

**PERCEPTION OF MEN AND WOMEN TOWARDS THE USE OF
JADELLE AS A FAMILY PLANNING METHOD**

MSc (REPRODUCTIVE HEALTH) Thesis

By

BRIMA OSAIO-KAMARA

**BSc (Medicine and Surgery) – Vinnitsa State Medical University
(UKRAINE)**

Submitted to the Faculty of Nursing, Kamuzu College of Nursing,
University of Malawi in Partial Fulfilment of the Requirements of the Award
of Master of Science Degree in Reproductive Health

**UNIVERSITY OF MALAWI
KAMUZU COLLEGE OF NURSING**

JANUARY, 2014

**Perception of men and women towards the use of jadelle as a family
planning method**

MSc (Reproductive Health) Thesis

By

BRIMA OSAIO-KAMARA

**BSc (Medicine and Surgery) – Vinnitsa State Medical University
(UKRAINE)**

Submitted to the Faculty of Nursing, Kamuzu College of Nursing,
University of Malawi in Partial Fulfilment of the Requirements of the Award
of Master of Science Degree in Reproductive Health

**UNIVERSITY OF MALAWI
KAMUZU COLLEGE OF NURSING**

JANUARY, 2014

DECLARATION

I, Brima Osaio-Kamara, hereby declare that this thesis is my original work and has not been presented for any other awards at the University of Malawi or any other University.

All sources that I used or quoted have been duly indicated with complete references and acknowledgements.

Brima Osaio-Kamara

Signature

Date

CERTIFICATE OF APPROVAL

The undersigned certify that this thesis represents the student's own work and effort and has been submitted with our approval.

Signature: _____

Date: _____

Rachael Rodriguez, PhD, (Professor)

Main Supervisor

Signature: _____

Date: _____

Genesis Chorwe-Sungani, MN-MHL, (Lecturer)

Second Supervisor

DEDICATION

I dedicate this thesis to God almighty for showing me the way through my training. This thesis is also dedicated to my late father, P.C. Kande Saio 111 (MBE, JP, OR) for imparting in me the spirit of hard work and would have been proud of me after this work. I also dedicate this work to my loving sister Fatmata Osaio-Kamara and brother Siaka Osaio-Kamara for their endurance, support and encouragement throughout my study period. Lastly, this is also dedicated to my family for their inspiration, encouragement and prayers.

ACKNOWLEDGEMENTS

My first and foremost thanks should go to the almighty God who has blessed me with the intelligence and wisdom for me to come up with this thesis. He is worthy of praises and honour.

I also appreciate Dr. A.Chimwaza, my supervisor for her patience, commitment, inspiration and constructive criticisms throughout the study period which has enabled me to come up with this whole dissertation. I also acknowledge Mr. Genesis Chorwe-Sungani for his supervision, encouragement, advice and support from proposal development to completion of this report. I also acknowledge Dr. Rachael Rodriguez whose guidance and assistance in shaping this thesis cannot be ignored. Her time and support has enabled the completion of this thesis.

I would also like to thank the UNFPA through the Ministry of Health and Sanitation for the scholarship that helped me to study for this program at Kamuzu College of Nursing. In addition, I would like to thank Kamuzu College of Nursing and all library staff for their support, the availability of internet and access to information for the thesis.

I would also like to thank the management of the Family Planning Clinic at QECH for accepting me to conduct the study at their institution. Thanks should also go to all the respondents for their openness and trust to share their experiences as regards to the

contraceptive use among them. In addition, let me thank my data collection assistants, Mr. Constantine Chaima and Eunice Mkandawire for their understanding and endurance during the data collection period.

ABSTRACT

There are various family planning methods which are available for use in Malawi. One of these methods is the implant Jadelle. It is one of the most effective and long-lasting family planning methods such that most women using it will not become pregnant. In Malawi, where stock-outs are common and consistent access to short-term contraceptives is poor, long-term reversible methods like Jadelle offer an important option for men and women who want to delay, space or end their child-bearing years. It is clear that the use of Jadelle may be influenced by perceptions of women and their spouses. The perceptions of men and women on the use of the implant Jadelle as a family planning method in Malawi are unknown. Therefore this study was conducted to explore the perceptions of men and women on the use of the implant Jadelle as a family planning method. The study used a descriptive qualitative study design. Ethical approval and clearance were granted by the chief nursing officer at QECH and COMREC.

The sample comprised of 5 couples who were using Jadelle. These couples were purposively sampled. The setting for the study was family planning clinic at Queen Elizabeth Central Hospital (QECH). The participants who accepted to participate in the study gave a written consent. They underwent individual interviews of 30- 45 minutes which were audio recorded. Data were analysed using manifest content analysis in which categories and themes were created. This study found that both men and women lacked knowledge about the mode of action of the implant Jadelle on the reproductive tract; they

had wide spread misinformation and misconceptions; they were not given adequate information during Pre-insertion and Post-insertion counseling; and their main sources of knowledge about the implant were the radio and health talks. There were multiple factors that influenced their use of Jadelle as a family planning method; they accepted the use of Jadelle as a FP method because of its long lasting effectiveness and freedom it brought to them; the common side effect of Jadelle implant that affected its acceptability was the disruption of the menstrual cycle; and that both men and women made decisions on the issue of child spacing. In conclusion, this study established that both men and women generally lacked knowledge about the mode of action of Jadelle as a family planning method. It also established that their main sources of information about Jadelle were significant others, media and health talks. As such family planning providers should intensify one-on-one counseling to all the FP clients to ensure that they have clear and adequate information about Jadelle which may allow them to make informed choices.

Table of Contents

ABSTRACT.....	v
LIST OF FIGURES	x
LIST OF TABLES	xi
APPENDICES	xii
LIST OF ABBREVIATIONS.....	xiii
OPERATIONAL DEFINITIONS.....	xv
CHAPTER 1	1
Introduction and background	1
Problem statement	5
Significance of the Study	6
Objectives of the Study	6
Broad objective.....	6
Specific objectives	6
Research question	7
CHAPTER 2	8
Conceptual framework and literature review	8
Conceptual Framework	8
Overview of Theory of Reasoned Action.....	8
Concepts in the TRA and how they were used in the study	10
Knowledge.....	10
Normative beliefs	11
Subjective norms	11
Past behaviour and habit.....	12
Behaviour.....	12
Literature Review	14
Introduction	14
Male involvement in family planning and the use of Jadelle.	15

Factors that Influence Women to use of Jadelle.....	16
Decision making in choosing family planning methods	17
Perceptions of women about the use of Jadelle as a Family Planning method	18
Men’s perceptions about the use of Jadelle as a Family Planning method	19
Family Planning as a way of reducing maternal mortality	20
Summary.....	22
CHAPTER 3	24
Methodology	24
Introduction	24
Research Design.....	24
Setting.....	25
Target Population	25
Sampling Method	25
Sample Size	26
Inclusion criteria	26
Exclusion Criteria.....	27
Data Collection Process	27
Data collection instrument.....	27
Phases of data collection.....	28
Data Management and Analysis.....	30
Enhancing trustworthiness of the study.....	31
Trustworthiness	31
Credibility.....	31
Dependability.....	32
Confirmability	32
Transferability	33
Ethical Considerations.....	33
CHAPTER 4	36
Presentation of Findings.....	36
Introduction	36

Demographic data	36
Theme 1: Knowledge and attitudes.....	38
Knowledge about Jadelle.....	38
Attitude of healthcare providers	40
Sources of information on Jadelle	42
Theme 2: Action and effect on reproductive system.....	43
Prevention of pregnancy and its long-acting effect.	43
Side effects of Jadelle.....	46
Removal of the burden of frequently taking contraceptives and hospital visits.....	48
Self reliance and child spacing	49
Summary	50
CHAPTER 5	51
Discussions and Recommendations	51
Introduction	51
Level of knowledge for men and women about Jadelle implant.....	51
Women’s views about the use of Jadelle as a contraceptive method.....	55
Men’s perceptions regarding their partners’ use of Jadelle as a family planning method	57
Factors associated with the use of Jadelle as a contraceptive method	58
Limitations of the Study	62
Recommendations	63
Conclusion.....	65
REFERENCES	67
APPENDICES	79

LIST OF FIGURES

Figure 1: Representation of the constructs in the Theory of Reasoned Action.....	9
Figure 2: Summary of the TRA as adapted from Ajzen and Fishbein, 1980.....	13

LIST OF TABLES

Table 1:	Demographic data.....	37
----------	-----------------------	----

APPENDICES

Appendix A: Interview guide in English.....	79
Appendix B: Interview guide in Chichewa.....	82
Appendix C: Information and informed consent sheet.....	85
Appendix D: Information and informed consent sheet in Chichewa.....	87
Appendix E: Letter seeking permission to conduct study.....	89
Appendix F: Letter of approval to conduct study at QECH.....	90
Appendix G: COMREC approval letter.....	91
Appendix H: Transcriptions on interviews held with participants.....	92

LIST OF ABBREVIATIONS

ANC	Antenatal Care
CBDA	Community Based Distribution Agents
CHAM	Christian Health Association of Malawi
COMREC	College of Medicine Research and Ethics Committee
CPR	Contraceptive Prevalence Rate
DHMT	District Health Management Team
FP	Family Planning
HAS	Health Surveillance Assistant
ICPD	International Conference on Population and Development
IUCD	Intra Uterine Contraceptive Device
MDG	Millennium Development Goals
MDHS	Malawi Demographic and Health Survey
MI	Male Involvement
MMR	Maternal Mortality Rate
MoHP	Ministry of Health and Population
NSO	National Statistical Office
QECH	Queen Elizabeth Central Hospital
RH	Reproductive Health
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
TBA	Traditional Birth Attendant

TRA	Theory of Reasoned Action
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
W H O	World Health Organization

OPERATIONAL DEFINITIONS

Contraceptives are devices, drugs, or methods for preventing pregnancy, either by preventing the fertilization of the female egg by the male sperm or by preventing implantation of the fertilized ovum.

Contraceptive Prevalence Rate is the number of women that are using family planning methods per annum.

Fertility is the ability to conceive/become pregnant.

Pregnancy implies the condition of a female after conception until the birth of the baby.

Reproductive Health implies that apart from the absence of disease or infirmity, people have the ability to reproduce, to regulate their fertility, to practice and enjoy sexual relationships. It further implies that reproduction leads to a successful outcome through infant and child survival, growth and healthy development. Finally, the concept of reproductive health is not limited to women, but also includes men

Unmet need for family planning refers to the percentage of women who need family planning (FP) services but are not currently using family planning services.

Unplanned pregnancy/Unwanted pregnancy is that pregnancy which may not have been planned, and that may be unintentional and unwelcomed by the pregnant woman.

Unsafe abortion refers to the termination of a pregnancy by unskilled persons or in any environment that does not have the minimal package or both.

CHAPTER 1

Introduction and background

There are various family planning methods which are available for use in Malawi. The methods include condoms, diaphragm, intrauterine contraceptive devices (IUCDs), oral contraceptive drugs, injectables, implants like Jadelle and implanon and sterilization. Jadelle is a subdermal contraceptive implant which is inserted just under the skin of a woman's upper, inner arm. Insertion involves a minor surgical procedure by a mid-level provider such as a nurse or midwife who can perform the simple insertion procedure working alone (Quinn & Le May, 2010). It is highly effective in preventing pregnancy and has a higher continuation rate compared with any method other than sterilization (Ringheim & Gribble, 2009).

In addition, Jadelle can be inserted and removed without a pelvic examination and without any blood tests or other routine laboratory tests as it is the case with most other family planning methods. It can be inserted at any time during a woman's menstrual cycle so long as she is not pregnant. No routine follow-up or other action by the client is needed once the implant is in place and it can be removed whenever a woman wishes to have it removed (Jacobstein & Pile, 2008). These may be some of the reasons why women are choosing Jadelle as a family planning method. Jadelle was introduced in Malawi in 2008. Jadelle consists of 2 rods of small plastic implants of about 4cm in length and 2mm in diameter each and is effective for 5 years. The implant contains

68mg of etonogestrel (ENG), a metabolite of the progestin desogestrel. The rod consists of a solid core of ethylene vinyl acetate surrounded by a thinner layer of the same material. The outer membrane controls the rate of hormones released from ENG crystals embedded in the inner core. The ends of the rod are not covered by the membrane to allow an initial rapid burst of ENG after the implant is inserted (Fischer, 2008). Jadelle works by thickening cervical mucus which blocks the sperm from meeting an egg. It also disrupts the menstrual cycle by preventing ovulation (WHO/RHR & John Hopkins Bloomberg School of Public Health/Center for Communications Programs [CCP], 2011). Jadelle is one of the most effective and long-lasting family planning methods such that almost 99.9% of women using it will not become pregnant (Ladipo & Akinso, 2005). Despite the fact that the implant is effective and safe, a few complications, such as infection at the insertion site (3–7% of insertions), expulsion (extremely rare), and difficult removal, may occur (Jacobstein & Pile, 2008). This may be a cause for concern in some women and their spouses.

Literature suggests that women have concerns about family planning methods, including fear of side effects from hormonal methods (Omo- Aghoja et al., 2009). Furthermore, a woman's ability to control her own fertility is strongly affected by the social constructs of gender roles and expectations (Levy, 2008). Gender inequality, for example, may determine who has access to family planning information, which holds the power to negotiate contraceptive use or to withhold sex, who decides on family size, and who controls the economic resources to obtain family planning related health services. These hurdles vary from culture to culture, yet they exist throughout the world and can often lead to negative family planning health outcomes.

According to National Statistical Office (NSO) and ICF Macro, (2011), knowledge about contraceptive methods is universal in Malawi such that 98% of women and 99% of men know of at least one family planning method. Injectables and male condoms are the most commonly known family planning methods (95%) while emergency contraception is the least known (35%) among women. It is documented that 65% of women in Malawi have used at least one family planning method. The most widely used contraceptive methods among women are injectables (61%), male condoms (20%), pills (15%), female sterilization (10%) and the implant Jadelle (0.3%) (NSO & ICF Macro, 2011). This indicates that the utilization of Jadelle, as a long term family planning method, is very low and most women use short term contraceptive methods which may be out of stock sometimes in the country (Futures, 2008). This means that women will go to these family planning clinics and not get the contraceptives and may become pregnant.

The Sexual Reproductive Health and Rights Policy for Malawi recommend using long term contraceptive methods as one method of family planning (SRHR, 2009). This policy proposes that individuals and couples be empowered to decide freely and responsibly the number, spacing and timing of children and shall be provided with the means to do so without coercion. In addition, it provides for the availability of long lasting and permanent methods of contraceptives at all levels of health care services. Hence Jadelle and other family planning methods are readily available to women who want them in order to reduce unwanted pregnancies and abortions. Despite efforts to make family planning services accessible to all Malawians, the fertility rate remains high. The total fertility rate for Malawi is 5.7 per woman (NSO & ICF Macro, 2011).

It is evident that effective family planning can contribute in saving women's lives and preserve their health by protecting them from the health risks of frequent childbirth and unsafe abortion (Omo-Aghoja et al., 2009). Most maternal deaths in Malawi are due to complications of unsafe abortions from unwanted pregnancies that could have been prevented by effective use of family planning methods. The rate of abortions in Malawi is 38 per 1,000 women of reproductive age compared to the global average of 29 per 1,000 (Khunga & Lupick, 2011). It is evident that 17% of maternal deaths are due to unsafe abortion globally (WHO, 2007).

Maternal mortality rate for in Malawi (675/100 000 live births) is amongst the highest in the world (NSO & ICF Macro, 2011). This is corroborated by Khunga and Lupick, (2011) who asserted that 807 women per 100,000 died in child birth in Malawi in 2010. These high levels of maternal mortality may be attributed to inadequate reproductive health services such as family planning and lack of information for many women (NSO & ICF Macro, 2011). Furthermore, at least one out of four women (28%) of reproductive age does not have access to family planning services.

The use of Jadelle may help in achieving Millennium Development Goal number 5 which calls for reduction of maternal mortality (UNDP, 2010). In a country where stock-outs are common and consistent access to short-term contraceptives is poor, long-term reversible methods like Jadelle offer an important option for women and men who want to delay, space or end their child-bearing years (Marie Stopes International, 2010).

Even though Jadelle may be an ideal option for men and women who want to practice family planning, its use may be influenced by perceptions of women and their spouses. For example Chipeta, Chimwaza & Kalilani-Phiri, (2010) asserted that some

men and women perceive that if a man sleeps with a woman who is taking contraceptives like Jadelle, its power renders him weak (impotent). Similarly, other men and women perceive that women who use modern family planning methods reduce the number of children God intended for them and as such may be punished with infertility on reincarnation (Nyanzi, S, Nyanzi, B, & Kalina, B, 2005). Consequently, such perceptions may negatively influence these people towards practicing family planning. The perceptions of men and women towards the use of Jadelle as a family planning method are not well documented in Malawi. Therefore, this study proposes to explore the perceptions of women who are using Jadelle and their spouses regarding its use as a family planning method.

Problem statement

Malawi has one of the highest maternal mortality rates (675 in 100 000 live births) in the world (NSO & ICF Macro, 2011). This can partly be attributed to increased numbers of unplanned pregnancies which end mostly in abortion. Unplanned pregnancy is a reproductive health problem of global significance (Lo 2002). The lack of contraceptives, misconception about contraceptive use, opposition from significant others and little perceived risk of pregnancy are some of the reasons for unplanned pregnancy (Goto et al. 2002; Wang et al., 2003). This may be true for Malawi where unplanned pregnancies are common. Nonetheless, in Malawi contraceptive methods are provided to women across the country in almost all health facilities. Jadelle is one of the long term contraceptive methods which are available to women in the country. The question to be studied is as follows: what are the perceptions of men and women attending Queen Elizabeth Central Hospital about the use of Jadelle as a family planning method?

Significance of the Study

The significance of the findings of this study is four fold. Firstly, they may inform practice such that health care providers may use these findings in developing and implementing reproductive health interventions which are relevant to the needs of the clients. Secondly, the study findings may help to inform and influence policy regarding the use of Jadelle as contraceptive method in Malawi. Thirdly, the findings of this study may be utilised by medical and nursing educators in the development and implementation of their curricula regarding family planning. Finally, the findings of this study may serve as base line data for further research regarding the use of Jadelle as a contraceptive method. They can also be used as baseline data for further research in districts of the country so that the magnitude of the problem can be measured on a larger scale.

Objectives of the Study

Broad objective

The broad objective of this study was to explore perceptions of men and women about the use of Jadelle as a family planning method at Queen Elizabeth Central Hospital.

Specific objectives

The specific objectives of the study were to:

1. Describe the level of knowledge of men and women about the implant Jadelle.
2. Describe the views of women about the use of Jadelle as a contraceptive method.
3. Determine the perceptions of men regarding their partners' use of Jadelle as a family planning method.
4. Identify the factors associated with the use of Jadelle as a contraceptive method.

Research question

What are the perceptions of men and women towards the use of Jadelle Implant as a family planning method?

CHAPTER 2

Conceptual framework and literature review

This chapter presents the conceptual framework that guided the study and a review of the literature that was consulted in order to provide a context for the study.

Conceptual Framework

The study will draw on the Theory of Reasoned Action (TRA) to explain the perceptions of men and women towards use of Jadelle as a family planning method. The Theory of Reasoned Action proposes that behavioural intention is the best predictor for health behaviour to be performed or not (Montano & Kasprzyk, 2008). It is considered that human beings synthesize the information that they are provided with and rationally make decisions about behaviour (Rehman, et al., 2003).

Overview of Theory of Reasoned Action

The Theory of Reasoned Action was developed in 1975 by Fishbein and Ijzek. Further, Ajzen and Fishbein (1970s and 1980s) expanded the theory to incorporate behavioural intentions as major predictors of behaviour. It originated in the field of social psychology and it deals with the determinants of consciously intended behaviour (Shumaila, Yousafzai, Foxall, & Pallister, 2010). The theory suggests that there are other factors that influence the stability of intention and that behavioural intention is a function

of two determinants. These determinants are personal attributes (attitude towards behaviour) and a person's perception of social pressures named subjective norms (Shumaila et al., 2010). For instance, for a man or woman to decide the use of Jadelle as a family planning method, the behavior is influenced by their intentions (personal attributes). In addition, influence from significant others in the community and culture (both traditional and religious) may have a major bearing on the use of Jadelle as a family planning method as well (subjective norms). It is clear that TRA is prudent and intuitive in explaining the course of behaviour of individuals (Smith, et al., 2009). As such, the framework was used to explain intentions of men and women about using Jadelle or not since it proposes that the stronger the intention to behave in a particular way, the more likely the behaviour is performed and the opposite is true.

The Theory of Reasoned Action has many concepts. Major concepts of the theory are behavioural intention, behaviour, past behaviour and habit, attitude, knowledge, subjective norms and normative beliefs (Figure 1). The stronger the intention, the more the person is expected to try therefore the greater the possibility that the behaviour will actually be performed.

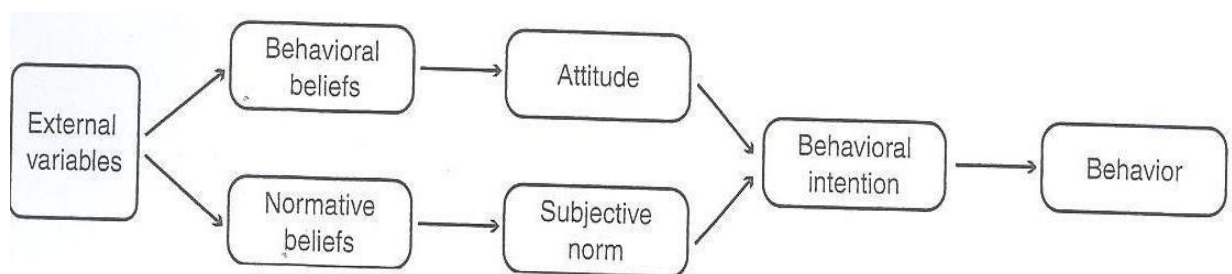


Figure 1: Representation of the constructs in the Theory of Reasoned Action

Concepts in the TRA and how they were used in the study

Rehman, et al. (2003) postulates that a person's intention to behave in a certain way is based on their ability towards the behaviour in question and their perception of the social pressure on them to behave in this way that is subjective norms. The subjective norm is dependent on beliefs about how others feel the individual should behave and their motivation to comply with these others (Ajzen & Fishbein, 1980). For the purpose of this study, the concepts that have been selected to guide the study are: knowledge, normative beliefs, subjective norms, past behaviour and habit, and behaviour on the perceptions of men and women towards the use of Jadelle as a family planning method (See figure 2).

Knowledge

Knowledge refers to awareness of a situation (Fishbein & Ajzen, 1980). Burns and Grove (2009) defined knowledge as essential content or body of information for a discipline that is acquired through traditions, authority, borrowing, trial and error, personal experience, role modelling and mentorship, intuition, reasoning, and research. The theory proposes that there is a significant relationship between level of knowledge and the intention to engage in behaviour. In this study, knowledge refers to men's and women's perceptions towards the use of Jadelle as a family planning method, availability of the services at the hospital and the relevant information on the topic. The utilization of the implant Jadelle can be affected by the knowledge and perceptions men and women have about the method. The knowledge will be assessed because men and women are supposed to have clear information about the family planning method for them to utilize it.

Normative beliefs

Belief is the ‘confidence in the truth or existence of something not immediately susceptible to rigorous proof’ (Fishbein & Ajzen, 1980, p 68). Normative beliefs are an individual’s beliefs about how other people who are important to them expect them to behave. In other words, these are a person’s perceptions regarding what social referents or the people that are important to them would think about performing the behaviour (Yousafzai, Foxall & Pallister, 2010). In this study, normative beliefs are the individual’s perceptions about what are culturally (both traditional and religious) acceptable or unacceptable behaviour and their influence on one’s decisions towards using Jadelle as a family planning method. Normative beliefs have an impact on the couples since for the couples to have positive intentions to utilize Jadelle, they will first evaluate if the significant others approve of the behaviour. They will first evaluate if their culture (both traditional and religious) accepts the use of Jadelle as a family planning method.

Subjective norms

Subjective norms refer to the person’s judgment concerning significant other’s preferences and support to performing or not performing the specific behaviour (Fishbein & Ajzen, 1980). It is also assumed to be a function of beliefs that specific individuals/people that are important in one’s life (significant others) approve or disapprove of performing the behaviour (Levine, et al., 1998). In this study, the significant others can be friends, husband, parents, uncle, relatives and the entire community. From the researcher’s personal knowledge, customarily husbands and parents including uncles are the ones that have control over decision making in relation to reproductive capabilities of young families in Malawi. If these do not support the use of

the family planning services, the families may not utilize Jadelle as a family planning method since they could be considered rebellious if they do it against their relation's prescriptions. If the husband, who is traditionally the family decision maker, does not allow his wife to go for the family planning services, this can hinder the utilization of Jadelle. In short, the influence and opinions men and women receive from significant people regarding the utilization of Jadelle may affect their behaviour regarding the use of Jadelle as a family planning method. The approval or disapproval of the services by these referents may have a great impact on the use of Jadelle.

Past behaviour and habit

The theory assumes that repetitive performance of behaviour may affect subsequent behaviour as a consequence of habitual processes (Fishbein & Ajzen, 1980). The TRA also suggests that past behaviour impacts directly on present behavior (Fishbein & Ajzen, 1980). In this study, past behaviour and habit is the evaluation of whether the couple used the method and the experiences and perceptions they had with the method.

Behaviour

This refers to individual's observable response in a given situation with respect to a given target (Fishbein & Ijzen, 1980). Fishbein and Ijzen argued that behaviour is a combination of two functions, which are, intentions and perceptions. The theory suggests that the stronger the intention to perform behaviour, the more likely the behaviour is performed and vice-versa. In this study, behaviour is the perception towards the use of Jadelle as a family planning method.

The Application of Theoretical Framework to this study has been summarised in figure 2 as adapted from Ajzen and Fishbein, 1980.

