted with men and women, including women with and without experience using contraception. In-depth interviews were conducted with FP providers and key informant interviews were conducted with FP policy makers and project managers. Specific research areas included:

Attitudes Toward Contraceptive Method Attributes

Ranking product characteristics

Reactions to New Methods in Development

Perspectives on the six new methods: pros/cons, interest, improvements, counseling

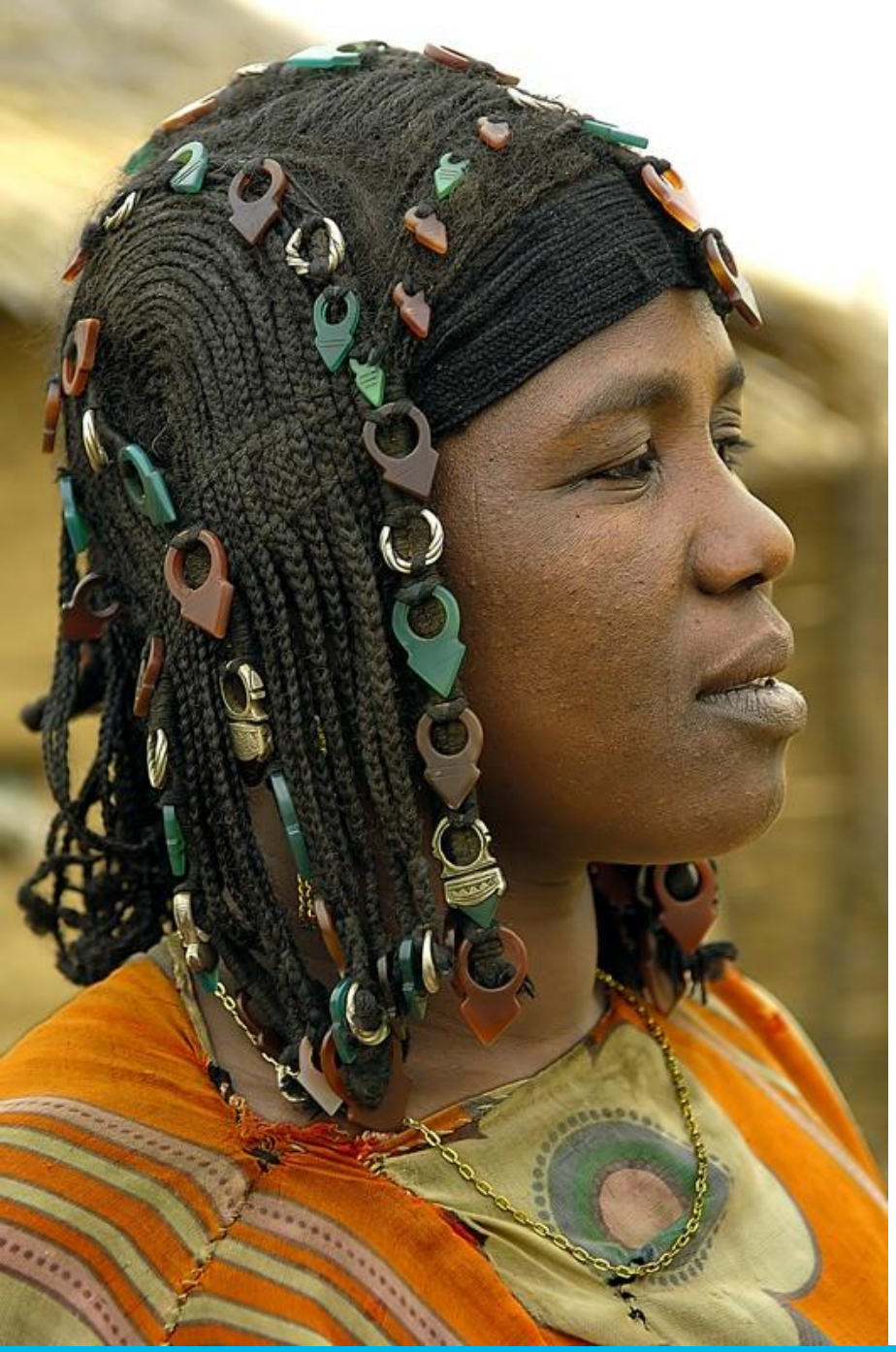
Drivers of User Preferences

Learnings from prior contraceptive experience; contraceptive decision-making context

Blue Sky Ideas

Perspectives on contraceptives for men; participant-generated new method ideas

Results



Results

- Participant characteristics
- Attitudes toward contraceptive method attributes
- Reactions to new methods in development
- Drivers of acceptability
- Blue sky ideas

Photo credit: Sergio Pessolano Photography

Participant Characteristics

Photo credit: Jake Lyell Photography, Uganda

Number of study respondents

Quantitative

PMA2020 Performance Monitoring and Accountability 2020

Women

*CA = Contraceptive Acceptability
†Women were eligible for the CA module if they were not using a permanent method of contraception and were potential future users. In Burkina Faso, potential future users were either current contraceptive users or said they thought they would use a method in the future. In Uganda, potential future users were only women who said they would consider using a new method in the future due to a skip pattern error.

	BURKINA FASO n	BURKINA FASO Response rate	UGANDA n	UGANDA Response rate
Completed PMA survey	3203	96%	3793	95%
Completed CA module*†	**2743**	99.8%	**2403**	100%

Qualitative

	BURKINA FASO	UGANDA
LARC users	—	68 women in 10 FGDs
Other users**	79 women in 10 FGDs	88 women in 10 FGDs
Non-Users	83 women 10 FGDs	82 women 10 FGDs
Men	40 men in 5 FGDs	40 men in 5 FGDs
Providers	15 provider IDIs	22 provider IDIs
Key Informants	8 key informant interviews	7 key informant interviews

FGD = Focus Group Discussion
IDI = In-Depth Interview

**Other users in Burkina Faso included some LARC users, however, FGDs with only LARC users were not conducted in Burkina.

Quantitative (PMA2020) - Respondent characteristics

BURKINA FASO (n=2,743)

Contraceptive Use	
Never User	56%
Past User	18%
Current Modern Short-Acting User	13%
Current Modern Long-Acting User	12%
Current Traditional User	1%

Marital Status	
Never Married	20%
Married/Cohabitating	76%
Divorced/Separated/Widowed	4%

Parity (mean = 3.1)	
0	22%
1-3	26%
4-6	23%
5+	29%

Residence	
Urban	Rural
24%	76%

Wealth Index*		
Lowest	Middle	Highest
34%	**32%**	**34%**

Highest Education Attended (63% no education)

Primary	Secondary	> Secondary
17%	18%	2%

Age (mean = 28)		
15-24 years	25-34 years	35-49 years
40%	34%	26%

*Wealth data provided in terciles in Burkina Faso and quintiles in Uganda

UGANDA (n=2,403)

Contraceptive Use	
Never User	38%
Past User	26%
Current Modern Short-Acting User	27%
Current Modern Long-Acting User	6%
Current Traditional User	4%

Marital Status	
Never Married	18%
Married/Cohabitating	73%
Divorced/Separated/Widowed	10%

Parity (mean = 3.1)	
0	19%
1-2	31%
4-6	22%
5+	28%

Residence	
Urban	Rural
18%	**82%**

Wealth Index*				
Lowest	Second	Middle	Fourth	**Highest**
19%	**18%**	**21%**	**21%**	**21%**

Highest Education Attended (6% no education)

Primary	Secondary	> Secondary
64%	25%	5%

Age (mean = 27)		
15-24 years	25-34 years	35-49 years
45%	36%	19%

Qualitative- Burkina Faso

Users
n=79

Mean Age	Mean # Children
30	4

Current Contraceptive Method	
Condoms	1%
Pills	15%
Injectable	46%
Implant	38%

Marital Status	
Married	99%
In union	1%

Highest Education Attended (78% no education)

Some Primary 16%

Some Secondary 5%

Non-users*
n=81

Mean Age	Mean # Children
28	3

Current Contraceptive Method	
None	100%

Marital Status			
Single	2%	In Union	6%
Married	88%	Other	4%

Highest Education Attended (77% no education)

Some Primary 17%

Some Secondary 6%

*Information missing for all variables for two women

Men
n=40

Mean Age	Mean # Children
39	5

Current Contraceptive Method			
None	33%	Implant	20%
Condoms	10%	IUD	3%
Pills	8%	Sterilization	0%
Injectable	15%	Unsure	13%

Marital Status	
Single	2%
Married	98%

Highest Education Attended (50% no education)

Some Primary 30%

Some Secondary 20%

Providers
n=15

Mean Age	37	
Sex	F 10	M 5

Mean years of experience	9	
Sector	Public 15	Private 0
Provides Implant	Y 14	N 1
Provides IUD	Y 10	N 5

Key Informants
n=8

Sex	F 3	M 5

Mean years of experience	12	
Sector	Public 6	Private 2

Qualitative - Uganda

LARC Users
n=68

Mean Age	Mean # Children
32	4

Current Contraceptive Method

Implant	60%
IUD	40%

Marital Status

Single	0%
Married	57%
In Union	35%
Other	7%

Highest Education Attended (16% no education)

Some Primary 51%

Some Secondary 32%

Non-Users^
n=82

Mean Age	Mean # Children
31	4

Current Contraceptive Method

None	100%

Marital Status

Single	6%
Married	52%
In Union	37%
Other	5%

Highest Education Attended (27% no education)

Some Primary 48%

Some Secondary 26%

^I# children missing for 1 woman

Providers
n=22

Mean age	37	
Sex	F 18	M 4

Mean years of experience	9	
Sector	Public 13	Private 9
Provides Implant	Y 18	N 4
Provides IUD	Y 16	N 6

Other Users*
n=88

Mean Age	Mean # Children
31	4

Current Contraceptive Method

Pills	17%
Injection	82%
Female Sterilization	1%

Marital Status

Single	5%
Married	75%
In Union	20%
Other	1%

Highest Education Attended (8% no education)

Some Primary 67%

Some Secondary 25%

*marital status & education missing for 1 woman

Men
n=40

Mean Age	Mean # Children
38	5

Current Contraceptive Method

None	18%
Condoms	20%
Pills	8%
Injection	48%
Implant/IUD	8%

Marital Status

Single	0%
Married	68%
In Union	32%
Other	0%

Highest Education Attended (3% no education)

Some Primary 65%

Some Secondary 33%

Key Informants
n=7

Sex	F 2	M 5

Sector	Public 4	Private 3

Attitudes Toward Contraceptive Method Attributes

Photo credit: Amref Health Africa

Research approach

Quantitative Module

PMA2020
Performance Monitoring and Accountability 2020

Questions added to the PMA2020 survey asked respondents to identify the most **important method characteristics** they considered when choosing a contraceptive method. Respondents were also asked what their **preferred method duration** would be and whether they would use a method that **caused their period to stop**.

Qualitative Module

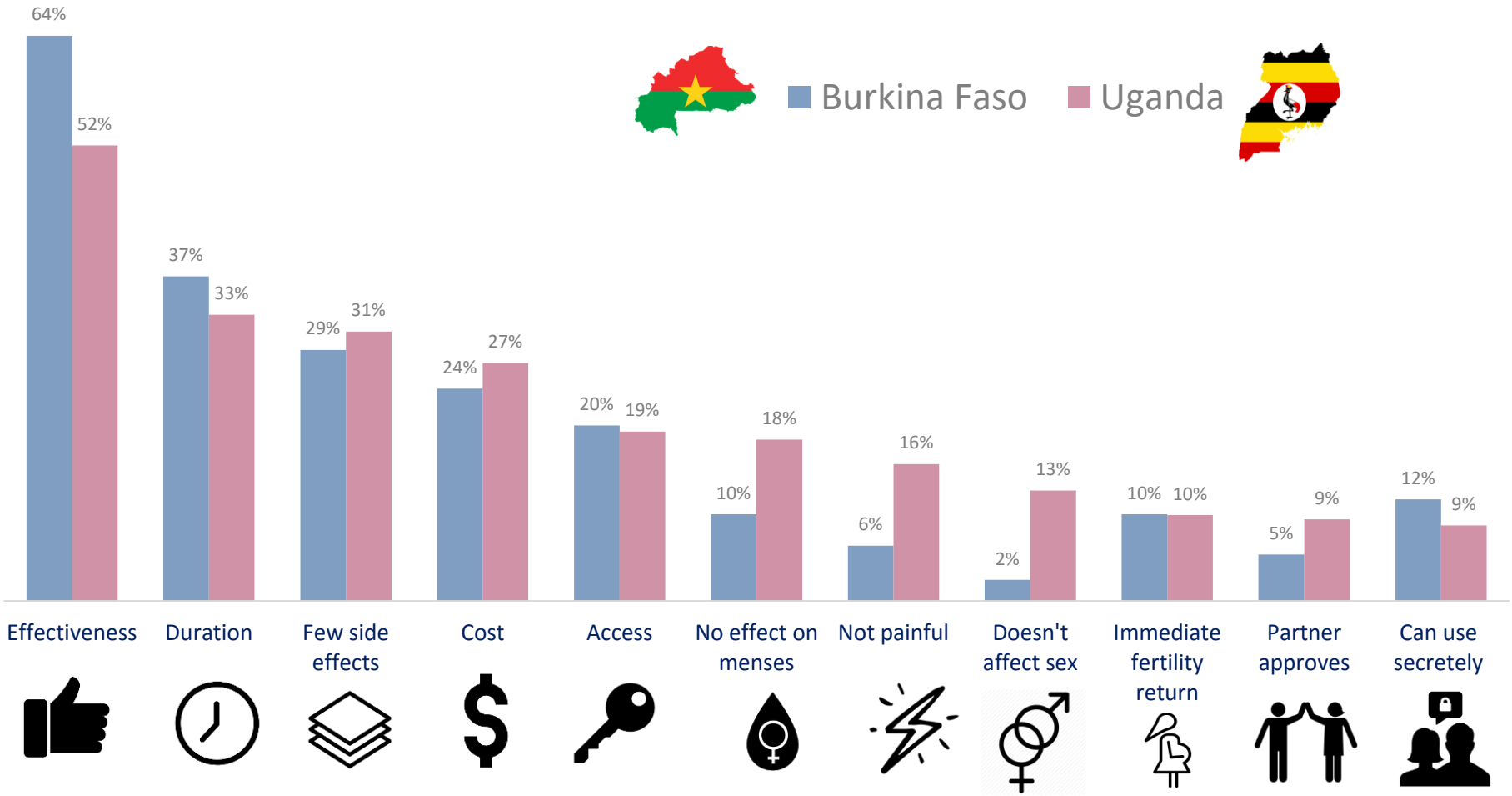
Women and providers who participated in focus group discussions and interviews, respectively, were asked to rank a set of **method characteristics cards in order of importance**. In the FGDs, women had to decide on the order of the cards as a group.

