

Acceptability and discontinuation of Depo-Provera, IUCD and combined pill in Kenya.

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Date: 1996

Abstract:

This paper reports on a prospective study conducted between June 1990 and June 1992 to determine method acceptability, user satisfaction and continuation rates for three highly effective and reversible contraceptive methods currently available in Kenya: the CuT 380A (IUCD), the injectable, Depo-Provera and the low-dose oral contraceptive pill, Microgynon. A non-randomised sample of volunteer participants was used. One thousand and seventy-six users were followed up for a period of one year or up to the time of discontinuation of the method, whichever came earlier. Analysis revealed method specific differences in users' characteristics. The OC users were younger and had fewer children than the IUCD or Depo-Provera users. The Depo-Provera users were older, and had the largest family sizes. Many OC users (almost 40%) were single, while almost three-quarters of IUCD and Depo-Provera users were married. IUCD users were also more educated compared to OC and Depo-Provera users. Survival analysis was used to calculate cumulative life table discontinuation rates by method for the 12 month period. Discontinuation rates were highest for OC users (80%) and lowest for IUCD users (20%) and intermediate for Depo-Provera users (39%). Ninety percent of OC and Depo-Provera users and 86% of IUCD users said they were satisfied with their respective methods. While OCs are among the most popular family planning methods in Kenya, they are also one of the most problematic, while IUCD has the fewest compliance problems. Service providers need to address the issue of high discontinuation rates among the young OC users.

PIP: This paper reports on a prospective study conducted between June 1990 and June 1992 to determine method acceptability, user satisfaction, and continuation rates for three highly effective and reversible contraceptive methods currently available in Kenya: the CuT 380A IUD; the injectable Depo-Provera; and the low-dose oral contraceptive Microgynon. A nonrandomized sample of volunteer participants was used. 1076 users were followed up for a period of 1 year or up to the time of discontinuation of the method, whichever came earlier. Analysis revealed method-specific differences in users' characteristics. The OC users were younger and had fewer children than the IUD or Depo-Provera users. The Depo-Provera users were older and had the largest family sizes. Many OC users (almost 40%) were single, while almost three-quarters of the IUD and Depo-Provera users were married. IUD users were also more educated compared to OC and Depo-Provera users. Survival analysis was used to calculate cumulative life table discontinuation rates by method for the 12-month period. Discontinuation rates were highest for OC users (80%), lowest for IUD users (20%), and intermediate for Depo-Provera users (39%). 90% of OC and Depo-Provera users and 86% of IUD users said they were satisfied with their respective methods. While OCs are among the most popular family planning methods in Kenya, they are also one of the most problematic, while IUDs have shown the fewest compliance problems. Service providers need to address the issue of high discontinuation rates among young OC users.