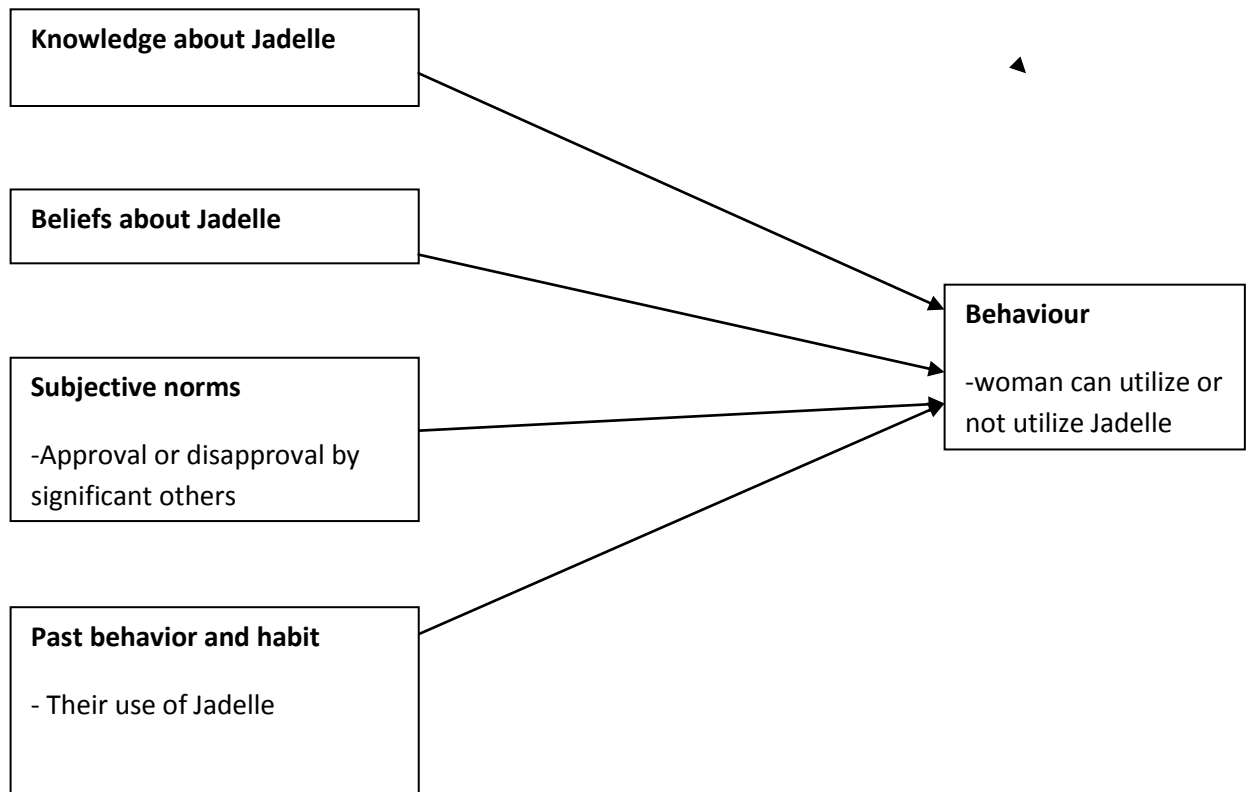


Figure 2: the modified model of Theory of Reasoned Action for this study (Adapted from Ajzen & Fishbein, 1980).

Literature Review

Introduction

The review of literature intends to provide a context for the study and give an insight into the depth of existing body of knowledge on the topic under study. It shows how the topic has been previously studied and identifies gaps and disparities within findings of similar studies that were conducted elsewhere. The search for literature dwelt on articles which were published in English only. The reviewed articles were dated between 2000 and 2012.

A search of research articles from electronic data bases namely BioMed Central, Medline- Ebscohost, Hinari, Pubmed, Science Direct, African Journal Online, Directory of Open Access Journals, JSTOR, and Springer Open was conducted. The key words that were used when searching for research articles included “Jadelle”, “family planning”; “Perceptions”; “Men’s participation”; “maternal mortality”; “unsafe abortions” and “unwanted pregnancies.” The search yielded numerous articles on the studies that were conducted elsewhere but there were few articles from Malawi. The researcher did not do an extensive literature review before data collection to avoid getting contaminated with ideas which are already documented on the topic under study. This is supported by Speziale and Carpenter (2007, p. 26) who stated that qualitative researchers do not do literature review initially to reduce the likelihood of the investigator becoming biased about a topic under investigation. However, cursory literature review was done to provide an orienting framework for the study and extensive literature review was conducted after analyzing the data.

The review of literature will be presented under the following subheadings: male involvement in family planning and the use of Jadelle , factors that influence women to use Jadelle, decision making in choosing family planning methods, perceptions of women about the use of Jadelle as a family planning method, men's perceptions about the use of Jadelle as a family planning method and family planning as a way of reducing maternal mortality.

Male involvement in family planning and the use of Jadelle.

In Malawi like many developing countries, family planning programmes concentrated on women because they thought that women bear the greatest risks and burden of pregnancy and child bearing and men were left out. For instance, maternal health care services in the country previously focused on women, with very little male involvement although men influence family planning decisions (Kululanga, Sundby, Malata, & Chirwa, 2012). In a study that was conducted by Nte, Odu, & Enyindah (2009), it was evident that some women (15.8%) in Nigeria depend on their spouses for choice of contraceptive methods and many women(52.7%) would discontinue family planning if their spouses objected. This may imply that men play a crucial role in influencing their spouses choice of jadelle as family planning method. It is documented that Korean women are more comfortable to discuss contraception with their husbands than with anyone else and that they are satisfied to leave the responsibility of contraception to their husbands (Wiebe et al. 2006). However, the case may be dissimilar for Malawi due to cultural differences. According to Imbuki et al. (2010), some Kenyan women perceive that their partners are unsupportive of contraceptive use because the

methods reduce the pleasure experienced during sex due to decreased sensation (in the case of condoms), decreased female libido (in the case of hormonal contraceptives), and odd sensations during sex (in the case of IUDs). As such, it is necessary that women effectively communicate with their partners so that they can make appropriate decisions regarding the use of Jadelle as a family planning method. In a study that was conducted in Ethiopia by Berhane et al (2011) to determine knowledge and spousal communication about family planning among married men, it was found that communication between the spouses increases the willingness of husbands to adopt or allow their spouses to use family planning practices. Similarly, interpersonal communication can help men to be more supportive of contraceptive use and make decisions with their spouses (Ha, Jayasuriy & Owen, 2005)

Factors that Influence Women to use of Jadelle

The review of literature indicates that there are many reasons which make some women to choose Jadelle as a family planning method. It is evident that women choose Jadelle because it is a forgettable, effective contraceptive method and they do not have to remember anything to maintain their contraceptive benefit (Fischer, 2008). . Jadelle, requires little user compliance or motivation following adequate counselling and does not have the oestrogen side effect always experienced in other contraceptive methods like the injectables (Ladipo & Akinso, 2005). Another reason which can make women to choose Jadelle is its effectiveness in preventing pregnancy (Ringheim & Gribble, 2009). In addition , Jadelle can be quickly inserted and removed without a pelvic examination and without any blood tests or other routine laboratory tests; it can be inserted at any time during a woman's menstrual cycle so long as it is reasonably certain that the woman is

not pregnant; no routine follow-up or other action by the client is needed once the implants are in place and Jadelle implants can be removed whenever a woman wishes to have them removed (Jacobstein & Pile, 2008).

Decision making in choosing family planning methods

Women in developing countries especially Sub Saharan Africa are either under collective decision making with their partners or completely rely on the male partner's decision on issues that affect their reproductive lives. The issue of decision making in the choice of family planning has been a major barrier for married women in Africa and other parts of the world. Rimal, Ratzan, Arntson, & Freitmuth (2002) revealed that decision making is one of the key issues in assuring informed choice of family planning and reproductive health behavior. These decisions might have a major impact on personal and family life, both in short and long term. Jan & Akhtar (2008) in their study in India found that only a few women have decision making power so that only 4 % of married women participate in decision making. This shows that some women are not empowered to make their own decisions to choose contraceptives like Jadelle. Nevertheless, Blanc (2001) found that although women's empowerment is an important factor to their access to reproductive health services, including family planning, they are less involved in decision making at all levels. Hence, one can argue that women's lack of power restricts their ability to make decisions about family planning practice. Most of the women rely on their husbands for them to make decisions on family planning (Oladeji, 2008). This is in agreement with Kululanga et al. (2011) which asserts that in Malawi men are decision makers. It is clear that men consider the following factors in order for them to allow their

partners to use family planning methods: better health of the mother and the child, scarcity of land, give freedom to the woman to rest, copying from others and better provision for the family (Ngwira, 2011).

Perceptions of women about the use of Jadelle as a Family Planning method

There are misperceptions concerning the use of modern contraceptive methods which might have an impact on the choice of Jadelle. For example, Brache et al. (2006) in their study in the Dominican Republic found that about 10% of women in the study preferred Norplant because their perception was that it has a larger number of implants and must therefore be more effective. Due to misperceptions associated with Jadelle, Okanlawon, Reeves and Agbaje (2010) in their study in Nigeria found that most respondents had little correct information about contraceptives. 42.9% had misperceptions about its safety, believing that contraceptives are dangerous and that chemicals in contraceptives can damage their reproductive system. This is consistent with Wiebe et al. (2006) in their study in Canada on Korean women. They found that Korean women have cultural bias against hormonal contraception in that they believe that hormones cause permanent harm.

One reason many Nigerian women have given for not accepting hormonal methods of contraception is misconception about the effects of Jadelle on their reproductive health. Omo-Aghoja et al. (2009) in their study in Nigeria revealed that women's perception about hormonal contraception is that it could lead to infertility in later life. On the contrary; women in Ethiopia have different perception towards contraception. Bogale et al. (2011) in their study in Ethiopia found that rural women were

three times more likely not to use modern contraceptive compared with urban women due to cultural or religious beliefs where some of the rural women aggressively opposed the use of permanent methods as they believe that it is an act against God. Aryeetey, Kotoh and Hindin (2011) in their study in Ghana found that about 97% of respondents considered family planning as an important health action. However, they also revealed in their study that use of contraceptives could lead to barrenness.

Men's perceptions about the use of Jadelle as a Family Planning method

There are many myths, misconceptions, superstitions, and cultural and religious taboos concerning menstrual blood and menstruation hygiene. Chigbu et al. (2010) found that, some clients in Nigeria discontinued use of Jadelle after one year at their husband's request due to the menstrual irregularities. Similar results were found by Ten (2007) in South Africa, where people perceived that menstrual blood is dangerous to men and also to the fertility of cattle and crops. These ideas still play a role in several cultures, e.g. menstruation can be regarded as disgusting and intensely polluting. As a result, women get various restrictions imposed on them during their menstruation and irregularities which are common side effects of Jadelle serve to exacerbate the problem. The misconceptions about the side effects associated with Jadelle might have an impact on the decision making about the use of Jadelle as a family planning method. In Malawi a study found that some barriers to use of family planning method are fear of side effects of some contraceptives, cultural beliefs, fear of infertility, fear of partner infidelity or promiscuity, prolonged menstrual period, religion and sexual pleasure (Ngwira, 2011).

Family Planning as a way of reducing maternal mortality

Effective family planning method will help in the reduction of maternal mortality. When more women use modern family planning to space and limit pregnancies, the number of unintended pregnancies will fall. This, in turn, will reduce the number of abortions and the number of unintended births. Contraceptive prevalence rates have correlated with maternal mortality and it has been shown that countries with low contraceptive prevalence rates are also countries with very high maternal mortality ratios (Monjok et al., 2010). Although the contraceptive prevalence rate for Malawi has been rising since a decade ago, the unmet need for family planning services is currently high at 26% (Shattuck et al. 2011). Ikechebelu et al. (2005) in their study in Nigeria found that majority of maternal deaths occur in developing countries, especially in Sub-Saharan Africa. It was estimated that 515,000 women die annually from complication of pregnancy and childbirth. Therefore, family planning is regarded as an important preventive measure against maternal and child mortality and morbidity. In their study they revealed that the main objective of family planning services is to encourage couples to take responsible decisions about pregnancy and to enable them achieve their wishes with regard to preventing unwanted pregnancy, securing desired pregnancy, spacing pregnancies, limiting the size of their family and ultimately promoting responsible parenthood, controlling the population and improving the quality of life of the people. Consistent with Ikechebelu et al. (2005), Bogale et al. (2011) in their study in Ethiopia revealed that family planning through contraception plays a key role in decreasing maternal mortality, by ensuring healthier timing and spacing of pregnancy. Contraception

provides significant protection for women by preventing unintended pregnancies, which often end in unsafe abortions.

However, there are other challenges facing family planning delivery in Africa. This is the issue of unmet need which results from growing demand in the face of service delivery constraints including poor quality of care, lack of support for contraceptive use from communities and spouses, misinformation, financial costs, and transportation restrictions. Pile et al. (2007) in their study in Tanzania found that although outside of sub-Saharan Africa, 80% of the need has been met; it has reached only 43 percent, on average, in sub-Saharan Africa. They also revealed that in West Africa, unmet need for family planning ranges from 16 to 34 percent, with a similar range for East and Southern Africa (13 to 38 percent). Total demand in West Africa averages 42% compared with 57% in East and Southern Africa. Consistent with Pile and colleagues (2007) Krakowiak-Redd et al. (2011) in their study in Ghana found that more than a third of married women (36.5%) in Ghana had an unmet need for family planning. However, ninety-nine percent of married women had heard of at least one method to avoid pregnancy, but only 27% were currently using any method, of which injectables and the rhythm method were the most popular (5.9% and 5.4% respectively).

Despite the high awareness of contraceptives, the prevalence in most developing countries remains very low. Oye-Adeniran et al. (2006) in their study in Nigeria found that in Lagos 95.2% of women knew about some modern contraceptive methods yet the unmet need amongst them was estimated at 87.2%. They revealed that worldwide contraceptive prevalence was estimated at 55% in 2008. In Nigeria it ranges between 5-15% in spite of a high awareness of contraception reported in the country. Consistent

with Oye-Adeniran et al. (2006), Aryeetey, Kotoh and Hindin (2010) in their study in Ghana revealed that many countries in sub-Saharan Africa have persistent high rates of unmet need for family planning and low rates of contraceptive use. They found that the low levels of utilization of contraceptives are typically due to risky perception, insufficient knowledge needed to make informed choices and opposition from male partners. They therefore revealed that unmet need remains an important issue in family planning. Similarly in spite of the high rate of sexual activity and widespread awareness of the various contraceptive methods among Nigerians Monjok et al. (2010) in their study in Nigeria found that the current prevalence rate for contraceptive use in Nigeria is approximately 11%–13%, which seems to indicate a large unmet need for contraceptive use. It is of concern that the unmet need for family planning services is currently high in Malawi. This may be attributed to increased population growth and fertility (Prata, 2009). A study that was conducted in Malawi by Taulo (2004) found that unmet needs for Family Planning in 1992 were 35% and by 2004 unmet needs for Family Planning was 27%. Similarly, in another survey carried out in 2010 found that 26% of currently married women in Malawi have an unmet need for Family Planning which represent a significant reduction from 1992 where 36% of married women reported an unmet need for Family Planning. (Population Action International, 2010).

Summary

The review of literature suggests that men are the main decision makers on the issue of family planning and some women depend on them for choice of contraceptive methods. A good number of women discontinue family planning if their spouses

objected. Nonetheless it is clear that communication between the partners is important in decision making regarding the use of Jadelle as a family planning method. It increases the willingness of husbands to adopt or allow their spouses to use contraceptives. Men with relevant information can be more supportive of contraceptive use and more aware of shared decision making with their spouses. This is one of the factors which motivate women's choice of Jadelle. But it is clear that there are numerous factors which influence women's choice of Jadelle as a family planning method. The issue of decision making in the choice of family planning has been a major barrier for married women in Africa and other parts of the world. Previously, family planning and decision making programs have focused on women, yet most of the women have been relying on their husbands for them to make decisions on family planning. It is clear that both men's and women's misperceptions concerning the use of modern contraceptive methods might have an impact on the choice of Jadelle. For instance, women who perceive that hormonal contraception leads to infertility may not choose Jadelle. Further, men who perceive that menstrual blood is dangerous to them may be reluctant for their spouses to use Jadelle. On the contrary, when more women use Jadelle as a contraceptive it reduces the number of abortions and the number of unintended births thereby reducing maternal mortality.

CHAPTER 3

Methodology

Introduction

This chapter describes the methodological techniques that were used in this study. The chapter will describe the study design, setting, population, sampling method, sample size, data collection, data management and analysis, ethical consideration, and study trustworthiness.

Research Design

Research design refers to overall plan for addressing a research question including specification for enhancing the study's integrity (Polit & Beck, 2010). This study used descriptive design employing a qualitative method. A qualitative methodology was chosen because it best fits studies on decision making processes (Sharan, 2002; Polit & Beck, 2010). The purpose of qualitative research is to see how respondents in interviews impose order on the flow of experience to make sense of events and actions in their lives (Munhall, 2007). In this study, the design revealed issues surrounding perception of men and women in the use of Jadelle as a family planning method. Additionally, this methodology allows discovery of ideas that may not be accurately captured using closed ended questions. Sharan (2002) states that in a strategy in a basic interpretative qualitative study is inductive and the outcome is descriptive.

Setting

Setting describes the physical location where individuals of interest live, experienced life, and where data collection for the study takes place (Speziale & Carpenter, 2007, p. 28; Polit & Beck, 2010, p. 568). The researcher in this study collected the data in the family planning clinic at QECH. This was done to maintain confidentiality.

Target Population

Target population refers to the entire population in which a researcher is interested and to which the researcher will like to generalize the results (Polit & Beck, 2010 p. 568). The target population was all women and their spouses who attended Queen Elizabeth Central Hospital family planning clinic who are using Jadelle. This site had been chosen because the researcher was a resident of Blantyre and could easily access the hospital.

Sampling Method

Sampling refers to the selection of a group of people that are representative of the population being studied (Burns & Grove, 2005). The sample for this study comprised women who were using Jadelle and their spouses attending Queen Elizabeth Central Hospital family planning clinic. Purposive sampling method was used whereby participants required to be experientially fit for the study. That is, couples who met the criteria and were willing to participate were considered. Munhall, (2007) states that qualitative inquiry is deliberately biased hence selection is based on the participants' experience that fits the research questions and their willingness to talk. Patton (2002)

further states that “the power of purposive sampling lies in selecting information-rich cases from which one can run a great deal about issues of centrally importance of the research” (cited by Watson, McKenna, Cowman & Keady, 2008 p.238). In this study, the researcher identified the participants at the Family Planning Clinic when they were attending check up visits.

Sample Size

A sample is a part of target population selected in such a way that the individuals in the sample represent the characteristics of target population (Burns & Grove, 2005). There is no sample size calculation in qualitative research. An appropriate sample size for qualitative study is one that adequately answers the research question (Marshall, 1996). Data saturation was reached after getting data on 4 couples. Munhall (2007) acknowledges the fact that data saturation determines the sample size adequacy. This means that sample size may increase or decrease depending on data saturation. According to Burns & Grove (2009) saturation of data occurs when additional sampling provides no new information but only redundancy of previous collected data. The researcher met with the couples who received family planning services and explained the study to them (Appendix A & B) and also answered their questions about the study. Those who accepted to participate in the study were asked to sign a written consent.

Inclusion criteria

Inclusion criteria refer to the criteria that specify the characteristics that delimit the study population (Polit & Beck, 2010). The criteria identify persons who qualify as members of the study. The inclusion criteria were as follows:

- Be a married couple in which a woman is on Jadelle or had used it before or is intending to start using Jadelle.
- Expression of willingness to participate in the study.
- Be able to communicate in Chichewa.
- Couple attending Queen Elizabeth Central Hospital family planning clinic at the time of data collection

Exclusion Criteria

Exclusion criteria refer to the criteria specifying characteristics that the study population does not have (Polit & Beck, 2010). The exclusion criteria were as follows:

- Couples who could not understand Chichewa or English were excluded from the study.
- Women who were not using Jadelle as a contraceptive method and their spouses.
- Expression of unwillingness to participate in the study.
- Couples who were not attending the Queen Elizabeth Central Hospital family planning clinic at the time of data collection.

Data Collection Process

Data collection instrument

A data collection instrument refers to a device used to collect data (Polit & Beck, 2010). In this study, an interview guide was used. An interview guide refers to a written topic guide to ensure that all areas of interest in the study are covered (Polit &

Beck, 2010). An interview guide was used to collect demographic data and other information from the participants. Several open-ended questions designed by the researcher were used to initiate and guide the interviews in order to extract relevant information from the participant (Appendix A). The guide was written in English and then translated into Chechiwa (see Appendix B). Open ended questions were included in the guide because they provide flexibility so that the research could probe for more information and seek clarity where necessary. The questions aimed at achieving the following study objectives: To describe the views of women about the use of Jadelle as a contraceptive method, to determine the perceptions of men regarding their partners' use of Jadelle as a family planning method, to identify the factors associated with the use of Jadelle as a contraceptive method, to describe the level of knowledge for men and women about Jadelle implant. The content of the interview guide was in line with the concepts in the theory of Reasoned Action (TRA). . Prior to data collection, the interview guide was reviewed and refined by the supervisor, an expert in research methodology to ensure trustworthiness of the study (Polit & Beck, 2010). Pre-test interview was done on one couple who were attending the family planning clinic at Queen Elizabeth Central Hospital (QECH) in order to test informed consent materials, find out whether participants would understand the interview questions and to check the process of data collection, analysis and interpretation of accuracy.

Phases of data collection.

Phase 1- pre-testing the data collection tool

In this study, the interview guide was pre-tested on two participants with similar characteristics to those in the main study but not included in the main study. The

participants were identified at the hospital when they attended the scheduled Family Planning clinic. Participants were readily available and were willing to participate in the study. Those couples who met the criteria and were willing to participate in the study were individually invited into an office where the researcher read out introductory information letter describing the study (see appendix C) in more detail. The couples were then asked to sign a consent form (see appendix C) when they indicated willingness to participate in the study prior to the interviews. Data collection was through face to face interviews using an interview guide. The interviews were in the form of a conversation where the role of the interviewer was that of an active listener and facilitator. The interview lasted between 30 and 45 minutes in one sitting with each participant in order to provide enough time for the participant to think and give a response. During interviews, the narrative data was audio recorded while the researcher was taking note of non-verbal cues. Data was transcribed verbatim and analysed within 24 hours of conducting the interviews (see appendix H). Following the results of the pilot study, questions were modified and rearranged. However, because of the issue of language barrier, two research assistants were employed they interviewed the participants in Chichewa which is the most popular language spoken in Malawi. The male research assistant translated and transcribed the individual interviews.

Phase II – actual data collection procedure for the research study

Participants were identified following the same procedure used in phase one. Interviews were conducted face to face in the office space at the family planning clinic at QECH individually. This was done to maintain privacy and confidentiality and allow the participants to be more comfortable and to be able to give more information. Five couples

were interviewed. The decision to stop at 5 couples (5 men and 5 women) was based on the fact that the data became saturated. Saturation of data occurs when additional sampling provides no new information but only redundancy of previous collected data (Burns& Grove (2009)).

Data Management and Analysis

Data management refers to the activities involved in preparation for data analysis (Polit & Beck 2010). In this study, the recorded narrative data was transcribed verbatim (hand written) in Chichewa by the researcher and then translated into English after each interview. This was done to make adjustments along the process of data collection, test emerging themes, and categorise against subsequent data after each interview.

Administrative files for keeping the transcripts were set up. Interview guides containing each participant's demographic data were put together with both Chichewa and English transcripts of the narrative data, field notes, and consent forms in the file. Transcripts were arranged by participant's identification code numbers.

The files and the tape recorder were locked in the drawers of the researcher's study table and were only accessible to the researcher. At the end of data collection, the researcher typed the comprehensive write-ups, including file notes for each participant using a personal computer which was only accessible to the researcher. Thereafter, the typed transcripts were printed and put in a file for analysis.

Qualitative data analysis refers to working with data, organizing it, breaking it into manageable units, synthesising it, searching for patterns, discovering what is important and what to be learned, and deciding what to tell others (Polit & Beck, 2010).

The significance of the data analysis in qualitative studies is to discover themes and links among the themes in order to understand the lived experiences. Themes were derived by analysis of words so that word repetitions, key indigenous terms, and key words in the contexts were identified. In addition themes were identified through a careful reading of larger blocks of texts, comparing and contrasting information and searching for missing information. Themes were also developed by conducting a comparative analysis of concepts coded in different participants group or setting codes.

Demographic data was analysed manually using descriptive statistics. Frequencies were calculated for age, level of education, occupation, tribe, and religion as indicated in chapter four on presentation of findings. The narrative data was analysed using basic content analysis techniques (Burns and Grove, 2009).

Enhancing trustworthiness of the study

Trustworthiness

Trustworthiness refers to the process of evaluating the quality of data and findings. Trustworthiness was evaluated based on the scientific rigor criteria used in qualitative methodology identified by Lincoln and Guba (1985). Four criteria proposed for enhancing rigor in qualitative research were used namely: credibility, dependability, confirmability, and transferability of the findings (Polit & Beck, 2010).

Credibility

Credibility refers to the confidence in the truth of the findings and their interpretation as judged by participants and others within the discipline (LoBiodo-Wood & Haber, 2006). In this study, couples who attend the family planning clinic at

QECH were selected. The researcher asked the participants to clarify certain issues in case of inconsistencies during data collection, in order to develop an in-depth understanding of the phenomenon under study. While data was collected by the researcher himself, investigator triangulation was achieved by allowing the supervisor, an experienced family planning provider and the research expert to independently analyze the data from the interviews and verify the themes with those of the researcher. In-depth interviews lasted between 30 and 45 minutes in order to provide adequate time for participants to think and give a response and also to build trust and rapport with the participants. As a result, participants were free to express themselves.

Dependability

Dependability refers to the stability of the data over time and over conditions (Polit & Beck, 2010). The supervisor independently analyzed the data using the same steps and came up with comparable themes and subthemes with those of the researcher (90% agreement). This is a reliable method and has been used by many researchers in nursing, sociology, psychology, and business (Neundorf, 2002 as cited by Elo & Kyngas, 2008).

Confirmability

Confirmability refers to objectivity and the data's accurate reflection of the experiences of the participants and that there would be agreement between two or more independent people about the data's relevance and meaning (Polit & Beck, 2010). It also ensures neutrality of the data such that the researcher is able to distinguish personal values from those of the participants. This was achieved by recording all the words spoken by the participant and the researcher in order to distinguish the participant's data

from interviewer's views. An interview guide was used in order to direct the interviews so that the researcher should not be influenced by what has been said by the participant. The interviews were in the form of a conversation where the role of the interviewer was that of an active listener and facilitator to allow participants to give detailed information of their experiences. An already prepared theory was not used in order to be open minded about what may be discovered. This was done because theories have pre-conceptions that can limit the scope of study (Speziale & Carpenter, 2007). The exemplars were selected to represent the participant's expressive language and incorporated in the report. However, follow-up of participants to confirm the findings was not done due to limited time.