Quantitative Results

Performance Monitoring
and Accountability 2020

Important method characteristics

*Q. In choosing a contraceptive method, what are the things about the method that are important to you?**

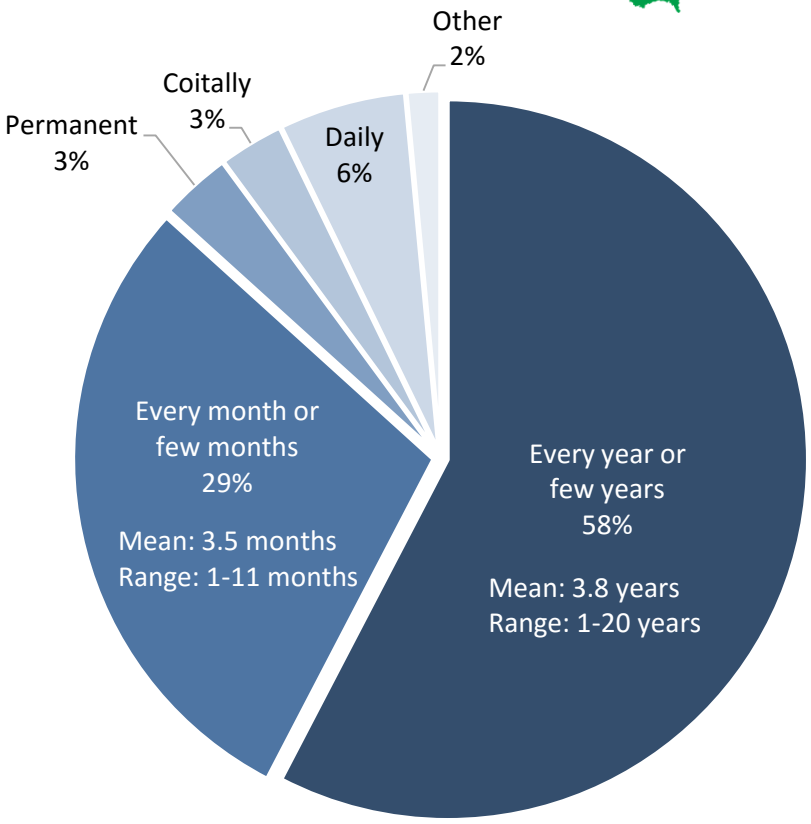


*More than one response possible; response options not read aloud

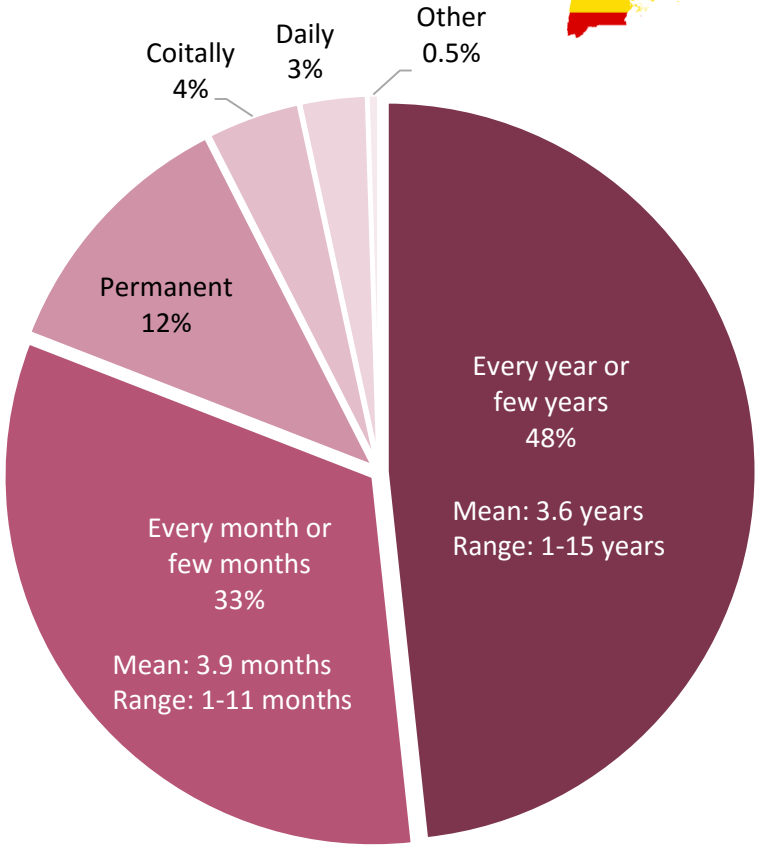
Preferred method duration

Q. If you could choose how often to take your contraceptive method, would you choose a method that you would take: every day, every time you have sex, every month or few months, every year or every few years, once (it is permanent), other?

BURKINA FASO

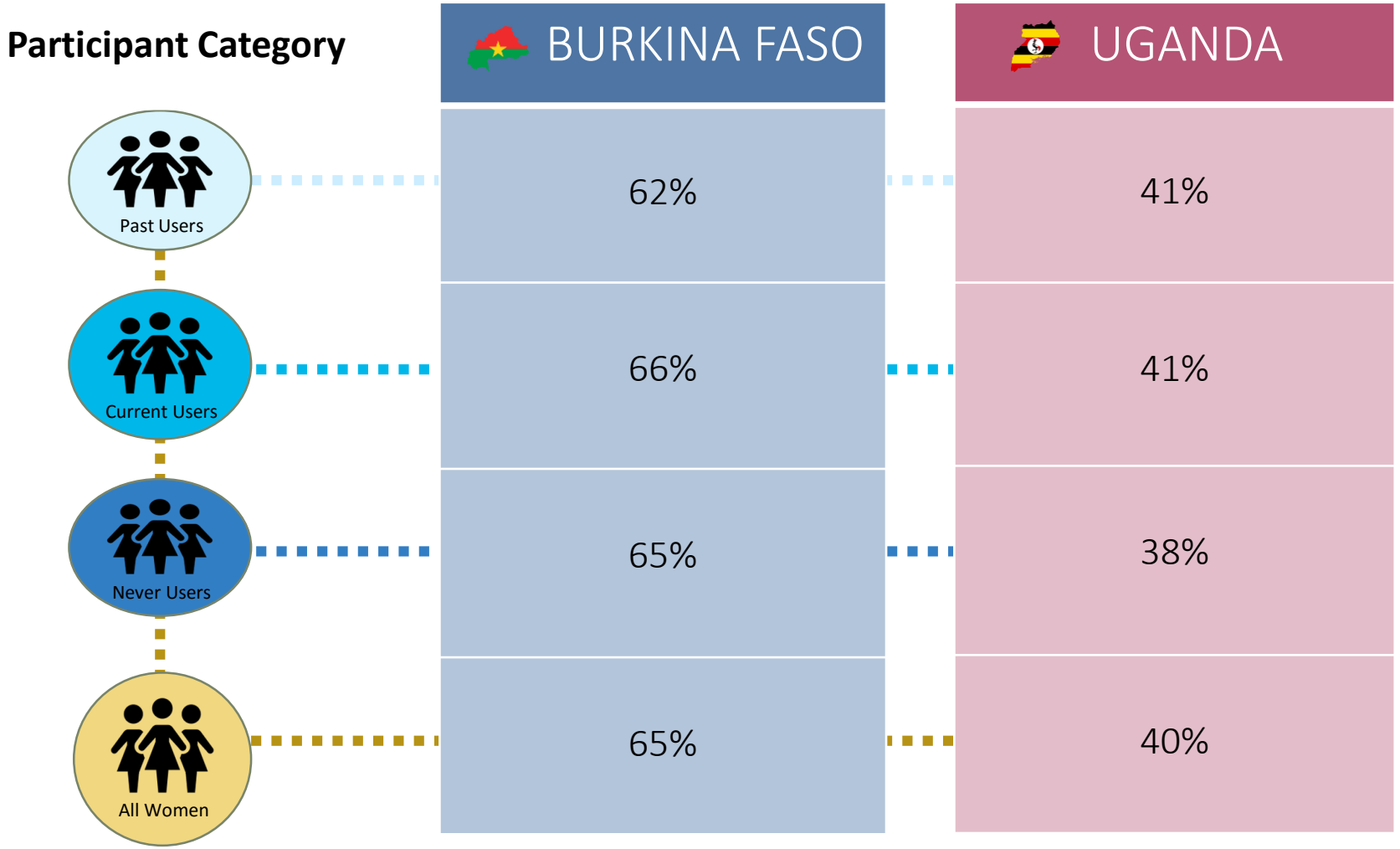


UGANDA



Acceptability of amenorrhea

Q. With some contraceptive methods, women do not get their period, but their period and their fertility return when they stop using it. Would you choose a method that stops your period? (% reporting YES)



Qualitative Results

Description of Slides 33-37

Method Characteristic Card Ranking Exercise

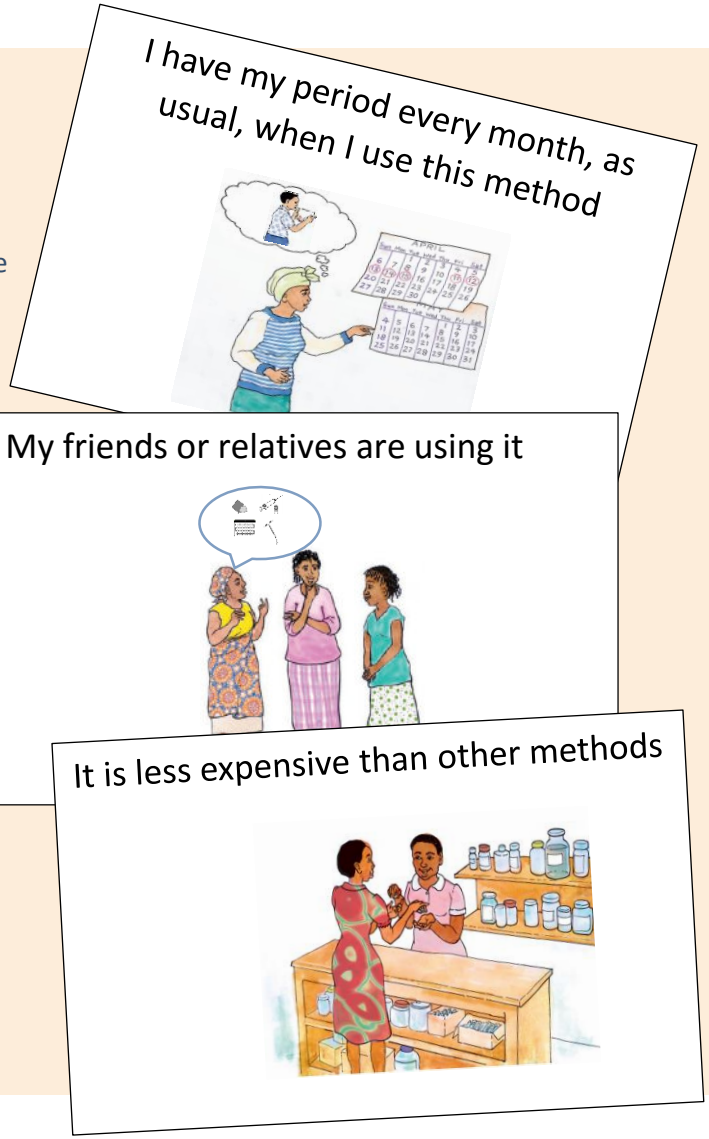
In each of the FGDs with women and the IDIs with providers, participants were asked to rank order a set of cards each displaying an attribute of contraceptive methods. The provider card set had one more characteristic than the women's set. In the FGDs, women were asked to decide on the order of the cards as a group.

The following slides present the proportion of FGDs or IDIs in which each card was ranked in the in the top 3 positions and the bottom 3 positions.

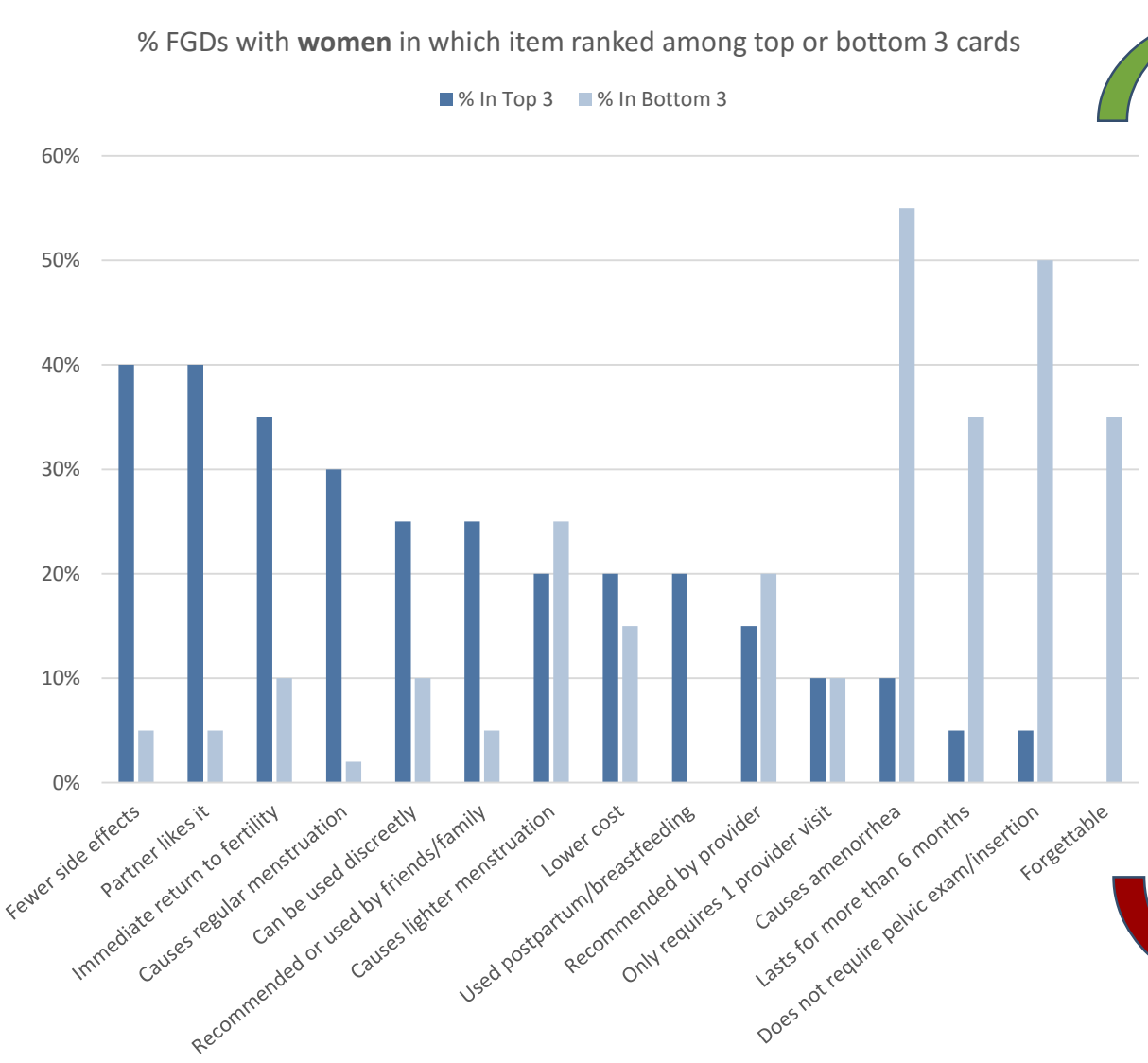
Method characteristics included in the FGD and IDI ranking*:

1. I have my period every month, as usual, when I use this method
2. The method makes my periods lighter or less frequent
3. It is less expensive than other methods
4. I can use it immediately after childbirth and it does not affect breastfeeding
5. My period stops when I use this method
6. I am able to get pregnant soon after I stop using the method
7. It does not cause side effects like headache or stomach pain
8. I can use it without others knowing
9. My friends or relatives are using it
10. I only have to visit a health provider one time to obtain it
11. It lasts for more than 6 months
12. My health provider recommends it
13. It does not require a pelvic exam/insertion
14. I don't have to remember to use it
15. My husband likes it
16. Does not contain hormones (provider card only)

*Wording of the IDI ranking cards was slightly different but represented the same characteristics



Method characteristic ranking – Burkina Faso (n=20 FGDs)



