



UNIVERSITY of the
WESTERN CAPE

**WOMEN'S EXPERIENCES OF AMENORRHEA FOLLOWING DEPO-PROVERA USE
AT A DISTRICT HOSPITAL IN MALAWI**

By

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**A mini-thesis submitted in Partial fulfilment of the requirements for the Degree of
Magister Curationis in the School of Nursing, Faculty of Community and Health Sciences,
University of the Western Cape.**

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June 2016

DECLARATION

I Boss Mwafulirwa, do hereby declare that this research report entitled '*Women's Experiences of Amenorrhea following Depo-Provera use at a District Hospital in Malawi*' is my own original work. It is being submitted to the School of Nursing of the Faculty of Community and Health Sciences, University of the Western Cape, in partial fulfillment of the requirement for the Master of Nursing Degree in the field of Midwifery and Neonatal Health. I declare, to the best of my knowledge, that it has not been submitted before, in part or in full, for any degree or examination at this or any other university.



Boss Mwafulirwa

December 2015

Signed.....

DEDICATION

This research report is dedicated to my parents: my mother Mrs. Irene Mwafulirwa, and my late father Mr. Thom Mwafulirwa.



ACKNOWLEDGEMENTS

I wish to convey my sincere gratitude to:

- The Almighty God for His abundant grace that has taken me this far.
- USAID for financial support throughout my postgraduate studies. Without this support my dream would not be real.
- My research supervisors, Dr. Concepta Kwaleyela and Prof. Elizabeth Swart for their professional guidance, and support throughout the research experience.
- My wife and son for their patience and perseverance during my whole study period. They endured my absence with hope.
- All the women who participated in the interviews. Without them, this research work would not have been possible to complete.

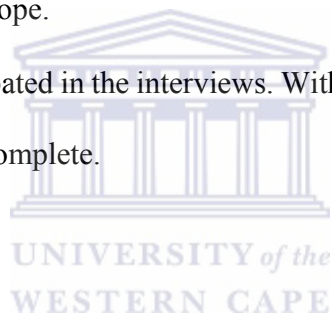


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KEY WORDS

Amenorrhea

Contraception

Contraception counseling

Discontinuation

Depo-Provera

Women of child bearing age



ABBREVIATIONS

CBD	Community-Based Distribution
CHAM	Christian Health Association of Malawi
FDA	Food and Drug Administration
HSA	Health Surveillance Assistant
IUD	Intra-uterine Devices
ICF	Inner City Fund
MDHS	Malawi Demographic and Health Survey
MOH	Ministry of Health
NHSRC	National Health Sciences Research Committee
NSO	National Statistical Office
SRH	Sexual and Reproductive Health
UNICEF	United Nations Children's Fund
UWC	University of the Western Cape
UK	United Kingdom
USA	United States of America
WHO	World Health Organization
WCBA	Women of Child-Bearing Age

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ABSTRACT

Depo-Provera, an injectable contraceptive, is utilized by about 30% of married women in Malawi. Most women have reported their preference to use Depo-Provera due to its effectiveness in preventing pregnancy, reversibility and easy to use since it is given once at 12-weeks intervals. Despite the method having such advantages, it has menstrual effects, and one of the major concerns for women, particularly in Africa, is amenorrhea. In Malawi, 40% of Depo-Provera users report experiencing amenorrhea after one year of use. Despite the concern for amenorrhea, some women have continued using the method. Literature shows that there is limited information on women's experiences of amenorrhea following use of Depo-Provera. A descriptive phenomenological research design was used to explore and describe women's experiences of amenorrhea following use of Depo-Provera in order to understand how women experience amenorrhea and give meaning to the experience. Data were collected through in-depth unstructured interviews with six women, who were selected using purposive sampling. The interviews were conducted in Tumbuka language. Data analysis was done using Colaizzi's method of analyzing descriptive phenomenological data.

Five themes and some sub-themes emerged from data analysis. The themes were: "Lack of knowledge on cause of amenorrhea", "Fear of pregnancy", "Misconceptions associated with Depo-Provera Induced Amenorrhea", "Lack of proper counseling on amenorrhea resulting from Depo-Provera use" and "Amenorrhea not perceived as a problem when midwives provide adequate information". The themes showed that women accessing family planning services from Chitipa district hospital were not provided with information on amenorrhea resulting from using Depo-Provera. Hence, they expressed fear when they experienced the side effect. Participants stated that they were afraid of becoming infertile after using the family planning method, getting pregnant as

well as amenorrhea itself. Their intention to discontinue using the method was largely associated with negative rumors, beliefs and misconceptions. The conclusion of the study is that there is need for midwives to provide information on amenorrhea resulting from Depo-Provera use. This will assist clients to understand that amenorrhea could occur as a side effect, and hence improve continued utilization of the method.



CHAPTER 1

ORIENTATION TO THE STUDY

1.0 INTRODUCTION AND BACKGROUND

According to Husain, Dutta and Ghosh (2011), family planning refers to the use of contraceptive methods to achieve preferred number of children and ensure the desired timing of conception and spacing between births. There are two major categories of family planning; modern and traditional methods. Modern methods comprise male and female condoms, implants, intrauterine devices (IUD), injectable contraceptives, male and female sterilization, oral pills and spermicides. Traditional methods include withdrawal, periodic abstinence, rhythm method and breastfeeding (Maliwichi-Nyirenda & Maliwichi, 2010).

Depo-Provera, an injectable contraceptive method, was developed by Upjohn Company in 1954, for management of endometriosis and habitual or threatening abortions (Seth, Nagrath, & Deoghare, 2012). In 1960 it was discovered that women with premature labor who were given Depo-Provera had a noticeable delay in getting pregnant after giving birth (Seth et al., 2012). This prompted development of Depo-Provera as an agent for regulating fertility (Seth et al., 2012). In 1967, Upjohn submitted an application for approval of Depo-Provera as a human contraceptive to the Food and Drug Administration (FDA). Concurrently, the company filed a contraceptive product license in various countries between the years 1966 to 1969. All requests for use of Depo-Provera as a contraceptive in humans were approved (Richard & Lasagna, 1987). In 1972, the FDA rescinded its approval of Depo-Provera due to subsequent efficacy studies and concerns that highlighted the contraceptive's effects of possible teratogenicity and delayed return to fertility (Richard & Lasagna, 1987). However, by 1980, Depo-Provera had been approved in more than 80 countries (Westhoff, 2003).

Depo-Provera is given once at 12-weeks interval in a 150 mg dose. It is made up of progestin, known as Medroxy-progesterone. The first injection is usually given within the first seven days of menstruation and it has an immediate contraceptive effect (Tolley et al., 2014; Fraser, Cooper, & Nolte, 2010). Depo-Provera prevents pregnancy by inhibiting ovulation, halting implantation of the fertilized ova and forming a mucous pad in the cervix to deter passage of sperms into the uterus (Bagade et al., 2014). According to Fraser et al. (2010), when Depo-Provera is discontinued, there may be an 18 months' delay in return of fertility.

Depo-Provera has advantages such as easy reversibility, use and effectiveness. Despite having such advantages, it has side effects, the major one being amenorrhea (Castle, 2003). Worldwide, approximately 12% of Depo-Provera users report experiencing amenorrhea after three months of use, 25% after six months of use, 37% after nine months of use, and 46% after one year of use (Hubacher, Lopez, Steiner, & Dorflinger, 2009). According to Mohebbi-kian, Mohammad-Alizadeh-Charandabi and Bekhradi (2014), amenorrhea was reported by approximately 60% and 80% of Depo-Provera users in Iran, by the end of the first and third years of use, respectively.

The Malawi Demographic and Health Survey (MDHS) indicated that modern family planning methods being offered in Malawi's health facilities include oral pills, injectable contraceptives, male and female condoms, implants, IUDs, male and female sterilization, and emergency contraception (MDHS, 2010). In Malawi 59% of married women are utilizing a contraceptive method, and 58% of these women use a modern contraceptive method (National Statistical Office [NSO] & Inner City Fund [ICF] International, 2016). Among the modern contraceptive methods, Depo-Provera is utilized by about 30% of married women, and 15% of sexually active unmarried women, making it the most popular method in Malawi (NSO & ICF International, 2016). According to the NSO and United Nations Children's Fund (UNICEF) family planning services

in Malawi were mainly hospital-based until in 2008, when the population increased from approximately three million in late 1960s to about 13 million (NSO & UNICEF, 2008). The Ministry of Health (MOH) in collaboration with Sexual and Reproductive Health (SRH) stakeholders stepped up efforts to expand the services from being hospital-based to being a Community-Based Distribution (CBD) program (MOH, 2012). Accordingly, the Ministry changed its policy and allowed Health Surveillance Assistants (HSA); who are government employed community health workers, to provide Depo-Provera at community level. This resulted in an increased utilization of Depo-Provera in the country (MOH, 2012). According to Clark, Barnes-Harper, Ginsburg, Holmes and Schwarz (2006), some women indicate poor adherence to the method due to their experience of amenorrhea following its use.