Transferability

Transferability describes how the results will be applicable and meaningful to the individuals not involved in the research (Speziale & Carpenter, 2007). In this study transferability was achieved by terminating data collection when saturation was reached. Thus the results may be transferable to similar women of reproductive age in Blantyre since the study was not conducted in the whole of Malawi. However, sufficient descriptive data in the report of the findings has been provided so that consumers interested to make a transfer can evaluate the applicability of the data to other contexts.

Ethical Considerations

Ethics is a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal, and social obligations to the study participants (Polit & Beck, 2010). In this study, ethical issues were ensured by obtaining permission from QECH (Appendix F) and approval letter from College of Medicine

Research and Ethics Committee (COMREC) (appendix G) prior to data collection to ensure participant protection. In addition, clearance was obtained from Director of Queen Elizabeth Central Hospital for the study to be conducted at the institution (See Appendix, F). An information letter (Appendix C & D) was formulated to explain the purpose of the study to the participants. The letter explained the risks, benefits, and confidentiality issues. Information regarding the investigator, including address and telephone number, was included on the information letter. Assurances were given that health care services would not be affected by participants' withdrawal or refusal to participate in the study.

Written consent was obtained from participants prior to interviews and after explaining the purpose, benefits, and risks of the study in a language that the participant could understand. The risks to the participants were few. The only physical risk was fatigue related to the time required to complete the interview. The participants were informed that there would be no immediate benefits for participating in the study, but the results would generate knowledge which would be used to improve the quality of family planning methods in Malawi. In order to enable them to make informed consent to continue with the interviews, participants were also informed that the interview would be recorded.

Confidentiality of the participants was also maintained by using identification code numbers on the interview guide and digital recording. Their identity was not linked to their responses when presenting data. Interviews were conducted individually in an office at the family planning clinic premises to maintain privacy and confidentiality. The research findings that contained information about participants were only accessible to authorized persons, such as the research supervisor. Participants were also informed that

if their partners or friends or family members objected to their participation in the study, they would not be interviewed to avoid family conflicts. However, none was asked not to participate by a family member.

CHAPTER 4

Presentation of Findings

Introduction

This chapter presents the findings of the study. The findings have been presented in accordance with the sections of the study in relation to the study objectives and the Theory of Reasoned Action (TRA) which guided this study. The sections are demographic characteristics of respondents, knowledge of the implant Jadelle as a family planning method, influence of subjective norms, cultural beliefs (both religious and traditional) and lastly, factors associated with the use of Jadelle as a family planning method. The sample size consisted of 5 married couples. The demographic data presented show the characteristics of the participants.

Demographic data

The respondents' demographic information is presented in Table 1. The age of the couples ranged from 25- 40 years and most of them were educated at least up to MSCE level, none attained tertiary education. All the participants were Christians belonging to different denominations (see Table 1). Four of the female participants were business women.

Table 1: Summary of the Demographic Data

PARAMETER	MALE	FEMALE	TOTAL
A. AGE GROUP			
25 – 30	1	3	4
31 – 35	2	2	4
36 – 40	2		2
B. EDUCATIONAL LEVEL			
PSLC	2	1	3
JCE	1	1	2
MSCE	2	3	5
TERTIARY	-	-	-
C. OCCUPATION			
Business	1	4	5
Intelligence Officer	1		1
Cleaner	1		1
Hospital Attendant		1	1
Cook	1		1
Welder	1		1
D. PARITY			
1-2			3
3-4			1
5-6			1
E. RELIGION			
Seventh Day Adventist	1	1	2
CCAP		1	1
Roman Catholic	2	3	5
Assemblies of God	1		1
M'bawa First Christian Church	1		1
F. TRIBE OF PARTICIPANTS			

Lomwe	2	2	4
Ngoni		2	2
Chewa	1		1
Yao	1		1
Sena		1	1
Tonga	1		1

Theme 1: Knowledge and attitudes.

Knowledge about Jadelle

The implant is new to Malawi, and many women are not yet aware of this option of contraception. Therefore nurses providing contraceptive counseling may be the first members of the health care team to inform women of this method and help them decide whether it is an appropriate choice. However, the study shows that health workers do not give clear information when providing Jadelle to clients. This leaves the clients with inaccurate information about Jadelle. Three male participants and one female participant had misconceptions about Jadelle. For instance, a female participant who was experiencing problem with Jadelle went to the clinic for advice where the information given was very misleading as she was informed that the injection Provera Depo and Jadelle have similar side effects. She narrated that *“It was said for the ones who have ever used depo provera and had no problems with it, it is the same they may choose Jadelle but if they had problems with depo provera, it’s better for them not to choose Jadelle because depo provera works the same way as Jadelle does”* (Participant Female#7 age 31 years married with 2 children, from the Sena tribe, she is a Roman Catholic lived in Blantyre. Educational background is form 4 and she is a business

woman). She continued to say that *“The nurse told me that even if I remove the Jadelle I won’t stop bleeding”* (Participant Female #7 age 31 years married with 2 children, from the Sena tribe, she is a Roman Catholic lived in Blantyre. Educational background is form 4 and she is a business woman). Similarly, participants in this study were misinformed by health care providers about the implant.

Male participants also had misconceptions and inadequate information about Jadelle. For example one of the male participants narrated that *“The things that they inserted have gone much deeper and after 5 years those things slowly come to the surface but at the moment it’s impossible and if they remove it its effect will be there for 5 years because the contraception has already taken its root”* (Participant Male #2 age 34 years married with 2 children from the Lomwe tribe live in Blantyre. Educational level MSCE and he is an intelligent officer).

Another male participant narrated that *“They were saying that after inserting the implant you feel like burning on the chest, the body becomes hot and back pain. Like today I heard one of her colleagues complaining that she was feeling backache or some people do not feel ill but if they were fat, they find themselves getting slim, it’s like absorbing their blood”*(Participant male # 10 age 34 years married with 3 children from the Lomwe tribe with educational level standard 7 from Blantyre. Religion Mbawa first Christian church.).

Some male participants believed that because their spouses are using Jadelle it has an effect on their own sexual desire. A male participant narrated that *“Now a week can go without having any sexual desires and deep in my heart I have been thinking that*

maybe this happens because of this method of family planning we are practicing now”
(participant Male #6 age 39 year married with 6 children from the Yao tribe, educational level standard 8 from Blantyre. Religion Christian Roman Catholic occupation business man).

Another male participant also narrated that *“My wife has used injection method and I have also said about pills and these two FP methods I have seen that when she was using these methods my body was weak, no strength when I want to have sex with her”*
(participant Male #10 age 34 years married with 3 children from the Lomwe tribe with educational level standard 7 from Blantyre. Religion Mbawa first Christian church.).

The study revealed that participants were not given adequate information during Pre-insertion and post-insertion counselling as confirmed by a male participant who said *“They did not give any counselling to my wife what they did was just insertion of Jadelle”* (participant Male # 2 age 34 years married with 2 children from the Lomwe tribe live in Blantyre. Educational level MSCE and he is an intelligent officer)

Attitude of healthcare providers

The attitude of healthcare providers might encourage or discourage clients in choosing Jadelle as a family planning method. The findings of this study revealed that there are some providers with positive attitudes who encourage clients to choose Jadelle as some Jadelle users linked their choice to the attitudes of healthcare providers. Two participants said that they chose Jadelle because of the attitude of the health care provider. A female participant cited that *“I knew Jadelle because I came to the hospital for check up of my baby after 6 weeks so it’s when they taught us of family planning*

methods, so I chose Jadelle” (participant female #7 age 31 years married with 2 children, from the Sena tribe, she is a Roman Catholic lived in Blantyre. Educational background is form 4 and she is a business woman).

A male participant also connected his wife’s choice of Jadelle to the attitude of health care providers as he said that *“The nursing sister told her that when a person is on contraceptives or using Jadelle method, it does not mean that she does not get sick, you are liable to sickness and after all we are human beings” (Participant male # 10 age 34 years married with 3 children from the Lomwe tribe with educational level standard 7 from Blantyre. Religion Mbawa first Christian church.).*

However there are also some health care providers who have negative approach towards Jadelle users. Results in this study revealed that participants do notice and react to the provider’s negative attitudes. Some female participants were even denied the access to remove the implant when they were having problems with it. For example, a female participant who was having irregular menses due to Jadelle narrated that *“They denied giving me medication so I went back home and I came again to complain so they said they do not remove before 5 years” (participant female #7 age 31 years married with 2 children, from the Sena tribe, she is a Roman Catholic lived in Blantyre. Educational background is form 4 and she is a business woman)* She went on saying that *“My friends were hurt after hearing that I was not assisted and they wanted to meet that particular nurse to know why she did not assist me because everyone has a right to decide whether to accept and to deny” (participant female #7 age 31 years married with 2 children, from the Sena tribe, she is a Roman Catholic lived in Blantyre. Educational background is form 4 and she is a business woman).*

Sources of information on Jadelle

The findings of the study revealed that participants mainly got knowledge about Jadelle from significant others, media and health talks. The findings revealed that four of the male participants got their information on Jadelle from the media and significant others, while all the female participants in this study revealed that they got the information from health talks at the antenatal and family planning clinics.

A male participant narrated that *“I came to know Jadelle from my wife who explained to me and it was even difficult for me to allow her to use this method of family planning”* (participant male # 4 age 32 years married with 2 children from Chewa tribe with educational level MSCE from Blantyre . Religion Christian SDA , Occupation cleaner). This was supported by another male participant who apart from getting the information from the wife he reportedly also got it from another source. He cited that *“I heard from my wife but also from my friends because when interacting, men like us we share ideas for example the way the country is nowadays, so we also hear that there are several family planning methods. Therefore, I cannot say that I only heard this from my wife but also from other people.”* (Participant male #10 age 34 years married with 3 children from the Lomwe tribe with educational level standard 7 from Blantyre. Religion Mbawa first Christian church, occupation welder).

The other source of information for the male participants was through the media which comprises print, electronic and the internet. The majority of participants got information about Jadelle mostly through the radio. For example a male participant narrated that *“In the radio they said the method of Jadelle is one of the best method of family planning, which is why I am saying that we listen to those messages and use them.*

(participant male # 8 age 30 years married with 2 children religion Christian Assemblies of God educational level form 1, occupation cook live in Blantyre). This was supported by another male participant who said that “He just heard it because that’s what people say and it’s been announced on the radio” (participant male # 6 age 34 years married with 6 children from the Yao tribe, educational level standard 8 from Blantyre. Religion Christian Roman Catholic occupation business man).

Women received family planning information mostly from health talks that are given in the hospitals departments such as at antenatal, postnatal and family planning clinics. For example a female participant who visited the family planning clinic narrated that *“I heard it from a certain staff, one of the sisters from the family planning clinic” (participant female # 5 age 26 years married with 2 children from the Ngoni tribe live in Blantyre. Educational level JCE, occupation hospital attendant).*

Another female participant who visited the postnatal clinic narrated *“I knew Jadelle when I came to the hospital for check up of my baby after 6 weeks so it’s when they taught us of family planning methods, so I chose Jadelle” (participant female # 7 age 31 years married with 2 children, from the Sena tribe, she is a Roman Catholic lived in Blantyre. Educational background is form 4 and she is a business woman).*

Theme 2: Action and effect on reproductive system

Prevention of pregnancy and its long-acting effect.

This study found lack of understanding of mode of action of Jadelle as a family planning method. Only one of the five women in this study knew about the proper mode of action of Jadelle on the women’s body. She narrated that Jadelle *“makes semen to be*

weak so that no fertilization takes place”; she also continued to say that “*Jadelle helps women not to become pregnant by stopping ovulation*” (participant female # 3 age 28 years married with 2 children from the Ngoni tribe, live in Blantyre with educational level JCE. Occupation business woman). However, all the 5 men in this study had no knowledge about the mode of action of Jadelle on the women’s body; they just knew that Jadelle prevented pregnancy. For example a male participant when asked about the mode of action of Jadelle narrated that “*The method is effective because you can have sex with your wife any how without her getting pregnant unlike the injection*” (participant male # 2 age 34 years married with 2 children from the Lomwe tribe live in Blantyre. Educational level MSCE and he is an intelligent officer).

The remaining four women could not explain the exact mode of action, another female participant narrated that “*Jadelle kills....do we say the uterus? So that when men’s power come, should not have effect in the women’s body*” (participant female # 7 age 31 years married with 2 children, from the Sena tribe, she is a Roman Catholic lived in Blantyre. Educational background is form 4 and she is a business woman).

Both male and female participants in this study indicated that you can have sex freely without the incidence of unwanted pregnancy if you are using Jadelle. In this study, all participants had a positive perspective of Jadelle in preventing pregnancy.

A male participant narrated that “*The method is effective because you can have sex with your wife any how without her getting pregnant unlike the injection*” (participant male # 2 age 34 years married with 2 children from the Lomwe tribe live in Blantyre. Educational level MSCE and he is an intelligent officer). Another male participant cited

that *“Of the people using this family planning method nobody complained of conceiving in the process of using this method”* (participant male# 6 age 39 years married with 6 children from the Yao tribe, educational level standard 8 from Blantyre. Religion Christian Roman Catholic occupation business man).

This was also supported by a female participant who narrated that *“You stay freely with your husband without fear of becoming pregnant”* (participant female #5 age 26 years married with 2 children from the Ngoni tribe live in Blantyre. Educational level JCE, occupation hospital attendant).

Although the majority did not have adequate knowledge of the action of Jadelle, participants appreciated the long lasting effectiveness of Jadelle as a family planning method in preventing pregnancy. A female participant narrated *“Once inserted for 5 years, no need for frequent hospital visitations even if Jadelle is out of stock”* (participant female#1 age 28 years married with 2 children from the Lomwe tribe live in Blantyre, religion Christian CCAP. Occupational level MSCE). She also said that *“It’s a good method especially for me as a businesswoman, when I have problems with transportation, it does not affect me in a sense that I should be thinking of going to the hospital”* (participant female #1 age 28 years married with 2 children from the Lomwe tribe live in Blantyre, religion Christian CCAP. Occupational level MSCE). Another female participant narrated that *“After insertion, that’s all you will wait for 5 years for removal that is why I saw it as a good method”* (participant female #9 age 40 years) She also said that *“When chosen you can stay for 5 years without concerning so I took it as a special way to insert it compared to Depo”* (participant female #9 age 40 years married

with 2 children from the Lomwe tribe live in Blantyre. Educational level MSCE and he is an intelligent officer).

A male participant cited that *“I like Jadelle method because its period is very long... let’s say after five years a person can be able to do something and the woman will be healthy.”* (participant male #10 age 34 year married with 3 children from the Lomwe tribe with educational level standard 7 from Blantyre. Religion Mbawa first Christian church.s). Another male participant narrated that *“It is good and can stay for five years while using it and you can have enough space for your child to grow.”* (participant male #2 age 34 years married with 2 children from the Lomwe tribe live in Blantyre. Educational level MSCE and he is an intelligent officer)

Side effects of Jadelle.

The most common side effect of contraceptive implants that affects their acceptability is the disruption of the menstrual cycle. This includes prolonged menses, spotting between periods and oligomenorrhoea. In this study three of the female participants complained about side effects and also three men complained about the side effects of Jadelle on their spouses. A female participant narrated that *“Sometimes I miss my monthly periods for a month then the following month I could have it normally”* (participant female # 1 age 28 years married with 2 children from the Lomwe tribe religion Christian CCAP, education level MSCE , occupation business). Another female participant narrated that *“ A woman may have monthly period normally whilst to others they have continuous monthly period”* (participant female #7 age 31 year years married with 2 children, from the Sena tribe, she is a Roman Catholic lived in Blantyre. Educational background is form 4 and she is a business woman).

A male participant narrated that *“My wife starts menstruating from her normal date unceasingly up to the end of the month, I have been advising her if she can change and see how it will be for this does not please me because she was losing a lot of blood”* (participant female #8 age 30 years married with 2 children religion Christian Assemblies of God educational level form 1, occupation cook live in Blantyre).

Another male participant narrated that *there was a problem like if she starts menstruation this week then after another week when she thinks that she has finished or maybe after two or three days will start again continuous then from there she menstruates 2 weeks or 1 week. (Participant male #2 age 34 years married with 2 children from the Lomwe tribe live in Blantyre. Educational level MSCE and he is an intelligent officer).* He also narrated that *“I expected my wife to have normal menstruation; her time of menstruation should be normal and consistent, because what happens is that there are others that no longer menstruate, their menstruation circle ceased like if they menstruate it was only before inserting Jadelle and staying about three years without menstruating. And there are others it happens that they menstruate continuously (Participant male# 2 age 34years married with 2 children from the Lomwe tribe live in Blantyre. Educational level MSCE and he is an intelligent officer).*

Another male participant also explained the experiences his wife had before they finally decided to use the implant Jadelle. He narrated that *“When my wife was using injection method, what was happening was that she was having infrequent menstruation, therefore the time she is not having her menstruation she has problems like noise from abdomen, also her body becomes weak, no any strength, and other sicknesses”*. He also narrated *“She has used injection method and also she used pills method, but as for me I*

saw that this injection method has problems because a woman does not menstruate, so when a woman does not menstruate I think her body becomes unhealthy and this depends upon how your body is” (participant male# 10 age 34 years married with 3 children from the Lomwe tribe with educational level standard 7 from Blantyre. Religion Mbawa first Christian church.).

Some male participant prefers Jadelle method over the other family planning methods because they thought that it has no effect on their sexual desires. For example a male participant narrated *“My wife has used injection method and I have also said about pills and these two family planning methods I have seen that when she was using these methods my body was weak, no strength when I want to have sex with her”.* (Participant male #10 age 34 year married with 3 children from the Lomwe tribe with educational level standard 7 from Blantyre. Religion Mbawa first Christian church.).

Removal of the burden of frequently taking contraceptives and hospital visits

Most male and female participants were able to explain the advantages of Jadelle over the short terms methods like injectables and pills. Most women cited convenience, effectiveness, and long duration of action as the reasons for beginning or continuing this method. They explained that Jadelle once inserted is for 5 years as such visits to family planning clinics are greatly reduced. This was supported by a male participant who cited that *“Jadelle is long acting rather than pills because pills is a daily process or injection which you use it daily and you sometimes forget going to the hospital daily for injection”* (participant female #8 age 30 years). Similarly a female participant cited *“Oral pills are easier to forget taking them whilst the use of Jadelle once inserted it’s done you just wait*

for removal” (participant female #1 age 28 years married with 2 children from the Lomwe tribe live in Blantyre, religion Christian CCAP. Occupational level MSCE).

A male participant narrated that *“Jadelle is best because your wife does not think of coming to the family hospital now and then, once inserted for 5 years to come again to the hospital” (participant male #2 age 34 years married with 2 children from the Lomwe tribe live in Blantyre. Educational level MSCE and he is an intelligent officer).* This was also supported by a female participant who narrated that *“Jadelle is a good method; you can stay for 5 years without any problem”.* (Participant female #9 age 40 years married with 2 children from the Lomwe tribe live in Blantyre. Educational level MSCE and he is an intelligent officer).

Self reliance and child spacing

Apart from reducing maternal mortality, Jadelle also benefits the family and the nation as well. Some said that with the implant Jadelle they will have time to take care of their children and that will give them time to partake in other developmental activities; they agreed that well planned children will end up becoming healthy leaders.

One female participant narrated that *“If people are not giving birth now and then it is a benefit in a way that there are enough drugs in the hospitals and mothers have time to participate in the development projects in the country” (participant female # 1 age 28 years married with 2 children from the Lomwe tribe live in Blantyre, religion Christian CCAP. Occupational level MSCE)* This was supported by a male participant who narrated that *“Jadelle gives you enough time to do what you want on your family development and of the country” (participant male #2 age 34 years married with 2*

children from the Lomwe tribe live in Blantyre. Educational level MSCE and he is an intelligent officer).He also went on saying that “You can have enough space for the mother and a child can grow up, you can have good times for 5 years” (participant male#2 age 34 years married with 2 children from the Lomwe tribe live in Blantyre. Educational level MSCE and he is an intelligent officer)

Summary

The findings revealed two main themes: Knowledge and attitudes, Action and effect on reproductive system. Due to lack of knowledge about the mode of action of the implant Jadelle on the reproductive tract, there were wide spread misinformation and misconceptions. The main source of knowledge about the implant in the study is the radio and health talks. The study findings also revealed that clients received inadequate information from health care providers about the side effects of the implant Jadelle.

The study findings also revealed that participants accepted the use of Jadelle as a FP method because of its long lasting effectiveness and freedom to clients. It also helps in the reduction of maternal mortality, removes the burden of frequent hospital visits for contraceptives, enhances self reliance and child spacing.

CHAPTER 5

Discussions and Recommendations

Introduction

This chapter discusses the findings of this study with reference to existing literature and Theory of Reasoned Action. The discussion will be focused on the following study objectives: (1) to describe the level of knowledge for men and women about Jadelle;(2) to describe the views of women about the use of Jadelle as a contraceptive method;(3) to determine the perceptions of men regarding their partners' use of Jadelle as family planning method; and (4) to identify the factors associated with the use of Jadelle as a contraceptive method. Finally recommendations and a conclusion will be presented.

Level of knowledge for men and women about Jadelle implant

This study provided us with valuable information which indicated that participants generally lacked knowledge about the mode of action of Jadelle as a family planning method. It was clear from the findings that out of the ten participant's only one woman knew the correct mode of action for Jadelle. This is consistent with Topsever et al. (2006) who found that non-barrier method users were generally less knowledgeable about mode of action of their current contraceptive method compared to condom users. Similarly, Bogale et al. (2011) found that, many rural residents in Dawro, Southern Ethiopia lacked knowledge of contraception's mode of action and they just knew that it

prevents pregnancy. The lack of knowledge about mode of action of Jadelle may have an influence on choices about reproductive health and family planning issues among men and women. It is evident that knowledge transfer about the mode of action of the chosen method improves efficiency and compliance to contraceptive method use (Topsever et al., 2006). As such it is important that family planning providers equip users of Jadelle with correct knowledge about its mode of action to ensure compliance and efficacy outcomes and consequently preventing unplanned and unwanted pregnancies.

The primary aim of contraceptive use is to prevent pregnancy (Omo-Aghoja et al., 2009). This study revealed that all participants appreciated the effectiveness of Jadelle as a family planning method in preventing pregnancy. It was clear from the findings that all the ten participants knew that Jadelle helps in preventing pregnancy. This is consistent with Power et al. (2012) who found that women accepted Jadelle as a very effective contraceptive in the prevention of pregnancy when compared to other methods of contraception. This may mean that people know very well that Jadelle prevents pregnancy effectively and consequently it may influence their choice of Jadelle as a contraceptive method. Having better knowledge about family planning methods is associated with decision making power of women to use contraceptives (Bogale et al., 2011). This is supported by TRA which suggests that there is a significant relationship between level of knowledge and the intention to engage in behaviour (Fishbein & Ajzen, 1980).

It is evident in this study that knowledge about Jadelle in preventing pregnancy, helped women in choosing the method. A male participant reported that they chose Jadelle because unlike injectables, it is an effective family planning method since you can

have sex with your wife any how without her getting pregnant. The most attractive aspects of implants to users are the long duration of contraceptive protection, ease of use, high effectiveness, reversibility and non-interference with sex (Salem et al., 2010). It is important that family planning providers educate men and women that Jadelle is effective in pregnancy prevention to ensure compliance and efficacy outcomes. They should also use other forms of media to impart knowledge about contraceptives to individuals, families and communities.

In this study, participants revealed that the main sources of information about family planning methods are significant others, media and health talks. Nevertheless, it was clear that men usually got information about Jadelle from their spouses. Dissimilar results were found by Wiebe et al., (2005) in Korea who found that husbands were the major source of information regarding contraceptive issues. This may be due to differences in culture and levels of male involvement in maternal and child health issues and family planning in particular. In Malawi, most men do not attend antenatal and post natal clinics with their spouses where health talks on family planning are given (Kululanga et al., 2012). This is in line with one of the findings of this study whereby unlike men, women mentioned health talks as a source of information.

In a similar study that was conducted by Omo- Aghoja et al. (2009), it was found that most of respondents got their information from friends and relatives and that such information was more likely to be incorrect or incomplete. Consequently, the findings of this study may suggest that some men are likely to have inadequate information about Jadelle since they usually get information from their spouses who themselves might also not have adequate information. For this reason, it may be proper to encourage men to

accompany their wives to antenatal, postnatal and family planning clinics so that they can both get first hand information from professionals about Jadelle. This is supported by Duong, Lee & Binns (2005) who found that many women remembered education they received during their antenatal and postnatal health talk and this produced positive results concerning the utilization of FP services. Nonetheless, it appears that men find it difficult to attend ANC because it is feminine in nature (Kululanga et al., 2012). Consequently, this puts men at a disadvantage of not having access to relevant information about Jadelle from professionals. Literature suggests that maternal health services need to be de-feminised and pregnancy plus childbirth education need to be given to both men and women so that they are both adequately informed about such issues (Kululanga et al., 2012). Therefore, every opportunity should be utilised at antenatal, postnatal and family planning clinics to teach individuals about family planning because if people accept the advice, they are likely to apply it to their own family (Ikechebelu et al., 2005).

This study suggests that use of mass media like radio should also be promoted to complement the dissemination of information about Jadelle to men and women since it was indicated as one of the main sources of information among participants. These findings seem to be consistent with Maja (2007) and Ikechebelu et al. (2005) who found that media was the most common source for information about contraceptives. This is corroborated by Monjok et al. (2011) who affirmed that the commonest source of information on contraceptive is from peer/friends and the mass media not from health facilities or health care providers alone. According to Monjok (2011), nurses were found to be the least important source of family planning information. This is a great concern because nurses are the major contact persons for family planning clients.

The findings of this study showed that participants were not given adequate information during Pre-insertion and Post-insertion counselling which might be the reason for the low utilization of the implant Jadelle which is about (0.03%) in Malawi. This is contrary to MOH and IntraHealth (2010) and NSO (2011) which indicated that the knowledge level of the family planning services was high (99%) among men and women in Malawi. Participants in the study revealed that they were not adequately informed on things like side effects of Jadelle by health workers and it caused some women to decide to remove the implant. The low and poor contraceptive usage results from ineffective conveyance of relevant information to clients by health care workers (Omo-Aghoja et al., 2009). Nurses are well placed to provide relevant information about family planning to people (Maja, 2007). Family planning providers like nurses should intensify one-on-one counselling to all the FP clients to ensure that even the women that are illiterate can have clear and adequate information about Jadelle in order to increase the use of Jadelle as a FP method. Counselling is an important aspect in family planning because it allows women to make informed choices about contraceptive methods and ultimately influences their compliance (Cremer et al., 2011).