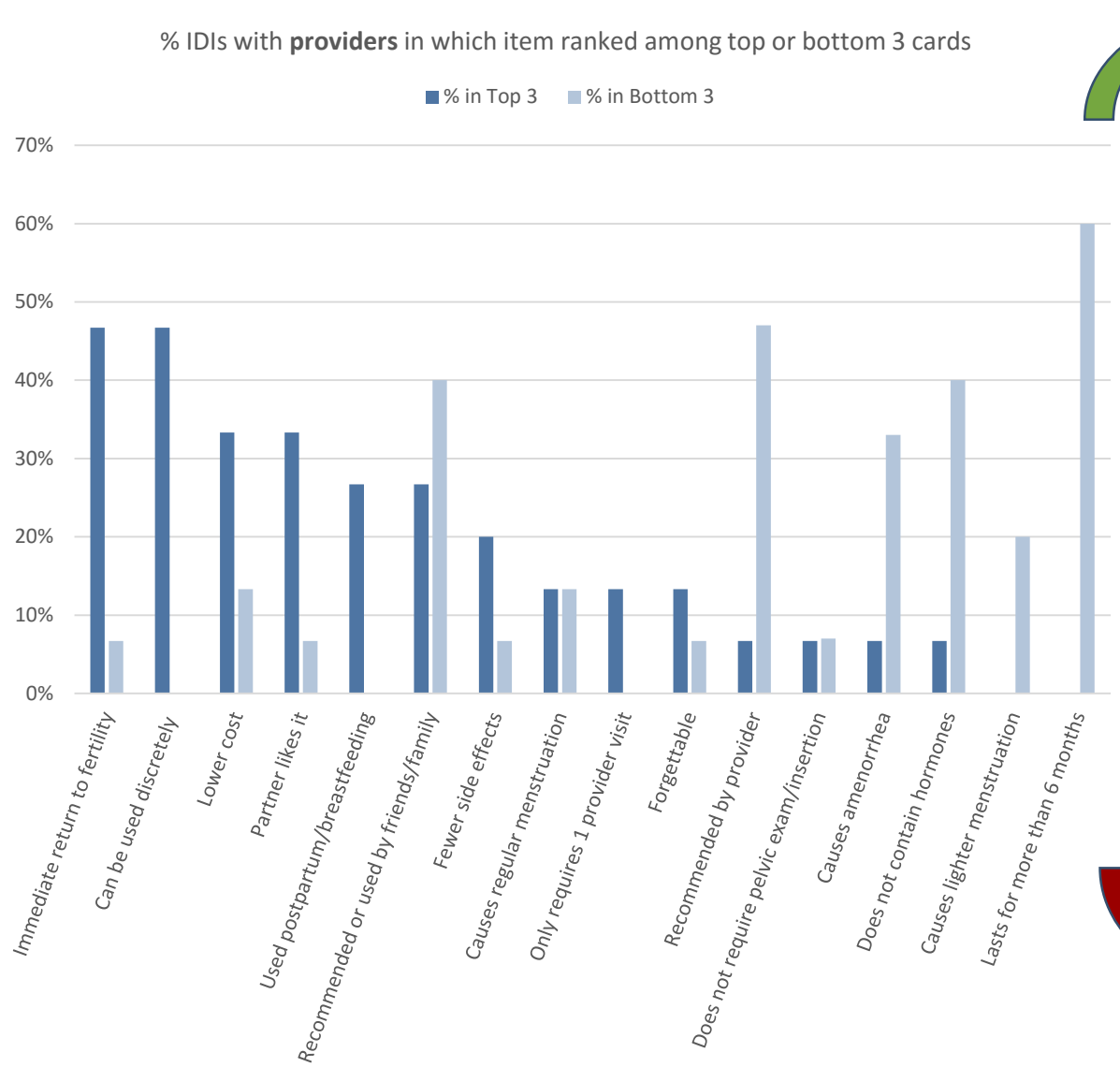
Ranked Among Top 3 Cards:

1. Fewer side effects (40%)
1. Partner likes it (40%)
2. Immediate return to fertility (35%)
3. Causes regular menstruation (30%)

Ranked Among Bottom 3 Cards:

1. Causes Amenorrhea (55%)
2. Does not require pelvic exam/insertion (50%)
3. Forgettable (35%)
3. Lasts for more than 6 months (35%)

Method characteristic ranking – Burkina Faso (n=15 IDIs)



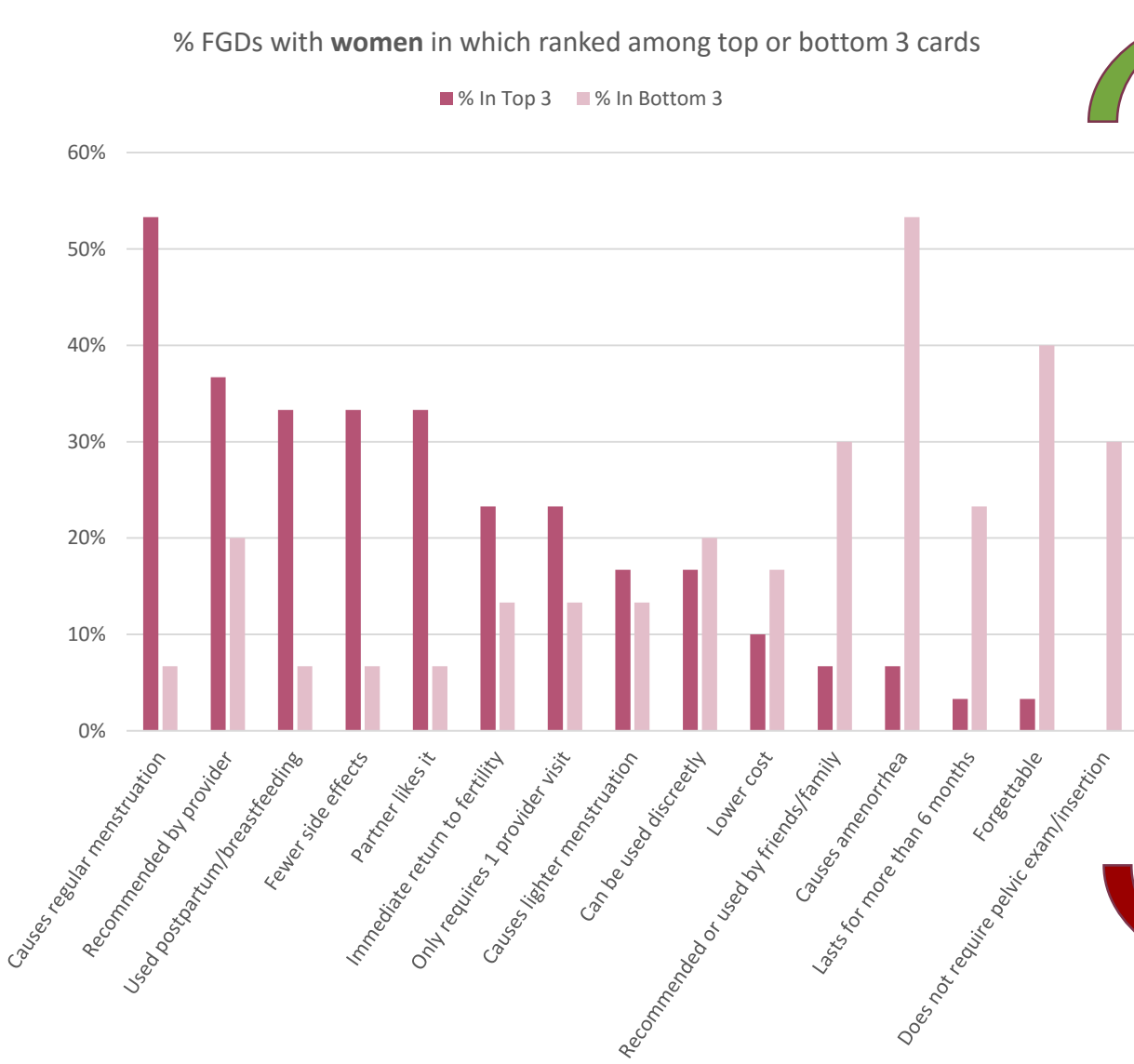
Ranked Among Top 3 Cards:

1. Immediate return to fertility (47%)
1. Can be used discretely (47%)
2. Lower cost (33%)
2. Partner likes it (33%)
3. Used postpartum/breastfeeding (27%)
3. Recommended or used by friends/family (27%)

Ranked Among Bottom 3 Cards:

1. Lasts for more than 6 months (60%)
2. Recommended by a provider (47%)
3. Recommended or used by friends/family (40%)
3. Does not contain hormones (40%)

Method characteristic ranking – Uganda (n=30 FGDs)



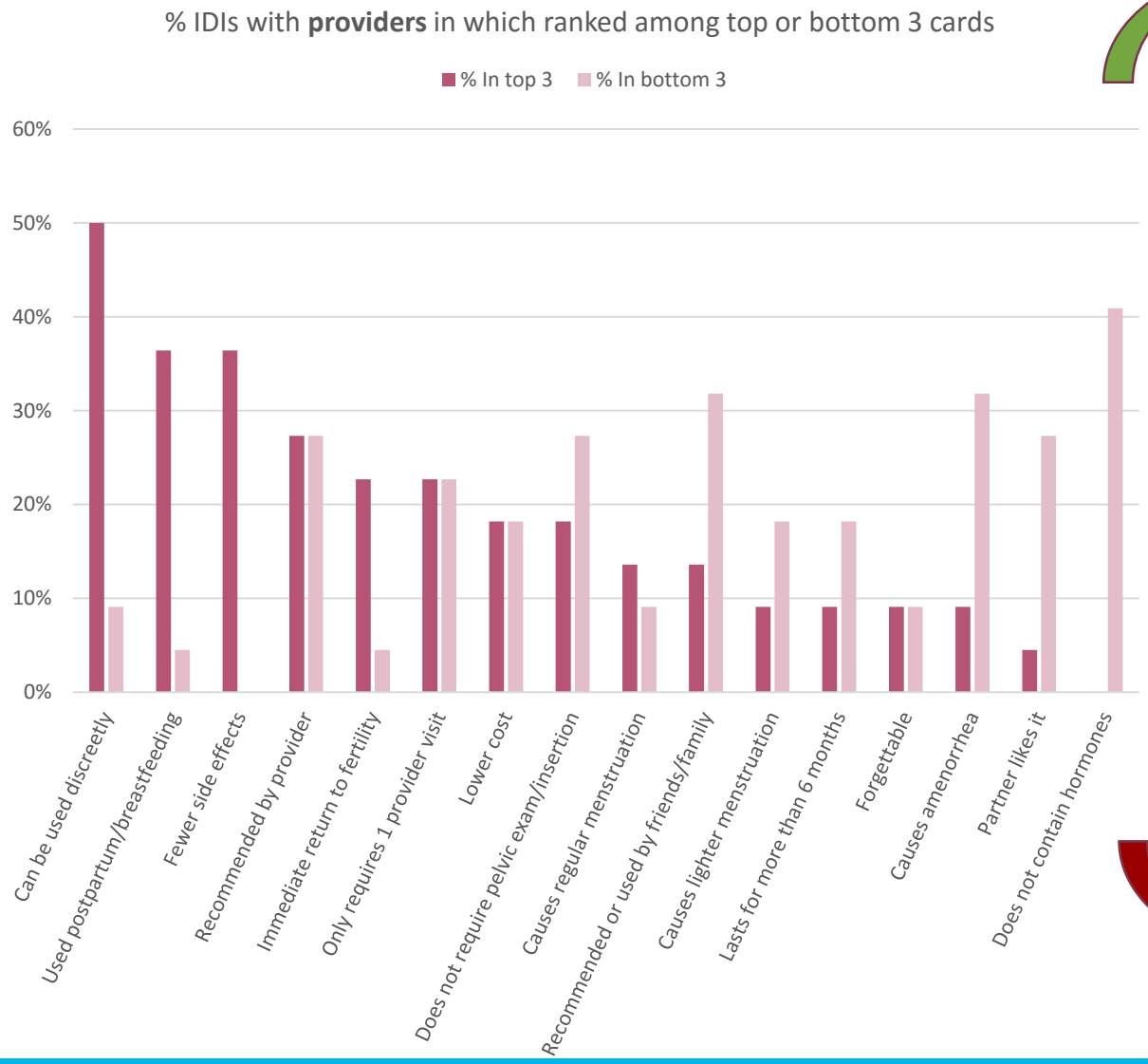
Ranked Among Top 3 Cards:

1. Causes Regular Menstruation (53%)
2. Recommended by provider (37%)
3. Used postpartum/breastfeeding (33%)
3. Fewer side effects (33%)
3. Partner likes it (33%)

Ranked Among Bottom 3 Cards:

1. Causes Amenorrhea (53%)
2. Forgettable (40%)
3. Recommended or used by friends/family (30%)

Method characteristic ranking – Uganda (n=25 IDIs)



Ranked Among Top 3 Cards:

1. Can be used discretely (50%)
2. Used postpartum/breastfeeding (36%)
2. Fewer side effects (36%)
3. Recommended by provider (27%)

Ranked Among Bottom 3 Cards:

1. Does not contain hormones (41%)
2. Causes amenorrhea (32%)
2. Recommended or used by friends/family (32%)
3. Partner likes it (27%)
3. Does not require pelvic exam/insertion (27%)

Key takeaways – Method attributes

- Women's **unprompted views** on the most important method characteristics to consider when choosing a method were the **same across the two countries: method effectiveness, duration of action, having few side effects, cost**, and **access** were most frequently mentioned.

- When asked to rank a **pre-determined set of method characteristics**, however, women working together in the FGDs came up with somewhat different priorities. Having **few side effects** still ranked highly among both countries, while other characteristics such as **not affecting menstruation** and being **liked by their male partner** were deemed of high importance.

- **Providers** in the two countries ranked the **ability to use the method discreetly** as a top consideration. In Uganda, providers were not concerned about methods containing hormones but identified **ability to use post-partum/while breastfeeding** and having **few side effects** as important. Similar to women in their country, Burkinabe providers identified **rapid return to fertility** as a priority.

- **Interest in LARC methods exists in both countries**. Almost **half of women in Uganda** and **60% of women in Burkina Faso** would like a method that lasts at least one year with an **average preferred duration of 3 years**. One third of women in each country would like a method that lasts at least one month with an average preferred duration among this group of 3-4 months. Twelve percent of women in Uganda would like a permanent method.

- 65% of women in Burkina Faso and 40% of women in Uganda said they **would use** a method that causes **amenorrhea**, however, contraceptive-induced amenorrhea was not ranked highly as a desirable method characteristic in the card sorting exercise. Therefore, **amenorrhea may be tolerable but not necessarily desirable**.

Reactions to New Methods in Development

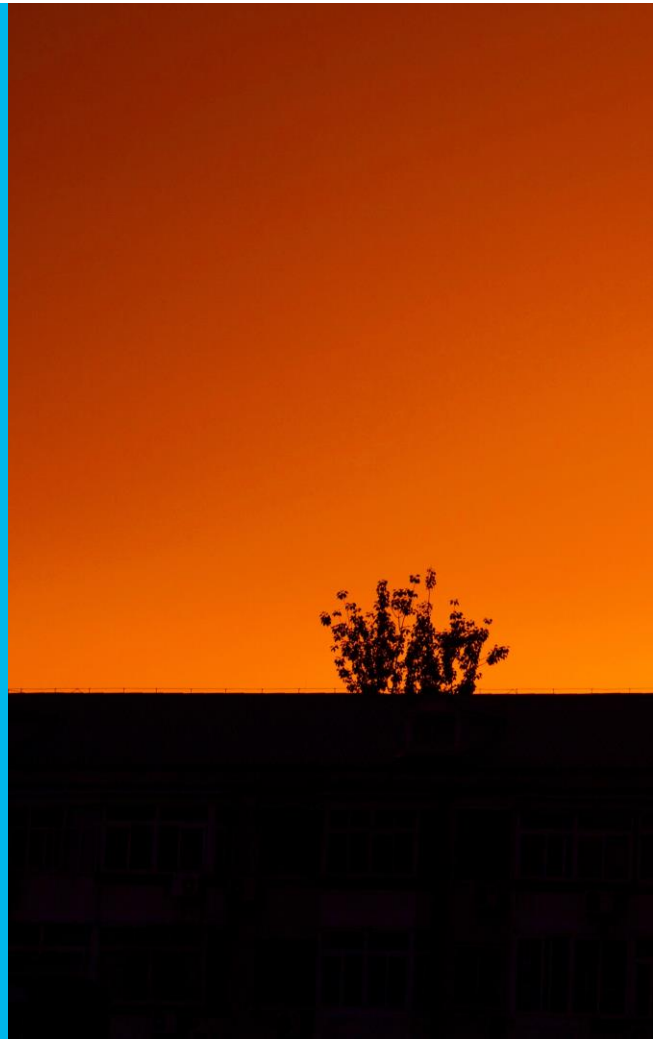


Photo credit: Shiguang Zhao, Unsplash Photography

Research approach

Quantitative Module

PMA2020
Performance Monitoring and Accountability 2020

To assess **potential demand for the 6 new methods** in the CTI department pipeline, each method was described and an image depicting the method shown to survey respondents after which, women were asked whether they would be **interested in using** the method at some point in the future. Of the methods they expressed interest in using, women were then asked which method they would **most prefer to use**. For current or recent (past 12 months) FP users, the choice also included their current/recent method.

Qualitative Module

In the FGDs and IDIs **perspectives on the 6 new methods** were explored. Each method was described and an image depicting the method shown to participants. After each description, participants were asked for their reaction to the method using a series of probes. In FGDs with women and men, these included asking if they would be interested in using the method. In all interviews, respondents described advantages and disadvantages they saw with the methods.