1.1 PROBLEM STATEMENT

In Malawi, 40% of women report experiencing amenorrhea after using Depo-Provera for a year (Sangala, 2014). Despite Depo-Provera induced amenorrhea being perceived as an advantage by some women in western countries, such as the United States (Mohebbi-kian et al., 2014), it is one of the major reasons why most women in Malawi discontinue using the contraceptive method (Lema, Mtimavalye & Gondwe, 1994). In a study done at Queen Elizabeth Central Hospital in Malawi in 1993, Lema et al. (1994) indicated that absenteeism to family planning clinic was as high as 29%, and this was largely attributed to side effects such as amenorrhea when it was not included in counseling.

1.2 SIGNIFICANCE OF THE STUDY

Despite that amenorrhea is one of the major reasons why most women in Africa discontinue using Depo-Provera there is limited information on women's experiences of the phenomenon, hence the need to conduct this study. The findings of the study have the potential to convey knowledge that will aid health care workers, particularly midwives and policy makers, to better understand women's experiences of amenorrhea following Depo-Provera use and the meaning attached to the phenomenon.

1.3 RESEARCH QUESTION

The research question for this study was:

- How do women utilizing family planning services at Chitipa District Hospital in Malawi experience amenorrhea following Depo-Provera use?

1.4 PURPOSE OF THE STUDY

The purpose of the study was to explore and describe women's experiences of amenorrhea following use of Depo-Provera as a contraceptive method at Chitipa District Hospital in Malawi. This was in order to gain a better understanding of how women experience and give meaning to the phenomenon.

1.5 RESEARCH OBJECTIVES

The objective for this study was:

- To explore women's personal experiences of amenorrhea following use of Depo-Provera as a family planning method at Chitipa District Hospital in Malawi.

1.6 OPERATIONAL DEFINITIONS

Amenorrhea: the absence of menstrual bleeding for more than three of the last menstrual cycle intervals or for six months (Wellons & Rebar, 2013). In this study, amenorrhea has been defined as the absence of menstrual bleeding for more than a year due to Depo-Provera use, in a woman previously with normal menstruation.

Contraception: a conscious effort by a couple to limit or space the number of children they intend to have by use of family planning methods (NSO & ICF International, 2016). In this study contraception refers to a means of preventing a woman from becoming pregnant by use of Depo-Provera, and it has been used interchangeably with family planning.

Contraceptive Counseling: the utilization of interactive communication skills to effectively transfer information that will help to assist a woman decide on her family planning needs (Kittisiam, Werawatakul, Nanagara & Wantha, 2013). In this study contraceptive counseling refers to a process of sharing contraceptive information between a family planning provider and a Depo-Provera contraceptive user.

Depo-Provera: a three-monthly hormonal injectable contraceptive method. It does away with monthly bleeding in a number of women by preventing cyclical ovarian activity (Glasier et al., 2003).

Discontinuation: when a woman stops using a contraceptive method due to side effects or spousal influence (Bagade, et al., 2014). In this study discontinuation has been defines as when a Depo-Provera contraceptive user stops using the method as a result of experiencing amenorrhea.

Women of child bearing age: women aged between 15-49 years (Chitipa District Socio-economic Profile, 2007).

1.7 BACKGROUND OF STUDY AREA

1.7.1 MALAWI

Malawi is found in Sub-Saharan Africa between the borders of Tanzania, Mozambique and Zambia (NSO & ICF Macro 2011). According to the World Bank report of 2012 Malawi is rated as one of the poorest nations in the world, with a population of approximately 15.38 million (as cited in NSO & ICF Macro, 2011). Nearly 49% of this population is under the age of 15 (NSO & ICF Macro 2011). Malawi is one of the most densely populated nations in the world (Malawi Government, 2012; World Health Organization [WHO], 2011).

According to NSO and ICF Macro (2011), Malawi is divided into three regions, which comprise a combined total of 28 districts. The northern region, which has a population of about 13% of the total population, is said to have the best socio-economic indicators when compared to southern and central regions. The central region, which has nearly 42% of the country's population, has the second best socio-economic indicators. The southern region is rated as the least developed of the three regions and has 45% of the Malawi's population (Malawi Government, 2010).

Figure 1: Map of study area



Malawi as a country experiences socio-economic challenges which are worsened by the fast growing population. In 2012 Malawi registered a population growth rate of about 2.8% annually and the rapid growth rate is as a result of the high fertility rate, at 5.7 children per woman, and a drop in mortality rate (Malawi Government, 2012). Some of the consequences of the rapid population growth include depletion of natural resources, high unemployment rate amongst the youthful generation, poor infrastructure and food insecurity (Malawi Government, 2012). In addressing challenges arising from overgrowing population, Malawi has adopted contraceptive use as a tool to tackle population related challenges (Cohen, 2000).

Malawi has a high infant and maternal mortality rate, which echoes the impact and magnitude of poverty and poor socio-economic conditions (NSO & ICF Macro, 2011). Maternal mortality nearly doubled between 1992 and 2000 at 620 and 1120 per 100 000 live births, respectively (NSO & ICF Macro, 2011). However, there has been a decline in maternal deaths to 675 per 100 000 live births in 2010, while the infant mortality is at 66 per 1000 live births (NSO & ICF Macro, 2011). According to NSO and ICF Macro (2011), these indicators are a reflection of lack of access to, and poor coverage of maternal health services.

1.7.2 CHITIPA DISTRICT (RESEARCH SETTING) PROFILE

Chitipa district is situated to the northeast of the Northern Region of Malawi. The district is bordered by Tanzania to the north and Zambia to the east. Locally Chitipa district is bordered by Rumphi District to the south as well as Karonga District to the northeast (Chitipa District Socio-economic Profile, 2007). The district is situated approximately 400km from Mzuzu, the commercial capital for the northern region, and 700km from Lilongwe which is the capital city of Malawi (Chitipa District Socio-economic Profile, 2007).

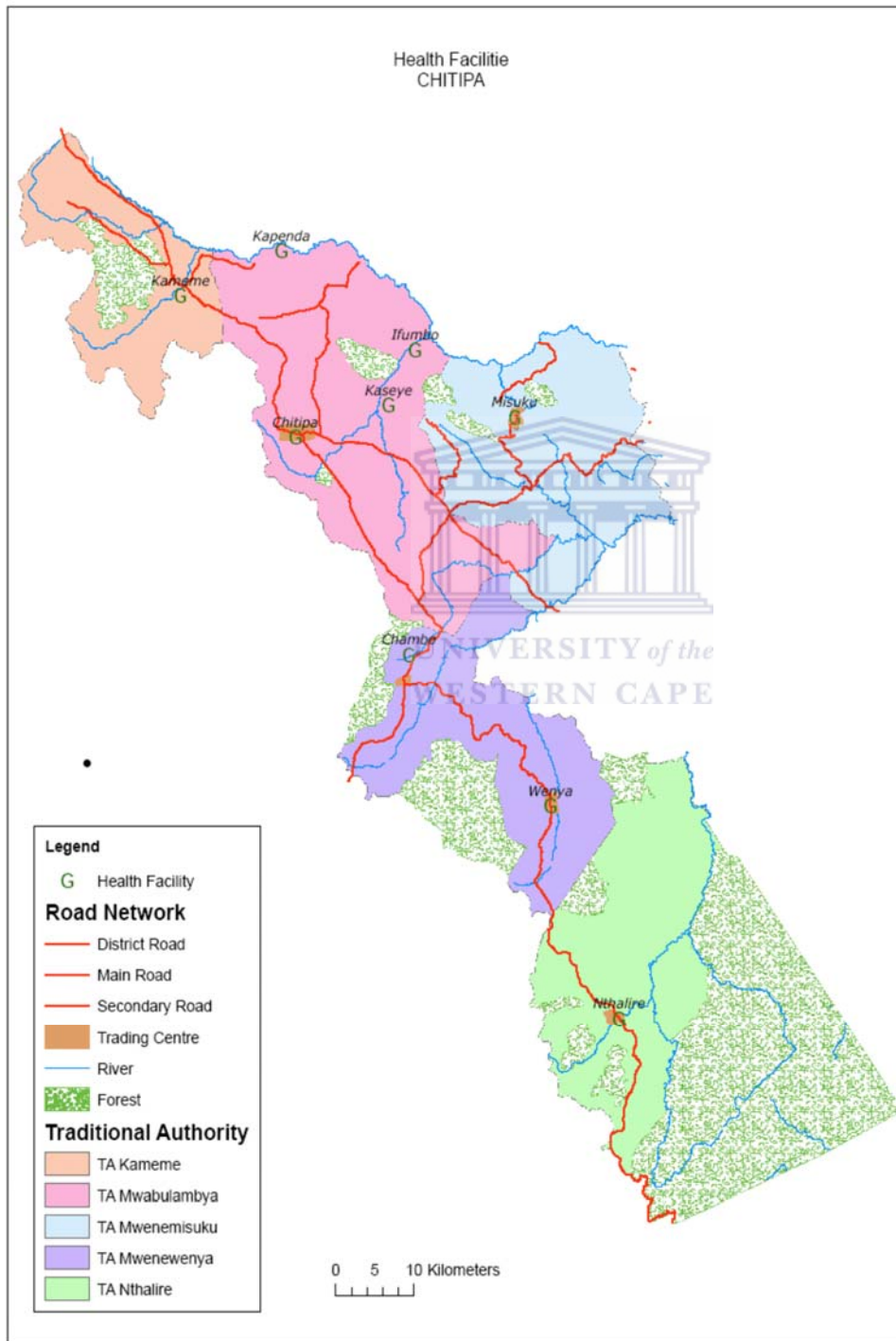
1.7.2.1 HEALTH

Chitipa District has 82 health facilities, and of these 73 are health posts, eight are health centers and one is a hospital, which is the district hospital. Of the health posts 41 are established with permanent structures while 32 are non-established, and have no permanent structures (Chitipa District Socio-economic Profile, 2007). The Malawi Government owns all the health facilities except two health centers which are owned by Christian Health Association of Malawi (CHAM).