Women's views about the use of Jadelle as a contraceptive method

The findings of this study revealed that women's views about Jadelle encompassed issues of their freedom, reduction in maternal mortality, self reliance and child spacing. Female participants in the study revealed that the use of Jadelle allowed them freedom and removed the burden of frequent hospital visits to obtain contraceptives. For instance, business women who participated in this study reported that Jadelle makes it possible for them to continue with their business freely because it has

long lasting effectiveness. It is evident that women perceive that using contraceptives allows them to take better care of themselves and their family (Lindberg, 2012) because implants are long acting reversible contraceptives with a high efficacy rate over a 5 years period after insertion (Ladipo & Akinson, 2005). This is consistent with views of women who participated in this study.

The women reported that Jadelle has a long lasting and reliable contraceptive effect because they had no accidental pregnancy and no frequent hospital visits which enabled them to do their tasks freely. They also indicated that the use of Jadelle as a contraceptive helps in the reduction of maternal mortality. These views are in agreement with Stover and Ross (2010) and Abasiattai et al. (2008) who postulated that the use of contraceptives, especially long acting ones such as Jadelle has the potential to decrease maternal mortality. Maternal mortality is high in countries where the use of contraceptive method is low (Haider et al., 2009). As such one can argue that it is important that the use of long acting reversible contraceptives is promoted in Malawi where the maternal mortality rate is very high. Contraceptives that are readily available and acceptable are required in the poorer countries like Malawi to reduce population growth to prevent maternal mortality Aitken et al. (2008).

The majority of the female participants in the study felt that using Jadelle as a long acting contraceptive will lead to self reliance and they might be able to go about their daily business. On child spacing, the contraceptive will help in the development of their children. This was also reported by Frost & Lindberg, (2012) and Haider et al (2009) who found that some women felt that child spacing helps parents to give their children the best education and anything they want unlike when there are a lot of children

in a family. This may mean that women who have positive views about benefits of Jadelle will be more willing to use it.

Men's perceptions regarding their partners' use of Jadelle as a family planning method

The results of this study indicated that perceptions of men regarding Jadelle varied. Some men are not comfortable with the side effects of Jadelle like menstrual irregularities which are experienced by their spouses. They even advise their wives to change the method because they felt that the wife was losing too much blood. On the contrary some men felt comfortable with their wives using Jadelle because they felt that it did not cause any side effects which were caused by other contraceptives like injectables and pills in their wives. This may mean that some couples may choose or not choose Jadelle based on their past experiences. According to Kane et al. (2009) people do not consider other contraceptives because they have tried them before. This is corroborated by the TRA which suggests that the past experiences and perceptions impact directly on present behaviour (Fishbein & Ajzen, 1980).

It was clear from the findings of this study that some men have misconceptions about contraceptives and this may hinder their spouses' use of the same. A male participant suspected the decline in his sexual desire to the fact that his spouse was using Jadelle. More details regarding misconceptions and misinformation have been discussed below.

Factors associated with the use of Jadelle as a contraceptive method

The findings of this study revealed that there are numerous factors which are associated with the use of Jadelle as a contraceptive method. They include ignorance and misinformation, side effects, poverty, sexual desire, lack of family planning resources, attitudes and decision making. Participants in this study indicated that ignorance about Jadelle is one of the reasons for the low utilisation of Jadelle here in Malawi. There is lack of awareness about long acting reversible contraceptives like Jadelle (Kane et al., 2009) and consequently people choose short acting contraceptives (pills and injectables) instead of Jadelle (Brache et al., 2005). Such ignorance may also lead to perpetuation of myths and misinformation about Jadelle.

Participants in the study revealed that myths and misinformation discourage use of Jadelle and factual information promotes its use. In this study some participants had misconceptions about Jadelle in relation to their sexual desire. Similar results were found by Chipeta et al. (2010). In this study, a female participant reported that if a man sleeps with a woman who is on contraceptives, the power of the contraceptive makes the man weak although a male participant reported that he had not lost his power since his wife started using Jadelle. In addition a male participant said that the oily substance in condoms can cause sores on private parts and it weakens their manhood. This is consistent with Okanlawon et al. (2010), who found that many respondents in their study believed that contraceptives are harmful and dangerous and that chemicals in contraceptives cause damage to the reproductive system. On the contrary, Barnhart et al (1997) assert that there is no change in sexual desire among women using implants and their husbands. But dissimilar findings show that some women may have increased

sexual desire by virtue of being on effective contraception (Schaffer, 2006). Therefore it is important that men and women are provided with correct information if they are going to choose Jadelle. It appears that Jadelle is not commonly chosen because of inadequate information, possible misinformation and side effects (Monjok et al., 2011).

Participants indicated that the most common side effect of Jadelle that affects them is the disruption of the menstrual cycle such as prolonged menses, spotting between periods and oligomenorrhoea. These findings are supported by Sivin (2002) who asserted that the most frequently reported side effect of Jadelle is menstrual irregularities. These side effects may lead to decrease in the use Jadelle among couples. Some women are unwilling to use FP due to fear of side effects (Krakowiak-Redd et al., 2011). It is evident that excessive vaginal bleeding is one of the reasons for removal of Jadelle implants (Kane et al., 2009). Women may also discontinue or choose not to use Jadelle as a family planning method because it causes weight gain (French, 2009). Couples should be provided with adequate information about side effects and benefits of Jadelle so that they are motivated to utilise it. Further to that, family planning providers should effectively help women who are experiencing side effects so that they can continue using Jadelle. For instance, men usually get irritated with prolonged menstruation which occurs in women using Jadelle because less time is available for sex since culturally men do not have sexual intercourse when women are bleeding in Malawi (Chipeta et al., 2010).

It was clear from the findings of this study that poverty also influences the couples' choices on the use of Jadelle. In this study, participants reported that many people in the rural areas cannot afford to pay for transport to attend family planning clinics. Haider et al. (2009) stated that lack of money is a barrier to contraceptive access

and use. On the other hand, participants revealed that poverty could be seen as a reason for choosing Jadelle because it costs less since it does not involve frequent visits to the family planning clinics. In a similar study that was conducted by Okanlawon et al. (2010), respondents indicated that they experienced difficulties in gaining access to the FP services due to transportation cost and distance. It is documented that unlike poor women, women in highest wealth index quintile are nearly nine times more likely to use contraceptive (Decker & Constantine, 2011). As such efforts must be made to bring family planning services closer to the communities in poor communities so that there is improved accessibility of Jadelle.

Participants in the study revealed that Jadelle is usually available compared to the other short acting contraceptives like pills which maybe out of stock often times. Long-term reversible contraceptives like Jadelle offer an important option for couples who want to delay or space their child-bearing years in a country like Malawi where stock-out of short-term contraceptives is common (Marie Stopes International, 2010). This may mean that Jadelle reduces the women's risk of having unplanned or unwanted pregnancies due to stock outs of other contraceptives. However, it is clear that women cannot always access Jadelle in many rural health centres across the country and this limits the women options to choose from.

Participants in the study revealed that the attitudes of individuals towards contraceptives influence their choices. In this study, men demonstrated positive attitudes towards Jadelle as a family planning method. It is evident that men's general attitudes concerning the ideal family size, gender preference of children, ideal spacing between child births, and contraceptive method used greatly influence women's preferences and

opinions (Ijadunola et al., 2010). This may imply that use of Jadelle as family planning methods by women will be increased when men have positive attitude towards family planning. The attitudes of men towards Jadelle may stem from their cultural beliefs. For example, male partners would not want to stop having children if their wives were having only girl children because of the cultural value placed on male offspring and patrilineal heritage (Imbuki, 2010). This is consistent with the Theory of Reasoned Action which states that one's behavior is influenced by attitude.

The attitudes of family planning providers also matter because they can serve as barriers to use of contraceptives among couples. In this study, a participant complained that she was denied the removal of Jadelle when she wanted it removed and this nearly put her marriage in jeopardy. It is necessary that FP providers should demonstrate positive attitudes because their negative attitudes maybe a barrier to contraceptives utilisation (Tilahun et al., 2012).

This study provided valuable information about participants' decision making regarding contraceptive use. It was clear from the findings that both men and women make decisions on the use of Jadelle as a family planning method. Nonetheless it is evident that men are main decision makers in most African countries like Malawi and should be involved in prevention of unplanned and unwanted pregnancies (Maja, 2007; Shattuck et al., 2011). As such male involvement in family planning is of paramount importance. It is clear that male involvement in family planning increases uptake of contraceptives (Shattuck et al., 2011). Conversely, it appears that men are usually left out when decisions about reproductive health issues are discussed (Maja, 2007). This may have a negative impact on women's decision to use contraceptives. Sometimes women

fail to use contraceptives because of rejection by their spouses (Ikechebelu et al., 2005). It is important that women in Malawi are empowered to make their own decisions on use of contraceptives. Literature indicates that women who have better knowledge about FP have better decision making power about use of contraceptives (Bogale et al., 2011). Thus women should be empowered by providing them with accurate information about contraceptive methods like Jadelle so that they are able to make informed choices about family planning methods.

The findings of this study propose that joint decision making between couples is an important factor in promoting contraceptives uptake. In this study, couples jointly chose Jadelle as a family planning method. This shows that men were involved in making decisions about family planning issues. It is evident that males want to be involved in family planning issues like open discussion about contraceptives used by their partners, side effects of contraceptives and playing a role in resolving problems arising from contraceptive failures (Maja, 2007). Consequently, the male involvement in decision making about family planning issues can positively influence the use of Jadelle which has the lowest utilization rate even though it is an effective, long acting family-planning method.

Limitations of the Study

The limitations of the study are three-fold: 1) since this study uses a qualitative approach, the findings are only reflective of the situation in which the data was collected, i.e. in a District Hospital and therefore this cannot inform the district-wide situation. However, the strategies that were developed from this study can be replicated to all the health facilities in the district. Moreover, the use of the women available at the family

planning clinic in the hospital could mean that women with positive health seeking behaviour were used in the study. 2) The time for conducting the study was limited as it was tied up with the academic study calendar requirements to fulfil a Master's Degree in Sexual and Reproductive Health and Rights (SRHR). 3) Since data collection was not done by me due to language barrier this might be a limitation to the study, maybe the assistant researcher may not have the skills to extract enough information from the participant. Also when translating from local language to English the interpreter might tend to add or reduce on the subject.

Recommendations

The experiences are both positive and negative, leading to recommendations on areas to improve on the use of Jadelle as a family planning method in Malawi. Therefore, the following are the recommendations based on the results of the study.

The study found that there was inadequate knowledge about the implant Jadelle, it is therefore recommended that the Reproductive Health Unit (RHU) under the Malawi Ministry of Health should strengthen a campaign to sensitize the communities on the issue of contraception and child spacing with emphasis on long term family planning as in the case with Jadelle. The education programme should include community leaders to ensure they have accurate information about Jadelle. Topsever et al.,(2006) found that knowledge transfer about the mode of action of a chosen method improves efficiency and compliance to the use of contraceptive. Similarly, Ijadunola et al. (2010) in their study in Nigeria also found that improved awareness of family planning amongst sexually active lactating women improved uptake of family planning.

The results also showed that the radio was a major source of knowledge for Jadelle users. This is similar to a study in Nigeria, by Ikechebelu et al. (2005) who found that the radio was the most common source of family planning information for the public. It is therefore recommended that the RHU should find strategies to strengthen the media to continue providing adequate information about Jadelle to the public. The RHU should incorporate other private radio stations to sensitize the public about Jadelle as a family planning method.

The study also found that the husband participated in the decision making with their spouses about the use of Jadelle; the men got their information from their wives, they do not go to family planning clinics. The RHU in collaboration with the family planning providers should establish strategies to make sure that men are well informed about family planning methods. The RHU may find a strategy to organize public meetings with villagers to encourage men to accompany their wives when they go for antenatal, postnatal and family planning clinics. Maja (2007) found that family planning activities were more appreciated when men were involved in promoting sexuality issues including family planning. Similarly, Shattuck et al. (2011) found that men who communicate with their spouses were more likely to use family planning than those who did not. For men to accompany their wives to attend the clinics there is need to defeminised the family planning clinics.

The study found that some health care providers had negative attitudes towards clients, they were not respectful and did not give them comprehensive information about Jadelle . Pre and post counselling was inadequate, therefore, it is recommended that the Reproductive Health Unit (RHU) under the Malawi MOH in collaboration with the

District Health Management Team (DHMT) should do continuous professional development sessions on improvement of attitudes of health professionals towards clients.

Secondly, family planning providers at the clinics should do appropriate pre and post counselling so that the clients have detailed knowledge about the method including the side effects and what to do if these arise. Pre insertion and post insertion counselling should be done appropriately. The Nurses and midwives and Malawi Medical Council should reinforce professional conduct to ensure provision of quality family planning services. There is need to integrate human rights and ethics into the training curricula and in the provision of family planning services.

The RHU or other researchers should replicate the study with bigger population and wider coverage to promote the use of Jadelle. Furthermore, the study should focus on the factors that are associated with the use of Jadelle as a family planning method.

Conclusion

In conclusion, this study found that both men and women generally lacked knowledge about the mode of action of Jadelle as a family planning method. They reported that their main sources of information about family planning methods are significant others, media and health talks. Nonetheless, every opportunity should be utilised at antenatal, postnatal and family planning clinics to teach individuals about family planning. Further to that they must be given adequate information during Pre-insertion and Post-insertion counselling which might in turn increase utilization of the implant Jadelle. As such family planning providers like nurses should intensify one-on-one counselling to all the

FP clients to ensure that even the women and men can have clear and adequate information about Jadelle. This may allow women and men to make informed choices about use of Jadelle. This is in line with the TRA which proposes that there is a connection between level of knowledge and the intention to engage in behaviour such as choosing Jadelle. Hence, health care providers should also adequately address users' negative experiences like side effects which may lead to reduction in contraceptive use because some men are not comfortable with the side effects of Jadelle which are experienced by their spouses. The findings of this study are also in agreement with TRA which proposes that specific individuals who matter in one's life may influence ones choices depending on whether they approve or disapprove of the choice. It was clear that some women chose Jadelle because their spouses approved of it while others did not choose Jadelle because their spouse did not like it. In addition, the findings of this study agree with TRA which suggests that past behaviour impacts directly on present behaviour. It was clear that some couples chose Jadelle because it does not interfere with sexual activities. Therefore it is logical to conclude that knowledge about Jadelle, beliefs about Jadelle, subjective norms related to Jadelle and past behaviour and habit associated with Jadelle influence the utilisation of Jadelle among women.

REFERENCES

- Abasiattai, A.M., Bassey, E. A, and Udoma, E. J. (2008). Profile of Intrauterine Contraceptive Device acceptors at the university of Uyo teaching hospital, Uyo, Nigeria: *Annals of African Medicine*,7(1):1 – 5
- Aitken, R. J., Baker,M. A., Doncel,G. F., Matzuk,M. M., Mauck, C.K., and Harper, M.J.K. (2008). As the world grows: contraception in the 21st century. *The Journal of Clinical Investigation*,118 (4).
- Ajzen, I, and Fishbein, M. (1980) *Understanding Attitudes and Predicting Social Behavior*. New Jersey: Prentice-Hall.
- Aryeetey,R., Kotoh, A. M., and Hindin, M.J. (2006).Knowledge, Perceptions and Ever Use of Modern Contraception among Women in the Ga East District, Ghana. *African Journal of Reproductive Health*,14(4): 27.
- Barnhart, K. T., Coutinho, E., Furman, I., Luigi Devoto, L., & Pommer, R. (1987). Changes in the menstrual bleeding of users of a subdermal contraceptive implant of norgestrel acetate (Uniplant) do not influence sexual frequency, sexual desire, or sexual enjoyment. *Fertility and Sterility*,67(2)
- Berhane,A., Biadgilign,S., Amberbir, A., Morankar, S., Berhane, A. and Kebede Deribe, K. (2011).Men's Knowledge and Spousal Communication about Modern Family Planning Methods in Ethiopia. *African Journal of Reproductive Health*,15(4): 24

- Blanc, A.K. (2001). The effect of power in sexual relationships on sexual and reproductive health: an examination of evidence. *Studies in Family Planning*, 32(3): 189-213
- Bogale, B., Wondafrash, M., Tilahun, T. And Girma, E. (2011). Married women's decision making power on modern contraceptive use in urban and rural Southern Ethiopia. *BioMed Central Public Health*, 11:342.
- Branche, V., Faundes, A., Alvarez, F. & Garcia, A. (2006). Transition from Norplant to Jadelle in a clinic with extensive experience providing contraceptive implants. *Contraception*, 73:364– 367.
- Burns, N., & Grove, S. K. (2005). *The practice of nursing research: conduct, critique, and utilization*. (5th ed.). Philadelphia: Elsevier Saunders
- Burns, N., & Grove, S. K. (2009). *The Practice of Nursing Research: Appraisal, Synthesis, and Generation of Evidence*. (6th ed) St Louis, Saunders Elsevier.
- Chipeta, E. K., Chimwaza, W., & Kalilani-Phiri, L. (2010) Contraceptive Knowledge, Beliefs And Attitudes in Rural Malawi: Misinformation, Misbeliefs and Misperceptions. *Malawi Medical Journal*, 22(2): 38-41.
- Chigbu, B., Onwere, S., Aluka, C., Kamanu, C., O Okoro, O. and Feyi-Waboso, P. (2010). Contraceptive choices of women in rural South Eastern Nigeria. *Nigerian Journal of Clinical Practice*. 13 (2):195-99
- Cremer, M., Ditzian, L., April, A., Peralta, B., Klausner, D., Podolsky, R. and Dierking, E. (2011). Depot-Medroxyprogesterone Acetate contraception use among Salvadoran women: an in-depth analysis of attitudes and experiences. *Journal of Women's Health*, 20 (11): 1751-1756.

- Decker, M. and Constantine, N, A. (2011) Factors associated with contraceptive use in Angola. *African Journal of Reproductive Health*; 15(4): 68
- Duong, D. V., Lee, A.H. and Binns, C.W. (2005). Contraception within six month postpartum in rural Vietnam: Implications on Family Planning and Maternity Services. *European Journal of Contraception and Reproductive Health Care*, 10 (2):111-118.
- Elo. S. and Kyngas, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62 (1): 107-115.
- Fischer, M. A. (2008). Implanon: a new contraceptive implant. *The Association of Women's Health, Obstetric and Neonatal Nurses*, 37: 361-368.
- French, K. (2009). Long-acting Reversible Contraceptive. *Primary Health Care*, 19(4): 40-46.
- Frost, J.J. and Lindberg, L.D. (2012).Reasons for using contraception: Perspectives of US women seeking care at specialized family planning clinics. *Contraception* 87 (4):465-472.
- Futures, C. (2008). Analysis of the operational policy barriers to financing and procuring contraceptives in Malawi. *Health Policy Initiative: USAID*
- Goto, A., Yasumura, S., Reich, M. R. and Fukao, A. (2002). Factors associated with unintended pregnancy in Yamagata, Japan. *Social Science & Medicine*, 54 (7): 1065-1079.
- Ha, B. T. T., Jayasuriya, R.,and Owen, N. (2005). Increasing male involvement in family planning decision making: trial of a social-cognitive intervention in rural Vietnam. *Health Education Research*, 20 (5): 548–556.

- Haider, S., Todd, C., Ahmadzai, M., Rahimi, S., Azfar, P., Morris, J. L. And Miller, S. (2009). Childbearing and contraceptive decision making amongst Afghan men and women: A Qualitative Analysis. *Health Care for Women International*, 30:935–953.
- Ijadunola, M. Y., Abiona, T. C., Ijadunola, K. T., Afolabi, O. T., Esimai, O. A. and OlaOlorun, F. M. (2010). Male Involvement in Family Planning Decision Making in Ile-Ife, Osun State, Nigeria African. *Journal of Reproductive Health*, 14(4):45
- Ikechebelu, J. I, Joe-Ikechebelu, N. N. and Obiajulu, F. N (2005). Knowledge, attitude and practice of family planning among Igbo women of South-Eastern Nigeria. *Journal of Obstetrics and Gynaecology*, 25(8): 792 – 795
- Imbuki, K., Todd, C. S., Stibich, M. A., Shaffer, D. N., and Sinei, S. K. (2010). Factors influencing contraceptive choice and discontinuation among HIV-Positive women in Kericho, Kenya. *African Journal of Reproductive Health*, 14(4): 1 03
- Jacobstein, R. and Pile, J. M. (2008). *Hormonal Implants: new, improved, and popular when available*. The Acquire Project: USAID.
- Jan, M. and Akhtar, S. (2008). An analysis of decision-making power among married and unmarried women. *International Journal for Studies on Home Community Science*, 2(1): 43-50.
- Kane, R., Brown, S., Parkes, N., Walling, M. and Kallick, S. (2009). Long acting, reversible and permanent methods of contraception: insight into women's choice of method. *Quality in primary care*, 17: 107-14.

Khunga, S., and Lupick, T. (2011, November 17). Malawi: unsafe abortions lead cause of maternal death. *Daily Times*, p.12.

Krakowiak-Redd,D., Ansong,D., Otupiri,D., Tran, S., Klanderud,D., Boakye,I., Dickerson,T. and Crookston, B.(2011). Family Planning in a Sub-district near Kumasi,Ghana: Side effect fears, unintended pregnancies and misuse of a medication as emergency contraception. *African Journal of Reproductive Health*, 15(3): 135

Kululanga, L.I., Sundby, J. Malata, A. and Chirwa, E. (2011).Striving to promote male involvement in health care in rural and urban settings in Malawi: a qualitative study. *Reproductive health*, 8:36

Kululanga, L.I., Sundby, J. Chirwa, E. Malata, A. And Maluwa, M. (2012).Barriers to husband's involvement in maternal health care in rural setting in Malawi: a qualitative study. *Journal of Research in Nursing and Midwifery*, 1(1):1-10.

Kululanga, L. I., Sundby, J., Malata, A. and Chirwa, E. (2012).Male involvement in maternity health care in Malawi. *African Journal of Reproductive Health*, 16 (1): 145-157.

Ladipo O. A., Akinso S.A. (2005). Contraceptive Implants. *African Journal of Reproductive Health*, 9 (1): 16-23.

Levy, J. (2008).*Reaching the goals of Cairo: Male- involvement in family planning* (Carolina Papers on International Health No. 28). Center for Global Initiatives, NC:UNC Global.

Lincoln, Y. S. And Guba, E. G. (1985). *Naturalistic Inquiry*. London: Sage Publications.

Lo, S.S.T. (2002). Current perspectives on emergency contraception. *Hong Kong Medical Journal*, (8):435-9

- LoBiondo-Wood, G. and Haber, J. (Eds.). (2006). *Nursing research: Methods and critical appraisal for evidence -based practice*. (6thed.). St Louis: Mosby Elsevier.
- Maja, T.M. (2007). Involvement of males in promoting reproductive health. *Curatoni*, 30 (1): 71-76
- Malawi Demographic Health Survey (2010) *Malawi Democratic Health Survey*. National Statistical Office: Zomba.
- Marshal, M. N. (1996).Sampling for qualitative research. *Family Practice*, 13: 522-525.
- Monjok, E., E.,Smesny, A., Ekabua, J. E. and Essien, E. J. (2010). Contraceptive practices in Nigeria: Literature review and recommendation for future policy decisions. *Open Access Journal of Contraception*, (1):9–22.
- Ministry of Health (2009). *National Sexual and Reproductive Health and Rights (SRHR) Policy*. Lilongwe: Republic of Malawi.
- Ministry of Health (MOH) and IntraHealth (2010). *Pre-service education family planning reference guide*. Lilongwe, Malawi: MOH
- Ministry of Health (2009).*National Sexual and Reproductive Health and Rights (SRHR) Policy*. Lilongwe, Malawi: MOH
- Montano & Kasprzyk (2008).*Theory of Reasoned Action*. Retrieved from [http://www.apla.org/accionmutua/pdf/Theory of Reasoned Action.pdf](http://www.apla.org/accionmutua/pdf/Theory%20of%20Reasoned%20Action.pdf)
- Munhall, P. L. (2007). *Nursing research: a qualitative perspective* (4thed.). London: Jones & Bartlett Publishers International.

- National Statistical Office and UNICEF (2008). *Malawi Multiple Indicator Cluster Survey 2006, Final report*. Lilongwe, Malawi: National Statistical Office and UNICEF.
- Ministry of Health (MOH) (2009). *National sexual and reproductive health and rights policy*. Lilongwe: Ministry of Health.
- National Statistical Office (NSO) and ICF Macro, (2011). *Malawi Demographic Health Survey 2010*. Zomba : NSO; Calverton: ICF Macro. Ngwira, A. M. (2011). *Factors affecting men's decision to allow or refuse partners to use modern family planning methods in Lunzu, peri-urban Malawi*. Blantyre: College of Medicine
- Nte, A. R., Odu, N. and Enyindah, C.E. (2009). Male involvement in family planning: women's perception. *Nigerian Journal of Clinical Practice*, 12 (3):306-310.
- Nyanzi, S, Nyanzi, B, & Kalina, B, (2005). Contemporary myths, sexuality misconceptions, information sources and risk perceptions of Bodaboda men in Southwest Uganda. *Sex Roles*, 52: 111-119.
- Okanlawon, K., Reeves, M. & Agbaje, O. F. (2010). Contraceptive use: knowledge, perceptions and attitudes of refugee youths in Oru Refugee Camp, Nigeria. *African Journal of Reproductive Health*, 14(4): 17.
- Oladeji , D.(2008). Communication and decision-making factors influencing couples interest in family planning and reproductive health behaviours in Nigeria. *Studies of Tribes and Tribals*, 6(2): 99-103.
- Olaitan, O.L. (2011). Factors influencing the choice of family planning among couples in Southwest Nigeria. *International Journal of Medicine and Medical Sciences*, 3 (7): 227- 232.
- Omo-Aghoja, L. O., Omo-Aghoja, V.W., Aghoja, C. O., Okonofua, F. E., Aghedo, O., Umueri, C., Otayohwo, R., Feyi-Waboso, P., Onowhakpor, E. A., and Inikori, K.