New method profiles

	Location	Duration	Early removal	Effect on menstruation	Hormonal
 **Copper IUD**	Uterus	10+ years	Yes	Heavier	No
 **LNG-IUS**	Uterus	5 years	Yes	Less bleeding or amenorrhea; treatment of heavy or painful periods	Yes
 **Single-rod implant**	Arm	5 years	Yes	Irregular	Yes
 **Biodegradable implant**	Arm	1.5 years	In first year	Irregular	Yes
 **Long-acting injectable**	Arm (injection)	0.5 years	No	Irregular or amenorrhea	Yes
 **Non-surgical permanent contraception (NSPC)**	Uterus	Permanent	No	No effect	No

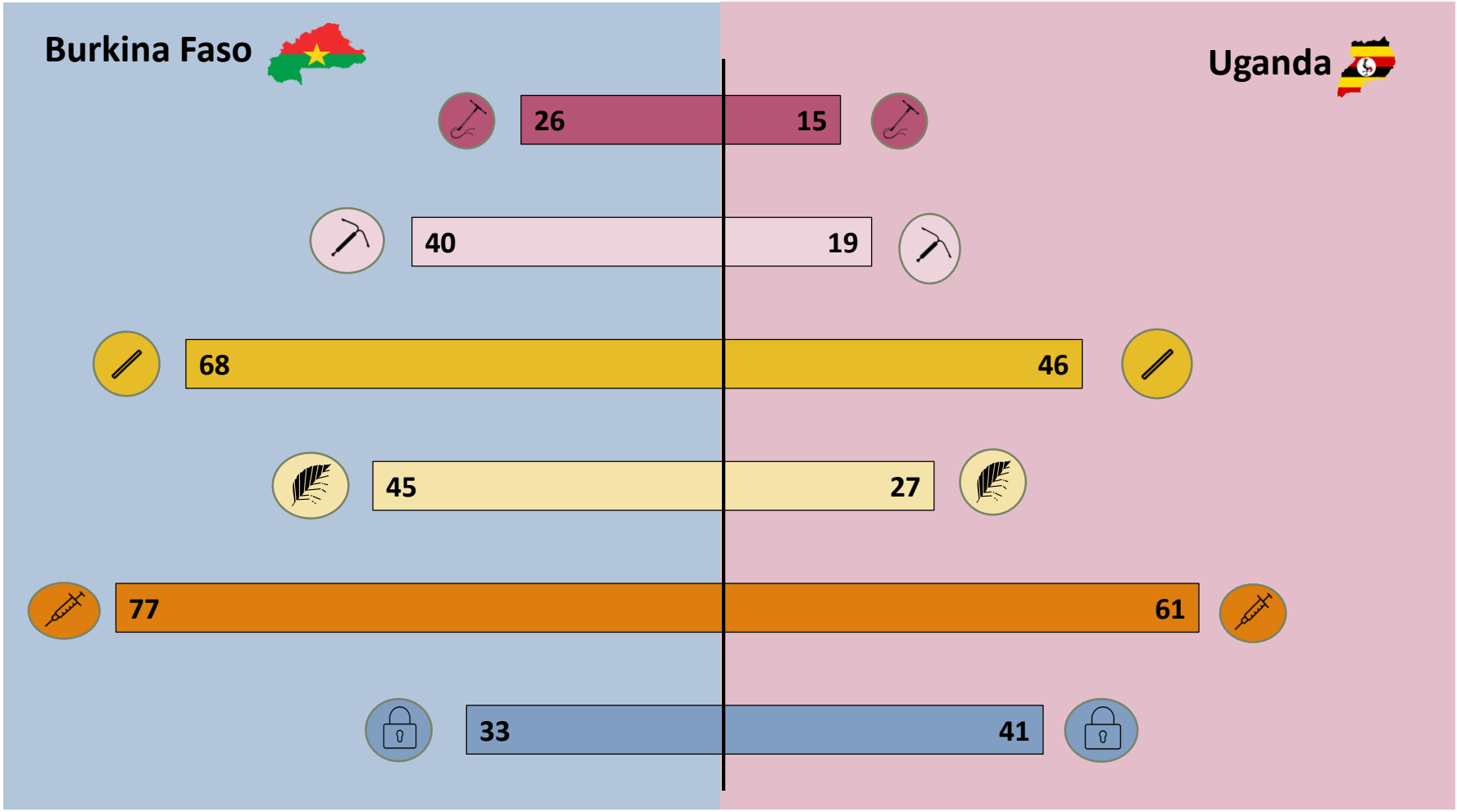
Quantitative Results

Performance Monitoring
and Accountability 2020

Interest in using the new methods

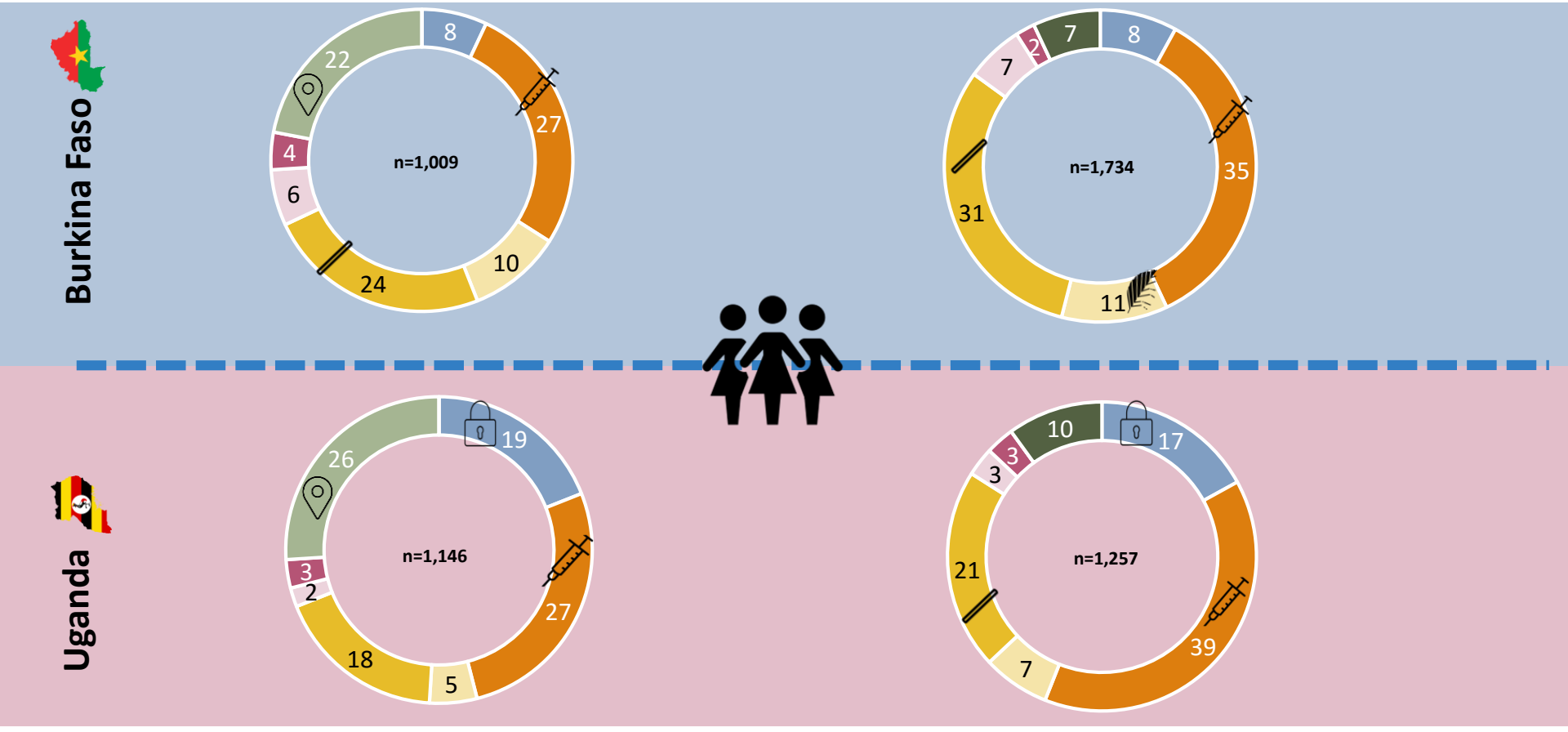
Q. If this method were available, would you be interested in using it? (% reporting YES)

"Interested" includes women who responded they "definitely" or "probably" would use a method.



Most preferred new method

Q. Which one of the methods would you most prefer to use?



Key takeaways – Interest in new methods (PMA 2020)

Greatest interest in <u>both countries</u> was for the long-acting injectable and the single-rod implant

77% in Burkina Faso

61% in Uganda

68% in Burkina Faso

46% in Uganda

said they would be interested in using the method if it were available

Among current and recent users in <u>both countries</u>, nearly 75% would choose one of the new methods

Burkina Faso		Uganda
27%		27%
24%		26%
22%		19%

Among non-users in <u>both countries</u>, at least 90% would choose one of the new methods over continuing not to use

Burkina Faso		Uganda
35%		39%
31%		21%
11%		17%

Qualitative Results

Description of Slides 47-72

Interest in Using New Methods

Slides 47-49 present the number of women and men participating in FGDs who expressed interest in using or not using each of the six new methods.

These numbers are displayed as bubbles to visually show how the expressed level of interest compared across methods.

Not all FGD participants gave an opinion about potential use of each method; charts are only indicative of the opinions that were expressed. Therefore, where no bubble is shown, no expression of willingness or non-willingness was given.

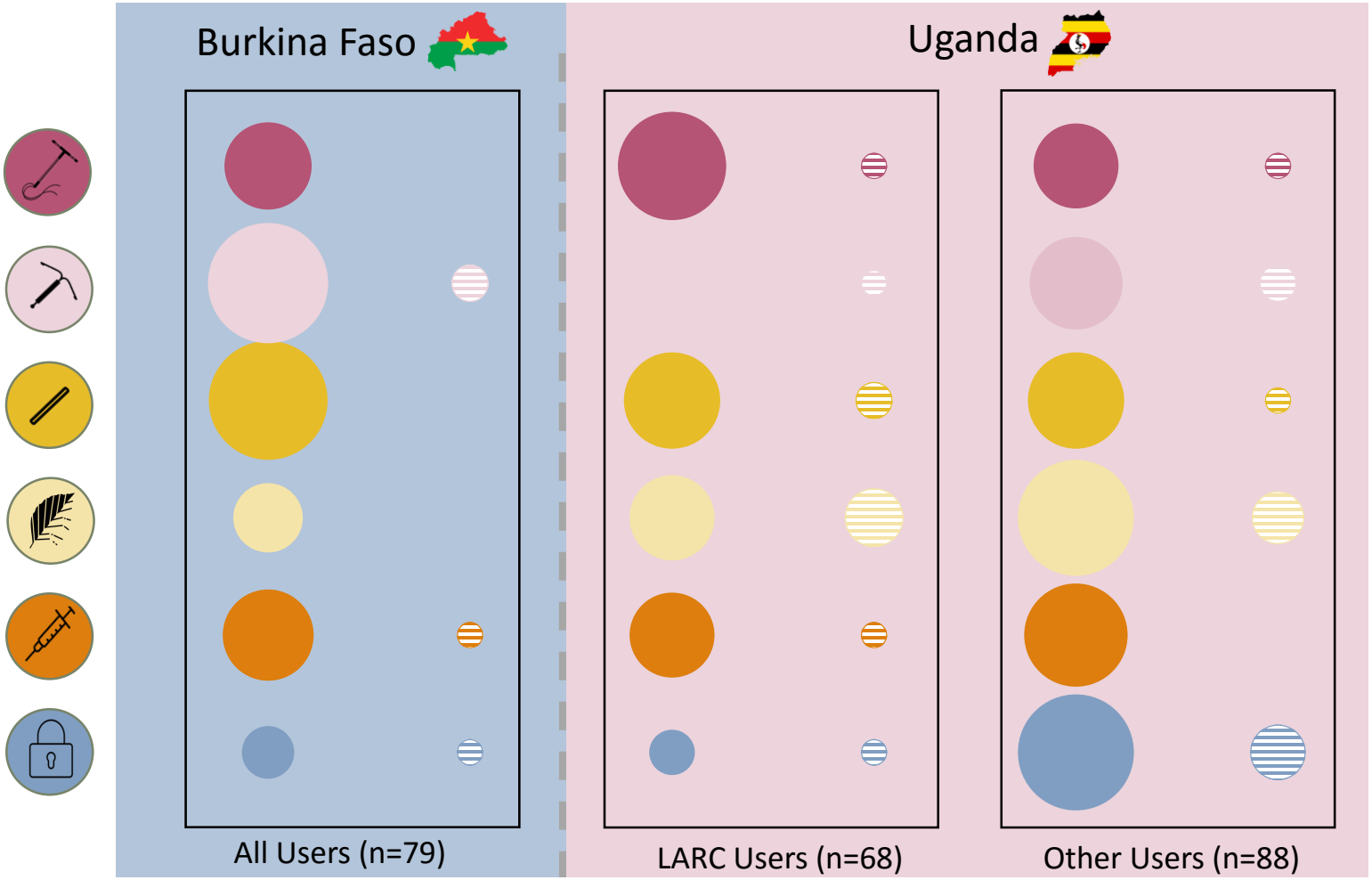
Perceived Advantages and Disadvantages of New Methods

Slides 49-72 present heat maps to illustrate theme frequency for key perceived advantages (green) and disadvantages (orange) of each method as mentioned by women and men participating in FGDs and FP providers and key informants who participated in interviews.

The heat maps are based on the number of interviews in which a particular theme was mentioned. Darker shades indicate themes that were mentioned more often.

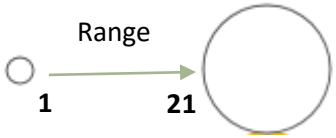
Although some characteristics are shared by several methods, they did not get the same amount of attention from interview participants when discussing each method possibly because they had already been mentioned under a previous method, or because they were perceived as more important for one method but less important for another, relative to other characteristics.

Interest in using new methods: current users

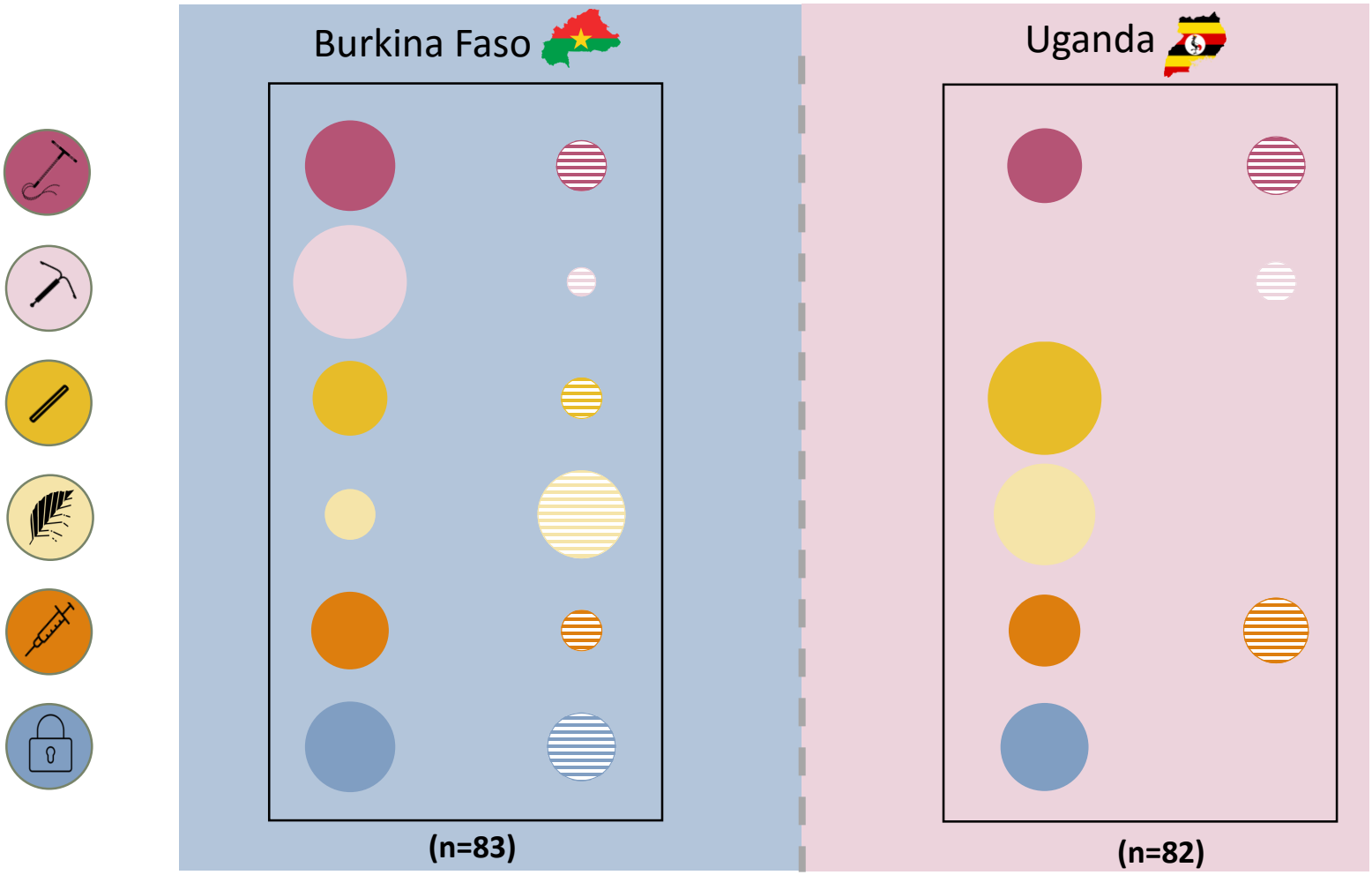


Bubble size is proportional to the number of current users who expressed interest in using or not using each method in the FGDs.