Chitipa District Hospital acts as a referral facility for the district despite not being centrally located. The hospital is located at approximately 120km to the furthest health center (Nthalire), and lies 27km to the nearest health center (Ifumbo). It is also located at about 44km to the neighboring Karonga District border and 7km to the Zambian border (Chitipa District Socio-economic Profile, 2007). The eight health centers in Chitipa District are situated in all the five Traditional Authorities, namely Nthalire, Mwaulambia, Mwenewenya, Mwenemisuku and Kameme. These health centers offer antenatal, family planning, maternal and neonatal services among others (Chitipa District Socio-economic Profile, 2007). According to NSO and ICF Macro (2011), 18.7% of women are utilizing Depo-Provera as their preferred method of contraception, making it the most utilized contraceptive method.



Figure 2: Map of Health Facilities in CHITIPA (Source: Chitipa District Socio-economic Profile, 2007)



1.8 CONCLUSION

This chapter focused on introduction and background to the study, problem statement, and significance of the study, research question and objective, purpose of the study as well as operational definitions. The chapter also highlighted the background of the study area. The next chapter will focus on literature review, highlighting research studies that are related to the current study.

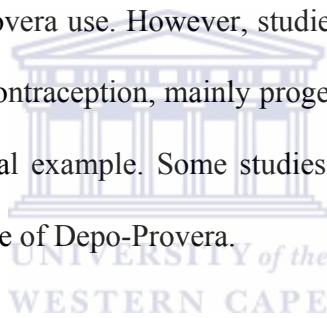


CHAPTER 2

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter focuses on qualitative and quantitative study findings related to the topic of the study. The literature review was mainly done to familiarize the researcher with the phenomenon of Depo-Provera induced amenorrhea, and to integrate the research study with previous related studies. The following databases: Google Scholar, EbscoHost, PubMed, Sabinet and Scopus were used to search for literature. The review revealed that there is limited information on women's experiences of amenorrhea following Depo-Provera use. However, studies have been published on women's views of amenorrhea induced by contraception, mainly progestin only containing contraceptives, of which Depo-Provera is a typical example. Some studies have highlighted amenorrhea as a reason for women discontinuing use of Depo-Provera.



2.1 POPULARITY OF DEPO-PROVERA

Worldwide, above 40 million women are using Depo-Provera to prevent pregnancy (Tolley et al., 2014), and its use doubled between 1995 and 2005 (Lande & Richey, 2006). According to Spevack (2013) over two million women in the United States of America (USA), including about 400,000 adolescents are utilizing Depo-Provera annually. The advantages of Depo-Provera relates to the fact that it only needs one injection every 12 weeks, it offers prolonged protection against pregnancy as a result of crystallized progestin which dissolves into the blood stream slowly, and it is 99% effective at preventing pregnancy when used appropriately (Speroff & Darney, 2010; Hatcher, Trussell, & Nelson, 2004). The proportion of women utilizing modern family planning

methods in Sub-Saharan African region has improved in approximately all countries in the region over the past two decades. The Sub-Saharan Africa has recorded minimum rate of Depo-Provera use worldwide due to amenorrhea which is still a concern to African women (Adetunji, 2013). According to NSO and ICF International (2016), Malawi has recorded a 30% use of Depo-Provera by women, making it the most widely used method when compared to other contraceptive methods. In Chitipa, one of the districts in Malawi, 18.7% of married women use Depo-Provera as their preferred contraceptive method (NSO & ICF Macro, 2011).

2.2 AMENORRHEA AND DISCONTINUATION

Depo-Provera is a highly effective contraceptive method. However, the rate of discontinuation continues to be remarkable among women mainly due to amenorrhea (Gholamitabar Tabari, Moslemi, Esmaelzadeh, & Bijani, 2012). According to Littlejohn (2013), there have been negative experiences with side effects in women's annoyance with Depo-Provera and its consequent inconsistent use. Higher discontinuation rates have been recorded in other parts of Africa. For example, a longitudinal mixed research study involving 259 women, to determine impact of amenorrhea on contraceptive discontinuation in Egypt found a 70% discontinuation rate for Depo-Provera (Tolley, Loza, Kafafi, & Cummings, 2005). Much as it is accepted that Depo-Provera is the most used contraceptive method, most studies cite amenorrhea as the common reason for discontinuation of the method. In a study done in Turkey, most women discontinued Depo-Provera due to amenorrhea, and this was attributed to poor socio-economic and educational status of Turkish women involved in the study. It was then concluded that reassuring women that Depo-Provera induced amenorrhea is not equivalent to sterility or being pregnant and that it is a usual sign among users would reduce method discontinuation (Aktun et al., 2005).

In a retrospective observational cohort study carried out on Turkish women (N=9, 262) treated with Depo-Provera, 71% (6, 576) discontinued the method (Aktun et al., 2005). According to Ntupanyama (2009), in her study to evaluate FP client assessment process in health centers in Blantyre District of Malawi, the SSA records the minimum rate of Depo-Provera use worldwide due to amenorrhea which was a concern to most women. In an analysis of about 18 DHSs, a United Nations (UN) report of 2006, had estimated the median one-year probability for discontinuity of Depo-Provera at 46% compared to 36% and 12% for oral contraceptives and intrauterine devices respectively. Most of the reasons for discontinuation were side effects such as amenorrhea (Weinreb, 2013).

According to Foreman and Spieler (2013) infertility may not come as a result of using Depo-Provera, but there is a delay in the period that a woman takes to become pregnant after discontinuation.

In a questionnaire survey of 1,001 clients and 290 family planning providers in four countries of China, South Africa, Nigeria and Scotland, more contraceptive providers were of the view that it was significant for women to have their menses while utilizing Depo-Provera. In all the centers of the survey, approximately 75% of the providers thought that women whom they serve considered having menses following Depo-Provera use as being very significant too (Glasier et al., 2003). Having menses was viewed as normal by women; a means of releasing bad blood and an indication of fertility, whereas amenorrhea denoted ovarian failure, as well as an indication of the end of reproductive potential (Glasier et al., 2003). In another questionnaire survey involving women (N=5,000) conducted in ten countries (Indonesia, Egypt, Jamaica, India, Mexico, Korea, Philippines, United Kingdom (UK), Pakistan and Yugoslavia), most women from all cultural backgrounds were reluctant to accept a family planning method that would cause amenorrhea after

its use (WHO, 1981). This was indicated by about 50% of the women in Korea, 53% in the UK, 85% in India and 91% in Pakistan (WHO, 1981). Women who participated in the survey expressed the feeling that amenorrhea following Depo-Provera use was unnatural, with menstruation being viewed as an outlet for bad blood (WHO, 1981).

Despite amenorrhea being perceived as an advantage by some women in the western countries, it is still one of the major reason why most African women are discontinuing use of Depo-Provera (Mohebbi-kian et al., 2014).

2.3 CLIENT AND MIDWIFE INTERACTION

According to Dehlendorf, Kimport, Levy, and Steinauer (2014), interaction between a client and a midwife during family planning visits has a great influence on women's contraceptive use. With informed choice, a midwife is obliged to share information about Depo-Provera including possible occurrence of amenorrhea following its use. In a qualitative analysis of approaches to contraceptive counseling done on 342 women visiting family planning providers at various clinics, Dehlendorf, Levy, Kelley, Grumbach, and Steinauer (2013) revealed that understanding of information provided by family planning providers was one of the most common priorities for women in counseling sessions. Similarly, qualitative interviews involving women to examine fears, knowledge acquisition and decision making in three countries of India, Nigeria and Nepal, showed that women who were told that amenorrhea would not cause any harm to their reproductive life, were more likely to use the injectable method (Diamond-Smith, Campbell, & Madan, 2012). Lack of knowledge on Depo-Provera use and its resultant amenorrhea is one of the factors contributing to its contraceptive failure in Africa (Sattari, Mokhtari, Jabari, & Mashayekhi, 2013).

Fisher and Black (2007) recommended that health care providers need to provide women with accurate and relevant information about amenorrhea following Depo-Provera use to enable them initiate and maintain use of the method.