- A. (2009). Factors associated with the knowledge, practice and perceptions of contraception in rural southern Nigeria. *African Journal of Reproductive Health*, 15(3): 135.
- Oyediran, K.A., Ishola, G.P. and Feyisetan, B.J. (2002). Factors affecting ever married men's contraceptive knowledge and use in Nigeria. *Journal of Biosocial science*, 34:497-510.
- Oye-Adeniran¹, B. A., Adewole, A. F., Umoh, A.V., Gbadegesin, A. .A., Ekanem, E. E., Yusuf, B., Odeyemi, K. A., Iwere, N. and Mahmoud, P. (2006). Community-based Study of Contraceptive Behaviour in Nigeria. *African Journal of Reproductive Health*, 10(2):90-104.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods*. (3rd ed.). London: Sage Publications.
- Pile, J.M., Ndede, F., Ndong, I., Jacobstein, R. and Johri, N. (2007, December 10-14). *Investing in the Future— The case for Long-acting and Permanent Contraception in Sub-Saharan Africa*. Paper submitted to the Union for African Population Conference Arusha, Tanzania.
- Polit, D.F. and Beck, C.T. (2010), *Essentials of nursing research: appraising evidence for nursing practice*. (7th ed.). Philadelphia: Lippincott Williams.
- Population Action International (2010). *Malawi- Unmet need for Family Planning*. Retrieved from <http://populationaction.org/wp-content/uploads/2013/06/Malawi.pdf>
- Power, J., French, R. And Cowan, F.M. (2012). *Subdermal implantable contraceptives versus other forms of reversible contraceptives or other implants as effective*

methods for preventing pregnancy (Review). Retrieved from
<http://www.thecochranelibrary.com/userfiles/ccoch/file/newsalert0307.pdf>

Quinn, H., and Le May, A. (2008). *Introducing the Contraceptive Sino Implant II* (Zarin) *in Sierra Leone*. London: Marie Stopes International. Retrieved from
<http://www.k4health.org/sites/default/files/Introducing%20the%20Contraceptive%20Impant%20to%20Sierra%20Leone%20finalDraft%20HQ.pdf>

Rehman, T., McKemey, k., Garforth, C., Huggins, R., Yates, C.M., Cook, R.J., Tranter, R.B., Park, J.R. and Dorward, P.T. (2003). *Theory of Reasoned Action and its integration with economic modelling in linking farmers attitudes and adoption behaviour-an illustration from the analysis of the uptake of livestock technologies in the South West of England*. Retrieved from
<http://ageconsearch.umn.edu/bitstream/24319/1/cp03re01.pdf>.

Rimal, R.N., Ratzan, S.C., Arntson, P. and Freitmuth, Y.S. (2002). Reconceptualizing the patient: Health Care promotion as increasing citizens' decision-making competencies. *Communication, 9(1)*: 61-67.

Ringheim, K. and Gribble, J. (2009). *Expanding contraceptive choice: five promising innovations*. Population Reference Bureau: Washington.

Salem, R. M. Jacobstein, R., Yacobson, I., Spieler, J. and Frazee, E, (2010). *Essential knowledge about hormonal implants*. Retrieved from
www.k4health.org/toolkits/implants.

Schaffir, J. (2006). Hormonal Contraception and Sexual Desire: A Critical Review. *Journal of Sex & Marital Therapy, 32*:305–314.

Shattuck, D., Kemer, B., Gilles, K., Hartmann, M., Ng'ombe, T. and Guest, G. (2011). Encouraging contraceptive uptake by motivating men to communicate about

family planning: The Malawi male motivator project. *American Journal of public health, 101 (6):* 12-8

Sharan, M. B. (2002). *Qualitative research in practice part 1: Introduction to qualitative research: The nature of qualitative inquiry*. Retrieved from <http://www.media.wiley.com/productdata/excerpt/56/07879589/078958956>.

Sharma, A. (2003). Male Involvement in Reproductive Health: Women's Perspective. *The Journal of Family Welfare, 49 (1):*1-9. Retrieved from <http://medind.Nic.in/jah/t03/i1/jaht03ilplg.pdf>

Sivin, I., Nash, H. and Waldman, S. (2002). *Jadelle levonorgestrel rod implants: a summary of scientific data and lessons learned from programmatic experience*. The Population Council: New York.

Smith, R; Clifton, D; Gribble, J., Ashford, L (2009). *Family planning saves lives*. Retrieved from <http://www.prb.org/pdf09/familyplanningsaveslives.pdf>

Speziale, H. J.S. and Carpenter, D. R. (2007). *Qualitative research in nursing advancing the humanistic imperative*. (4thed.). Philadelphia: Lippincott Williams & Wilkins.

Stover, J. and Ross, J. (2010). How increased contraceptive use has reduced maternal mortality. *Maternal Child Health Journal, 14:*687–695.

Taulo, F. (2010). *Eliminating unmet need for Family Planning in Malawi: Yes , we can*. Retrieved from <http://www.wilsoncenter.org/sites/default/files/Taulo%20Presentation.pdf>

Tilahun, M., Mengistie, B., Egata, G. and Reda, A. A. (2012). Health workers' attitudes toward sexual and reproductive health services for unmarried adolescents in Ethiopia. *Reproductive Health, 9:*19.

Ten, V.T.A. (2007). *Menstrual Hygiene: A Neglected Condition for the Advancement of Several Millennium Development Goals*. Retrieved from http://www.wsscc.org/sites/default/files/publications/tjon-a-ten-menstrual_hygiene-2007.pdf

Topsever, P, Filiz1, M., Aladağ, N, Topall, R., Ciğerli and Görpelioğlu, S. (2006). Counselling and knowledge about contraceptive mode of action among married women; a cross-sectional study. *BMC Women's Health*, 6, 12, 1-6. doi:10.1186/1472-6874-6-12.

Wang, X., Chen, C., Wang, L., Chen, D., Guang, W. and French, J. (2003). Conception, early pregnancy loss, and time to clinical pregnancy: a population-based prospective study. *Fertility and Sterility*, 79 (3): 577-584.

Watson, R; McKenna, H; Cowman, S; Keady, J; (Eds). (2008). *Nursing Research Designs and Methods*. Edinburgh: Churchill Livingstone.

Wiebe, E. R., Henderson, A., Joyce Choic,J., &, Trouton, K. (2006). Ethnic Korean women's perceptions about birth control: *Contraception*, (73):623– 627.

World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge for Health Project. Family Planning: A Global Handbook for Providers (2011 update). Baltimore and Geneva: CCP and WHO, 2011.

World Health Organization. (2007). *Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated mortality in 2003* (5th ed.). Geneva: World Health Organization.

Yousafzai, S. Y., Foxall, G. R., and Pallister, J. G. (2010). Explaining internet banking

behavior: Theory of Reasoned Action, Theory of Planned Behavior, or Technology Acceptance Model? *Journal of Applied of Social Psychology*, 40 (5): 1172-1202.

APPENDICES

Appendix A: Interview Guide – English Version

Code number.....

Date of interview.....

Name of interviewer.....

Introduction

1. Introduction of Principal Investigator
2. Explaining the reason for the meeting
3. Explaining how all answers will be treated confidentially

PART I: DEMOGRAPHIC AND SOCIOECONOMIC DATA

How old are you?

What tribe do you belong to?

What languages can you speak well enough to have a conversation?

What is your religion?

Have you ever attended school?

What is the highest level of your education you have attained?

What is your occupation?

What is your parity now?

For how long have you been practicing family planning with the implant Jadelle?

What family planning methods have you used in the past?

PART II : INTERVIEW

Knowledge about Jadelle

Can you tell me anything that you know about Jadelle?

Can you tell me how Jadelle prevents women from getting pregnant?

Can you tell me the type of information you received from health workers, friends and other people about Jadelle as a family planning method?

What are your comments on the adequacy of the information that is provided to you by these people about Jadelle?

What additional information would you like to learn/know about Jadelle?

Beliefs about Jadelle

Now, tell me about your perceptions regarding the use of Jadelle as a family planning method?

What is it that you like about the implant Jadelle?

What are your expectations regarding the use of Jadelle as a family planning method?



Subjective norms

Now, tell me what you think are the benefits of Jadelle as a family planning method to yourself, family and country.

Overall, what would you say about the support provided to you by health workers and significant others since you started using Jadelle as a family planning method?

What challenges have you been experiencing since you started using Jadelle as a family planning method?

What do you think are the factors which influence women to choose Jadelle as a family planning method?

What do you think are the reasons which make women not to choose Jadelle?

Past behavior and habit

What information would you share to your friends and relatives regarding your experience on the use of Jadelle?

Appendix B: Interview Guide – Chichewa Version

NDONDOMEKO YA MAFUNSO

TSIKU LOFUNSA MAFUNSO _____

DZINA LA OFUNSA MAFUNSO _____

NAMBALA YA OYANKHA MAFUNSO

ZOFUNIKA KUDZIWITSA ANTHU M'MAGULU

1. Kuonetsera mwini wa kafukufuku
2. Kufotokozera zolinga za kukumana
3. Kufotokozera m'mene zotsatira zazokambirana zizasungidwire mwa chinsisi

GAWO LOYAMBA: MBIRI YA OYANKHA MAFUNSO

Tsopano ndikufunsani mafunso okhudza mbiri yanu

Muli ndi zaka zingati?

Ndinu a mtundu wanji?

Kodi ndi zilankhulo ziti zimene mukhoza kuyankhula bwinobwino?

Mumapephera mpingo wanji?

Kodi munayamba mwayimbapo sukulu?

Sukuluyo mudalekeza kalasi yanji?

Kodi mumagwira ntchito yanji?

Kodi muli ndi ana angati?

Kodi mwakhala mukugwiritsa ntchito ya maleredwe a m’banja ya Jadelles kanthawi yayitali bwanji?

Kodi ndi njira yanji ya maleredwe yomwe munagwirisapo ntchito?

Gawo lachiwiri lamafunsa

Kodi mungandiwuzeko zimene mukudziwa zokhuza Jadelles?

Kodi njira ya “implant Jadelles” munayidziwa bwanji?

Kodi mungandiwuzeko za mmene Jadelles amatetezera a zimai kutenga mimba?

Kodi mungandiwuzeko kuti munamva zotani kuchokera kwa ogwira ntchito mchipatala, anzanu ndi anthu ena onse?

Kodi ndemanga yanu ndiyotani yokhunzana ndimmene munapatsiridwira uthengawu kuchokera kwa anthu amenewa za Jadelles?

Kodi mungakonde kuphunzira kapena kudziwa uthenga wina wotani wowonjezera za Jadelles?

Tsopano mudiwuzed maganizo anu okhunzana ndi kagwiritsidwe ntchito ka Jadelles ngati njira imodzi ya maleredwe a m’banja?

Kodi ndi chiyani chomwe munakonda mu njira ya maleredwe a “implant Jadelles”?

Ndichiyani chomwe mumayembekezera pogwiritsa ntchito Jadelles ngati njira imodzi ya maleredwe a m’banja?

Tsopano mudiwuzed zimene mukuganiza zopindulitsa za Jadelles ngati njira imodzi ya maleredwe a m’banja kwa inuyo, banja lanu komanso dziko lanu?

Kodi munganenepo motani mokhunzana ndi chithandizo chimene mwakhala mukulandira kuchokera kwa a zaumoyo, ndi anthu ena kuyambira pamene munayamba kugwiritsa ntchito Jadelles ngati njira imodzi ya maleredwe a m’banja?

Kodi mwakhala mukukumana ndi mavuto otani kuyambira pamene munayamba kugwiritsa ntchito njira ya Jadelles ngati njira imodzi ya maleredwe a m'banja?

Kodi mukuganiza kuti ndichiyani chimene chimapangitsa kuti azimai asankhe Jadelles ngati njira imodzi yamaleredwe?

Kodi mukuganiza kuti ndizifukwa zotani zimene zimapangitsa azimai kuti asasankhe Jadelles?

Ndi uthenga wANJI umene mungagawireko anzanu and achibale okhunzana ndi mmene mwawonera pakagwiritsidwe ntchito ka Jadelles?

Appendix C: Information and Informed Consent Sheet

I would like to welcome you to this study and would like you to know the following about the study:

Purpose of the Study:

The purpose of the study is to explore the perceptions of men and women towards the use of implant Jadelle as a family planning method at Queen Elizabeth Central Hospital.

Study Objectives: The objectives of the study are: 1) to describe the level of knowledge of men and women about Jadelle Implant. 2) To describe the views of women about the use of Jadelle as a contraceptive method. 3) To determine the perception of men regarding their partners' use of Jadelle as a family planning method. 4) To identify the factors associated with the use of Jadelle as a contraceptive method.

Procedures: If you consent to participate in the study, you will be interviewed individually in a private room within Queen Elizabeth Central Hospital. The interview will take between 30-60 minutes.

Risks and benefits: There are no physical risks to this study. Decline to participate in the study not interfering of treatment. You are free to decline to answer questions without giving reasons whenever you feel uncomfortable to do so and can withdraw at anytime. However, it is important that you know that the information given may help in making recommendations about implant Jadelle as a family planning method.

Confidentiality: All information given will be kept confidential and only used for research purposes. Codes and not names will be use for the study.

Participation is voluntary: Participation in the study is entirely voluntary and you can choose to withdraw from the study at any time without giving reasons for doing. If you have any questions please do not hesitate to contact: Brima Osaio-Kamara, Kamuzu College of Nursing, P. O. Box 415, Blantyre. Mobile: 0992783143 or Dr. A. Malata, Principal, Kamuzu College of Nursing, P/Bag 1, Lilongwe. Tel: 0111751622/200 or Chairperson, COMREC, College of medicine, Mahatma Ghandi Road, Blantyre: Tel: 0111877 245/291.

CONSENT STATEMENT:

I..... (Full names of participant) has received detailed explanation about the study; had opportunity to ask questions; my questions were answered satisfactory and voluntarily consent to participate in this research project.

Signature of participant Date

Signature of witness Date

Appendix D: Information and Informed Consent Sheet (Chichewa)

Takulandira ku kafukufuku uyu ndipo ndikufuna kuti mudziwe zinthu izi zokhudzana ndi kafukufuku ameneyi:

Cholinga chakafukufuku: Cholinga chakafukufukuyi ndikufufuza maganizo a zibambo ndi a zimai mmene akuwonera pakagwiritsidwe ntchito ka maleredwe a m’banja a “Implant Jadelle” ngati njira imodzi ya maleredwe a m’banja.

Ndondomeko yakafukufuku: Ngati mwavomera kutenga nawo mbali mukafukufukuyu, inu muzafunsidwa mafunso muchipinda moduka mphepo chachipatala cha Queen Elizabeth Central Hospital. Muzafunsidwa mafunsowa kwa nthawi yosachepera mphindi makumi atatu komanso osapyolera mphindi makumi asanu ndi limodzi.

Zovuta ndi phindu lotenga gawo pa kafukufuku: Simuzalandila chilango chamtundu wina uli onse chifukwa chosatenga nawo gawo lakafukufukuyi. Muli ndi ufulu wokana kuyankha mafunso popanda kupereka chifukwa pamene muwona kuti sindinu omasuka kutero. Komabe ndikofunikira kwambiri kuti mudziwe kuti maganizo amene mungapereke angazathandizire pokonza njira za “implant Jadelle” ngati njira imodzi ya maleredwe.

Chinsisi: Zinthu zonse zimene muzalankhule zidasungidwa mwachinsisi ndipo zidzagwiritsidwa ntchito pakafukufukuyi basi. Dzina lanu silizalembedwa mu lipoti lina liri lonse la kafukufuku ameneyi.

Kutenga nawo gawo pakafukufukuyi sikokamiza: Kutenga nawo gawo pakafukufukuyi sikokakamiza ndipo munkhoza kusankha kusiya kutenga nawo gawo pa kafukufukuyi pa nthawi ina liyonse popanda kupereka chifukwa mwachitira chonco. Ngati mungakhale ndi mafunso okhudzana ndi kafukufukuyi mukhoza kufunsa anthu awa: Brima Osaio-Kamara, Kamuzu College of Nursing, P. O. Box 415, Blantyre. Mobile: 0992783143 or Dr. A. Malata, Principal, Kamuzu College of Nursing, P/Bag 1, Lilongwe. Tel: 0111751622/200 or Chairperson, COMREC, College of medicine, Mahatma Ghandi Road, Blantyre: Tel: 0111877 245/291.

CONSENT STATEMENT:

Ine..... (Maina onse a
wotengapo mbali)

Ndafotokozeredwa mwasatanesane za kafukufukuyu; ndinapatsidwa mpata wofunsa
mafunso; ndakhutitsidwa ndi mayankho a mafunso onse omwe ndafunsa; ndiponso
ndavomereza mosakakamizidwa pa kutenga kwanga mbali kafukufukuyu.

Signature ya otenga mbali Tsiku

Signature ya mboni..... Tsiku

Appendix E: Letter Seeking Permission to Conduct Study

Letter Seeking Permission from the Chief Nursing Officer to conduct a study at the Family Planning Clinic at Queen Elizabeth Central Hospital

Kamuzu College of Nursing

P.O. Box 415,

Blantyre.

2nd July, 2012

The Chief Nursing Officer

Queen Elizabeth Central Hospital

P.O. Box 95

Blantyre.

Dear Madam,

RE: REQUEST TO CONDUCT A RESEARCH STUDY AT QUEEN ELIZABETH CENTRAL HOSPITAL.

I am a student at Kamuzu College of Nursing pursuing a Master of Science degree in Reproductive Health. In partial fulfilment for the award of Master of Science degree in Reproductive Health, I am required to conduct a research study. The purpose of this letter is to ask your permission to conduct the study in your health facility at the family planning unit. My research topic is: Exploring perception of men and women towards the use of the implant Jadelle as a family planning method in Malawi.

I look forward to your favourable response

Yours faithfully

Dr. Brima Osaio- Kamara

Appendix F: Letter of Approval to Conduct Study at QECH

Telephone: (265) 01 874 333 / 677 333
Facsimile: (265) 01 876928
Email: queenshosp@globemw.net

All communications should be addressed to:
The Hospital Director



In reply please quote **No.**

QUEEN ELIZABETH CENTRAL HOSPITAL
P.O. BOX 95
BLANTYRE
MALAWI

Ref No. QE/10

29th June 2012

Dr. Brima Osaio-Kamara
Kamuzu College of Nursing
P.O. Box 415
BLANTYRE

Dear Sir

**PERMISSION TO CONDUCT A RESEARCH STUDY AT QUEEN
ELIZABETH CENTRAL HOSPITAL**

This is to inform you that management has no objection for you to do your research study titled "Perceptions of men and women towards the use of Jadelle as a family planning method" as part of your fulfillment of the award of Master's degree in Reproductive Health.

All the best in your studies.


Yours faithfully,

A handwritten signature in dark ink, appearing to read 'T.N. Soko'.

T.N. Soko (Mrs)
CHIEF NURSING OFFICER
For: HOSPITAL DIRECTOR



APPENDIX G: COMREC APPROVAL CERTIFICATE.




**CERTIFICATE OF ETHICS
APPROVAL**

This is to certify that the College of Medicine Research and Ethics Committee (COMREC) has reviewed and approved a study entitled:

P.07/12/1251 – Perceptions of Men and Women towards the use of Jadelle as a Family Planning Method by Dr. B. Osaio-Kamara

On 30th July 2012

As you proceed with the implementation of your study, we would like you to adhere to international ethical guidelines, national guidelines and all requirements by COMREC as indicated on the next page


Prof. J. M. Mfutsa-Bengo, Chairperson (COMREC)

Approved by College of Medicine 31 JUL 2012 (COMREC) Research and Ethics Committee	31.07.2012 Date
--	--------------------

Appendix H: Transcriptions on interviews held with participants

TRANSCRIPTIONS ON INTERVIEWS HELD WITH PARTICIPANTS

INTERVIEW 1

Sex: Female, **Age:** 28, **Tribe:** Lomwe, **Religion:** CCAP

Level of education: Malawi School Certificate of Education (MSCE)

Occupation: Business

Children: 2 Children (A boy and a girl)

For how long have you been using jadelle implant? 5 years

Before using jadelle what other family planning have you used? Oral contraceptive pills.

Interviewer: Can you tell me how you came to know Jadelle?

Participant: I was told by a friend.

Interviewer: What did your friend say?

Participant: She told me that oral pills are easier to forget taking them whilst the use of jadelle once inserted its done you just wait for removal.

Interviewer: You have told me how you came to know about jadelle, but can you please tell me what you know about jadelle?

Participant: You mean experience?

Interviewer: Any information you have regarding jadelle.

Participant: Sighs.

Interviewer: Anything that you were told or taught from friends.

Participant: Mmmmh. This question will be difficult for me to answer.

Interviewer: Will it be difficult to answer?

Participant: Nods head.

Interviewer: Ok, so may you tell me how jadelle prevent women from getting pregnant?

Participant: I just know that once jadelle is inserted, no matter what the circumstances, you can't be pregnant.

Interviewer: So how does jadelle work?

Participant: It prevents women from getting pregnant when they have sexual intercourse with their husbands.

Interviewer: How?

Participant: Laughs for some time.

Interviewer: You have no answer? Ok.

Participant: Continues laughing.

Interviewer: Now how the one who gave you information on jadelle did told you the information?

Participant: She told me in an encouraging manner and in a way that I should understand well.

Interviewer: How did she tell you, I want to know the information?

Participant: She was already on jadelle, so she told me that she was not experiencing any problem so I should try the method also.

Interviewer: What information did you get from health workers, friends and others?

Participant: They encouraged me that it's a good method.

Interviewer: What did they say were the advantages?

Participant: They say once inserted, its for 5 years, no need for frequent hospital visitations even if jadelle gets out of stock at 2 years you will have no problems.

Interviewer: What is your comment on the way you were given information from health workers, friends and others on jadelle?

Participant: It is a good method.

Interviewer: Is it a good method, you think you were given enough information?

Participant: Mm.

Interviewer: What kind of information would you love to be told in addition to what you already know regarding jadelle?

Participant: Mm

Interviewer: What would you like to know regarding jadelle?

Participant: I should just say more regarding jadelle.

Interviewer: Like what, more regarding jadelle? Like what? What would your questions be as far as jadelle is concerned?

Participant: Is there no complication/side effect if you use jadelle continuously.

Interviewer: Is that what you would like to know?

Participant: Mmm

Interviewer: Now tell me your views regarding the use of jadelle as a family planning method?

Participant: It is a good method. It should continue.

Interviewer: What do you mean when you say that it is good and should continue?

Participant: Others do change frequently, but to me, I feel it's a good method.

Interviewer: If people ask you what is its advantage, what would you say?

Participant: I do not experience any problems.

Interviewer: So you are telling me that the advantage is that you don't experience any problems?

Participant: Yes.

Interviewer: What is it that you like about jadelle?

Participant: It is a family planning method which does not make you busy, once inserted, that is all you just wait for removal.

Interviewer: What is it that you expect when using jadelle?

Participant: Not to have unexpected/ unplanned pregnancy.

Interviewer: Now tell me what do you think are the benefits of jadelle as a family planning method to you, your family and the country?

Participant: May you come again?

Interviewer: What do you think are the benefits of using jadelle as a family planning method to you, your family and to the country?

Participant: Okay, I have time to take care of my children and to do business, and I can also manage to take care of my children because of jadelle.

Interviewer: What about to the country?

Participant: If people are not giving birth now and then it benefits in a way that there are enough drugs in the hospitals. Mothers have time to participate in the development projects in the country.

Interviewer: Thank you very much. What is your comment regarding the support provided to you health workers, friends and others?

Participant: I have been receiving good assistance, it has helped in my life.

Interviewer: What kind of help do you receive from family planning providers and others?

Participant: From health workers I receive good assistance. As to the family I have already said that it has helped us so much.

Interviewer: What are the challenges you have been experiencing since you started using jadelle as a family planning method?

Participant: Sometimes I miss my monthly periods for a month then the following month I could have it normally. That is what I regard as a problem to me, but when menstruating I do not have any problems.

Interviewer: What do you think are the factors that influence women to choose jadelle as a family planning method?

Participant: It's a method that does not make a woman busy.

Interviewer: What do you think are the factors that make women not to choose jadelle?

Participant: Maybe they fear when they hear that a minor operation is involved when inserting jadelle. Maybe they think it's painful.

Interviewer: What information would you like to share to your friends and relatives regarding your experience on the use of jadelle?

Participant: It is a good method.

Interviewer: Maybe someone would ask, what you mean when you say that it's a good method so that they should also understand.

Participant: I do not experience problems as I hear is the case with other methods.

Interviewer: You heard that other methods cause what kind of problems?

Participant: Others say that when using injectable you do have prolonged menses, but I was quick to say that it varies from one individual to another.

Interviewer: Thank you very much but you were saying something, can you continue.

Participant: It's a good method especially for as a business woman, when I have problems with transportation, it does not affect me in a sense that I should be thinking of going to the hospital. I am free minded that all is well.

Interviewer: Thank you very much for accepting to take part in this interview.

Participant: Thank you.

INTERVIEW 2

Sex: Male, **Age:** 34, **Tribe:** Lomwe, **Religion:** Roman Catholic

Level of Education: Malawi School Certificate of Education (MSCE), Diploma in Business Administration & Diploma in Security

Occupation: Intelligence Officer

Parity: 2 Children

Length of Usage Implant Jadelle: 2 ½ years

Family Planning Method used before: Injection

Interviewer: As I have already said that my name is Constantine Chaima and I work at Kamuzu College of nursing and now I have started recording. My questions are not difficult and there is no right or wrong answer.

I would like to know how you come to know jadelle as a family planning method?

Participant: I came to know this method through Banja La Mtsogolo clinic where they said that there are these family planning methods and one of those methods that I came to know about was jadelle.

Interviewer: Were you going to Banja La Mtsogolo?

Participant: Yes, Banja La Mtsogolo where she was using injection method that time, it's where they said that there is another method called jadelle.

Interviewer: Were you going there with your wife?

Participant: Yes, when we just got our first child she wanted to use one of the family planning methods.

Interviewer: So why did you stop using the injection method?

Participant: We stopped the injection method because after being injected sometimes she was having continuous menstruation and that is why she stopped.

Interviewer: You said that you came to know this method through Banja La Mtsogolo and I would like to know how jadelle prevents women from getting pregnant.