Where FGD transcripts reported that "many" women agreed with a speaker about using or not using a method, half of the number of participants in that FGD was included.

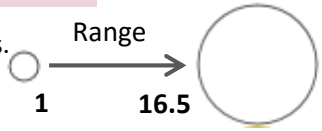


Interest in using new methods: non-users

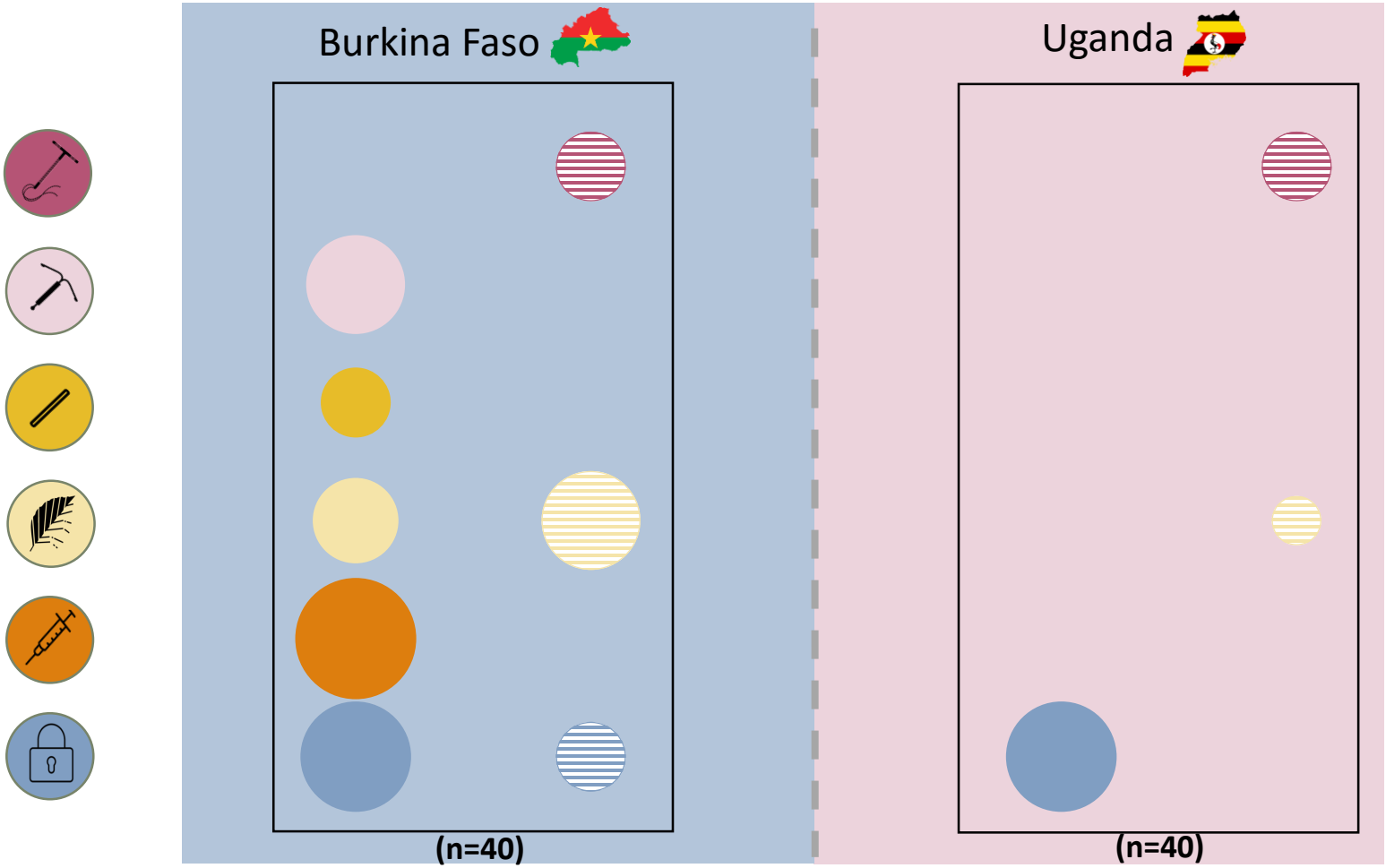


Bubble size is proportional to the number of current users who expressed interest in using or not using each method in the FGDs.

Where FGD transcripts reported that "many" women agreed with a speaker about using or not using a method, half of the number of participants in that FGD was included.

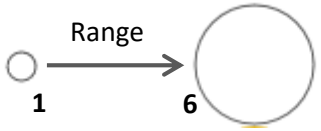


Interest in using new methods: men



Bubble size is proportional to the number of current users who expressed interest in using or not using each method in the FGDs.

Where FGD transcripts reported that "many" men agreed with a speaker about using or not using a method, half of the number of participants in that FGD was included.



Perceived advantages & disadvantages: New copper IUD

Burkina Faso

Uganda

Characteristic*	Burkina Faso Women	Burkina Faso Men	Burkina Faso Providers	Burkina Faso Key Informants	Uganda Women	Uganda Men	Uganda Providers	Uganda Key Informants
Discreet in uterus								
Duration (10 years)								
Early removal								
Period occurs								
No hormones / changes in body								
Less pain / bleeding after insertion								
Smaller than current IUD								
Uterine location								
Duration (10 years)								
Heavy periods								
Pain								
Smaller than current IUD								
Risk of expulsion								
Capacity to provide								

**Some characteristics were discussed as both an advantage and a disadvantage.*

Heat maps represent percentages of FGDs or individual interviews where at least 1 participant mentioned the characteristic as an advantage or disadvantage.

% of FGDs / Interviews	0-19	20-39	40-59	60-79	80-100
Advantages					
Disadvantages					

Key takeaways – New copper IUD

- Opinions about the 10-year duration are mixed.
- Many women and men, particularly in Burkina Faso, dislike the potential for heavier periods.
- Several women and men, especially in Burkina Faso, appreciate the ability to remove the method at any time.
- There is some degree of aversion to uterine placement. This is related to sexual side effects in both countries, e.g., that it would be dislocated during sex. In Uganda, there are also concerns over pain and potential expulsion.

The ten years is good. This will allow the child to grow well, at least have 4 or 5 years before going to have it removed to take a new pregnancy. If she knows that she no longer wants a child, she can wait ten years before removing it.

- 44 year-old implant user with 4 children in South West Region, Burkina Faso

With the years l have, I can't use it, but for those that are still young, I think it will bring challenges… if a person is in a sexual encounter the coil may move out. 10 years is too long a time, may be if they bring one of less years.

- 48 year-old non-user with 2 children in Kampala, Uganda

With the copper IUD, many women complain about heavy bleeding during menstruation. Menses last longer and the flow becomes more than normal. So if we could have an hormonal IUD that can reduce the flow and reduce cramps, it will be welcome, many side effects will reduce and women will adhere to this IUD.

- Burkina Faso NGO Key Informant in Burkina Faso

First they need to reduce on the heavy bleeding, so that the person bleeds as usual.

- 26 year-old implant user with one child from Kampala, Uganda

Perceived advantages & disadvantages: LNG-IUS

Characteristic*	Burkina Faso Women	Burkina Faso Men	Burkina Faso Providers	Burkina Faso Key Informants	Uganda Women	Uganda Men	Uganda Providers	Uganda Key Informants
Duration (5 years)								
Early removal								
Lighter periods / amenorrhea								
Treatment for heavy or painful periods								
Hormones / changes in body								
Uterine location								
Duration (5 years)								
Lighter periods / amenorrhea								
Hormones / changes in body								
Risk of expulsion								

**Some characteristics were discussed as both an advantage and a disadvantage.*

% of FGDs / Interviews	0-19	20-39	40-59	60-79	80-100
Advantages					
Disadvantages					

Heat maps represent percentages of FGDs or individual interviews where at least 1 participant mentioned the characteristic as an advantage or disadvantage.

Key takeaways – LNG-IUS

- The fact that the LNG-IUS limits menstruation and can be used to treat heavy and painful menstruation was widely appreciated.
- There were some concerns about amenorrhea, particularly among men in Burkina Faso.
- Women and men in Uganda liked the 5-year duration.

If the blood does not come out, it's stored in the woman's womb, and there are consequences, it's a disease coming in the womb. Take for example the case of a woman who sees her period, the first two days is dark. The fact that it is a little blackish, it is because it has accumulated throughout the month and it is like that. Something that comes every month, and the first moments is dark and dark, so imagine if it's been months and months and it does not come out, what does it become? Then this is why the woman has pain and discomfort that does not end.

- 56 year-old man with 4 children from Centre Region, Burkina Faso

Reducing the pains when you have painful periods that is the good thing about it, but anything to do with insertion in the womb [is bad], the place should be changed.

- 31 year-old non-user with 7 children in East Central Region, Uganda

That of 10 years is quite long and can cause misunderstandings, but this of 5 years is within a manageable period of time to space. This is my view as a young man who still wants to produce children.

- 28 year-old man with 6 children from East Central Region, Uganda

Perceived advantages & disadvantages: Single rod implant

Burkina Faso 

Uganda 

Characteristic*	Women	Men	Providers	Key Informants	Women	Men	Providers	Key Informants
Arm insertion								
Duration (5 years)								
Early removal								
Irregular periods								
Hormones / changes in body								
Only one rod								
Arm insertion								
Irregular periods								
Health / side effects								

**Some characteristics were discussed as both an advantage and a disadvantage.*

% of FGDs / Interviews	0-19	20-39	40-59	60-79	80-100
Advantages					
Disadvantages					

Heat maps represent percentages of FGDs or individual interviews where at least 1 participant mentioned the characteristic as an advantage or disadvantage.

Key takeaways – Single rod implant

- Many women and men in Uganda and providers and key informants in both countries like the 5-year spacing interval.
- Many appreciate the option for early removal.
- Providers, particularly in Burkina Faso, see the single rod as easier to insert and remove than a two-rod system.
- Irregular bleeding is undesirable for many women and men in both countries.

[I prefer] the implant of 5 years because this can give one space to achieve economic development as some money is saved without repeated pregnancy in the household.

- 40 year-old man with 7 children, in East Central Region, Uganda

I like the fact that it works for a long time and can be removed any time you want. But then, what I don't like is that the periods may not be there when am using this method.

- 28 year-old injectable user with 2 children in Southwestern Region, Uganda

I consider seeing my periods crucial because, if I don't, I keep thinking the day it comes will be difficult to handle.

- 28 year-old injectable user with 3 children from West Nile Region, Uganda

What we have, it is Jadelle, the two rods, now if it gets back to one, it is good because to remove two, it's whatchamacallit…it will be easier…in any case, the trauma…it won't be the same thing, and it also reduces the time for inserting or removing…with five years, it is good, it is good.

- Provider, East Region, Burkina Faso

Perceived advantages & disadvantages: Biodegradable implant

Burkina Faso

Characteristic*	Women	Men	Providers	Key Informants
Duration (1.5 years)				
No removal needed				
Duration (1.5 years)				
Dissolves				
Irregular periods				
May forgot to renew				

Uganda

Women	Men	Providers	Key Informants

**Some characteristics were discussed as both an advantage and a disadvantage.*

% of FGDs / Interviews	0-19	20-39	40-59	60-79	80-100
Advantages					
Disadvantages					

Heat maps represent percentages of FGDs or individual interviews where at least 1 participant mentioned the characteristic as an advantage or disadvantage.

Key takeaways – Biodegradable implant

- The fact that the implant would not need to be removed especially appealed to providers and key informants in Burkina Faso.
- However, women and men expressed strong concern about where the dissolved implant would go and what the potential health effects would be, and providers and key informants acknowledged this could cause fear and confusion.
- Many women, men, and providers liked the shorter interval but some found it too short.
- In Burkina Faso, the half-year count was sometimes perceived as confusing and impractical.
- Irregular periods was perceived unfavorably.

Of course its disappearance will cause problems. Because if it disappears in the body, it means it will stay forever because it will mix with the blood.

- Non-user in Central Region, Burkina Faso

I cannot let my wife use such a method, for me how do you they assure us that it will not affect her in the body.

- 35 year-old man with 2 children in Kampala, Uganda

I think it would not work. Because now days even with the existing one, mothers have a myth that it can move and disappear into the heart. So if you bring this one that gets absorbed mothers will not like it in fact. they will say it is in their hearts. Even people's hearts will start paining.

- Provider Central Region, Uganda

All those methods which affect menstruation are not liked because of that aspect, so for the makers they have to make them better so that when a women is using it they don't have to go through such inconveniences. But you also wonder where it goes after dissolving….

- 31 year-old IUD user with 3 children in Kampala, Uganda

And the fact that it is biodegradable, there are many [women], often to remove it, they do not even come back, they do not even know…it will really help our sisters who do not know how to count this time, and now, they don't even need to panic, less trauma, even if you insert, she does not need to come back to the health center…They [women] say, they operate before removing it, they operate before putting it, you imagine there is this fear that I will be incised somewhere, they are going to penetrate my skin to put something and if you do not have to do that, I tell myself it will make some [women] happy.

- Provider Center Region, Burkina Faso

Perceived advantages & disadvantages: Longer-acting injectable

Burkina Faso 

Uganda 

Characteristic*	Women	Men	Providers	Key Informants	Women	Men	Providers	Key Informants
Injectable delivery system								
Duration (6 months)								
Amenorrhea								
Hormones / changes in body								
Duration (6 months)								
Cannot reverse side effects for 6 months								
Irregular periods / amenorrhea								
Delayed return to fertility								
Health / side effects								

**Some characteristics were discussed as both an advantage and a disadvantage.*

% of FGDs / Interviews	0-19	20-39	40-59	60-79	80-100
Advantages					
Disadvantages					

Heat maps represent percentages of FGDs or individual interviews where at least 1 participant mentioned the characteristic as an advantage or disadvantage.

Key takeaways – Longer-acting injectable

- The 3-month extension to a familiar and popular method was well-received because of the benefits of the reduced re-injection schedule for both the demand and supply side.
- However, the bleeding side effect profile of the injectable is undesirable, particularly when experienced for an extended period with no way to reverse it.
- Delayed return to fertility is another concern, especially among providers and key informants.

I think the injectable will be popular, there are many more women who use the injectable than the other methods here… The injectable here, they like that much more than the other [methods].

- 33 year-old non-user with 6 children in Boucle du Mouhoun Region, Burkina Faso

[The injectable] is a good method more so if you stay distant from the health facility or when you lack time to go to the health facility. So this method is used by a woman who lives far from the health facility or who has lots of work she is doing and very busy to find time to go to the health facility.

- 30 year-old injectable user with 5 children in Central Region, Uganda

If you get problems with it, you have to wait for six months until it is over. That is a big problem for us.

- 25 year-old non-user with 3 children in Southwestern Region, Uganda

The challenge would be to fix the time for return to fertility. The current injectable is 10 months. For this new injectable, how long will it take? Users need facts about return to fertility. What if it takes 2 years? People should know the exact period.

- Provider in East Central Region, Uganda

Perceived advantages & disadvantages: Non-surgical permanent contraception

Burkina Faso

Characteristic*	Women	Men	Providers	Key Informants
Duration (permanent)				
No effect on periods				
Non-hormonal				
Non-surgical				
Duration (permanent)				
Periods continue				
Health effects				

Uganda

Women	Men	Providers	Key Informants

**Some characteristics were discussed as both an advantage and a disadvantage.*

% of FGDs / Interviews	0-19	20-39	40-59	60-79	80-100
Advantages					
Disadvantages					

Heat maps represent percentages of FGDs or individual interviews where at least 1 participant mentioned the characteristic as an advantage or disadvantage.

Key takeaways – Non-surgical permanent contraception

- While many do not welcome the idea of a permanent method, others like this option for couples ready to end childbearing.