Counseling on contraception is a medium through which a woman's plan as regards the decision to have, space and number of children is discovered, and that these are influenced by cultural and religious beliefs, her individual feelings, wishes and expectations, as well as environment, including her experience (Nobili, Piergrossi, Brusat, & Moja, 2007). The main aim of offering counseling on contraception is to provide non-judgmental, precise information and facts regarding the obtainable family planning methods to assist the woman examine her needs and the make an informed choice among the many (Madden, Mullersman, Omvig, Secura, & Peipert, 2013). It is therefore significant that the client knows what is best of all the contraceptive methods including Depo-Provera, as this enhances her preferred choice as regards contraception. Most women become concerned that family planning providers do not explain to them necessary information regarding Depo-Provera use, including side effects (Dehlendorf et al., 2013). Family planning providers need to emphasize on the after effects of being on a particular method, so that women should not be surprised when faced with such effects (Dehlendorf et al., 2013) . According to Carneiro Gomes Ferreira, Impieri Souza, Evangelista Pessoa, & Braga (2011) an individualized contraception counseling aims at stimulating clients to enable them withstand their feelings, concerns, beliefs and expectations and should lead them to constructively come up with good decisions as regards family planning choices. This includes an understanding of side effects that may be encountered while using Depo-Provera.

Women who are not informed about potential side effects of Depo-Provera are more likely to switch from using the injectable to other contraceptive methods. According to Jaccard and Levitz

(2013) switching a contraceptive method entails changing to another method as a result of limited information regarding side effects of all effective and available contraceptive methods including Depo-Provera (Jaccard & Levitz 2013). In-depth health information on contraception, therefore, offers wise beneficial direction on the woman's preferred choice of contraception, which would not have happened if such information was concealed (Egarter et al., 2012).

Family planning providers need not influence clients on their decision regarding contraception as this would have skewed her decision towards that of the provider (Gemzell-Danielsson et al., 2012). According to Harper et al. (2013) a family planning clinic must be regarded as a crucial place where health information and counseling is offered to enable clients make informed choices on which contraceptive method to use (Harper et al., 2013). Nobili et al. (2007) indicated that the counseling on family planning is valuable in raising awareness and utilization of methods of contraception among women. In addition, counseling on contraception enhances efficient contraceptive use at a later time (Nobili et al., 2007).

2.4 CONCLUSION

This chapter presented the literature review, which highlighted the popularity of Depo-Provera as a contraceptive method, how amenorrhea has impacted the use of Depo-Provera by women, particularly in Africa and the impact of the care provider on the utilization of family planning methods, specifically Depo-Provera. The next chapter highlights the methodology of the study, which includes: the research design, setting of the study, population, sampling and sample size, data collection process and data analysis process.

CHAPTER 3

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter focuses on the methodology and methods that were used for the study. They include: the research design, setting, population, sampling and sample size, data collection and analysis. The chapter also highlights the limitations for the study and plan for dissemination of findings.

3.1 QUALITATIVE RESEARCH APPROACH

Qualitative researchers study things in their natural settings. They try to make sense of phenomena regarding the meanings that individuals attach (Goyal, 2010). Since qualitative research focuses on the social reality of people, groups and cultures, it is used in the exploration of behavior and perspectives as well as experiences of individuals being investigated. Thus, it was found appropriate for this study whose aim was to better understand the meaning that women who are using Depo-Provera attach to their experience of amenorrhea. Behavior is interpreted by the way in which individuals interpret and make sense of their subjective reality, thus qualitative research is rooted in the interpretive approach to social reality (Goyal, 2010).

3.2 RESEARCH DESIGN

The study utilized the descriptive phenomenological design based on the works of Edmund Husserl (2012).

3.2.1 PHENOMENOLOGY

Phenomenological research is based on the work of Edmund Husserl's (2012) philosophical work and focuses on comprehending participants' lived experiences (as cited in Chan, Fung, & Chien, 2013). Husserl is widely known as the father of phenomenology, the science of consciousness. According to him, information and insight do not emerge from large amounts of data, but comes from an in-depth study of experiences, conducted through the phenomenological method (Husserl, 2012). Goyal (2010) defines phenomenology as a philosophical approach to the study of phenomena or appearances as well as human experience. According to Langdrige (2007) phenomenology is an approach to qualitative research with the specific focus of identifying the intrinsic and unchanging meaning of the phenomenon under investigation. Embree (1997) described seven approaches to phenomenology. However, this research study is guided by descriptive (transcendental) phenomenology since it seeks to understand the meaning that people attach to a particular experience, and it is a design that enables researcher to acquire and collect data that explicates the essence of human experience (Moerer-Urdahl & Creswell, 2004). Phenomenological researchers are interested in the subjectivity of other individuals and hence the need to get a description of such subjectivity (Englander, 2012). According to Wojnar and Swanson (2007), descriptive phenomenology calls for exploration of phenomenon through direct interaction between investigator and object of study.

Phenomenology entails the use of thick description and close analysis of lived experiences in order to understand how meaning is attached to a particular phenomenon under study, and that this is done through embodied perception (Sokolowski, 2000). According to De Vos (2011), a phenomenological study describes the meaning of lived experiences of a particular phenomenon for a number of individuals. Starks and Trinidad (2007) explains that phenomenology contributes

to deeper understanding of the lived experiences by exposing taken-for-granted assumptions as ways of knowing. They emphasized that reality is understood through embodied experience. The researcher therefore, used descriptive phenomenological design in order to present the experiences of amenorrhea following use of Depo-Provera as lived by women themselves.

3.3 SETTING OF THE RESEARCH STUDY

Polit and Beck (2012) indicated that a setting refers to a specific place where data collection takes place. The setting for this research study was Chitipa District Hospital in northern Malawi. The district hospital is served by 8 health centers, and 73 health posts. The most widely spoken languages in the district are Tumbuka and Lambya despite the district having several other languages. The setting was purposefully selected because it has the largest family planning clinic that serves more women of child bearing age than any other health care facility in the district. There are a number of family planning methods offered at the clinic, such as implants, injectable contraceptives, oral pills, male and female condoms as well as IUDs. The setting registers more women who choose Depo-Provera as their method of choice than other contraceptive methods (See Table 1 below). The clinic operates on a daily basis from Monday through Friday and midwives are the major family planning providers at the clinic.

Table 1: Percentage of women of child-bearing age (WCBA) served by the respective health care facilities, and WCBA who utilized Depo-Provera in the 2012/2013 fiscal year (July 2012-June 2013) at Chitipa District Hospital

No.	Health Care Facility in the District	Percentage of WCBA served by the facility	Percentage of WCBA who utilized Depo-Provera
1	Chambo health center	7.5% (3,451)	15% (505)
2	Chitipa Hospital	24.9% (11,503)	52% (5,940)
3	Ifumbo Health center	3.6% (1,702)	25% (427)
4	Kameme Health center	11.1% (5,108)	24% (1,207)
5	Kapenda Health Center	9.8% (4,509)	10% (898)
6	Kaseye Mission Hospital*	7.8% (3,589)	-
7	Misuku Health Center	13.4% (6,166)	9% (551)
8	Nthalire Health Center	15.4% (7,086)	6% (460)
9	Wenya Health Center	6.3% (2,899)	14% (417)
10	District	46,014	23% (10,405)

* A mission hospital which does not provide any of the modern contraceptives hence does not have data for women utilizing Depo-Provera. Source: Annual Family Planning Data July 2012-June 2013, Chitipa District Hospital.

3.4 POPULATION

Research population refers to a well-defined set that has certain special characteristics (LoBiondo-Wood & Haber, 2010). The population for this study included all women of child bearing age, who were using Depo-Provera and attending family planning services at Chitipa District Hospital. The researcher purposefully selected since they may be experiencing the phenomenon (amenorrhea) he was investigating.

3.5 SAMPLING AND SAMPLING APPROACH

Sampling means the process of selecting a sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink & Brink, 2012). Purposive sampling, a non-probability sampling method, was used to select participants for this study (De Vos, 2011). According to Russell Bernard (2002), selecting a purposive sample is fundamental to the quality of data collected in a study, hence reliability and competence of the respondent has to be highlighted. According to Englander (2012), the investigator has a general idea of the expected parameters of the phenomenon and an interest in the phenomenon; however, the data collected may transcend what the investigator feels he/she knows about the phenomenon. Therefore, in selecting participants for phenomenological research, the participants included in the study should be those that have had or are having the experience. In purposive sampling, also called judgmental sampling, participants are selected because they possess knowledge of the phenomenon of interest (Clifford, 1997). The researcher therefore, needed to suspend predetermined assumptions in order to discover the real meaning of the phenomenon under investigation (Englander, 2012). The researcher sought to explore women's experiences of amenorrhea following use of Depo-Provera, so as to understand the meaning attached to the phenomenon (amenorrhea). The researcher was aware that his own experiences of providing family planning methods including Depo-Provera injection to women may affect the findings of the study. It was for this reason that the researcher maintained his distance and prevented himself from taking part by allowing the participants to freely share their own experiences of amenorrhea, in detail and bracketing his own feelings.

3.5.1 INCLUSION SAMPLING CRITERIA

Inclusion sampling criteria are the attributes that a participant must possess so that he/she can be included in the sample of a research study (Burns, Grove, & Gray, 2013). The inclusion criteria for the study included:

- Women who had used Depo-Provera for a year or more and were experiencing amenorrhea following its use.
- Women who were willing to participate and share their experiences in the study.