Participant: I have seen that this method is effective because you can have sex with your wife anyhow without getting pregnant unlike the injection because sometimes you find that they have expired but this method I have seen that for 5 years is at least a good time that you can have sex with your wife as you wish any time without getting pregnant.

Interviewer: You said that you heard about this method from Banja La Mtsogolo, this information of jabelle, how were you told?

Participant: When we went there at first, when she was having continuous menstruation they said if it's like this then that means this woman did not go along with the method but there is this other method of family planning called jabelle and is good. They just said is good.

Interviewer: Did they explain to you its goodness?

Participant: No, they just said that it is good and it can stay for 5 years while using it and you can have enough space for the mother and a child can grow up, you can have a good time for 5 years.

Interviewer: Okay, so for 5 years what kind of problems did you experience?

Participant: Of course we had problems. The problem is like in the first year we did not experience any difficulties but in the second year there was a problem like if she start menstruating this week then after another week when she think that I have finished or maybe after two or three days will start again continuous and then from there she menstruates 2 weeks or 1 week and other days like that, it has been on and off because she had no ample time to rest doing menstruation. It happened that she was menstruating most of the time than the time she was not.

Interviewer: So this time was she coming to the hospital for check up?

Participant: Yes, she went first time to Banja La Mtsogolo and they told her that those were the effects of jabelle, which normally occur when you are on jabelle and they prescribed her some pills to buy. They told her that if this continues you should come back. So when we came back they referred her to Queens. So here at Queens, she was referred the Health Center, at Ndirande. At Ndirande Health Center she was prescribed with other pills and told her that if there will be no change she should come back. So there after she was referred to come here at Queens, we were told that as it is maybe you did not go along with the method so remove it.

Interviewer: Okay, now we continue because the lady interrupted us. So that time which year was that when you were experiencing all these things?

Participant: That was starting from last year between November and December. She came here at Queens this year around May. April and May it's when she came telling them that I want this removed and they told her that it was impossible. They told her that it was impossible and then we decided to go to Banja La Mtsogolo because some people said that they might remove it at Banja La Mtsogolo but you

will have to pay K 1500.00 then I said oky I will go because I saw how she was suffering because when we wake up maybe we will find that all bed sheets have been messed up or sometimes you will find that when she stand up she is messed up with blood, then I thought that maybe my wife is suffering. Then Banja La Mtsogolo said that even if you remove this, its effect will be there for 5 years and you better just leave it and then we decided just to accept it and leave it the way it is.

Interviewer: In continuation, you have already told me what you heard about jabelle from health workers but what did you hear about jabelle from other people?

Participant: No, I have never heard.

Interviewer: Okay, and you said that when she came to this hospital to remove jabelle and they said that they cannot remove it. Do you know the reason why they said that they cannot remove it?

Participant: Ah, of course she came alone but she explained to me that the first reason was that the things that they inserted have gone much deeper and after 5 years those things slowly come to the surface but at the moment it's impossible. The second reason they said that even if they remove it its effect will be there for 5 years because the contraceptives have already taken its roots, so those were the reasons given to her that it's impossible to remove.

Interviewer: So what is your comment on information about Jabelle, the way it was given to you?

Participant: That we should start using jabelle?

Interviewer: Yes, that you should start using jabelle.

Participant: My view is that we were not very well educated in details of how it could be because maybe family planning methods depends on the function of your body that according to this person's body this kind of method will work. So these people just told us but not in details that if you do this there will be these side effects. Or maybe saying that if you do this you will see these things happening. They did not say if you see these happening you should come for medical treatment but what they only said was that this method is good. Its goodness was that you will be having child spacing for 5 years, and you will be having sexual intercourse without any problem. There will be no any problems and you will always be the way you are and it's different from injection which takes only for three months. So we saw that this method is better than having injection frequently therefore we decided to use this method. But they did not explain to us that there will be other problems or that maybe contraceptives depend upon the function of the body of a person and they did not tell us that in this method of family planning you should do this and so forth.

Interviewer: And there was no any diagnosis before the use of this family planning method?

Participant: No, they did not diagnose her and what they did was just insertion of the jadelle.

Interviewer: Was there any problems like some people when they want to have sex with their wives, the wives do not have any desire to have sex. Was there any problem like that?

Participant: Ah, no, I should not lie. The way it was before using any family planning method and even when using family planning methods, I do not differentiate. Sometimes she was the one with much appetite than me telling me lets do it. Maybe me being tired that day, she was the one telling me lets do it, maybe wanting more than me because of my tiredness. Maybe the effect I can see to me is that maybe I can have sex with her once maybe during the night or when we go to bed around eight O'clock then I can sleep the rest of night no more appetite but while my wife still wants more.

Interviewer: So what would you like to learn more on information about jadelle?

Participant: Maybe like if they have changed or maybe we were using old product of jadelle and maybe they have changed to new product and maybe if there are any changes that they should give us information about it. If there are any changes and also before inserting that is if she is going to use it again they must diagnose her first because I don't know if they diagnose first or whatever they do but they must give us information in details, that jadelle is like this because they did not give us any information about jadelle, not even counselled but they just inserted and at the moment if there can be information of jadelle of its effects or of how it works but I do not have any information. I do not know.

Interviewer: So that means you were not given enough information?

Participant: No, not at all and even now I do not have any information about that but what I know is that my wife is on family planning and is using this method but even when she came for jadelle she came because of what she had heard from Doctors that there is this method of family planning but not that we were given any information in details.

Interviewer: In continuation, I would like to know, apart from those effects what else did you like in jadelle?

Participants: Yes the other thing I said, to say the truth, I loved it because I was comfortable because I know that I can do it any time without any problem with my wife, having sex with my wife any time whether in the afternoon without thinking that I will disturb my wife by getting pregnant and I loved it very much and as I already said that I did not see any change, of course others say that their wives lose appetite and even men say that they lose their appetite toward their wives but to me I did not see any problem, it was just normal to me.

Interviewer: Did you hear from your friends that they lose appetite?

Participant: Yes, they say that whenever they are with their wives they they lose their sexual desires because contraceptives overflows into the man's body, that is what they say but to me I have seen that ever since I observe no change. But maybe the problem I said that it was maybe once because of tiredness due to work or sometimes when you are used to your wife it was something like that but I did not see any difference. It was normal to me.

Interviewer: As you have said that they were saying, were they using the same method of family planning jadelle or they were using other methods?

Participant: Yes, like I had a friend of mine and we were doing studies together who was using the same method of jadelle, he has three children and he was telling me that they have decided that his wife should go to the hospital to close her womb because he says there is no any other method he can do and just decided to close the womb. He said he was using the same jadelle as family planning method.

Interviewer: In addition, what else did you expect from using jadelle, in other ways lets say that you choose jadelle as your family planning method and you expected something that maybe when using this method these things are expected. So what did you expected from the use of jadelle?

Participant: Okay, about sexual intercourse or?

Interviewer: Everything, let's say that you said that she started experiencing problems like having irregular menstruation, so lets say that before you decided choosing this method of jadelle, what did you expect from the use of this method of jadelle?

Participant: Okay, what I expected was my wife to have normal menstruation. Her time of menstruation should be normal and consistent, if she does three days it must be three days or five days, should be five days. So that after her menstruation period she can stay until another circle because what happens is that there are others that they no longer menstruate, their menstruation circle ceased like if they menstruate it was only before inserting jadelle and staying about three years without menstruating. And there are others it happens that they menstruate continuously. So what I expected was that if my wife uses jadelle for five years her menstruation circle will be normal. That is what I expected, that there should be nothing else only aware that my wife is on contraceptives. And there should be time for menstruation and time for no menstruating.

Interviewer: What support have you received from health workers and significant others?

Participant: Concerning the way it was with these effects?

Interviewer: Yes

Participant: At first some people were saying that you go to the hospital to remove it, more especially it was her parents who were saying that maybe the way it is my child is not well. She also went and explained all these to my mother and my

mother told her to go to the hospital to remove it. She told her that if this is removed then I will conceive again and my mother told her that it's alright because that's your husband, what else are you going to do? Because I am doing other things then they are going to be affected. So a lot of people were saying no but health workers assisted us by prescribing medicine to buy at the pharmacy. The way it was supposed to support us, prescribing to buy medicine. And after taking medicine sometimes it ceases and other times no. They have indeed supported us.

Interviewer: What do you think that makes women to choose or not to choose jadelle as one of the family planning method?

Participant: The first reason I can see that women should choose jadelle is that they are on the safe side for a long time because you know there are many things that we desire maybe that day the woman will say that lets use condom because I might get pregnant and a man do not want to use condom and when women are on any form of contraceptives are supposed to be on safer side and you find that other women are on jadelle without telling their husbands. There are women out there using jadelle secretly and their husbands wondering why their wives are not conceiving, because they know that they are on the safe side.

Other effects that make women not to use, because you have asked me what will make them to use or not to use, is that other effects like these can make women tell their friends that ah it's not good, without knowing how their bodies will react to the contraception, one woman will say that it is not good because of the side effect so she might opt for removal, therefore those women will decide not to choose the method. But what I need is that maybe before that person start using jadelle, that person should well be told, counseled that these are like this and it's up to her to take it or leave it.

Interviewer: So I would like to know your comment as someone whose wife used jadelle and what information can you share with your friends on the use of jadelle?

Participant: What I can say and counsel them is that jadelle is good but I cannot say the way it had its bad effects on my wife does not mean that someone else can experience the same bad effects, but the way I see it, is good family planning method. I don't know if there is any other way because we cannot use condoms frequently and also that injection sometimes when you go to the hospital you find that there is no injection. It's possible that they tell you that at the moment we have no injections go somewhere and you find that that time the woman is to meet her husband and injection is not there. At this moment others are saying that loop, it's not available in other hospitals, so if you use jadelle more especially women or even men it can be that for 5 years they will be on safe side. People using jadelle as a family method will be making plans very well like the women, be it business or work, like me I was not worried, knowing that my kids will grow well.

Interviewer: What would you like that the hospital can do in order that other people should know jadelle?

Participant: The hospital, what I see is that civic education, educating people that this method is like this, A, B, C, D and when doing they should enlighten people it's advantage and we should not look the bad side of it but we should look the good side of it and how it can help people in their lives. Because to me I see that it's good as I have already said because it gives you enough time to do what you want on your family development and even the development of the country and also your life is on the safe side because you don't think these other things that what should I do now, as a person, you do not do anyhow pregnancy but it's when family planning that you say my wife 5 years have gone we should have a child or not and if you remove it it's up to you that now we should do or not, yes at that time, so I see that if health workers can organize civic education or the way we have come informing people that there is this method and its advantages, giving them civic education or sensitizing people that there is this and these are its advantages. Also that people, because some people do not know, they just do that they want to be on the safe side without knowing its advantages or disadvantages. I would have also loved that those health workers when enlightening people, that is if it depends upon other problems, that there are other effects that comes because you did not go along with such as so and so forth, if there are those effects there are also its options. If you can enlighten people in that way.

Interviewer: I thank you very much and this is the end of the interview. I thank you so much because of your coming here and your information is very important and is the kind of information needed. It will be useful in this research. Thank you very much.

INTERVIEW 3

Sex: Female, **Age:** 28, **Tribe:** Ngoni, **Religion:** Roman Catholic

Level of Education: Junior Certificate of Education (JCE) & Form 4 (No certificate)

Occupation: Business (sell second hand clothes in Limbe)

Children: 2 children

For how long have you been using jadelle as a family planning method? 5 years

What other family planning method have you ever used in the past? Depo & Oral Pills

Interviewer: May you tell me of what you know about jadelle?

Participant: I know that jadelle is one of the family planning methods that when a woman inserts stays with it for 5 years.

Interviewer: How did you come to know jadelle method?

Participant: I knew it when I delivered my second child. I went to hospital for check up, that is where they were explaining about family planning methods.

Interviewer: Who was explaining?

Participant: It was at Zingwangwa Health Center, I have just forgotten the nurse.

Interviewer: Ooh but it was from a health worker?

Participant: Yes.

Interviewer: May you tell me how jadelle prevents women from getting pregnant?

Participant: Jadelle helps women not to become pregnant by stopping ovulation?

Interviewer: Ok, is there any way that it works?

Participant: It makes semen to be weak, so that no fertilization takes place.

Interviewer: You said to weaken the semen?

Participant: Mmmh.

Interviewer: Is there any way that jadelle works?

Participant: It's those two ways.

Interviewer: How does jadelle weaken the semen?

Participant: Sighs and kept quiet for some time.

Interviewer: Who told you about jadelle as a family planning method?

Participant: I have already told you that I heard from a nurse at Zingwangwa Health Center.

Interviewer: How was the information given to you?

Participant: She told us through that day's lesson which they normally give before starting work.

Interviewer: Thank you. May you tell me what you heard from other health workers, friends and significant others about jadelle?

Participant: Health workers encouraged me that it is a good method other friends said it is not a good method for one has a prolonged PV bleeding. Others accept it as a good family planning method. Everyone says her views according to how she perceived it.

Interviewer: For those who were saying it's not a good method, they said it does what?

Participant: They have prolonged menses and they said that they have their feet burning.

Interviewer: What is your comment in regard to information you were given from these people on jadelle?

Participant: My comment is that it is a good method to those who experience no problem with this method. it is the best because you do not think of coming to hospital now and then, once inserted you wait for 5 years to come again to the hospital.

Interviewer: Thank you. What additional information would you like to know about jadelle?

Participant: The information I would like to know is how it can affect us in our bodies. No. 2 the benefits if I remove it, will I be able to conceive again without problems?

Interviewer: Now may you tell me about your perceptions regarding the use of jadelle as a family planning?

Participant: My views are that jadelle is a good method, it should continue.

Interviewer: What is it that you like jadelle?

Participant: It is a method that gives time to a person.

Interviewer: When you say it gives time to a person, what do you mean?

Participant: Once inserted jadelle takes time for you to come again to hospital whilst these other methods on the other visits you may find them out of stock whilst jadelle is for 5 years, you will be free to do your own things.

Interviewer: Thank you. What is it that you expect as you are using jadelle as a family planning method?

Participant: I expect not to have another child at a time am not expecting it.

Interviewer: Now tell me what you think are the advantages of using jadelle as a family planning method you, your family and the country?

Participant: To myself I have all the time to do my work. To the family, it helps me not to give birth now and then and I am able to take care of those whom I have. To the country it's a good way because I can say it does not give busy, the equipment used is for 5 years than let's say Depo once injected, after 3 months you come again for another injection.

Interviewer: What is your comment on the support provided to you by health workers and significant others since you started using jadelle as a family planning method?

Participant: I receive appropriate help/support and I am satisfied.

Interviewer: What are the challenges that you have been experiencing since you started using jadelle as a family planning method.

Participant: At first I used to be hungry very much, feeling nausea but after six months it's changed (Laughing background).

Interviewer: What do you think are the factors which influence women to choose Jadelle as a family planning method?

Participant: Good counseling skills are what make women to choose this method.

Interviewer: Is that all?

Participant: Mmmh.

Interviewer: What do you think are the factors which make women not to choose Jadelle as family planning method?

Participant: Not being taught well. Most women do not know the benefits of Jadelle just hear. If they be taught well and do understand they might choose this method.

Interviewer: What kind of information would you share with your friends and relatives regarding your experience on the use of Jadelle?

Participant: My information to them is that Jadelle is a good family planning method, once inserted you do not think of coming to hospital now and then you are free to do your own things. Secondly you are not affected if other methods get out of stock at hospital. Thirdly it's a good way that everyone has been taught about it and understands it very well it might benefit everyone in her life.

Interviewer: Thank you very much. Do you have anything to add that maybe I did not ask?

Participant: Laughs and nods head (no).

Interviewer: Thank you very much for sparing your time for this chat. Thank you.

INTERVIEW 4

Sex: Male, **Age:** 32, **Tribe:** Chewa, **Religion:** Seventh Day Adventist

Level of Education: Malawi School Certificate of Education (MSCE)

Occupation: Cleaner

Parity: 2 children

Length of Usage Implant Jadelle: 2 years

Family Planning Method used before: Injection

Interviewer: Now I have started recording and as I have already told you that I am Constantine Chaima and I work at Kamuzu college of Nursing and here we are

going to have an interview because there is a research going on, on the use of Jadelle to hear about your experience of Jadelle for the time you have been using it. Therefore I would like to know what you know about Jadelle.

Participant: Jadelle is really a good family planning method because it takes some years for child spacing. It's different from injection and other methods of family planning because if this takes 5 years that means it's very nice.

Interviewer: From where did you know about Jadelle? Or in other words how did you come to know Jadelle?

Participant: I came to know Jadelle from my wife who explained to me and it was not even difficult for me to allow her to use this method of family planning.

Interviewer: Did you agree?

Participant: No, we sat down and discuss about it then after agreement I too saw that it was a good method for child spacing.

Interviewer: Can you tell me how Jadelle prevent women from getting pregnant?

Participant: The way Jadelle prevents women from getting pregnant; ah I find this question very hard.

Interviewer: The way it prevent a woman not to get pregnant could be that, okay let's leave that one because you have said that you find that question hard. Can you tell me after discussing with your wife, was she the only one from whom you get this information?

Participant: Yes, I did not take part in learning to know how it is.

Interviewer: Okay, this Jadelle we are talking about, have you never heard from health workers or your friends talking about this method of family planning called Jadelle?

Participant: I heard much about it from my wife the time she was explaining to me but what pleased me very much was that it takes some years unlike other methods of family planning like injection which has got other problems, which shows that has got some other side effects.

Interviewer: Injection?

Participant: Yes. And this is the first time to use this method, so we will see in the future if there will be any problems but as of now there is no any problem.

Interviewer: You have said about injection method, has your wife ever used it?

Participant: Yes.

Interviewer: Was she having any other effects?

Participant: Mostly it was like that she was suffering from it.

Interviewer: How was she suffering from it?

Participant: Like when injected sometimes she was complaining of stomach ache.

Interviewer: So what is your comment on Jadelle the way information was given to you by your wife? What is your comment about this Jadelle?

Participant: I appreciate very much because of this type of family planning method and these times around there are so many people who are using this same method of family planning. And as I have already said that it's for the first time I have never heard of it having any side effect at this moment.

Interviewer: What type of information would you like to learn or to know in addition to what you already know about Jadelle?

Participant: I would be very much happy if I can learn of this method of Jadelle as I have already said that since it's the first time, I have never heard anything about Jadelle. Not even learn so this can be good to know of how it is.

Interviewer: Is there anything to add on top of what you have said on how you can learn?

Participant: Ah, I will be glad if maybe you call us again another time that maybe should take part in learning of this method so that we will be well informed and able to inform our friends who do not know of this method, explaining to them its advantages and disadvantages.

Interviewer: So tell me your perceptions about the use of Jadelle as one of family planning methods.

Participant: Can you explain again clearly?

Interviewer: Tell me your experiences of using Jadelle as one of family planning method.

Participant: Okay, my experience mostly is that maybe if it was, ah I find it very hard there. As I already said that I do not know very well because it's the first time.

Interviewer: Okay, so let me ask you another one. What exactly did you like in this method of Jadelle?

Participant: The thing that pleased me very much on the use of this method?

Interviewer: Yes.

Participant: It is that this method takes so many years.

Interviewer: That's the only thing you loved?

Participant: Yes.

Interviewer: So what did you expect from using Jadelle as one method of family planning? What did you expect?

Participant: What we expected?

Interviewer: Yes.

Participant: Ah, we were expecting that, what usually happens is that we prevent a woman from getting pregnant frequently. So my expectation is that this method of child spacing as I have already said that it pleased me very much since it takes for some years because the way it is nowadays, it's wise to practice child spacing. Yes that is what pleased me.

Interviewer: So what do you think, of course you have already told me but still more I would like to know the benefits of using Jadelle as one method of family planning to your family, others and the whole country.

Participant: The benefits are that mostly this method of family planning can be one part of reducing death of women in prevention of giving birth frequently because if the person is giving birth frequently it is not good because immune system decreases but if a long time has gone, some years and then give birth, the body becomes healthy.

Interviewer: What do you mean by immune system?

Participant: Mostly there, it's like if the woman gives birth frequently she loses much blood in the process and these things cause other problems in the person's body.

Interviewer: And I would also like to know that ever since you started using this jadelle, what support have you received from the people working in the hospitals or from relatives and other people in your the area.

Participant: About this method of family planning?

Interviewer: Yes

Participant: Ah as of now there is nothing else.

Interviewer: Which hospital inserted jadelle on your wife?

Participant: This same hospital of Queen Elizabeth.

Interviewer: Though you have already said at first that you have never experienced any problems. Is that what you have said?

Participant: Yes.

Interviewer: Your wife did not experience any problem?

Participant: No.

Interviewer: Or should I say that if you want to have sex with your wife, any problem on that?

Participant: No, there isn't.

Interviewer: There isn't?

Participant: Yes.

Interviewer: Okay, so what do you think what make your wife to choose Jadelle or in other words other women choose Jadelle and others do not choose Jadelle? So I would like to hear your views about what make a woman to choose or not to choose Jadelle?

Participant: Ah, as I have already said there, that some are able to choose Jadelle because they were told of its benefits and they differentiate it in a way they were told of other methods of family planning like injection and other methods. So if they are told of its benefits the probability of choosing it is high. Therefore after my wife being taught, she also maybe heard from friends talking the benefits of using Jadelle, that is why she was interested to use this method of family planning.

Interviewer: So what is your comment on your experience on the use of Jadelle to other people?

Participant: What I can tell other people is that they must choose this method because it is the only method that takes long time before giving birth to another child.

Interviewer: Is that all?

Participant: Yes that is the only comment.

Interviewer: What should the hospital do on the use of Jadelle?

Participant: What the hospital can do on this method?

Interviewer: Yes

Participant: It's to encourage women, educating them to know this good method of family planning called Jadelle.

Interviewer: Only women?

Participant: All together with men. Mostly what happens is that when women go for maternity check-up, therefore the woman is supposed to inform her husband of these things. The other thing is that they should teach both women and men so that there must be no any other suspicion among them.

Interviewer: Where should this civic education take place?

Participant: Mostly in the hospitals.

Interviewer: Only hospitals?

Participant: If they have enough time they can be moving around in the areas educating people because there are some people who have transport problems due to long distances from hospitals.

Interviewer: Okay, thank you very much for your compliance and you have given information we are looking for but if there might be a gap in what you have already given us, we will give you a call just to fill the gap.

Participant: Thank you very much.

Interviewer: Yes, I thank you so much.

INTERVIEW 5

Sex: Female, **Age:** 26, **Tribe:** Ngoni, **Religion:** Seventh Day Adventist

Level of Education: Junior Certificate of Education (JC). Reached Form 4 but has no MSCE

Occupation: Hospital Attendant

Children: 2 children

For how long have you been using Jadelle as a family planning method of your choice? For almost a year now, will be 1 year in 2 weeks' time.

What other family planning method have you used in the past? Depo Provera

Interviewer: May I ask you to tell me what you know concerning Jadelle?

Participant: Jadelle is one of the family planning methods.

Interviewer: Yes is there anything you want to add on what you have said.

Participant: Nothing to add.

Interviewer: How did you come to know the Jadelle method?

Participant: I knew it as a family planning.

Interviewer: Ok, for you to know it, where did you hear it from?

Participant: I heard it from a certain staff, one of the sisters from family planning clinic.

Interviewer: May you tell me how Jadelle prevents women from getting pregnant.

Participant: Looks away...., stays quite for some time.

Interviewer: What is it?

Participant: It helps that the child should grow.

Interviewer: How does it help a child to grow, any information that you were taught or heard from people that when inserted Jadelle, how does it work that a woman should not get pregnant?

Participant: Stays quite for some time then says that I do not know.

Interviewer: Then can you tell me that the nurse who told you information on Jadelle, how did she present it to you?

Participant: She mentioned that it is a good method which could be used for child spacing for a long time.

Interviewer: Yes.....

Participant: For 5 years.

Interviewer: For 5 years, what else, did you sit down and learn or were you not given hand-outs or notes?

Participant: No.

Interviewer: Can you tell me the type of information you received from health workers, friends and other people about Jadelle as a family planning method?

Participant: I heard that it is a good family planning method whilst other people say that when using it you fall ill frequently.

Interviewer: That a person falls ill frequently, did you hear it from health workers or friends?

Participant: Other people.

Interviewer: You have said others say that it is a good family planning method others say you fall ill frequently, is there anything to add?

Participant: That the husband does not have desire, the woman has no desire.

Interviewer: Desire for what?

Participant: To be together with the husband.

Interviewer: For the one year you have been using Jadelle, have you noticed that you have lost desire?

Participant: Mmmm..... I do not know.

Interviewer: When you say you do not know, what do you mean? Since you are using Jadelle how do you differentiate before Jadelle insertion and now after the

insertion, we would like to know whether it is true or not since you have the Jadelle.

Participant: It is not true. I do not differentiate now and before. I am just fine.

Interviewer: What is your comment in regards to the information that was provided to you by these people?

Participant: My comment is that Jadelle is good.

Interviewer: When you say it is a good method what do you mean, let's say someone has never used Jadelle, what is it that makes you to say it is good.

Participant: It is good because you just stayyou work freely.

Interviewer: When you say you just stay, what do you mean?

Participant: You stay freely with your husband without fear of becoming pregnant.

Interviewer: What additional information would you like to learn/know about Jadelle?

Participant: I would like to know how it works.

Interviewer: You would like to know how it works.

Participant: Yes, the advantages and disadvantages.

Interviewer: Now tell me your perceptions regarding the use of Jadelle as a family planning method?

Participant: What have you said?

Interviewer: I just want to know your perceptions regarding the use of Jadelle as a family planning method, how do you see it?

Participant: I see it as a good way of family planning.

Interviewer: What it is that you like about Jadelle implant.

Participant: What interested me was that a child grows well. You are able to take care of her well.

Interviewer: when you say you are able to take care of the child, when using other methods won't you be able to take care of the child? What do you mean?

Participant: I just like that after insertion you just stay waiting for time of removal.

Interviewer: What are your expectations regarding the use of Jadelle as a family planning method?

Participant: I expect that our child will grow well.

Interviewer: You expect that our child will grow wellok..What do you think are the advantages of using Jadelle as a family planning method to yourself, your family, and the country?

Participant: It is helpful because you are able to take care of the children and they grow healthy.

Interviewer: That concerns your family, what about to yourself?

Participant: I walk freely without any problem.

Interviewer: What about the country?

Participant: population census decreases.

Interviewer: When it decreases how is it beneficial to the country?

Participant: Mmmhh... laughs and looks away.