- There appears to be more support for permanent contraception in Uganda than in Burkina Faso.
- The non-surgical approach appealed to users, independent of the method's permanence.

This one is for the limiters…we have unmet need for such women in this country, struggling with side effects because they don't want to go for surgery of the permanent methods.

- Public Sector Key informant in Uganda

Permanent methods, as of now they have not become the norm in our clients' minds. It can be offered like other methods, but as to acceptability and uptake, that is a whole other ball game.

- Public Sector Key Informant in Burkina Faso

Drivers of User Preferences

Photo credit: USAID Impact

Research approach

Quantitative Module

PMA2020
Performance Monitoring and Accountability 2020

A logistic regression analysis of potential factors associated with **acceptability of the six new long acting methods** was conducted using data from the PMA2020 acceptability module and broader female questionnaire. Six models were constructed using the same set of covariates, including socio-demographic and reproductive history variables and responses to questions on acceptability of amenorrhea and duration preferences.

Qualitative Module

Participants in the FGDs and IDIs were asked about their **experiences** with and **perspectives** on, long-acting method use and perceived **barriers to accessing and using** contraception in general. Participants were asked about their attitudes toward contraceptive **side effects** and d**ecision-making** related to using family planning.

Quantitative Results

Performance Monitoring
and Accountability 2020

Factors associated with interest in using the new methods*

Burkina Faso (n=2,618)

Uganda (n=2,292)

Adjusted Odds Ratios (OR), p ≤ 0.05			
Higher odds	OR = 1.3-1.59	OR =1.6- 1.99	OR = 2.0+
Lower odds	OR = 0.6-0.8	OR = 0.4-0.59	

Characteristic (ref. group)†												
Age 25-34 (15-24)												1.42
Age 35-49 (15-24)											0.61	1.70
Rural residence			1.57								1.50	1.71
Secondary or more education					0.71						0.66	0.76
Highest wealth (lowest wealth)[a]												0.55
Want child in next 2 yrs./unsure (Want no (more) children)							1.45				0.51	0.67
Want child in >2 yrs. (Want no (more) children)	0.63										1.46	0.44
Prefer long-acting duration[b]		1.40	1.47	1.69	2.63	3.11		1.75	0.65	0.61	1.42	1.56
Amenorrhea acceptable	2.22	1.66	2.14	1.51	2.07	1.47	2.01	1.62	2.81	2.66		1.35

*Only covariate categories significantly associated ($p \leq 0.05$) with expressed interest in use of one of the new methods are shown. Other model covariates not significantly associated include marital status, parity, and contraceptive history. Full model results are shown in Appendix A.

†Reference group shown for non-dichotomous variables

[a]Wealth terciles in Burkina Faso and quintiles in Uganda; [b]Long-acting=duration greater than 1 year, including permanent

Key takeaways – Factors associated with interest in using the new methods

- Characteristics predictive of interest in using each of the new methods **differ across the two countries** pointing to a contextual influence on contraceptive acceptability.
- The most consistent predictors of interest in using a new method across the six methods and the two countries are finding contraceptive-induced **amenorrhea acceptable** and **desiring a method duration of longer than one year**.
- The consistent positive association between being **accepting of amenorrhea** and expressing interest in the new methods, including the new copper IUD which was described as potentially causing *increased* bleeding, may reflect a **more accepting attitude toward bleeding changes** generally.
- Interest in the **longer-acting injectable** is positively associated with being **less educated**.
- Not surprisingly, interest in **non-surgical permanent contraception** is positively associated with being **older** and **not wanting any more children**.

Qualitative Results

1. Women seek methods that will give them minimal side effects

1a. Women and men acknowledge that side effects vary across women based on the compatibility of the method with their bodies' chemistry.

1b. Many women and men, especially in Uganda, want compatibility testing to be part part of service provision, and some believe that such tests already exist.

Photo credit: Rebecca Callahan, FHI 360

You can do the injection and when your period come it does not stop, if you change and you put what they insert under the arm, your period comes normally. But it all depends on the blood of each woman. Each [woman] has a contraceptive method that suits her.

- 25 years old injectable user with 2 children in East Region, Burkina Faso

We need to have trained health workers at our nearby health facility who can examine, test and assess the compatibility of a mother who has come to access family planning so that she can know her blood group and which category of family planning suits her. This is what causes problems and misconceptions in our community that family planning is risky, people die because of using it but the reason is that many women use it before all these assessments are done. This is a very big problem in our community.

- 38 year-old IUD user with 4 children in Central Region, Uganda

1. Women seek methods that will give them minimal side effects

Photo credit: Rebecca Callahan, FHI 360

1c. Women often discuss side effects with each other, but do not all give the same weight to feedback received from peers

1d. Many women go through a trial-and-error process to find a method that fits their bodies, and some are reluctant to switch methods once they find one with acceptable side effects

What she (a woman choosing a method) needs to know is that she has to be patient with the (side) effects she will have, that the bodies are different. What I had with the method, she may not have the same effects. Because she can say you told me that I will see something like that, but I have not seen anything, it can worry her or she can think otherwise. What she needs to know is that it depends on the blood of everyone.

- 24 year-old injectable user with 6 children in East Region, Burkina Faso

If it doesn't seem good, you keep rotating to different methods, from pills to injections like that until you get something good.

- 29 year-old injectable user with 5 children in East Central Region, Uganda

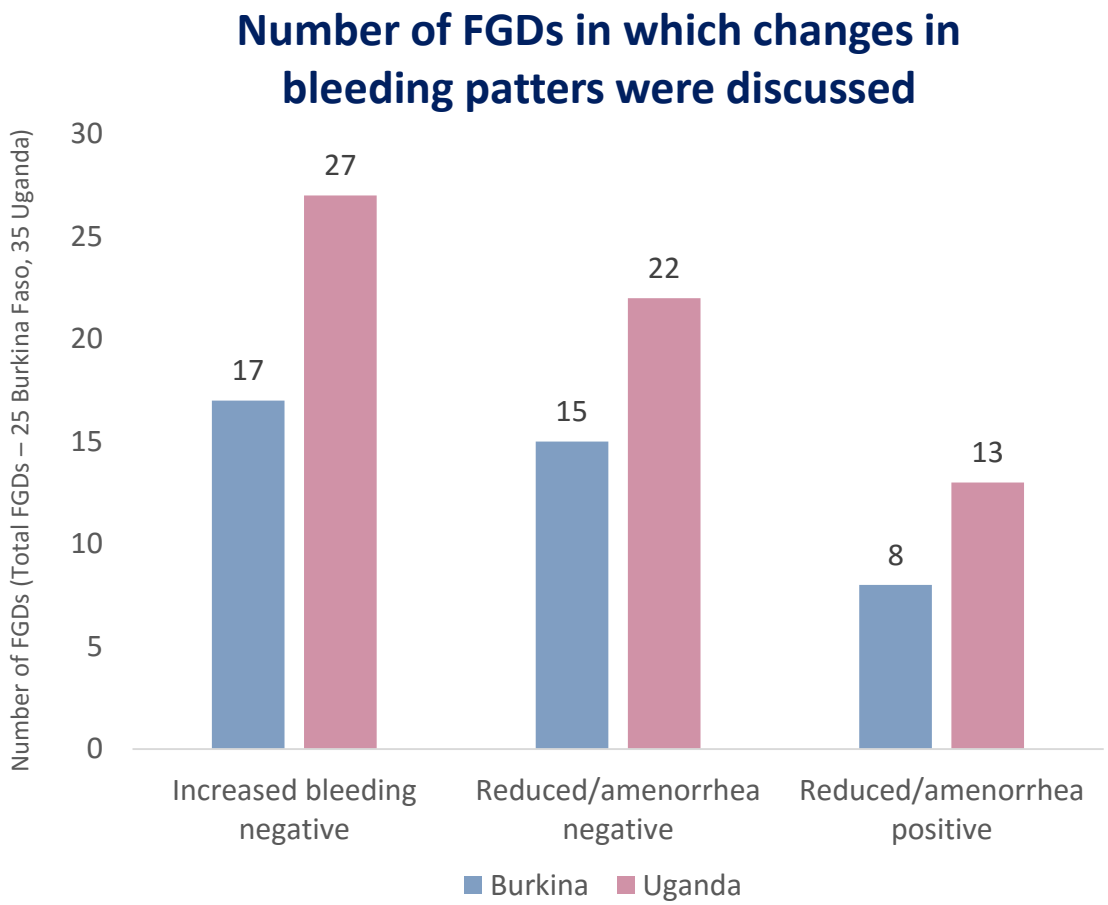
I thought about switching with the plastic [implant], I told myself that since I got used to the injectable and I don't have problems with [it], that I am going to take that.

- 47 year-old injectable user with 8 children in East Region, Burkina Faso

2. All menstrual bleeding changes are not perceived equally

2a. Many women have negative perceptions of increased bleeding, but acceptability of reduced bleeding/amenorrhea is mixed.

2b. Several women said they would prefer a method that did not affect menstruation at all.



2. All menstrual bleeding changes are not perceived equally

Photo credit: Mark Leong, World Health Organization HRP

2c. Providers observe a range of attitudes related to reduced bleeding among their clients, but primarily negative reactions to increased and irregular bleeding patterns.

2d. One third of providers in Burkina Faso were personally concerned about anemia from prolonged bleeding.

Amenorrhea is also very common but few mothers are concerned about it, they can bear better than the irregularity.

- Provider in Kampala, Uganda

It is true that…maybe they don't know that they can be anemic if they don't tell (us) fast, but when it (the bleeding) persists, it causes anemia. Now if in her innocence, in her ignorance, to not share her ills, it can lead to worse things than that.

- Provider in Boucle du Mouhoun, Burkina Faso

3. Views of contraceptive-induced amenorrhea vary

3a. Amenorrhea is not desirable for some women because of concerns that dirty blood would accumulate in the body.

3b. Accumulation of blood is thought to cause pain and lead to other negative health effects. This included concerns about heavy periods once menstruation resumes, especially in Uganda.

Photo credit: Sarah A. Holtz, courtesy of Photoshare

Each month, there is dirt that needs to get out of the body of the woman as her period, so if this time comes and the dirt does not come out, over time, it is trapped somewhere. And if it is trapped, who knows what will happen in the long run?

- 21 year-old, non-user with 2 children in North Region, Burkina Faso

For me I have not had my periods and I am beginning to feel pain in the lower abdomen. When I wake up in the morning I feel something like a swelling. When I bend I feel pain.

- 24 year-old injectable user with 2 children in South Western Region, Uganda

3. Views of contraceptive-induced amenorrhea vary

Photo credit: Brenda Fitzsimons, courtesy of Photoshare

3c. Amenorrhea is sometimes seen as indicative of contraceptive effectiveness during use, while for some acceptability hinges on menses returning after use.

3d. Reduced bleeding may be more desirable than amenorrhea.

For six months now I've not seen my periods ((laughs)) I thought that is how the method works and that's okay for me.

- 25 year-old injectable user with 3 children in South Western Region, Uganda

When they [periods] stop completely, these are diseases. But when they come moderately, that is what is good.

- 29 year old injectable user with 4 children in North Region, Burkina Faso

4. Persistent bleeding side effects take an emotional and financial toll

4a. Increased bleeding raises a series of health concerns, from fears of feeling weak or fatigued to bleeding out and dying.

4b. Some women in Uganda worry that bleeding side effects will not allow them to use contraception discreetly.

Photo credit: Rebecca Callahan, FHI 360

It weakens, you wonder what you are going to eat to bring this blood back, it can lead to malnutrition too…because you do not have good food that can regenerate all this blood.

- 25 years old implant user with 4 children in East Region, Burkina Faso

You will give up the method because the situation of bleeding all the time especially for those who do not have much blood it can cause one to become weak. You fail to work and you look bad generally.

- 39 year-old non-user with 6 children in South Western Region, Uganda

4. Persistent bleeding side effects take an emotional and financial toll

Photo credit: Rebecca Callahan, FHI 360

4c. Anxiety is linked with being able to afford added costs for contraceptive treatment or method removal, especially in the case of multiple visits or referrals.

4d. Although specific treatment depends on bleeding patterns, providers typically prescribe contraceptive pills and ibuprofen.

4e. When first-line treatment fails, providers counsel women to switch methods but note treatment failure as discouraging.

They say that when you use family planning, you over bleed for a long period of time and our husbands don't allow us to go for family planning and so some of us just do it in secret, but if you go and then get such a problem of bleeding like a full month and you don't have the money to buy the tablets, those are the effects we fear.

- 26 year-old non-user with 3 children in East Central, Uganda

Spotting, for example, when they come first, we give mycrogynon, if they come back, often [the] second time we give ibuprofen, if they come back a third time, it is not going well, we remove.

- Provider in Boucle du Mouhoun, Burkina Faso

What worries us the most is when your periods come and do not stop. For example once they took a woman here to the CSPS who was bleeding a lot, the health workers could not manage her. She was evacuated to [medical center]. She was bleeding a lot so she needed a blood transfusion. If your husband happens not be rich, it is a big problem.

- 36 year-old non-user with 5 children in East Region, Burkina Faso

5. Side effects interfere with daily life

5a. In Uganda, some women mentioned that use of family planning requires nutritional supplementation which may be unattainable.

5b. Some fear that contraceptive use will interfere with women's ability to work or to go about in the community.

5c. Depending on their cultural tribes and religious affiliation, women may be unable to have sex, perform other domestic duties such as cooking, or pray.

Photo credit: Rebecca Callahan, FHI 360

We fear family planning, we are told that when you go for family planning you need to eat very well and drink enough without necessarily physically digging a lot… It will require one to take a lot of porridge mixed with milk yet we do not have money to buy the milk. You therefore may wish to join family planning but again it can become a big burden to you.

-39 year-old non-user with 3 children in Kampala, Uganda

Often even, when your period comes permanently, even when you prepare, the food itself, it does not even appeal to you, you can not go in public, if you sit alone in a corner and people come to find you, you are ashamed to stand because you do not know if your cloth is stained or not. You can not go to the market, you can not go in public.

-33 year-old non-user with 6 children in Boucle du Mouhoun, Burkina Faso

6. Interactions with providers affect acceptability of side effects, especially bleeding changes

Photo credit: Rebecca Callahan, FHI 360

6a. Many providers find that women are more likely to persevere through bleeding changes if they are forewarned, but getting women to pay attention to counseling can be a challenge when they are already set on using a particular method.

6b. Women primarily seek treatment for bleeding side effects, and providers specifically encourage them to return for heavy bleeding.

But generally even, they come today and maybe in three days, it goes away. Often [what] the person needs [is a] talk. Because if the woman does not know what it is, it goes without saying that she is worried. So when she comes and you reassure her, often speaking, even without giving the products, the next day, since we give her an appointment in two or three days; So when she comes back, you ask, she says no it is fine.

- Provider in South West Region, Burkina Faso

You have to make them [FP client] aware that those things [side effects]are there but there are ways of decreasing them. You don't tell them they are going to stop completely, but when they get such problems they need to come to the health facility and it is a simple thing you don't need to make them get scared. All they need is to be aware of those side effects.

- Provider in South Western Region, Uganda

7. Initial costs can overshadow other considerations

7a. Some women choose injectables or oral pills because they cannot afford other methods, while others take advantage of free events to go for long-acting methods.

7b. Cost of transport limits access to long-acting methods especially in Uganda.

Photo credit: Rebecca Callahan, FHI 360

I came and I was told 2500 francs (for the implant) and I could not afford it. But that there is one at 300 francs, the tablets at 100 francs. I could not follow the instructions about the tablets ... if you start taking them and you make a mistake, you can get pregnant. So I saw that I could not follow that. And I did not have 2500 francs. So I took this one (injectable) and it is no problem for me so I continue with [it].

- 32 year old implant user with 3 children in South West Region, Burkina Faso

I went for an implant but they were many people and I had no money on me (15000) that was required to buy the necessities. So I went back home since I had not moved with money because I thought it was free of charge. (Laughter) I resorted to the injector plan.

- 36 year old injectable user with 2 children in Kampala, Uganda

For the implant and the IUD, you may need to go to the referral hospital where they will first examine a woman for compatibility then insert it. In such a case, there is need for transport fare and yet at times our partners may not be in position to give us this money. So it becomes rather hard much as we would like to use those methods.

- 27 year-old injectable user with 3 children in Central Region, Uganda

8. Partner relations influence women's choice of method and ability to continue use

8a. Women have more contraceptive options if their husbands are supportive of FP use.

8b. Women and men mentioned the negative effect contraceptive side effects may have on sex and marital relations.