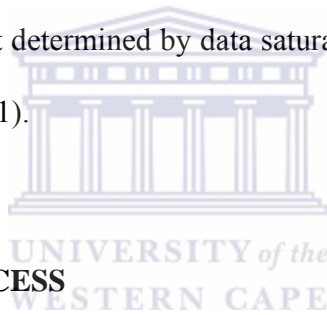
3.5.2 EXCLUSION SAMPLING CRITERIA

Burns et al. (2013) defines exclusion sampling criteria as the attributes that enables a participant not to be included in a sample for a research study. The exclusion criteria for the study included:

- Women who were using Depo-Provera but were not experiencing amenorrhea. These would not have provided rich information that the researcher was looking for since they did not experience the phenomena.
- Women who had used Depo-Provera for less than a year. These were excluded because in Malawi 40% of women report experiencing amenorrhea after using Depo-Provera for a year-long period (Sangala, 2014).
- Women who had used Depo-Provera for a year or more and were experiencing amenorrhea following its use but were not willing to participate and share their experiences in the study.

3.6 SAMPLE SIZE FOR THE STUDY

In a phenomenological study, the researcher seeks to be familiar with the content of the experience, which is often done in depth, to look for the meaning of a phenomenon and not how many people have experienced the phenomenon (Englander, 2012). According to Smythe (2011), the number of participants in a phenomenological inquiry is dependent upon the time available to undertake the study. She explains that in her experience, a Masters research (one year, full time), five to eight participants are likely to yield sufficient data. In this study, six women were interviewed. Some researchers such as Creswell indicate that the number of participants is based on data saturation, which is a point at which no new information is obtained (Creswell, 2007). However, the number of participants in the study was not determined by data saturation since each participant narrated her own story (Hein & Austin, 2001).



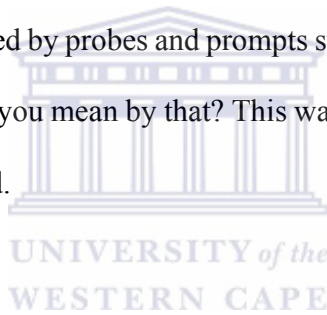
3.7 DATA COLLECTION PROCESS

Data collection commenced soon after ethical approval from the Senate Research committee of University of the Western Cape (UWC) (See Appendix F), and Malawi National Health Sciences Research Committee (NHSRC) (See Appendix H). Specifically, data collection was conducted between 5th and 16th October 2015. Since interviews help to draw a clear picture of the experiences of a phenomenon, from the participant point of view, and lead to understanding of shared meaning (Sorrell & Redmond, 1995); individual in-depth interviews were used to collect data. The researcher, with the help of the clinic in-charge, looked for women who had used Depo-Provera for a year or more by checking their health passports. The researcher then asked the women one by one while in the consultation room if they were experiencing or have experienced amenorrhea following Depo-Provera use. Those that accepted to have experienced or experiencing amenorrhea

were asked to indicate if they could participate in the study, and those that accepted to participate in the study were given an information sheet (See Appendix A). Women were told to read and understand the information so that they understand and make an informed choice of whether to take part in the study or not. For women who were willing to participate, consent forms (See Appendix C) were given to them to read and sign. The researcher got contact information from the willing participants. Each participant was given a chance to choose her convenient location, date and time of interview within the period of conducting the study. Participants were contacted using their contact information in order to locate them and conduct interviews. One-on-one, in-depth interviews were conducted by the researcher in Tumbuka language. Permission from participants was sought in order to conduct and audio-record the interviews. Most phenomenological studies are recorded to offer a rich source of data that can be analyzed after the interview (Mapp, 2008). Duration of each interview was about 40-45 minutes. Field notes were recorded by the researcher during each individual interview to take note of all the non-verbal behavior of the participants. During data collection researcher bracketed his previous experiences of working in a family planning clinic, as well as being a Malawian. This avoided the researcher contaminating women's experiences of amenorrhea with his own experiences. According to Chan et al. (2013), bracketing is a methodological device of phenomenological inquiry that demands deliberate setting aside one's own belief about phenomenon under study or what one already knows about the phenomenon prior to and throughout the investigation. For the purpose of describing the participants, demographic data were collected at the end of each interview, and this was not audio-recorded.

3.7.1 DATA COLLECTION INSTRUMENT

In-depth interviews were used to gather data from each participant. According to Goyal (2010), an in-depth interview is an unstructured interview aimed at seeking opinions of participants on one-to-one basis. Goyal (2010) continues to state that such an interview is helpful when investigating sensitive topics such as menstruation, hence the use of in-depth interview as the main data collection instrument for this study. The major aim of using the phenomenological approach during the interviews is to gain a deeper understanding of the nature, or meaning of everyday experiences (Ahern, 1999). One general question was asked: “Can you please tell me about your experiences of having amenorrhea following the use of Depo-Provera as a contraceptive method?” (See Appendix E). This was then followed by probes and prompts such as: is there anything else to add? Please explain further and what do you mean by that? This was done to elicit more information on the phenomenon being investigated.



3.8 DATA ANALYSIS

According to Corbin and Strauss (2014:1) “Qualitative data analysis is a process of examining and interpreting data in order to elicit meaning, gain understanding, and develop empirical knowledge”. Goyal (2010), states that phenomenological data analysis emphasizes eccentric meaning to individuals and not shared constructions. Data analysis was done manually, alongside data collection. The researcher used Colaizzi’s method (as cited in Shosha, 2012) of analyzing descriptive phenomenological data.

According to Shosha (2012), this method of data analysis has the following seven steps:

- Each transcript is read and re-read in order to obtain a general idea about the whole content.

- Significant statements that pertain to the phenomenon under study are extracted from each transcript. The statements are recorded on a separate sheet; noting their pages and lines numbers.
- Meanings are formulated from the significant statements.
- The formulated meanings are sorted into categories, sub-themes, and main themes.
- The findings of the study are integrated into a complete description of the phenomenon under study.
- The fundamental structure of the phenomenon is described.
- Finally, validation of the findings is sought from the research participants to compare the researcher's descriptive results with their experiences.

In the case of this study, recorded data were transcribed verbatim. The researcher then listened to the tape recordings again to verify the accuracy of transcripts and make necessary changes. Every participant's transcripts were read and re-read to gain a sense of the whole content, and the participant's experiences were noted. Any thoughts, ideas and feelings that arose because of the researcher's previous work with family planning clients were recorded in the bracketing diary. This assisted the researcher to explore the phenomenon as it was experienced by the women themselves. Significant statements and phrases regarding women's experiences of amenorrhea were identified and extracted, and written on a separate sheet; noting their line and page numbers. Meanings were formulated from significant statements. Each underlying meaning was coded in each category as they reflected the main theme. Meanings were formulated into categories that reflected a unique structure of sub-themes. All emergent themes were defined into an exhaustive description. These steps were verified by an independent researcher and an agreement was reached based on themes and categories. This helped to determine clearly the processes that led to the

conclusion. Below is a table showing a selected example of significant statements under each of the five themes. For a step-by-step process of data analysis see Appendix G.

Table 2: Selected example of significant statements under each theme

Significant statement	Theme
<i>“I did not have peace due to this cessation of menses..... I just thought that I am pregnant”</i> . (Part. 01)	Lack of knowledge on cause of amenorrhea
<i>“Stopping to menstruate was a problem to me,.....a big problem for that matter since what I know is that when one is pregnant it is the time she stops menstruating”</i> . (Part. 03)	Fear of pregnancy by Depo-Provera users
<i>“.....and that the bad blood that is supposed to be released during menstruation is retained inside the body, and which makes a woman stop child bearing”</i> . (Part. 02)	Failure by midwives to dispel rumors, beliefs and misconceptions associated with amenorrhea resulting from Depo-Provera use.
<i>“Since such information is not shared to us by health workers I thought they do it deliberately fearing that if they tell us about the side effects of these family planning methods, most women would stop using them”</i> . (Part. 02)	Lack of proper counseling on amenorrhea resulting from Depo-Provera use
<i>“It seems they have methods in mind that they want us to get without our informed consent”</i> . (Part. 01)	Control over contraceptive decision making by midwives.

<p><i>“I did not worry much because I was already told at the hospital that this is what I may be experiencing if using the injection of Depo-Provera, and I was pretty sure that I am not pregnant as the nurse explained to me”.</i></p> <p>(Part. 04)</p>	<p>Amenorrhea not perceived as a problem when midwives provide adequate information</p>
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3.9 TRUSTWORTHINESS OF THE STUDY

Qualitative research should demonstrate trustworthiness in providing rigor and strength to the study validity and reliability in all stages including data collection, data analysis and descriptions (Speziale, Streubert, Carpenter, & Rinaldi, 2007). According to Brink & Brink (2012), trustworthiness refers to a way of guaranteeing data quality or rigor in qualitative research. Trustworthiness approaches; credibility, dependability, confirmability, and transferability were undertaken throughout the study process (Shosha, 2012).