Interviewer: Laughs ... ok thanks. Then what is your comment on the support provided to you by the health workers, significant others since you started using Jadelle as family planning method?

Participant: May you repeat.

Interviewer: I was asking what would you say on the support you've been receiving from health workers and others since you started using Jadelle as a family planning method. How do you look at the help you been receiving?

Participant: It's been good.

Interviewer: Its good when you say its good what do you mean, something may be good to you but not to me may you just expand, what do you mean when you say it's good?

Participant: It's good because you have enough time to do your work.

Interviewer: I was asking you to comment on the help you have been receiving not on Jadelle, but when you had a problem and you visited the hospital or where you needed clarification and asked friends, of what help have they been to you?

Participant: Nods head....

Interviewer: Ok, I'll continue asking you questions. What challenges have you met since you started using Jadelle as family planning method?

Participant: The problem is that whenever I want to menstruate I have abdominal pains.

Interviewer: May I just ask, you've said you have abdominal pains before menses after Jadelle insertion, were you not having abdominal pains before the insertion of Jadelle during your menses?

Participant It's all the same; I also have abdominal pains, backache.

Interviewer: So how do you look at it, should we say that it is the Jadelle which causes abdominal pains.

Participant: No.

Interviewer: what do you think are the factors which influence women to choose Jadelle as family planning method?

Participant: They hear from friends that others fall sick because of it whilst others have prolonged menses.

Interviewer: Ok, what kind of information would you share to friends and relatives depending on your experience on Jadelle?

Participant: I encourage them to use Jadelle because it's a good method when in terms with you might gain weight because of it.

Interviewer: Thank you for allowing to share your time with me, waiting to meet with your husband, hope you'll deliver the message for me.

Participant: Thank you.

INTERVIEW 6

Sex: Male, **Age:** 39, **Tribe:** Yao, **Religion:** Roman Catholic

Level of Education: Standard 8

Occupation: Business

Parity: 6 children

Length of Usage Implant Jadelle: 5 years

Family Planning Method used before: Pills

Interviewer: Now I have started recording and I will introduce myself. My name is Constantine Chaima and I work at Kamuzu college of Nursing. I have come here as I have already explained that there is a research going on in order to find out experience of men and women towards the use of Jadelle and now we are starting our interview.

I would like to hear from you what Jadelle is?

Participant: What people say, I have heard that Jadelle is a family planning method which women use by using what others call, is it loop method? Yah.

Interviewer: You just know that they use it as family planning method?

Participant: Yes.

Interviewer: Okay, so you have said something like loop. Have you ever heard this method called loop?

Participant: No. I just heard it because that's what people say and it's been announced on the radio.

Interviewer: Is it jadelle?

Participant: Yes

Interviewer: You only heard it from the radio?

Participant: Ah, I have said especially of the radio because most of the times I place my business advert on the radio and mostly I listen the radio, so many times I heard this when listening from the radio, that there is this and that method and so forth.

Interviewer: Can you tell me how this Jadelle prevents women from getting pregnant?

Participant: If I explain that part I can only say that it's the women that are informed and we are only told already finished things that this method is like through discussions of women in their groups. So a husband like me just clarify that I am one person who wants to practice child spacing in our family, let's try this one and see how it will benefit us.

Interviewer: Okay, so after trying it, how did you see it?

Participant: For 5 years as I have already said that we tried it, there were benefits of course though we faced some minor problems but it was not something too anxious because I saw that there were benefits in comparison with other methods like pills which we used before.

Interviewer: You have said that there have been some small problems, like what?

Participant: At first when we started using this method most of times, sometimes the woman was complaining of body pains, and after hard work she was feeling uncomfortable but these happened in the first months and then after sometime it slowly ceased.

On the other part, to a man like me it is difficult to find out that I have a problem. Like me I should say that the problems I faced was maybe quite small. At first I saw that, when I look how my body function, maybe it's because I am growing up because most of the times the desire to have sex with a woman is far-off. Not like the way I was before that maybe in 2 or 3 days having sex with a woman but now a week can go without having any sexual desires and these deep in my heart have been thinking that maybe these happen because of this method of family planning we are practicing now? But because there is no answer, it is difficult to know the truth that these started due to this method otherwise I look also at my age, that how old am I since my boyhood because now I am no less than 39 years, I am a

grown up man, I must know that my body structure should definitely change and would never work hundred percent as when I was 18 years but now I am thirty something years old.

Interviewer: Therefore you saw some change in your performance when your wife started using Jadelle?

Participant: Yes. My appetite was slowly depreciating. If I want to have sex with my wife, of course I am in my usual form, my usual form the way I was before then I saw that my energy was slowly going down.

Interviewer: What about your wife? Was she losing her appetite as well? How was it?

Participant: If I say much about my wife's part then I will lie, because I was facing this problem myself and it was very difficult for me to ask her that, "do you experience this the way I do?" So it was like every man for himself and as I have already said that because of age I thought that maybe I have grown up and I cannot be hundred percent as I was before. For those reasons to me I knew that it must be like that but I was suspecting its beginning that maybe it started because of this method. Those questions were always there in my heart.

Interviewer: You have also said that she used pills before as a family planning method. So what kind of problems she experienced with this method?

Participant: The problem with pills, she explained that as a woman when her menstruation period days come, she could menstruate unceasingly exceeding her normal days so after advising then we thought that this is happening because of the pills. So that is why we thought that we should change this process of pills to another method which will help us.

Interviewer: You said that you heard information from the radio. So in what form was this information?

Participant: I heard this information mostly in the way that this information is coming in from different programs that these modern family planning methods are good methods in comparison with methods which were being used before like pills, using condoms. For example usage of condoms most of the times a man is not realistic because he is like today he is happy and then uses a condom and the next day changes, not uses condom and this will show that he has not followed properly this method of family planning. This is what made us differentiate and see that this method is much better because after using this method, satisfying its maximum years, three quarters of people using this family planning method nobody complained of conceiving in the process of using this method.

Interviewer: Is it this Jadelle method?

Participant: Yes, that is why I saw it important that we should continue with this same method of family planning until the time we make up our minds to have another child in the future, the pregnancy must not be unplanned.

Interviewer: You have said that in the beginning she was having different problems was she going to the hospital for medical check-up?

Participant: If I say that she went to the hospital for that problem then I am lying because after feeling what she was experiencing and when these women associate with their friends in their groups and share their experiences, three quarters who used this same method were encouraging her that we faced same problems like you. But after sometime we finally found that she got along with the contraceptives, there was no any problem. And she herself was waiting to see some changes until after first year everything was very well. Maybe the only problem I saw continued was that for her to work hard like washing clothes was not acceptable. She was suffering for about two days if she works hard like that.

Interviewer: Can you tell me if you heard any information from health workers or other people about Jadelle?

Participant: About this part mostly I should say that since we started this issue of family planning methods from sometime back, we used this family planning method through our own willing, not through health workers or any organization. It was our own decision in our family that the way things are, we should now start child spacing through Banja La Mtsogolo like our first phase. Therefore we had no time to ask around or getting information from any organizations, it was just that we had it enough that if the world is talking about child spacing lets feel it in our hearts that we should accept this in our family and start child spacing. That is why we made a decision to go to Banja La Mtsogolo Clinic and received treatment from there. Therefore as she is now joining this phase, to us is for the first time and in our hearts we know that we are continuing because it's the process we started long ago from Banja La Mtsogolo.

Interviewer: What is your comment after receiving information from other people on the use of this family planning method of Jadelle?

Participant: Mostly my comment I can say that to us it is good because it is what our family made a decision to choose this method as a choice that it is better to use good family planning method that can go along with her body system and also a person should have a right to decide the number of children to bear according to how they see their own family.

Interviewer: What would you like to learn in addition to what you already know about the use of Jadelle?

Participant: What I would like to know is about, if we will still be experiencing for example the use of this method and facing certain effects such like body pains, strange things in our bodies, I would like that if there would be enough treatment so that you can go for medical check-up due to those effects we are facing, have its own queue so that people will receive treatment according to effects they are facing. We should not have other problems that will disrupt our projects. I am saying this because business people like me usually do hard work, we are always

busy, going here and there purchasing potatoes, hard work, therefore if family planning methods bring to our bodies any bad effects these at least disappoint us on the part of business because if it happens like this, we will be working intermittently because of sickness and this will make us fail do our business that help us get our daily food. So we expect that this research will look into these problems which people experienced to enable them to know what kind of problems people face when using family planning methods. So as to what kind of treatment should be given to these people in order for them not to face these problems again.

Interviewer: In addition can you tell me your perception on the use of Jadelle as one method of family planning?

Participant: Ah, I should say that for me I have seen that this method is good as I have already said. First, its goodness is that after receiving this method of family planning, the person does not wander and have no any anxiety according to the choices she made that she wants to practice child spacing. Therefore she has trust that, I should practice child spacing according to the years of agreement with the medical institution where I receive my treatment. For example, if the method is for 5 years you know that you will use the contraceptives for 5 years. Therefore if you want to add, it will be for you to add and this is good because the person has an aim to choose, the person has a right to choose that the way it is for the moment should be like this.

Interviewer: Okay, I believe that you have already said this but maybe if you can explain again to me why you loved to use implant Jadelle as a family planning method?

Participant: I have already said that we loved this method of family planning because it had not confused us. I am saying these words because these other methods for example like pills, sometimes it's like when the person goes to the hospital, she finds that for other reasons the contraceptives are not available. For that reason, it will make the people at home for that moment to be on punishment because they will say let's wait for the contraceptives, maybe the contraceptives will take longer to be available. While when a person uses this method she know that she is secured and everywhere she goes she knows that she has got enough security.

Interviewer: In continuation I would like to know what you expected from the use of jadelle as one family planning method.

Participant: Ah, if I say that there is something somewhere that never happened then I am lying. As I have already said that what I wanted from the use of this family planning method, today they are fulfilling and it is in line of what I wanted from this family planning method.

Interviewer: I know you have already explained to me but I want to know what are the benefits of jadelle as one of family planning method to your family and the nation as a whole?

Participant: I should say to my part that the benefit I have seen is that I have got enough time to take care of my children, giving them their necessities because I am not busy and my wife cannot have unwanted pregnancy that can disrupt our business, no. And also if this can continue its accessibility to everybody who can use this family planning method it will make better our country because everybody will be running errands in his own time, doing things on its own time rather than that a certain group be involved in unwanted pregnancy which as a nation cannot be happy that a person should be in such state because he will fail to run errands, doing his business or even farming for it is necessary a person to do each thing on its own time.

Interviewer: What kind of support have you been receiving from health workers and significant others since you started using Jadelle as one method of family planning?

Participant: The benefit I have seen, mostly as I have already said that I received information in the first place from the radio, when we started using this method I should say that the benefit is there for me because from the time we started having children frequently, now this problem come to an end. Since that time a child we are taking care is now grown up and is starting Standard 2. This is what I myself wanted to be that there should not be any uptight, my wife having unwanted pregnancy, this slows us down and as a person who run errands as I have already said, our job do not accept it.

Interviewer: You have already told me about the problems you experienced when you started using this method but I would like you tell me why women decide to choose or not to choose jadelle as one method of family planning?

Participant: People have been giving different testimonies and the problem is, sometimes because of ignorance or do not inquire it makes people to give testimonies different from the way how things should be. Some were saying that it makes a person suffer occasionally and the body becomes skinny when one uses this method. Therefore these rumours sometime back, because of ignorance maybe it was what made people to follow it up. But as I have already said because of information from other organizations and radios, they encourage us that there are several family planning methods and if you are able to practice these methods and you face problems, go to the hospital and health workers will know how to assist you. Because it cannot be possible that a family planning method give someone a problem and if there is a problem because it's possible for it is a human body there must be a remedy to treat small problems like those.

Interviewer: I would like to know what information would like to share with other people and relatives about your experience on the use of Jadelle as one method of family planning.

Participant: Like me I would like to tell the nation that if we come together and understand the use of this method, it will benefit everyone. Others will be grateful about the good things I am explaining here that now because of this family

planning method, to them having unplanned pregnancy will be history and also having freedom of working and if they want to have children they will have satisfactory program of child spacing that in such a year, I want to have a child and I will do so and so to this child. Well planned children like these are the ones who become good leaders because as a parent you prepare everything for this coming child on your program.

Interviewer: Finally, I would like to know what the hospital can do on the use of Jadelle.

Participant: Ah, I should say that health workers should have enough time, be the nurse or whoever is involved when they have different activities, they should share this information wherever they are working, share it with people. The purpose being that people should understand what we are supposed to do in this period because there are some who look like they know but they do not know and they rely up on this information to reach them.

Interviewer: In what way do you think this information can reach them?

Participant: Ah, to reach them as I have already said that health workers are the ones who see people frequently for example at the hospital they see a lot of people who have come for different problems, like during maternity check-up they see various people and this is the time to share this information to everybody in order to reach them. Also other organizations that see different people, during public meetings and so forth, they should share this message to people its benefits and purpose on the use of this method. So that in the future we should have Malawi with a better figure not the way things are and be a large figure that maybe it can affect us to take care of our families.

Interviewer: Okay, alright. I thank you because of your acceptance to have this interview. If there will be anything, I have got your cell phone number and I will call you and this is the end of our interview.

Participant: Thank you because of your coming.

INTERVIEW 7

Sex: Female, **Age:** 31, **Tribe:** Sena, **Religion:** Roman Catholic

Level of Education: Form 4

Occupation: Business woman

Children: 2

For how long have you been using jadelle as a family planning method of your choice? For 2 years

What other family planning method have you used in the past? Depo Provera

Interviewer: I would like you to tell me anything that you know concerning Jadelle.

Participant: Jadelle is one of family planning method, it is good to other people whilst to others it is not good. To others whom it is good for them a woman may have monthly period normally whilst to others they have continuous monthly period.

Interviewer: Thank you very much, is there anything you want to add on what you want to know of jadelle?

Participant: That is that.

Interviewer: Maybe duration of efficacy, route of administration (whether you drink it or you use it).

Participant: You don't drink it jadelle, they insert it in the arm, works for 5 years.

Interviewer: Thank you very much but how did you come to know jadelle?

Participant: I knew jadelle because I came to the hospital for check-up of my baby after 6 weeks so it's when they taught us of family planning methods, so I choose jadelle. That is how I knew it.

Interviewer: May you tell me how jadelle protects women from becoming pregnant?

Participant: Jadelle protects by killing....

Interviewer: What did the one who taught you say, or what did you hear concerning how jadelle works?

Participant: It kills.....do we say uterus? So that when men's power come, should not have effect in the woman's body.

Interviewer: Okay, thanks. How did the one who gave you information on jadelle present the topic to you?

Participant: The way it was explained it was said for the ones who have ever used depo Provera and had no problems with it, it is the same they may choose jadelle but if they had problems with depo Provera it's better for them not to choose jadelle because depo Provera works in the same way as jadelle does.

Interviewer: Thank you very much. So it was that day's lesson?

Participant: Mmmmh.

Interviewer: Earlier on you said jadelle kills men's semen that a woman should not become pregnant.

Participant: I should say it paralyses woman's uterus, maybe I should put it that way, that when men's semen comes it should not have effect.

Interviewer: Thank you. May you tell me what you heard from health workers, friends and others about jadelle?

Participant: As I have already said, others were saying it is a good method, others deny it saying it is a bad one. As I have experienced it myself I was thinking that I would not have problems, but I did face problems.

Interviewer: What kind of problems have you been facing?

Participant: Soon after insertion in 2010, I started to have prolonged menses, that time they told us that you might have prolonged menses but they usually stop. So I was patience till 2011.

Interviewer: For how long did you have the menses?

Participant: At first I menstruated for the whole month then after the month, it stopped for just a week. After a week I started again for a month, then would break for a week, then I was not stopping then I came back here to the hospital because it was inserted here at QECH. I came to complain so they said they do not remove before 5 years. So I said when we were being taught they said if you encounter any problem you should come back here to the hospital. I have come again because I have a problem so I need help. If there are any medication, that I should stop, but they denied giving medication so I went back home. After I went back home, because I felt sick with it I went to Banja La Mtsogolo where they gave me certain tablets, I finished taking the tablets, it was like it has stopped, after finishing the tablets I started again the bleeding.

Interviewer: When you say you were sick because of it, what is it that you were feeling?

Participant: I was having headache, lower abdominal pain, feeling dizzy, my feet were burning, having general body pains as if I am suffering from malaria but when I go to the hospital for malaria parasite screening, they could not find them. That is what I was feeling.

Interviewer: So basing on your experience what is your comment on the information that was provided to you by health workers, friends and others on jadelle?

Participant: (Looks away..... to me)

Interviewer: the way you heard, experience after insertion what could be your comment?

Participant: My comment is that I saw it (jadelle) as a bad thing, I think it's not a good thing that I can insert it again in my body.

Interviewer: You have said so laughing.

Participant: At first when they denied me, I swore, that had I known , I regretted and I even cried in that office outside (pointing to Sisters office) where we met yesterday. I cried whilst regretting in my mind, up to the extent where a certain

nurse comforted me that I should not worry, I should be strong, that maybe everything will be normal. I went home with hurt feelings I found my husband, that day he did not go to work, he was waiting to hear how I will be assisted, also my mother and my mother in-law were all waiting to hear what I will tell them. All these people after hearing that I was not assisted they were hurt that they wanted to meet that particular nurse to know why they did not assist me because everyone has a right to do a thing to accept and to deny, so if a person has come saying that I do not want this why not assist her since it's her choice, but still more that nurse was adamant. I even went to talk to my aunt who is also a nurse, she came and beg them to remove the jabelle saying it might disturb the family, they agreed. In the evening she called me telling me that I should come the following day morning hours. When I came in the morning I found two nurses as if they were prepared for me, they were telling each other that this is the one who had wanted to sue us.

Interviewer: When was that?

Participant: The dates are written in the health passport book. I have all the evidence, they even told me (parents) to go and sue the nurses. But my Aunt advised me to leave them alone for its only God who knows. They even told me that even if I remove the jabelle, I won't stop bleeding. So I was still living this kind of life. My husband was also patience. People from the church advised us to have lemons so that I should use them to become dry that my husband could not go outside. Had it been that my husband is troublemaker as of now the marriage could have not been still there.

Interviewer: Now what is that you liked about jabelle when you were learning of it that made you choose the method?

Participant: I liked it because it helped me to space my children. I looked at the five years as far, that I should take care of these two children so that whether to have another child or not should think in future.

Interviewer: What is that you expected when you were using jabelle as family planning method (since we have now removed of)?

Participant: I was thinking that I will be on safe side not to become pregnant/

Interviewer: Thank you. Now tell me what do you think are the benefits of using jabelle to you, your family and your country?

Participant: it is beneficial because if you are on family planning let's say for 5 years the population will not grow, let's say in hospitals drugs would not be scarce, food in the home is always enough, wealth in the home, clothes for school, all goes well because you are using family planning method for a longer period than having children now and then. The women would not be health, would not be active if not using family planning method, if giving birth now and then they would not be active even in doing business, they will be busy taking care of children.

Interviewer: What can you comment on the help provided to you by health workers and significant others since you started using jadelle as a family planning method?

Participant: For health workers they should continue helping us women, teaching us on family planning methods so that the population should not rise.

Interviewer: I want to know what are the challenges you have experienced since you started using Jadelle.

Participant: The problems I have experienced are having frequent menstruation, that's the biggest problem.

Interviewer: Are there any problems apart from frequent menses?

Participant: I was having headaches.

Interviewer: Where exactly where you feeling the headache, was it frontal headache or occipital headache?

Participant: I used to feel it on the sides (pointing) especially on the left side, as you know when one side starts aching, the whole side aches.

Interviewer: What do you think are the factors which influence women to choose jadelle as family planning method?

Participant: Women feel it's a good way because it gives them opportunity not to become pregnant sooner.

Interviewer: Now what do you think are the factors which make women not to choose jadelle as a family planning method?

Participant: For instance if I tell my friend the experience I have encountered, like frequent menses or headaches, that person may also fear to choose jadelle.

Interviewer: What information would you share to your friends and relatives regarding your experience on the use of jadelle?

Participant: My message is negative. Relatives and friends I have met before I removed jadelle, I have already discouraged them to use jadelle. I have suffered, I tried to go to hospital but they were denying me till yesterday when I told my friend, for I did not tell her where I was going, fearing that it would fail again. So when I told her that they have removed the jadelle she did not believe it, she was so happy for it was like a burden to her also. Sometimes we would plan to go somewhere, but we would fail according to how I felt, I could not travel. Now I believe that my mother and my mother in-law will be happier when they hear about the removal of the implant.

Interviewer: Ok. Is there anything to add?

Participant: I look at it that you as health workers, when you know that a certain method has a lot of problems you should not encourage women to use that method. You

better let people use the method that do not bring problems. There are several methods but people may come complaining of a certain way, whilst another method maybe out of 10 people only 2 complains, encourage that one.

Interviewer: Thank you very much because of you views, time and for bringing your husband. Thank you very much, may God bless you.

INTERVIEW 8

Sex: Male, **Age:** 30, **Tribe:** Tonga, **Religion:** Assemblies of God

Level of Education: Form 1

Occupation: Cook

Children: 2 Children

For how long have you been practicing family planning with the implant jadelle: 2 Years

What family planning methods have you used in the past? No any method

Interviewer: Now I have started recording. My name is Constantine Chaima and I work at Kamuzu College of Nursing. As I have already explained to you that there is a research going on and the purpose is to find out perception of men and women towards the use of Jadelle as family planning method. Now we are starting our interview.

I would like to know from you about what jadelle is?

Participant: To me because most of the times I heard that women should practice family planning and so forth so I don't know what exactly health workers mean to us. So we just hear this and we tell our wives to go and do the way the health workers want us to practice family planning.

Interviewer: So the way you heard about jadelle, what did you hear about jadelle is?

Participant: I heard that if a woman wants to practice family planning, they say like there is injection method which you can use daily and there is also a method of pills which you can use daily as well and there is another method according to them the way yourself would want to use for five years, two years or one year, it's up to you. So we just follow because thus the way it is and what else can we say.

Interviewer: Where did you hear from?

Participant: We hear from many sources like radios, televisions and so forth.

Interviewer: You hear this only from the radio?

Participant: And even when we go in the hospitals we read posters.

Interviewer: So can you tell me how jadelle prevent a woman from getting pregnant?

Participant: It will be difficult for me to answer that question because the thing is not in my body but it would have been necessary if the owner sat there and you ask her yourself because I will just say something hence it is not my body.

Interviewer: Of course it's possible because the one using it is your wife, you stay with her and you are able to identify her conditions.

Participant: Because I have limited time to sit together and talk with my wife. My wife is employed and I am employed as well and you know the way it is on Sundays there are so many things to do at home like prayers and so forth, therefore we have limited time to sit and talk about those issues, I think we have no time for that.

Interviewer: Can you tell me what you heard from the radio about the use of jadelle?

Participant: Okay, I heard that there is a method of family planning and when you practice it, they call it implant or whatever, that when you use it you can use it as many years as you want. That is if you want 3 years or 5 years but when they insert it its permanent rather than pills because pills is a daily process or injection which you use it daily and you sometimes forget going to the hospital daily for injection, that's not easy.

Interviewer: So why did you choose jadelle as one of the family planning method?

Participant: Okay, of course we choose just because the way we got information at that time and we accepted just to see how it is going to help us rather than doing it frequently, it's not good.

Interviewer: What is your comment about the way you got information from health workers or the radio on the use of jadelle?

Participant: My comment I can say that it is either good or bad, I can say because my wife used it and there is too much problems on my wife, the way I have seen it on my wife there is some problems, that's why I cannot say that it is good or bad.

Interviewer: What kind of problems are you facing?

Participant: Since my wife started using it, for example like every woman has got its own time of menstruation. Therefore, since started using it, I see that most of the time she menstruates, like some people menstruates a week, there are others because of different of what they call "the backs", but my wife starts menstruating from her normal date unceasingly up to the end of the month. I have been advising her if she can change and see how it will be, for this does not please me because you are losing a lot of blood in your life.

Interviewer: What do you mean when you say "the backs"?

Participant: Okay “the backs” means that these women have got their saying which they say that they have unlike backs. For example like there are some women you can have sex with for a long time without getting pregnant while there are other women you can have sex today and tomorrow they are conceived, that is what I mean.

Interviewer: Okay, so you have said that she has been experiencing these problems, has she visited the hospital?

Participant: The first time it happened, we went to Banja La Mtsogolo Clinic and there they sold us drugs. After taking those drugs for 3 days, those things were like stopped. So when she took those drugs there was improvement but when the drugs got finished the problem still continued. You see?

Interviewer: Yes.

Participant: So it is quite difficult and how can we do.

Interviewer: So she was told nothing else at the hospital?

Participant: No, they just said that after that come back and we will see what we can do.

Interviewer: Where did they insert the implant jadelle?

Participant: Zingwangwa clinic.

Interviewer: What else would you like to learn or know any information on the use of jadelle?

Participant: There I was thinking that maybe you are the one who can tell me, that the way it has been health workers like us we can do it in another way. It’s up to you now because here I am talking and it is as well my complaint to you.

Interviewer: Yes but we are doing research and you being one of people experienced these things, you can say that I would love if these things were done this way in order to improve it.

Participant: Of course what I can say is that she should come and change this method, of course I can say that but the problem is I do not know what problems the other method will bring. I do not know because we are practicing family planning in our family for the first time.

Interviewer: I would like to know your views on the use of jadelle as a family planning method. Maybe you cannot comment but at least your perception on the use of jadelle.

Participant: My views?

Interviewer: Yes

Participant: Of course I can say about my views according to my family but I cannot be able to know what happens in other people's homes. And what I can say is that my wife should come so that you can change her method and I do not know what will be happening if she will change to the other method. I do not know because I have said that it is my first time to use this.

Interviewer: Of course I just wanted to know your views not from other people. It's about your experience on the use of jadelle.

Participant: According to me, my view in this method, is not good. The way I have already said.

Interviewer: Why is it not good?

Participant: I am saying this because I have experienced this problem from my wife the way she suffers. That's why I have said that I cannot know about other people but I am saying of what is happening in my house that according to me in my family, I see that it is not good. Because you know blood is something very essential in the body.

Interviewer: Okay, maybe be in the first place before using this method I would like to know what you liked in this method of jadelle?

Participant: Before starting using this method?

Interviewer: Yes. To come to the point of choosing jadelle, what did you like in this method?

Participant: As I have already said before that we did not know anything but because we only heard messages and so forth. So we thought that it was something that when someone does it, it will be something essential in someone's life. Then it's when I saw that, these things have got such problems.