8c. Dependence on men for access to money can constrain method choice and access to treatment.

Photo credit: Todd Shapera, courtesy of Photoshare

If you cooperate with your husband, the method for 5 years is very good you'll reach 40 years with 4 or 5 children, educating them would even become easier.

- 40 year-old OC user with 5 children in West Nile Region, Uganda

It makes women dry, young women fear family planning because of this. Since she is young, she will fear to be rejected by husband and if both of them, husband and wife are still young, it will cause problems in their marriage.

- 50 year old OC user with 8 children South Western Region, Uganda

In terms of expenditures, it is the implant that is best…if the one you insert in the uterus comes to cause problems to the uterus and you do not have the money to treat her, she can die…you know, if she puts the other one [IUD] and there is a problem, to remove you will have to pay. However, if it is the other it is not difficult, you can remove on site]

- 42 year old man with seven children in Boucle du Mouhoun Region, Burkina Faso

9. Spacing benefits and convenience make implants desirable

9a. A 3- or 5-year duration is a good match to spacing intentions.

9b. In a few cases, inaccurate perceptions persist about implants and IUDs traveling in the body.

Photo credit: Rebecca Callahan, FHI 360

I first made a decision to use an implant for spacing my children because I produced many children and felt that it was a burden and some of them died. So to make me to rest I decided to use it and I found that it is so helpful and up to now I am using it.

- 49 year-old implant user with 5 children in West Nile Region, Uganda

If your wife can take 5 years without delivering, for me, it is a very good thing because in that way even your work will progress because she will have time to help you.

- 35 year-old man with 5 children in East Region, Burkina Faso

9. Spacing benefits and convenience make implants desirable

Photo credit: Rebecca Callahan, FHI 360

9c. Women find implants and injections more convenient than daily pills.

9d. While injectables are discreet, adherence to a re-injection schedule is sometimes challenging due to the need to keep track of time, have money at hand, and return to a provider.

I would prefer what lasts when I am going to want to take. I don't want the pills or what is pricked and three months later you need to go again. Maybe the day when [you] must go again to the health center you were not able or you do not have the money. And if you and your husband get near it can be a pregnancy. I don't want that.

- 33 year-old non-user with 5 children in South West Region, Burkina Faso

I would like to get the one put in the arm (implant) because our health facilities are unreliable; when I need to renew the injectable after 3 months, the nurse may not be there at that time like how she has said it. To me, the very day I am given for the next appointment (for the injection) is the day I start my menstrual cycle in case I have not been given another shot. This [implant] can be a better option since it takes longer in the body.

35 year-old injectable user with 4 children in Central Region, Uganda

10. Access to long-acting methods including removal is constrained by gaps in provider capacity and biases

10a. Long-acting methods are not available everywhere.

10b. A few key informants think that some providers may fail to promote the IUD because they lack the skills or equipment to perform insertions.

2/3

Proportion of providers interviewed who provide IUDs and implants

3/4

I would have loved an IUD but they are not there in our village. So since I am a village woman, what is convenient for me is the injection because I can get from anywhere.

- 28 year-old injectable user with 2 children in South Western Region, Uganda

When you take the intrauterine device, it is only the [male and female] midwives who know how to place it, and I am telling you, of the lot of midwives, there are also some who do not know how to place it…so you will even find providers who do not propose the method when they show the whole range for the woman to choose her method, because not being able to place the method…you have the possibility to contact a neighboring health center where there is the competency and the concerned (the provider with the skill) comes to support you. Now there is the compensation in terms of gas so voila.

- Public Sector Key Informant in Burkina Faso

10. Access to long-acting methods including removal is constrained by gaps in provider capacity and biases

10c. Although few were reported, provider barriers can impede the flexibility to opt out of implant or IUD use early to stop side effects or resume childbearing.

10d. In Uganda, several women reported the need to pay for removal service as a barrier.

Photo credit: Arturo Sanabria, courtesy of Photoshare

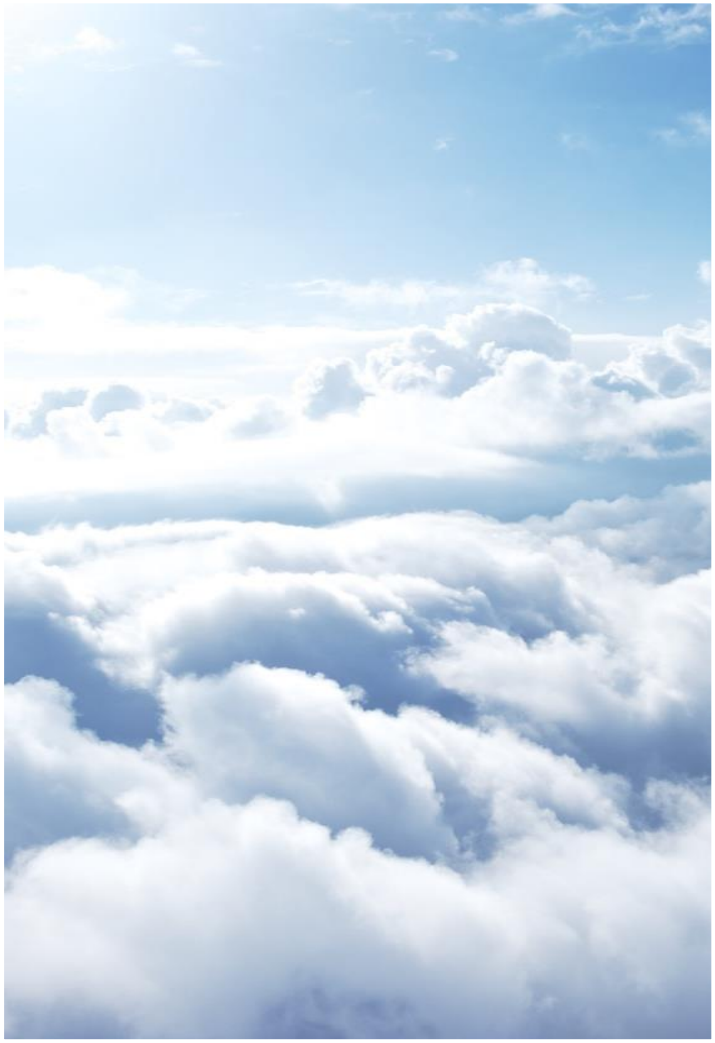
When you take the Depo…if after three months you have not come back, it is that you opted not to renew. Whereas if you take the subcutaneous implants or the intra-uterine device, when you want to stop, you must go back to the providers. It is in fact them who decide about stopping practically, that is if you are not convincing, they can give you speeches so that you can continue…it is agent-dependent as a method.

- Public Sector Key Informant in Burkina Faso

I had liked this method but I feared a lot because I was told that if you go for an insertion of implant for 5 years and you happened to sustain side effects which require you to have it removed you have to first pay some money for removal.

- 32 year-old non-user with 8 children in Central Region, Uganda

Blue Sky Ideas



Research approach

Qualitative Module

Perspectives on contraception for men

As part of the FGDs and IDIs with FP providers, participants were asked their opinions on **contraception for men** including whether they believed researchers should focus on developing male methods as well as female methods and why.

Brainstorming new method designs

In the FGDs, participants were asked to form pairs and design their **ideal contraceptive method**. Pairs were asked to report what the method would **look like, who would use it, and how long it would last**. Each pair reported their new design to the group and in some FGDs, participants voted on their favorite design. A similar exercise was done individually in the IDIs with providers.

Perspectives on contraceptives for men

Burkina Faso & Uganda

While most information comes from FGDs with women, in both countries, women, men, and providers expressed a range of perspectives on the idea of contraception for men.

Most *participants welcomed the idea of new contraceptive methods for men*

Arguments SUPPORTING male methods:

- Could help increase men's acceptance of family planning more generally
- Would increase the opportunity for shared responsibility of FP between partners
- Would take pressure off women with promiscuous husbands
- Would empower men to control their own fertility when women refuse to use FP or want more children
- Men are the ones responsible for impregnating women so they should be responsible for FP
- Men would understand what women "go through" when using contraception
- Several women mentioned that if men could use contraception, it would protect them from having to raise children born from extra-marital relationships
- Many methods are available for women, but more male options are needed

Fewer *participants opposed the idea of new contraceptive methods for men*

Arguments AGAINST male methods:

- Prevailing belief exists that FP is a woman's responsibility
- Could be complicated in polygamous contexts when wives have differing child-bearing desires
- Men will not use new male contraceptives since they don't want to use existing methods
- Fear of potential side effects (i.e. fatigue, decrease in libido)

The load of work women do compared to men is heavier so they need a break from family planning methods; our wives do heavy work compared to us. These methods for men will relieve our women of having to hassle with the side effects associated with family planning.

- 27 year old man with 1 child in Central Region, Uganda

Some men do not accept that their women use these methods, so if there are methods for men, and they can be sensitized as much as women, they will end up adopting the same ideas. If only women are sensitized without men, men will not be able to understand. There must be contraception for men too ... if we consider this [family planning] as education, for example, and educating children, if the boys and the girls grow up with this education, they [both] will understand ... If not, say, to only focus on women's methods there, they will focus, but, if your husband has not accepted [these methods or FP], how will you do it?... If everyone understands, man and his wife understand, this would make things easier.

- 33 year old non-user with 6 children in Boucle du Mouhoun Region, Burkina Faso

Even if we take pains to design for men, they won't accept to use it; even if [it is] women who do it, with their men it is not easy, it is often a game of hide and seek, if he finds out what you are doing it's a brawl, so if we say for men, it will be a wasted effort.

- 21 year old non-user with 2 children in North Region, Burkina Faso

It is very difficult to convince a man to go for family planning because the general assumption here is that a man will should not stop fathering children no matter the age. It is then up to us the women; if you so feel like bearing children you have the liberty but remember they will starve. As women we must struggle to control birth because men have the audacity of going to other women and father more children.

- 25 year old injectable user with 3 children in Central Region, Uganda

Description of Slides 116-122

Brainstorming new method designs

The following slides describe the number of method designs brainstormed across FGDs with women and men and IDIs with providers and present a summary of the method delivery type, target user (male or female) and duration of action. In some cases, respondents described side effects that their methods would or would not have, which are presented on slide 122.

Brainstorming new method designs: number of ideas

BURKINA FASO

110 new method ideas

23 Focus Group Discussions (FGD)

15 In-Depth Interviews (IDI)

Users — 9 FGDs — 33 methods

Non-Users — 10 FGDs — 39 methods

Men — 5 FGDs — 17 methods

89 methods

Providers — 15 Providers — 21 methods

UGANDA

136 new method ideas

32 Focus Group Discussions (FGD)

21 In-Depth Interviews (IDI)

LARC users — 9 FGDs — 27 methods

Other users — 9 FGDs — 31 methods

Non-users — 9 FGDs — 32 methods

Men — 5 FGDs — 15 methods

105 methods

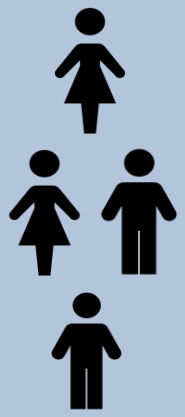
Providers — 21 Providers — 31 methods

Brainstorming new method designs: intended user and delivery system

BURKINA FASO
110 ideas

UGANDA
136 ideas

Intended user

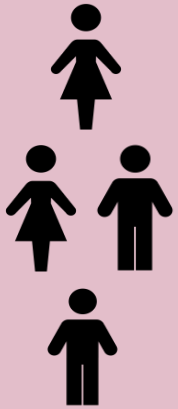


59% Women

12% Women or Men

9% Men

20% Not-specified



50% Women

13% Women or Men

33% Men

4% Not-specified

Delivery system

42% Injectable

26% Implants

14% Pills

13% Novel Designs
(creams, consumables)

5% Not-specified

36% Injectable

19% Implants

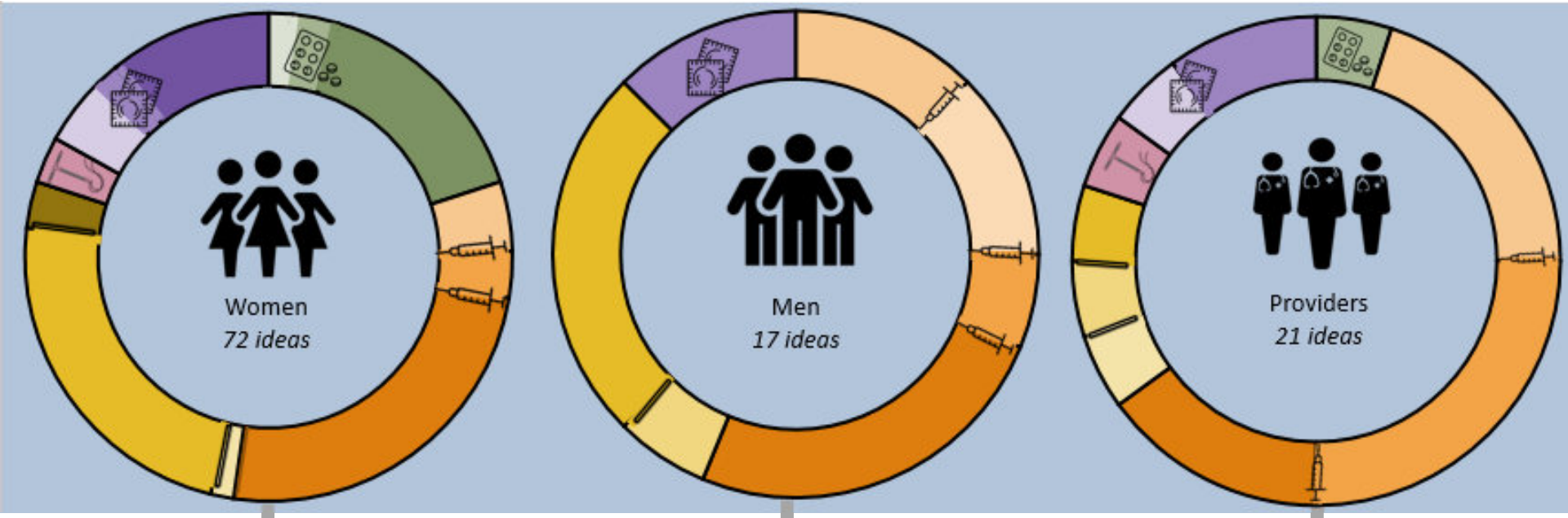
18% Pills

27% Novel Designs
(creams, consumables, wearables)

Brainstorming New Method Designs

Burkina Faso

Method Duration				
Short: 1-3 months; Medium: 6-12 months; Long: 2-5 years				
Pills	NS	Short	Medium	Long
Injections	NS	Short	Medium	Long
Implants	NS	Long	> 5 years	
IUDs	NS	Long		
Other	Female Condom	Male Condom	Long	
Novel	NS	Short	Medium	Long



Top 2 Preference Patterns

- 25% long-acting injections
- 23% long-acting implants

- 25% long-acting injections
- 25% long-acting implants

- 25% medium-acting injections
- 20% non-specified (NS) injections

Brainstorming New Method Designs

Uganda

Method Duration				
Short: 1-3 months; Medium: 6-12 months; Long: 2-5 years				
Pills	NS	Short	Medium	Long
Injections	NS	Short	Medium	Long
Implants	NS	Long	> 5 years	
IUDs	NS	Long		
Other	Female Condom	Male Condom	Long	
Novel	NS	Short	Medium	Long

Top 2 Preference Patterns

- 21% long-acting implants
- 16% long acting injections
- 27% long-acting injections
- 20% short-acting novel ideas
- 19% medium-acting injections
- 16% short-acting oral pills

Brainstorming new method designs: novel designs

UGANDA

22 ideas

	For Women	For Both	For Men
Oral Drops or Drink (n = 9)	2	2	5
Cream or Jelly (n = 8)	1	2	5
Peri-coital or Long-term Pill (n = 3)	-	1	2
Wearable Jewelry (n = 2)	1	-	1

Most novel designs were generated from women, men and providers in Uganda

BURKINA FASO

4 ideas

Most designs proposed novel duration patterns for existing methods, such as: ***flexible duration of action, incremental delivery, and a two-part (one to initiate and one to terminate contraceptive protection) injection series***.

When durations were specified, methods fell into two categories: yearly increments (1-3 years) and a range from short to long acting (3 months-5 years) delivery.