3.9.1 CREDIBILITY

Credibility refers to faithfulness in the way a phenomenon under study is described (Koch & Harrington, 1998). It ensures that there is consistency between participants’ views and researcher’s interpretation of their views (Ryan, Coughlan, & Cronin, 2007). Credibility in this study was achieved by returning to the women soon after data collection process and they were made to read the transcripts of the dialogues in which they took part. The researcher read the transcripts to participants who were unable to read. This allowed participants to verify if their words confirm what they really wanted to say (Shenton, 2004). Researcher included only women who accepted

and were willing to take part in the study as thus ensured their honesty in the information shared in the study.

3.9.2 DEPENDABILITY

Dependability involves giving the reader enough information so that he or she can decide how dependable both the study and investigator are (Ryan et al., 2007). Dependability was enhanced by peer examination and discussing the research process with research supervisor who is conversant with qualitative research.

3.9.3 CONFIRMABILITY

Confirmability requires that an investigator shows how he has arrived at his conclusions and interpretations, and is concerned with establishing that results of the study are really coming from data given by participants (Tobin & Begley, 2004). Confirmability was achieved by developing an audit trail, which is a documentation of the entire research process. This allowed an independent co-coder to audit the process, and later on the themes of both were compared. They then agreed on which themes really described what respondents' experiences were. The research supervisor was also involved in the whole process of research starting from raw data to the final report. The procedure on how themes were arrived at during the analysis process has been included (see Appendix J).

3.9.4 TRANSFERABILITY

According to Ryan et al. (2007) transferability refers to whether study findings can be applied outside the context where the study was undertaken. The researcher has provided rich contextual information for the study setting (See section 1.7) so that readers can be able to view the findings to be meaningful and applicable as regards their own experiences.

3.10 ETHICAL CONSIDERATIONS

According to Craven, Hirnle, and Jensen (1992) ethics refers to a branch of philosophy that deals with standards of conduct and moral judgment. The need to provide evidence-based practice in nursing profession is of vital importance, however when people are used as study participants, care must be taken to ensure that their rights are well protected (Polit & Beck, 2008). Ethics clearance was obtained from the UWC's Senate Research Committee (See Appendix H). Permission to undertake the study in Malawi was sought from NHSRC (See Appendix I), and permission to conduct study at the hospital was obtained from the District Health Officer at Chitipa District Hospital (See Appendix J).

3.10.1 INFORMED CONSENT

All participants were autonomous thus they had a right to self-determination (Brink & Brink, 2012). Participation was voluntary, and participants were informed of their freedom to withdraw at any time during the study and were assured that no punitive measures were to follow their withdrawal. The participating women signed an individual written consent (See Appendix C) indicating acceptance to take part in the study. A finger print mark was obtained from women (2 participants) who were unable to write. According to Fouka and Mantzourou (2011) informed consent is a means where by a client's right to autonomy is protected. Participant information sheets (See Appendix A) detailing study purpose, risks and benefits, freedom to withdraw from participation and emphasis on the protection of confidentiality were provided to participants. Informed consent and participant information sheet were translated in Tumbuka language to assist women understand purpose of study and their role as participants.

3.10.2 CONFIDENTIALITY AND ANONYMITY

Participants were guaranteed confidentiality with regard to private and personal information by not using their names. Recorded data and field notes were coded to ensure anonymity of data so that they could not be traced to the names of participants. Participants were assured that recorded data will be kept in a lockable place to which only the researcher and supervisors had access to. The In-depth interviews were conducted in participants' homes, to ensure privacy and confidentiality. All the interviews were conducted in quiet places and in the presence of spouses, except for one respondent who requested to be interviewed at the clinic. She was using Depo-Provera without the knowledge of her husband. This particular interview was conducted in a quiet office that was provided by the clinic in-charge.

3.10.3 PROTECTION FROM HARM

There was no risk for the participants who took part in this study. However, the researcher had planned to refer any participant who became distressed in the course of the interviews, to a psychiatric nurse for counseling, and also to stop the interview process so that it could be continued at another time when the concerned participant would be comfortable and willing to continue with the interview.

3.11 LIMITATIONS OF THE RESEARCH STUDY

Being phenomenological, the results of the study are context-specific to the population that was under study, thus the findings cannot be generalized. They are limited to six women experiencing amenorrhea, and attending family planning services at Chitipa District Hospital in Malawi.

However, the findings being context-specific, does not mean that they cannot be applicable to other settings.

3.12 DISSEMINATION OF STUDY FINDINGS

The findings of the study will be published, with the guidance of the research supervisor after completion of the project. The researcher will present study findings to health workers, mainly midwives at one of the morning conferences at Chitipa District Hospital and during one of the training workshops for health service providers. A copy of the research report will be made available to Chitipa District Hospital, Malawi Ministry of Health as well as UWC Library.



3.13 CONCLUSION

In this chapter the researcher outlined and discussed the methodology and methods that were applied to the research study. It also looked at the limitations to the study as well as plan for dissemination of study findings. The next chapter focuses on the presentation of study findings.

CHAPTER 4

FINDINGS OF THE STUDY

4.0 INTRODUCTION

This chapter presents socio-demographic characteristics of the participants and the findings of the study. From the data analysis themes and sub-themes emerged, and are thus presented.

4.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

The age of the participants ranged from 21 to 33 years, and all of them were married except one who was divorced. Out of the six respondents, five of them had one child each at the time of conducting the interview while one of them, who happens to be the oldest of all five participants had five children. Two of the participants had reached primary school, another two were secondary school drop outs while one had been to tertiary academic institution. All the five participants indicated to be Christians.

4.2 THEMES AND SUB-THEMES

Five themes emerged from data after analysis, and these themes led to the emergence of the fundamental structure. Three themes have sub-themes while two of the five themes do not have sub-themes. Both the themes and sub-themes describe the women's experiences of amenorrhea following Depo-Provera use. The following are the themes and their sub-themes:

Table 3: Themes and sub-themes

Theme	Sub-theme
Lack of knowledge on cause of amenorrhea	Worry over Depo-Provera induced amenorrhea
	Discontinuing Depo-Provera due to amenorrhea
Fear of pregnancy	
Misconceptions associated with Depo-Provera induced amenorrhea	Fear of infertility
Lack of proper counseling on amenorrhea resulting from Depo-Provera use	Women's preference for information
	Control over contraceptive decision making by midwives
Amenorrhea not perceived as a problem when midwives provide adequate information	

4.3 THEME ONE: LACK OF KNOWLEDGE ON CAUSE OF AMENORRHEA

Four of the participants stated that they did not understand the cause of cessation of menses which they were experiencing. This was expressed by participants 02 and 06 as they reported to have

become worried after noticing that their menses had ceased. This led to the sub-theme ‘worry over Depo-Provera induced amenorrhea’.

4.3.1 WORRY OVER DEPO-PROVERA INDUCED AMENORRHEA

Participants reported that they developed cessation of menses as a result of using Depo-Provera.

One participant expressed worry after noticing that her menses had ceased. She stated:

“In using this method I discovered that I started experiencing cessation menses. Knowing that this problem started after I started using Depo-Provera I was very much worried” (looking very concerned). Part. 01

Another participant stated that she was worried when she discovered that her menses had ceased while she was using Depo-Provera. For instance participant 06 reported that:

“I was menstruating before using this method so this was really a worry for me.....”Part. 06

One participant reported that she was devastated after noticing that her menstruation had ceased. She stated:

“I started using Depo-Provera in the year 2013, and soon after getting two injections of Depo-Provera I developed amenorrhea, and due to this I was so much devastated that I did not have peace in my mind” (speaks with loud voice). Part. 02

One participant reported that she did not find cessation of menses as a problem as she had already been informed of what she might be experiencing if using Depo-Provera. She was not worried of her state of ceased menses. She stated:

“I did not worry much because I was already told at the hospital what I may be experiencing if using the injection of Depo-Provera.....” (Smiling). Part. 04

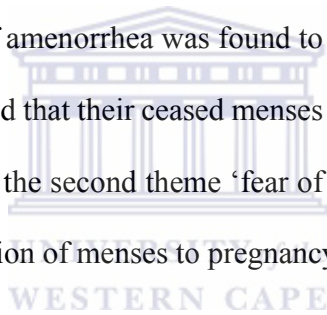
One participant who had expressed worry over amenorrhea reported that she wanted to stop using Depo-Provera as her preferred method of contraception, and this led to the emerging sub-theme ‘discontinuing Depo-Provera due to amenorrhea’.

4.3.2 DISCONTINUING DEPO-PROVERA DUE TO AMENORRHEA

One participant stated that she wanted to stop using Depo-Provera mainly because she was not having her menses anymore. She stated:

“I wanted to stop using Depo-Provera because of cessation of my menses since I surely knew that it was coming due to the injection”. (Frowns her face, while talking with her hands). Part. 06

Lack of knowledge on the cause of amenorrhea was found to be the major problem on the part of participants, as five of them reported that their ceased menses meant that they were pregnant. This led the researcher to come up with the second theme ‘fear of pregnancy by Depo-Provera users’. The participants linked their cessation of menses to pregnancy.