Interviewer: Can you elaborate in details you have said that you only heard messages and so forth, more especially those messages?

Participant: In the radios they said that the method of nor plant is one of the best method of family planning, that is why I am saying that we listen like to those messages and use them at that moment and see how best these messages could be for they always announce in the radios and televisions and so forth. Therefore in the process of trying we experience these problems.

Interviewer: What did you expect from the use of jadelle as one of family planning method?

Participant: I expected that after that day it will always be in the normal way, the way it is always in your body.

Interviewer: Like what?

Participant: Like without giving you any problems in anybody's life.

Interviewer: You can tell me the problems.

Participant: Like those problems I have already said which my wife has been experiencing.

Interviewer: Can you also tell me the benefits of using jadelle as one method of family planning?

Participant: (Participant laughs). You have definitely tricked me there.

Interviewer: How have I tricked you, can you please explain?

Participant: (Participant still laughs).

Interviewer: Still more I want to know its benefits because though you saw its disadvantages, I am sure there must be benefits. I would like to know what the benefits of using Jadelle are.

Participant: The benefits?

Interviewer: Yes.

Participant: (Participant laughs). That is why I said first when a person is doing something, you expect that you will find something good or bad, so I cannot say its benefits, no. Because when a person is practicing child spacing you see your future and how the way thing are. Thinking that if I do this what should I expect in the future, what kind of block would be? You see? Therefore when we started using this method that my wife should practice family planning, it was the idea, maybe to see how it will be in the future with our children, what kind of life will they grow in? That's how we made a decision, as you are saying.

Interviewer: Okay, can you tell me what kind of support you received, from health workers or other people as you have been using jadelle? Any support from health workers or other people in your area?

Participant: There is nothing.

Interviewer: There is nothing?

Participant: Yes.

Interviewer: Okay. You have already told me the problems you are experiencing?

Participant: Yes.

Interviewer: Okay. I would also like to know from your perception about what makes a woman to choose or not to choose jadelle as one method of family planning?

Participant: It is that first if it's a family you sit down and discuss, how we should do, so you exchange your ideas because at that moment it's like you are in a family meeting. And you ask each other "how should we do?" "I thought we should do this way" "but I think you should do that way". That's how it should be.

Interviewer: And what makes them not choose jadelle?

Participant: But if you are in the process of discussion, it happens that you come to an agreement of one thing.

Interviewer: What kind of information are you going to share with your friends and relatives on the use of jadelle?

Participant: To my part, it's difficult to share that message because if those things bring problems in my family it's difficult to tell other people.

Interviewer: Is it difficult to tell other people?

Participant: Yes because maybe I will tell other people that it is not good while maybe other people are going along with it, the way they themselves want it.

Interviewer: Okay, so what can the hospital do on the use of jadelle?

Participant: The health workers should go back to the drawing board and look into these things or should do a research the way you are doing to find out how many people come complaining about this same thing or we can sit down and see how we can do about it so that the nation can live happily with these thing we are doing.

Interviewer: Okay, I have no more questions and you have given me information I wanted, thank you very much.

INTERVIEW 9

Sex: Female, **Age:** 40, **Tribe:** Lomwe, **Religion:** Roman Catholic

Level of Education: Standard 7

Occupation: Business (Selling food items like rice)

Children: 6 children

For how long have you been using jadelle as a family planning method of your choice? For 5 years

What other family planning method have you used in the past? Depo Provera & Pills

Interviewer: Would you please tell me anything you know regarding jadelle?

Participant: I just know that jadelle is one way of family planning method.

Interviewer: Mmm....is that all?

Participant: Mmm

Interviewer: How did you know this method?

Participant: I knew it here, I came here at Queens Elizabeth Central hospital. I came with my friend for the same things. We went for research, Research Doctors from there (pointing at John Hopkins) came to tell us of HIV vaccine research, they said they wanted to know if a person without the HIV would be protected from getting it, we were interested in that so we went for the testing, so they told us whosoever want to join the research should be on one of the family planning method. Then they told us to choose a method saying that they have all the methods, by then here it was difficult to be inserted jadelle. If you have come you would hear that the nurse has gone to do operations by then there was one nurse who was doing the insertions. I had been coming for several times, lucky enough I was inserted by them.

Interviewer: Those research people?

Participant: They are the ones who inserted the jadelle they just gave me money to pay by then it was being paid.

Interviewer: At first jadelle was payable?

Participant: Yes, K 500.00

Interviewer: In which year was that?

Participant: Which was that year? But this year is the fifth.

Interviewer: May you tell me how jadelle helps women not to become pregnant?

Participant: When you have inserted that's all, you can't get pregnant.

Interviewer: So after insertion how does it work that you should not get pregnant?

Participant: I have never learnt.

Interviewer: You have never learnt.....ok so how was the information concerning jadelle given to you?

Participant: They told us that Norplant, by then it was called Norplant is one way of family planning method, when chosen you can stay for 5 years without concerning so I took it as a special way to insert it compared to depo.

Interviewer: How did you differentiate between Norplant and depo?

Participant: By then I saw it as difficult to be coming here every month for an injection.

Interviewer: May you tell me what you heard from health workers, friends and others in regard to jadelle as family planning method?

Participant: By then when we wanted to insert, before inserting people were saying it's a difficult way, you may fall sick with it, they said it's possible to get pregnant even if you are using jadelle, but when you are doing something with a purpose, you just do it to help you.

Interviewer: They were saying it was difficult in a sense that.....

Participant: You may feel headache whatsoever.

Interviewer: So didn't ask what kind of sickness? (Laughing)

Participant: Aaah

Interviewer: Ok. What is your comment regarding the information you were given from these people on jadelle?

Participant: I even tell my friends that I do not have any problems with it, because people do ask me, what I see in people is fear, so I do encourage them that I have been on jadelle for 5 years the problem that I see when I have slept at night I have abdominal pain till morning for it to stop, I have to woke up, if there is a journey I have to start walking.

Interviewer: During the night?

Participant: No, but in the morning, then if it has to stop it will stop there and it will start again during sleep time till morning. But I do not regard it as a big problem to hinder me household chores.

Interviewer: What kind of additional information would you like to learn/know about jadelle?

Participant: I am ready to be informed or told anything about jadelle.

Interviewer: I was asking if there are any areas maybe you do not understand or I should say anything you think if anyone explains to you regarding jadelle you will appreciate.

Participant: Aaah, I just wanted to be clear because others were saying if you do not remove the jadelle you may die because of it, if the dates are due you may die, so I just want to know whether its true or not.

Interviewer: Mmmh, Have you ever heard or seen someone who has ever died because she did not come for jadelle removal?

Participant: I have not heard but you know how people talk.

Interviewer: Ok, thanks. What are your comments in regarding jadelle as a family planning method?

Participant: My thoughts are that jadelle is a good method, but I do not know how my friends think but to me it's a good method.

Interviewer: What is that you like about jadelle?

Participant: What I like is that after jadelle insertion you can stay for 5 years before having another child; and also it does not give you busy to go for injections or to take a pill daily; its not like pills or injection. After insertion, that's all you will wait for 5 years for removal, that is why I saw it as a good method.

Interviewer: What is it that you expect when using jadelle as a family planning method?

Participant: I don't desire to have another child. It's just because of the nature of my work otherwise I wish I could have BTL. Maybe the work I do and BTL do not tally.

Interviewer: What kind of work is that?

Participant: Business. When we have gone to order rice, we carry the bags so for the first days it's contraindicated.

Interviewer: Where do you order the rice?

Participant: Mulanje. I also order potatoes. All heavy things.

Interviewer: You will use aganyu.

Participant: We use car transport, but when loading the car you cannot leave it for those boys alone, they will tell you come and help us, you have just stood there. (Laugh together)

Interviewer: Now tell me what do you think are the benefits of using jadelle to you, your family and to the country?

Participant: To my side, it helps me not to have many children at home and my aim is accomplished because I do my job freely, than in the past before using jadelle, I had my weaknesses. When I was pregnant I used to fall sick but when I started using jadelle, I do my work freely and also I am able to take care of my children.

Interviewer: You have talked of yourself and your family, what about to the country?

Participant: The same to the country, when I develop myself it means I have developed the country.

Interviewer: What can you comment on the support you have been receiving from health workers and others since you started using jadelle as a family planning method?

Participant: Concerning.....

Interviewer: Jadelle since you started using jadelle the help you have received from health workers or friends maybe due to problems.....

Participant: Since jadelle insertion, I have never been to hospital to complain anything concerning jadelle.

Interviewer: Even for check-up you have never been there?

Participant: No.

Interviewer: You neglected, I thought they say you should come once a year for a check-up.

Participant: For check-up, by then I was not told that.

Interviewer: What challenges have you been experiencing since you started using jadelle as family planning method?

Participant: The problems faced are the ones I am saying, feeling abdominal pains during sleep hours till morning.

Interviewer: Where exactly do you feel the pain, above the umbilicus or below?

Participant: The whole abdomen.

Interviewer: What kind of pain do you feel, stabbing pain or burning sensation?

Participant: No, the way the abdomen aches, I feel burning sensation.

Interviewer: Have you ever gone to the hospital for help?

Participant: I did not. But also if I have worked much, like washing my clothes, I feel sick, I feel general body pains, also if I have fetched water several ways maybe 5 ways, that day I fall sick as well.

Interviewer: What do you think are factors which influence women to choose jadelle?

Participant: The big problem is fear, women may want but do fear because of the way other people talk, so they opt other ways like

Interviewer: Is that what makes people not to choose?

Participant: Yes.

Interviewer: So what could influence women to choose jadelle?

Participant: It is a personal choice, the way you have loved yourself, because if you have a problem like frequent deliveries, that problem is for yourself. You have a choice for yourself whether to have bilateral tubal ligation or to do what. So you choose what you think would help you.

Interviewer: So in brief you are saying people choose jadelle because

Participant: They do not want to have many children at home.

Interviewer: Ok, what information would you share to your friends and relatives regarding your experience on the use of jadelle?

Participant: I just encourage them, if they have other weaknesses or being discouraged, jadelle is a good method, you can stay for 5 years without any problem, so if people are discouraging you, it's better to think of your problems and correct it yourself without relying on people to tell you what to do.

Interviewer: Thank you for coming all the way from home for this chat. You have respected us. We are just waiting for your husband for he promised us that after you he will come.

Participant: Mmm! But him, I doubt because I am better off than him.

INTERVIEW 10

Sex: Male, **Age:** 34, **Tribe:** Lomwe, **Religion:** M'bawa First Christian Church, Box 2500, Blantyre

Level of Education: Standard 7

Occupation: Welder

Parity: 3children

Length of Usage Implant Jadelle: 1 year

Family Planning Method used before: Injection & Pills

Interviewer: Now I have started recording. My name is Constantine Chaima and I am working at Kamuzu College of Nursing. As I have already told you that there is a research going on in order to find out the perception of women and men on their experience towards the use of Jadelle as one of the family planning. Now we are starting our interview.

Can you tell me what jadelle is?

Participant: Jadelle, we can say that its medication which they say they protect a woman from getting pregnant.

Interviewer: So how does it protect women from getting pregnant?

Participant: It protects because of saying that the way the world is nowadays, and the way people are, difficulties of many things such like money, children going to school, and so forth, giving birth frequently. For us, I see this as something essential because when they put it on the arm, it takes for a long time like 5 years. Therefore if someone is using Jadelle in her body for 5 years, I see that it can help because you have a very good plan in your family, you are able to do things properly for a long time.

Interviewer: How did you come to know jadelle?

Participant: We came to know it from this hospital because when these women come to the hospital, they are taught that there are several methods of family planning, so each person has her own choice, saying that I will chose such method. So when my wife arrived from hospital, she explained to me and we saw how our family was, the children we had, we thought it wise to start using this method of jadelle.

Interviewer: You only heard it from your wife?

Participant: Yes, I can say from my wife but also from the radio and TV.

Interviewer: Okay. So how was the message from the radio and TV?

Participant: Ah, we listen some of these through drama and we listen other messages through songs but we are touched by all of these because as Malawians we are being assisted when the message is given out.

Interviewer: Alright. I would like also to know what you heard from health workers, your friends apart from your wife.

Participant: The way I heard it, you mean its good benefits or?

Interviewer: You heard this family planning method only from your wife?

Participant: Yes I heard from my wife but also from my friends because when interacting, men like us we share ideas the way our country is nowadays. So we hear that there are several family planning methods, therefore I cannot say that I only heard this from my wife but also from other people.

Interviewer: So what were these people talking about?

Participant: Aah, it's like there are several methods for family planning that people are using, so each person chooses her own method of her choice the way she sees her body. Therefore while interacting and hear how people talk things like these, each person has his or her choice that according to the message I will choose this particular method. Because like me after discussing in our family we saw that my wife should use this method.

Interviewer: So what is your comment concerning the way you were given this information.

Participant: Okay, I can say my comment is, when my wife started using family planning method, she has used different types of methods. She has used injection method and also she used pills method. But as for me I saw that this injection method has problems because a woman does not menstruate. So when a woman does not menstruate I think her body becomes unhealthy and this depends upon how your body is. So when my wife was using injection method, what was happening was that she was having infrequent menstruation, she menstruates after a long time. Therefore the time she is not having her menstruation she has

problems like noise from abdomen, also her body becomes weak, no any strength, and other sicknesses. Most of the time as a person who sleep together with her, I hear a lot of noise from her abdomen, too much noise. And also when she starts menstruation she menstruates beyond her normal days, menstruating unceasingly and also the menses are not like any normal menstruation because they produce too much smell due to her overdue. But when she was using the Pills method, she had no any problem but her fear was of missing some days taking her pills that maybe this could result of by getting pregnant. So while this method of jadelle, for me I saw that it is a good method. It has a period of 5 years and she is having her monthly periods without any problem. The problem at the moment is that my wife is suffering from difficulty breathing, backache and it's like burning. So when she saw the nursing sister she explained all these to her. The nursing sister told her that when a person is on contraceptives or using jadelle method, it does not mean that she does not get sick, you are liable to sickness and after all we are human beings. The way we explained about it she said that it's not the effect of jadelle, it could be that she is suffering from other diseases. Also last week we went to Chilomoni Health Center on Saturday and being Saturday staff does not work very well, they just prescribed her medicine to receive from hospital pharmacy on Monday. On Monday, I did not escort her, she went alone but she said that when the nursing sister met her here today, she saw what was written in her passport book and was different from what she was suffering from after explanation. So the nursing sister has said that she will assist her, because her explanation differs from her earlier complaint so she will have to explain in details later when her turn comes. That's why they have said that she has to wait so that she can explain properly in order to give her proper medication. But to say about this method I think it's a good method because it takes a long time and also it depends upon your family to have a right program for the woman has enough space before getting pregnant. And also if you have children you are able to do things comfortably because there are a lot of necessary things like school fees, buying clothes for the children and so forth. There are so many things needed in the family. Therefore if the woman is not bearing children, she is not getting pregnant frequently, you do your things comfortably.

Interviewer: For how long has she suffered?

Participant: She has suffered for 7 days.

Interviewer: For 7 days.

Participant: Yes, so I should not say that it's the result of the contraceptives. It's a year now since taking these contraceptives, therefore as the year is ending I have never heard her complaining of any illness. The only problem I heard her complaining was her knee pain. She has complained of her knee for a long time.

Interviewer: Even before she started using this method?

Participant: Yes. So I am saying that it's a year now since started using this method, but it was last week on Wednesday and she is involved in CCAP Women's Group

Choir, so she went there for choir practice. When she arrived there she felt like heart ache and thereafter her colleagues assisted by laying her on a chair. She failed to attend her training. Thereafter escorted her home, she was alright but the following morning she started complaining again of difficulty breathing and back ache. Then she continued complaining for some few days. So because of this I am not saying that this could be as a result of inserting the implant, but we came here to the hospital just to find out what is it. But I cannot say the badness of this contraceptive. It can also depend upon the body, it can happen that some people could be alright after inserting the implant while others complaining after inserting the implant.

Interviewer: Have you ever heard other people complaining after inserting jadelle?

Participant: The complaint which I heard from other people, I heard it not from far away but right here at the hospital. Other people were saying that after inserting the implant, you feel like something has stopped on the passage of the neck. No, it's not that, I was confused there. What they were saying was that after inserting the implant you feel like burning on the chest, the body becomes hot and back pain. Like today I heard one of her colleagues complaining that she was feeling backache or some people do not feel ill but if they were fat, finding themselves getting slim, it's like absorbing their blood. That's why I am saying that it depends upon how your body functions. But my wife has used injection method and I have also said about pills and these two family planning methods I have seen that when she was using these methods my body was weak, no strength when I want to have sex with her. And also the other thing when we are together I have no natural sexual feelings and it's like you are doing something against your will. But since she started using this method, had it been that she has not felt like back pain and pain in the chest, with me there is no problem in comparison with injection.

Interviewer: Everything was alright?

Participant: Yes, everything was alright. But it will now depend upon her because we do not know what her problem is and they have already diagnosed her Blood Pressure and her BP is fine.

Interviewer: So what else would you like to know or learn about jadelle in addition to what you already know?

Participant: I would like to learn in the way that, if a person is doing something of course it's for the women but every person has a choice when doing something. So when my wife was starting this method, she heard it from this hospital and from her friends and I was only told. Therefore it will be up to you now to explain to me in addition, because I might know partially and you will assist by telling me other benefits of this method.

Interviewer: I just wanted you to tell me so that in future there might be improvement of how people should know about jadelle so that when they come as you have

already said that they get information from the hospital, so that people will be taught those things.

Participant: Okay, on that side I can say that human bodies more especially women in order for them to be health these family planning methods are good. Like I have already differentiated with this method whereby a woman is inserted something with a thread, because I asked the nursing sister that ‘when the woman is inserted this thing does she do her normal periods? Is everything fine?’ and she answered me that yes, she menstruates normally. But the problem is that if that thing is loose then the woman’s passage is open and she becomes pregnant if a man sleeps with her. But if the thing is well fitted and she sleeps with a man the woman never get pregnant. So for us to do all these methods what we want is self-plan, your family should be a good family because if you have decided to have 3 children that means according to your program you set to have 3 children. So these other children are coming in because of natural feelings and you are failing to control yourself preventing to give birth to another child. So for me I saw that this is a good method and had it been that after inserting these things to a woman, a woman should have a health body, having normal monthly periods. Because I see that most women are becoming ill, or this problem increases because the woman is not discharging blood, so discharging blood is like breathing, so for a woman to be comfortable it’s like after menstruation she has removed some dirty things from her body. So failing to have monthly periods will make, if she has infections, that means they overstay in the body, because when we were at school we were taught that there are some infections and if a woman and a man are infected, a man dies earlier because a man do not menstruates. But a woman can have longer life because she menstruates. So I see that infection can increase if the woman does not menstruate.

Interviewer: You have said that when you asked the nursing sister about the thread, where do they insert this thread method, which place do they insert it.

Participant: They insert it in a vagina of a woman, in the womb, the passage of a womb. So what pleases me about this method, but I do not know because I have never stayed with a woman using this method and worrying that she is feeling uncomfortable with it. What I heard was that after inserting a certain woman, she got pregnant and also some complain that when having sex with a woman the thread hurt them. But what pleases me about this method is that a woman has her normal monthly period, having her nature experiences.

Interviewer: You heard all these right here at the hospital?

Participant: Yes, I heard all these here. So this method which they insert it on the arm, if after inserting the woman is able to menstruates maybe it would have been a good method. Because those things if you are staying together in a family and the woman is not experiencing her monthly periods, of course as a man you do not like having sex with other women because having sex with other women depends on one’s behaviour, but still more its necessary for a woman to have her monthly periods and when she has her monthly periods she feels comfortable. So when

women practices these methods, some women experience monthly periods according to how their bodies function but you find that some women, lets say my wife, she menstruates but after some time. I saw it maybe twice a year, twice or if not three times in a year.

Interviewer: Using the same method?

Participant: Yes, this method.

Interviewer: This Jadelle method?

Participant: Yes jadelle. So maybe the way she has suffered I was suspecting that maybe because she is not having her monthly period.

Interviewer: So she is having monthly periods after some time?

Participant: Yes after sometime. Maybe 3 months is gone before having her periods.

Interviewer: Okay, alright.

Participant: But these methods are good as I have already said that for self plan. But if there were no any other problems.

Interviewer: Okay. I wanted to know, maybe you have already said about your views on the use of jadelle as a family planning method? Just your views about the use of jadelle.

Participant: Yes. I have already explained that I differentiate this method with other methods because when using this method you stay for so many years, I should say for some years, 5 years. Therefore a person is able to do things freely. We as human beings are unable to do things freely because when you are about to do something you find that your wife is conceived. Then you start taking care of the pregnancy and you have a child who is not yet grown up and that child must be taken care of. Instead of waiting for your child to reach a good age, you make your wife pregnant. Problems in a family increase if people are giving birth frequently. Therefore there is no any other way apart from practicing family planning methods. These family planning methods help us in a way that if we talk of traditional child spacing they were teaching us outside there that the moment you think you can practice child spacing you find that maybe your wife has ceased menstruating so being a body you never know the system of her body, therefore accidentally she gets pregnant. But these family planning methods are good if some of these problems have minimized.

Interviewer: Okay. Maybe you told me already and it will look like I am repeating the questions and you think that I have already said this but still more I would like to know why you choose jadelle?

Participant: Okay, I loved jadelle method because its period is very long. Let's say after 5 years a person can be able to do something and the woman will be health. Because if the woman is giving birth frequently her body becomes unhealthy, this

is due to giving birth frequently which results in losing of blood frequently then her body becomes unhealthy. After 5 years you have no child but with only one child then you will take care of that child until at a good age and will be healthy and also the woman's body will come back to normal.

Interviewer: I would also like to know, what did you expect from jadelle as one of family planning method?

Participant: As for me in my family I saw that it is a good family planning method. I will still say as if I am repeating.

Interviewer: Of course there is no problem.

Participant: In my family each of us would like to see what we have done by the end of the year. So if you are giving birth frequently the program in your family will only be of giving birth. But if you are using this method and it is helping you for 5 years before giving birth to another child then the child will grow up and also you will know what you have done according to your programs by the end of the year, not only the programs for bearing children.

Interviewer: Can you tell me the benefits of using jadelle?

Participant: Yes, I have already said that jadelle is good because it takes for a long time before a woman gets pregnant. What I wanted to highlight is that maybe apart from using jadelle for 5 years before getting pregnant but also a person should have her monthly periods, this would have been helpful. But on the side of having sex with you wife is different from other methods because these other methods affect men like as I have already said that the time she was using injection method when we are together I was helpless but after using injection I saw that my body was back to normal. And also I saw that I have my natural strength, seeing myself that now my body is back to normal.

Interviewer: What about on your wife's side, was there any change?

Participant: Yes I saw change in my wife and there was no any problem the only change I saw is when she got ill this time. As I have already said that we are not pointing, because she has not yet met the Doctor but we were only suspecting and other people when we sat outside there this morning were saying that when a person is using this method you see those particular signs and it does not go along with high blood pressure people. So this is just the hearsays and we are not concluding that it's like that.

Interviewer: What can you say about the support you have been receiving from health workers, your relatives and other people on the use of jadelle as a family planning method?

Participant: Health workers?

Interviewer: Yes.

Participant: Ah there I should not lie. To say the truth I have never met the health workers.

Interviewer: There is no any support you received from these health workers? What about at home regarding the use of jadelle?

Participant: No.

Interviewer: You have already told me about the problems you faced but I would like to know what makes a woman to choose or not to choose jadelle as a family planning method?

Participant: The problems they are facing in their every day life. Because if you are married and have one child, it happens that all the programs in your family move smoothly. If you gave birth to a child still more you need to stay together in terms of having sex. So if the child is small and you still keep on having sex and no any control is taking place therefore you are obviously bearing another child before the present one is old enough. In that way problems are increasing in the house. That is you still do not do any control measures and you are giving birth before the other one is old enough therefore those children, first they do not grow healthy, and also problems in your family increases. Therefore to reduce such kind of things that's why we have seen that this method is good. The other thing is if people are giving birth frequently the population is increasing, first, land is scarce, and second, food is a problem. But if people are giving birth at a reasonable space you freely do these other things.

Interviewer: What about that makes them not to choose jadelle?

Participant: Ah what makes other people not to choose jadelle is that some people because of their religious beliefs and others because of their traditional beliefs. Yes that's what makes them not to choose because others still practice traditional beliefs they say that I do not use hospital medicine and so forth, therefore in my family I cannot receive any medicine and I cannot use any family planning method and if we can look carefully three quarters of these people are the ones facing all sorts of problems because you will see that their families suffers frequently for they face different kinds of problems.

Interviewer: Lastly I would like to know what you can share to your relatives and others on your experience of jadelle.

Participant: Yes, I have seen that jadelle is good but if there is no problem that I have explained. So when people are doing things they do it knowing its advantages and disadvantages, therefore if the person is interested in that thing to continue, he adds it with some improvements in order to see how it is going to assist him. Therefore, I feel that jadelle is good but the problem is that if people were not having different kinds of problems that means it's good.

Interviewer: If it was not having what?

Participant: If they were not having problems like getting ill, or like menstruating heavily. Let's say family planning methods are good but because of what people are facing when practicing family planning is what is making family planning bad. If it was that when people practice family planning they do not face any problem then we would say family planning is good. But since my wife started using the implant now it's almost a year and throughout the year she got sick this month end of September for a week but before, she was alright. As for me on this date of the interview to say the truth this method is not bad because I have not yet seen this coming period how it will be. But now I should say that this method is good if you are not facing any problem in your family, it is a very good method. And if so many people were using this method but without facing any problem I can say that we could have a better Malawi and also we could have better families because each person will have his or her limit of a number of children in their families or I should have a child now and I will have another child after this particular period. But without this method people will be giving birth anyhow and the problems will not come to an end in Malawi, there will be many problems.

Interviewer: Okay, alright. So what the hospital should do regarding on the use of jadelle?

Participant: The best that the hospital can do is to do research of out of people who are using contraceptive or I should say that who are using this control method, how many people are in good health and how many people are in poor health and what are the causes that make these problems to rise. So they should do research on those things and if they find out that many people are commenting that the method is good then they should promote that it is good but if they found out that many people are facing problems with it then they should explore it of how to solve this problem.

Interviewer: Alright. I thank you so much for your consent to participate in this research and you accepted to be questioned and you have answered me very well, thank you so much.

Participant: Thank you.