Method ideas included a ***finger ring, shea butter, and liquid from tree bark and roots.***

Brainstorming new method designs: side effects

Side Effects

% of new designs that included description of side effects

Side Effects	Women	Men	Providers
Would not affect menstruation	20%	6%	84%
	23%	19%	48%
Would not have other side effects*	11%	0%	37%
	43%	38%	27%

*Includes: headache, weakness, decrease in libido, and sexual dysfunction

Side effect profiles of new method designs were not mentioned for all designs. Roughly 40% of method ideas from FGDs with women and 60% of method ideas from providers in both Burkina Faso and Uganda discussed side effects. In the FGDs with men, 24% of ideas included discussion of side effects in Burkina Faso and 56% in Uganda.

Key Takeaways – Brainstorming new method ideas

- Most of the ideas generated in both countries were for use by women.
  - Half of the ideas generated in Uganda were for use by men or both sexes; however, there were more methods proposed for use by women only than men only.
- Most ideas were variations on existing method delivery systems, primarily **injectables** and **implants**.
- Participants want methods that last at least a year. Most method ideas were **long-acting**, between 2 and 5 years.
- Several novel designs were proposed in Uganda including **consumables** and **creams/jellies**.
- Participants envisioned methods that would not have side effects like **menstrual bleeding changes, headache, decreased libido/vaginal dryness,** and **physical weakness**.

Conclusions

Conclusions

- Summary of results
- Strengths and limitations of research approach
- Implications for contraceptive research and development efforts

Photo credit: Robert Harding Photography

Summary of results

This study used a variety of data collection techniques to assess the potential acceptability of six new contraceptive methods currently in various stages of development including: a new copper IUD, the LNG-IUS, a new single-rod implant, a biodegradable implant, a longer-acting injectable, and non-surgical permanent contraception.

Key findings:

- A strong interest in methods lasting 2-5 years, and demand for options exceeding 3 months for those interested in methods lasting less than a year;
- A desire for methods with limited side effects;
- Concern over cost: both initial affordability and cumulative expense for treating side effects;
- Concern over contraceptive-induced menstrual side effects, in particular irregular and heavy bleeding, but a potential opportunity to embrace amenorrhea and treatment of dysmenorrhea with contraception;
- Comfort with familiar delivery systems including injectables and implants;
- Recognized advantages of long-acting reversible methods including convenience of use, flexible duration of effectiveness through early removal, and reversibility of side effects;
- An openness to contraception for men among both men and women and desire to share the responsibility of family planning with partners;
- Remaining service delivery challenges that affect contraceptive uptake and continuation including limited access to a consistent and full range of methods and persistent misperceptions about health effects associate with contraceptive use; however, providers are important for facilitating method acceptability through counseling and treatment; and
- Confirmation of the existence of a broad range of family planning needs, desires, and understandings, which necessitate a corresponding range of method choices.

Strengths and limitations of the research approach

	STRENGTHS	LIMITATIONS
 **PMA 2020 Survey - Attitudes Toward Contraceptive Method Attributes**	• Provides guidance for contraceptive developers about key product characteristics to target • Provides nationally representative data • Allows for triangulation of findings with qualitative results	• Does not provide guidance on optimal combination of product characteristics • Pre-coded survey response options may not capture range of experience/attitudes
 **PMA 2020 Survey - Reactions to New Methods in Development**	• Can inform modeling of potential demand for the new methods • Provides insight into potential user profiles • Provides insight into motivations for responses which can be used to inform targeting or messaging	• Method descriptions may be insufficient for complete understanding (e.g., inadequate translations into local language, need for standardized method descriptions, limited description of method characteristics) • Predictive validity may be limited due to social desirability bias, qualified responses, other drivers of demand not captured, particular method mix
 **Qualitative component - Drivers of User Preferences**	• Provides perspectives and experiences of potential users • May highlight other important method characteristics not captured in survey • Inquiry framed within needs and realities of respondents' context	• Limited exploration of context • Limited generalizability
 **Qualitative component - Blue Sky Ideas**	• Provides opportunity to think outside the box • Results are participant-generated method ideas	• Results dependent on quality of implementation • Discussion dynamics may affect presented ideas • Ability to abstract and innovate may be limited • Feasibility of individual or combined characteristics not guaranteed • Limited generalizability/potential demand

Implications for contraceptive research and development

The purpose of this research was to solicit end user input to inform and guide ongoing contraceptive product development efforts. **Overall, the study results provide support for continued investment in the development of long-acting methods**. As expected, we did not find universal acceptability or lack of acceptability for any of the methods included in the study. However, some trends in user preferences did emerge that should be taken into consideration as future development decisions are taken including:

- More women are interested in using injectables and implants than other method forms;
- Women want methods with few hormone-related side effects;
- Women and men support the idea of expanding FP options for men;
- Non-surgical permanent contraception is of great interest to a certain population of women.

In addition, some findings will be important for eventual product introductions strategies including the development of marketing and counseling messages and community engagement:

- The biodegradable nature of the biodegradable implant caused considerable unease among potential users;
- The potential for the LNG-IUS to alleviate dysmenorrhea was welcomed;
- Some women will accept contraceptive-induced amenorrhea;
- Men are important stakeholders in contraceptive decision-making;
- Beyond providing new method choices, attention must be paid to the continuum of contraceptive experience including method affordability, options to manage side effects, and support for continued use.

Photo credit: Robert Harding Photography

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Photo credit: UNICEF

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Appendix A: Associations between method interest and sociodemographic and reproductive characteristics in Burkina Faso (N = 2,618)

	Copper IUD		LNG-IUS		Single-rod implant		Biodegradable implant		Longer-acting injectable		NSPC	
Characteristic	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Age												
15-24	-	-	-	-	-	-	-	-	-	-	-	-
25-34	1.11	0.78 - 1.59	0.91	0.68 - 1.22	0.94	0.61 - 1.43	1.36	0.99 - 1.86	0.83	0.59 - 1.16	0.83	0.57 - 1.21
35-49	1.08	0.60 - 1.93	0.63	0.39 - 1.02	0.63	0.38 - 1.06	0.85	0.55 - 1.32	**0.61**	**0.41 - 0.92**	0.76	0.45 - 1.29
Residence												
Urban	-	-	-	-	-	-	-	-	-	-	-	-
Rural	1.52	0.95 - 2.44	**1.57**	**1.01 - 2.44**	1.14	0.70 - 1.86	1.00	0.58 - 1.73	**1.50**	**1.00 - 2.25**	1.23	0.77 - 1.97
Highest education attended												
Primary or less	-	-	-	-	-	-	-	-	-	-	-	-
Secondary or more	0.76	0.56 - 1.03	0.87	0.62 - 1.23	**0.71**	**0.55 - 0.90**	0.75	0.50 - 1.12	**0.66**	**0.45 - 0.96**	0.86	0.58 - 1.27
Wealth index												
Lowest	-	-	-	-	-	-	-	-	-	-	-	-
Middle	0.80	0.56 - 1.15	0.82	0.58 - 1.17	0.79	0.59 - 1.06	1.11	0.83 - 1.49	1.11	0.68 - 1.81	0.91	0.62 - 1.33
Highest	1.10	0.73 - 1.65	1.08	0.70 - 1.68	0.65	0.38 - 1.11	0.82	0.54 - 1.25	0.87	0.56 - 1.35	0.86	0.54 - 1.37
Marital status												
Never married	-	-	-	-	-	-	-	-	-	-	-	-
Married/cohabitating	0.99	0.56 - 1.76	1.16	0.75 - 1.78	1.17	0.76 - 1.79	1.57	0.98 - 2.51	1.14	0.67 - 1.93	1.03	0.63 - 1.67
Divorced/separated/widowed	1.04	0.54 - 1.99	1.63	0.88 - 2.99	0.73	0.37 - 1.45	1.57	0.71 - 3.49	1.04	0.46 - 2.35	1.00	0.49 - 2.03
Parity												
0	-	-	-	-	-	-	-	-	-	-	-	-
1-2	0.99	0.58 - 1.68	0.84	0.52 - 1.34	1.07	0.70 - 1.63	0.66	0.40 - 1.10	1.10	0.64 - 1.89	1.11	0.60 - 2.04
3-4	1.17	0.67 - 2.06	1.09	0.71 - 1.66	1.46	0.86 - 2.47	0.68	0.37 - 1.26	1.01	0.56 - 1.81	1.61	0.81 - 3.19
5+	1.18	0.60 - 2.35	1.10	0.64 - 1.88	1.27	0.65 - 2.48	0.76	0.40 - 1.42	1.11	0.63 - 1.98	1.84	0.91 - 3.75
Fertility intentions												
No (more) children	-	-	-	-	-	-	-	-	-	-	-	-
Child in < 2 years or undecided	0.78	0.55 - 1.12	1.13	0.76 - 1.66	1.01	0.67 - 1.54	**1.45**	**1.06 - 2.00**	1.33	0.90 - 1.98	**0.51**	**0.34 - 0.77**
Child in 2+ years	**0.63**	**0.45 - 0.88**	0.87	0.60 - 1.26	1.13	0.79 - 1.61	1.17	0.82 - 1.65	1.46	1.04 - 2.07	**0.44**	**0.31 - 0.64**
Contraceptive use*												
Never user	-	-	-	-	-	-	-	-	-	-	-	-
Past user	0.84	0.55 - 1.27	0.81	0.58 - 1.12	0.76	0.57 - 1.01	0.84	0.57 - 1.24	0.99	0.72 - 1.36	1.17	0.79 - 1.71
Current user	1.12	0.79 - 1.59	1.11	0.83 - 1.49	1.10	0.86 - 1.40	1.13	0.83 - 1.55	1.10	0.78 - 1.54	1.16	0.86 - 1.58
Prefer long-acting duration**	1.11	0.87 - 1.42	**1.47**	**1.11 - 1.95**	**2.63**	**2.00 - 3.45**	1.06	0.83 - 1.36	**0.65**	**0.49 - 0.86**	**1.42**	**1.03 - 1.97**
Amenorrhea acceptable	**2.22**	**1.55 - 3.19**	**2.14**	**1.57 - 2.93**	**2.07**	**1.60 - 2.66**	**2.01**	**1.40 - 2.70**	**2.81**	**2.12 - 3.72**	1.38	0.98 - 1.96

IUD: intrauterine device

LNG-IUS: levonorgestrel intrauterine system

NSPC: non-surgical permanent contraception

OR: adjusted odds ratio

95% CI: 95% confidence interval

P ≤ 0.05

Appendix A: Associations between method interest and sociodemographic and reproductive characteristics in Uganda (N = 2,292)

	Copper IUD		LNG-IUS		Single-rod implant		Biodegradable implant		Longer-acting injectable		NSPC	
Characteristic	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Age												
15-24	-	-	-	-	-	-	-	-	-	-	-	-
25-34	1.11	0.74 - 1.66	1.14	0.75 - 1.72	1.07	0.78 - 1.46	0.92	0.66 - 1.29	0.90	0.64 - 1.25	**1.42**	**1.03 - 1.94**
35-49	0.93	0.51 - 1.71	0.99	0.55 - 1.80	0.93	0.64 - 1.36	0.98	0.62 - 1.54	0.69	0.44 - 1.08	**1.70**	**1.06 - 2.71**
Residence												
Urban	-	-	-	-	-	-	-	-	-	-	-	-
Rural	0.99	0.54 - 1.82	1.32	0.83 - 2.11	1.07	0.78 - 1.47	1.50	0.89 - 2.53	0.82	0.52 - 1.30	**1.71**	**1.23 - 2.40**
Highest education attended												
Primary or less	-	-	-	-	-	-	-	-	-	-	-	-
Secondary or more	0.98	0.67 - 1.43	0.90	0.66 - 1.24	0.90	0.67 - 1.20	0.70	0.48 - 1.01	**0.76**	**0.58 - 1.00**	0.87	0.63 - 1.19
Wealth index												
Lowest	-	-	-	-	-	-	-	-	-	-	-	-
Second	0.73	0.47 - 1.11	1.01	0.67 - 1.51	1.17	0.82 - 1.67	1.12	0.72 - 1.74	0.96	0.66 - 1.40	1.17	0.74 - 1.85
Middle	0.95	0.49 - 1.83	1.20	0.73 - 1.98	1.02	0.66 - 1.56	0.88	0.58 - 1.34	1.31	0.85 - 2.03	1.46	0.89 - 2.38
Fourth	0.81	0.38 - 1.73	1.37	0.80 - 2.33	1.10	0.72 - 1.67	1.05	0.65 - 1.69	1.07	0.69 - 1.66	1.15	0.72 - 1.84
Highest	1.00	0.54 - 1.84	1.07	0.59 - 1.94	0.83	0.52 - 1.32	0.99	0.62 - 1.57	**0.55**	**0.34 - 0.90**	1.59	0.94 - 2.70
Marital status												
Never married	-	-	-	-	-	-	-	-	-	-	-	-
Married/cohabitating	0.88	0.46 - 1.68	0.98	0.63 - 1.51	1.24	0.82 - 1.89	1.36	0.90 - 2.06	1.39	0.95 - 2.02	1.18	0.70 - 2.01
Divorced/separated/widowed	0.49	0.22 - 1.11	0.82	0.44 - 1.52	1.20	0.69 -2.10	0.95	0.57 - 1.59	1.32	0.75 - 2.33	1.16	0.65 - 2.06
Parity												
0	-	-	-	-	-	-	-	-	-	-	-	-
1-2	1.34	0.62 - 2.87	0.74	0.44 - 1.24	0.72	0.48 - 1.07	0.93	0.63 - 1.38	1.04	0.71 - 1.52	0.81	0.49 - 1.35
3-4	1.67	0.70 - 3.98	0.85	0.49 - 1.47	0.87	0.52 - 1.45	0.94	0.57 - 1.56	1.32	0.82 - 2.12	0.94	0.56 - 1.59
5+	1.02	0.38 - 2.72	0.53	0.27 - 1.05	0.65	0.37 - 1.14	0.72	0.39 - 1.33	0.79	0.46 - 1.34	1.32	0.74 - 2.35
Fertility intentions												
No (more) children	-	-	-	-	-	-	-	-	-	-	-	-
Child in < 2 years or undecided	0.69	0.39 - 1.23	0.76	0.47 - 1.22	0.89	0.64 - 1.24	1.17	0.76 - 1.79	1.07	0.78 - 1.47	**0.67**	**0.48 - 0.93**
Child in 2+ years	0.87	0.55 - 1.36	0.78	0.57 - 1.07	1.23	0.93 - 1.62	1.26	0.90 - 1.78	1.16	0.86 - 1.57	0.84	0.62 - 1.13
Contraceptive use*												
Never user	-	-	-	-	-	-	-	-	-	-	-	-
Past user	0.65	0.41 - 1.02	0.84	0.58 - 1.21	1.26	0.96 - 1.67	0.94	0.67 - 1.32	0.79	0.58 - 1.07	1.28	0.88 - 1.86
Current user	0.90	0.61 - 1.32	0.99	0.67 - 1.45	1.28	0.98 - 1.67	1.13	0.82 - 1.56	1.07	0.78 - 1.47	0.99	0.68 - 1.46
Prefer long-acting duration**	**1.40**	**1.00 - 1.96**	**1.69**	**1.28 - 2.25**	**3.11**	**2.48 - 3.89**	**1.75**	**1.34 - 2.28**	**0.61**	**0.46 - 0.81**	**1.56**	**1.23 - 1.97**
Amenorrhea acceptable	**1.66**	**1.15 - 2.39**	**1.51**	**1.13 - 2.01**	**1.47**	**1.16 - 1.86**	**1.62**	**1.20 - 2.20**	**2.66**	**1.99 - 3.57**	**1.35**	**1.01 - 1.81**

IUD: intrauterine device

LNG-IUS: levonorgestrel intrauterine system

NSPC: non-surgical permanent contraception

OR: adjusted odds ratio

95% CI: 95% confidence interval

P ≤ 0.05

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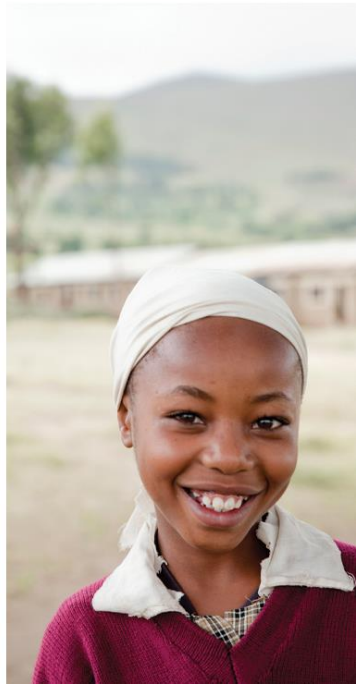

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