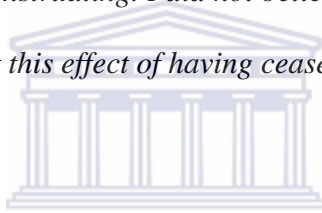
4.4 THEME TWO: FEAR OF PREGNANCY

This theme entails that participants regarded their cessation of menses as a sign of pregnancy while using Depo-Provera as a contraceptive method. Four of the six participants had the belief that they were pregnant in view of their ceased menstruation. One participant reported that she was afraid of having another pregnancy, which she considered as unplanned as it will have come at a time when they were not expecting it. The participant also stated that as a result of this she went back to the hospital so that she could be tested to confirm if she was pregnant. She said:

“To my knowledge, when a woman or girl stops menstruating it is a sign that she is pregnant. I was afraid because I believed that I was pregnant which was unplanned. Since I was not told at the time of starting the method, I went back to the hospital so that I can be tested to know if I am pregnant or not, also that I should ask what I am experiencing because it was strange to me”. Part. 02

And when this participant went to hospital, she reported that she could not believe what the health worker had told her: that she was pregnant. She stated:

“I was surprised when I was told by the health worker that I am not pregnant but that it is the injection that is making me stop menstruating. I did not believe since the doctor that initiated me on the method did not tell me about this effect of having ceased menstruation.....” Part. 02



Another participant stated that she thought she was pregnant because she was of the understanding that cessation of menses is always linked to pregnancy. She had this to say:

“..... since what I know is that when one is pregnant it is the time she stops menstruating”. Part. 03

One participant reported that she did not have peace because she thought that she was pregnant when she noticed that her menses had ceased. She stated:

“I did not have peace due to this cessation of menses..... I just thought that I am pregnant.....” Part. 01

Another participant also reported that she returned back to hospital with her husband so that she could be tested as a confirmation that she was not pregnant. Even when they were told that

cessation of her menses was not an indication of pregnancy, the participant stated that she did not believe this and opted to go to private clinic for testing to confirm if really she was not pregnant.

She said:

“...together with my husband I went to the hospital so that I can be tested to confirm if I am pregnant or not. “Even after coming from the hospital we were still not convinced (speaks with her hands on her cheeks), my husband too did not believe what the nurse told us. The next morning my husband gave me money so that I should go to Banja La Mtsogolo to be tested for pregnancy.”

Part. 05

The fear of pregnancy was necessitated by rumors, beliefs and myths that participants had heard from friends and other women. Four participants reported negative stories associated with amenorrhea when a woman is using Depo-Provera. This led to the third theme, which is misconceptions associated with Depo-Provera induced amenorrhea.

4.5 THEME THREE: MISCONCEPTIONS ASSOCIATED WITH DEPO-PROVERA INDUCED AMENORRHEA

Four of the participants reported rumors and beliefs associated with Depo-Provera induced amenorrhea. They stated that when a woman is experiencing amenorrhea while using Depo-Provera it may lead to the woman not being able to conceive. This led to a sub-theme of fear of infertility.

4.5.1 FEAR OF INFERTILITY

The four participants shared their unconfirmed rumors and beliefs associated with amenorrhea resulting from the use of Depo-Provera as a contraceptive method. All of the rumors, beliefs and misconceptions pointed towards infertility.

One participant stated that she had been informed by her friends that when a woman is no longer having her menses it means the injection is forming particles in the womb and that bad blood that is expected to be got rid of when a woman is menstruating collects inside the body. She continued to report that this results into women being unable to bear children anymore. She said:

“I had already been informed by other people that if one stops menstruating while using Depo-Provera injection it means the drug forms some solid particles inside the womb, and that the bad blood that is supposed to be released during menstruation is retained inside the body, and which makes a woman stop child bearing.....” Part. 02

Another participant stated that she had heard from her friends that using Depo-Provera leads to women not able to get pregnant again. She continued to report that the injection of Depo-Provera leads to growth of tumors in the womb, which leads to infertility. She indicated that loss of menses means failure by the body to get rid of contaminated blood. She said:

“I just thought I have developed a big problem in my life. I even started thinking as true what other women have been saying that when one is using Depo-Provera she stops getting pregnant again.....and some say the injection causes tumors in the womb that make a woman stop being fertile again. In addition, when you are not menstruating it means the body is unable to get rid of contaminated blood”. Part. 03

Two participants reported that if a woman stops menstruating she is no longer considered to be a woman. One participant stated that a real woman is expected to have her menses normally. She said:

“In addition, for people to call you a woman you are supposed to be having your menses, some people even scorn at you that you are not a woman if you don't menstruate”. Part. 02

Another participant also stated that fellow women do not consider a woman with ceased menses as a woman. She said:

“.....and also that your fellow women stop to regard you as a real woman”. Part. 03

The participants reported such rumors and beliefs due to lack of information on Depo-Provera induced amenorrhea. Five participants stated that they are not counselled appropriately when they are being initiated on Depo-Provera injection as a contraceptive method. This led the researcher to the fourth theme ‘lack of proper counseling on amenorrhea resulting from Depo-Provera use.

4.6 THEME FOUR: LACK OF PROPER COUNSELING ON AMENORRHEA RESULTING FROM DEPO-PROVERA USE

Five of the six participants stated that midwives did not provide them with appropriate information on amenorrhea when they were given Depo-Provera injection. The participants indicated that they needed proper information so that they know what happens to them in the course of using Depo-Provera. In addition two participants stated that they were coerced to accept Depo-Provera contraceptive method. The participants’ desire for information and lack of informed consent pointed to two sub-themes; women’s preference for information on amenorrhea and control over contraceptive decision making by midwives.

4.6.1 WOMEN’S PREFERENCE FOR INFORMATION

Five participants were concerned that midwives did not provide them with proper information concerning side effects of Depo-Provera, mainly amenorrhea which was a concern to them as

reported in their interviews. One participant stated that midwives do not want to share such information for fear that the women would stop using the method. She stated:

“Since such information is not shared to us by health workers, I thought they do it deliberately fearing that if they tell us about the side effects of these family planning methods, most women would stop using them.” Part. 02

There was one participant who reported that midwives hide information to them since they know that Depo-Provera is harmful to their bodies. She narrated:

“.....because if there is no harm that they can do to our bodies these health workers would not be hiding from us such information.” Part. 03

Three participants shared their experience while at the hospital, and stated that they were initiated on Depo-Provera without any counseling at all. One participant explained that she was given Depo-Provera but she was not told what she could anticipate in terms of side effects while using the method. She explained:

“.....we got the injection of which we were not told on how it functions, and what we should anticipate while using the method.” Part. 01

Another participant shared a similar concern by explaining that at the hospital they are not told what effects would come after using Depo-Provera. She said:

“Again at the hospital they just gave us the injection without explaining what would come after using the method.” Part. 06

One participant stated that the doctor who initiated her on the method did not counsel her on the possibility of experiencing amenorrhea as a result of Depo-Provera use, and due to this she was worried because she had been having her menses normally before getting the injection. She said:

“At first I was surprised because to me it was my first time by then to use this method of family planning... the major problem was that when I was starting the method the doctor did not tell or explain to me anything, so when cessation of menses came I was worried since beginning my youthful days as a girl I have been menstruating, except when I am pregnant”. Part. 03

One participant reported the need for midwives to share appropriate information concerning Depo-Provera considering that there are many negative stories surrounding its use. And she also expressed worry that despite Depo-Provera being utilized by most women, useful information pertaining to the method is not shared to them. She explained:

“It is important that health workers should tell us the truth about methods of family planning, especially the injection because we hear a lot of negative stories from our friends. Even at the hospital we are not assisted since they hide useful information concerning family planning methods most especially Depo-Provera injection since it is the method most of us women like.” Part. 05

Participants stated that they needed proper information so that they know what side effects could be anticipated in their use of Depo-Provera, mainly amenorrhea. Such information could help them make informed choice on contraceptive methods as stated by two participants, midwives had control over their decision making; they were made to accept Depo-Provera. This led to another sub-theme namely ‘control over contraceptive decision making by midwives.

4.6.2 CONTROL OVER CONTRACEPTIVE DECISION MAKING BY MIDWIVES

Two participants reported that midwives played a big role in choosing for them what contraceptive method they need to use. One participant specifically indicated that probably the midwives already have methods of family planning that they would want the women to use. She stated:

“It seems they themselves have methods in mind that they want us to get without our informed consent”. Part 06

One woman stated that she accepted Depo-Provera because the midwife was mentioning it several times. She explained:

“I got the injection because the nurse was mentioning it several times at the clinic that it was the only one available.....” Part. 01

Despite five of the six participants narrating that they did not receive appropriate information on Depo-Provera induced amenorrhea, there was one participant who stated that she had received counseling on the method, and that she was told the possibility of developing cessation of menses in her use of Depo-Provera. This therefore led to the fifth and final theme ‘amenorrhea not perceived as a problem when adequate information is provided’.

4.7 THEME FIVE: AMENORRHEA NOT PERCEIVED AS A PROBLEM WHEN ADEQUATE INFORMATION IS PROVIDED BY MIDWIVES

Despite five participants indicating that information on Depo-Provera induced amenorrhea is not shared by midwives, one participant narrated a different experience. She stated that she was

counseled that amenorrhea while using Depo-Provera does not mean that a woman is pregnant.

She stated that she was not worried when she noticed that her menses had ceased. She stated:

“The nurse explained to me how the injection works by saying some women may experience heavy bleeding, some may have spotting while some do stop having menses completely. I was also told that if I stop menstruating it means that there is no problem and that women should not be worried about this..... it does not mean that a woman is pregnant. I did not worry much because I was already told at the hospital that this is what I may be experiencing if using the injection of Depo-Provera, and I was pretty sure that I am not pregnant as the nurse explained to me”. Part. 04

The participant stated that she did not even consider amenorrhea as a problem since she was already told about the effect at the hospital. She stated:

“I did not regard amenorrhea as a problem because I was told the effects at the hospital”. Part. 04

The participants expressed fear when they noticed that their menses have ceased. This was attributed mainly due to lack of knowledge on the cause of amenorrhea while they were using Depo-Provera as a contraceptive method. The fear was made clear by the participants when they stated that they were afraid of pregnancy, and that they were afraid of becoming infertile due to their ceased menses. Others stated that they were afraid by expressing worry over the development of cessation of menses.

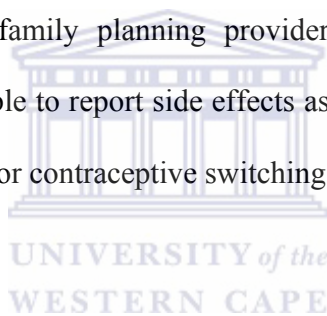
4.8 THE FUNDAMENTAL STRUCTURE OF THE PHENOMENON

A fundamental structure of a particular phenomenon under investigation is the articulation of the moment in the mental picture of the investigator and comprehension based on accepted presuppositions and situational circumstances (Edward, 2007). In this context, the researcher integrated the findings of the data analysis into a fundamental structure of the phenomenon that was being studied; women's experiences of amenorrhea following Depo-Provera use. A fundamental structure is an essence of the experiential phenomenon as it is revealed by explication through a rigorous analysis of the exhaustive description of the phenomenon. In this study, the fundamental structure: "Fear" was generated through adherence to Colaizzi's process (as cited in Shosha, 2012) of phenomenological data analysis.

4.8.1 FEAR

Fears about the side effects from the use of Depo-Provera are well documented barriers to use of the method. Many of these fears are due to misinformation, however, some of these fears reflect real experiences (Diamond-Smith et al., 2011). These fears cause a change in behavior and the response to fear may lead to avoiding the threat, which in this case is Depo-Provera induced amenorrhea which comes as a side effect. Darroch, Sedgh and Ball (2011) indicated that despite that much of the literature assumes that financial cost is the core factor in preventing Depo-Provera use, surveys from around the world suggest that fear of side effects of Depo-Provera are more influential in contraceptive decision making (Darroch et al., 2011). Participants in this study perceived their experiences of amenorrhea as a threat to fulfilling their reproductive role in their families pertaining to the high significance value fertility is held by communities. Firstly, they were afraid of their state of cessation of menses, which was attributed to lack of accurate contraceptive information sources, mainly on the cause of amenorrhea. Secondly, participants

were afraid of infertility as expressed in the reported beliefs and misconceptions associated with amenorrhea such as the injection leading to formation of solid particles in the womb, and failure to get rid of contaminated blood from the body. Thirdly, participants were afraid of unplanned pregnancy as they were misinformed by peers that amenorrhea was a clear indication of pregnancy. Lack of appropriate contraceptive information on side effects such as amenorrhea was a core driver of fears and misconceptions which often led to discontinuation of the method. Family planning counseling should not only aim at providing accurate contraceptive information but should be tailored to address fears, negative beliefs, misconceptions and side effects. Fostering patient-midwife interaction enhances prolonged contraceptive use (Alaii, Nanda, & Njeru, 2012). Patients need to be comfortable to ask family planning providers about negative rumors, beliefs, misconception and fears, and be able to report side effects as this will make them more likely to discuss with providers on options for contraceptive switching if needed, rather than discontinuing Depo-Provera (Alaii et al., 2012).



4.9 CONCLUSION

This chapter presented the study findings. It mainly presented a detailed outline of the five themes that emerged from the analyzed data. Direct quotations from participant's interviews were included to support their own expression of the experiences of amenorrhea following Depo-Provera use as a contraceptive method. The next chapter will focus on the discussion of the findings, in relation to relevant literature.

CHAPTER 5

DISCUSSION OF FINDINGS

5.0 INTRODUCTION

This chapter presents the discussion of findings in relation to relevant literature. The discussion is mainly on the five themes and sub-themes that emerged from the data after analysis.

5.1 LACK OF KNOWLEDGE ON CAUSE OF AMENORRHEA

Most of the participants showed lack of knowledge on cause of amenorrhea. This was reflected by the fear that they expressed upon noticing that they are no longer having their menstruation. They became worried as an expression of fear due to the changing menstrual pattern from normal and regular menses to no menstruation at all. The findings are consistent with the findings by Hubacher, Goco, Gonzalez, & Taylor (1999). In their study to estimate continuation rates of Depo-Provera that was done in Bolivia in 30 government health centers. In their study, 79% of family planning providers were able to explain about the contraceptive effectiveness of injectable Depo-Provera to their clients but they could not inform the women on possible menstrual side effects most especially amenorrhea. In the same study only less than 50% of the women were explained about the probability of amenorrhea while approximately 80% of the women were not told on how to handle side effects if they occur.

5.1.1 WORRY OVER DEPO-PROVERA INDUCED AMENORRHEA

Participants became worried due to development of amenorrhea mainly because they were not told about what really brings about the side effect, however on their own they could suspect that it was the Depo-Provera contraceptive that they were using that was causing them to stop menstruating. In their study to find out factors affecting the intentions of men and women to use family planning methods, Chipeta, Chimwaza, and Kalilani-Phiri (2010) it was revealed that some of the female participants fail to use Depo-Provera due to fear of side effects such as amenorrhea. In agreement with this, Repta and Clarke (2013), in their research on Canadian women's perception and experience of menstrual suppression, found out that women whose menstrual pattern was not suppressed by use of Depo-Provera expressed fear about the prolonged consequences of taking Depo-Provera such as not having menstruation anymore. To them monthly periods were considered to be inherently healthy and was a sign of good health, and was therefore referred to as an important barometer of health.

5.1.2 DISCONTINUING DEPO-PROVERA DUE TO AMENORRHEA

When the possibility of amenorrhea as a side effect is not shared to clients by midwives who are the major providers of family planning services in Malawi, women are bound to discontinue use of Depo-Provera. This is because if they discover on their own that their loss of menstruation started after using Depo-Provera they might not return to hospital or clinic for the next injection. In this study one participant expressed the possibility of discontinuing use of Depo-Provera because she had discovered that she developed amenorrhea, a side effect which was not shared by the providers at the time she was being initiated on the method. This is in consistent with what

Hubacher et al. (2009) found in their study in which women who were offered information on Depo-Provera efficacy, side effects and amenorrhea were more likely to continue using the injectable contraceptive than those women who were not offered such information. In the same vein, participants who were explained about the possibility of amenorrhea became 2.5 times more likely to continue using Depo-Provera than those women who did not receive this type of information. Women who had a feeling that being able to menstruate is a requisite for sustaining optimal health were more likely to discontinue use of Depo-Provera than those women who did not express such sentiments (Hubacher et al., 2009). Hubacher et al. (1999) explained that despite that there will always be women who discontinue use of Depo-Provera; midwives would increase the length of time that women would use the method. They concluded that midwives who only focus on positive qualities of Depo-Provera may be unwittingly fostering short term use of the injectable contraceptive. They also recommended that midwives need to encourage women to go back to the hospital if they experience amenorrhea which they might think will bring harm on their bodies (Hubacher et al., 1999).

In a study (N= 350) to determine the effect of counseling on discontinuation of Depo-Provera given as a contraceptive in which amenorrhea was the main side effect, De Cetina, Canto, and Luna (2001) indicated that most participants who were offered structured counseling opted to continue using Depo-Provera than those that did not receive counseling regardless of the collateral side effects. As an overall, those women who were counselled statistically showed a significant discontinuance rate ($P < 0.05$) than those that did not receive any counseling. More women who were not offered counseling discontinued Depo-Provera primarily as a result of amenorrhea which they experienced (De Cetina et al., 2001).

In a qualitative study done on 42 women and 32 service providers, to explore the acceptability of Depo-Provera and side effects experienced by women, Hyttel, Rasanathan, Tellier, and Taremwa (2012) indicated that all participants (n=16) who discontinued Depo-Provera cited amenorrhea as the major reason while eight women explained that amenorrhea and its impact on intimate relationships made them to discontinue its use. Another qualitative study involving 14 Focus Group Discussions done in Kenya, on reasons for discontinuing Depo-Provera among users, one woman expressed that her concerns regarding lack of menstruation made her decide to stop using Depo-Provera until when her menstruation starts again (Burke & Ambasa-Shisanya, 2011). She was of the view that since she was not seeing any blood, probably they were being collected somewhere in her body because starting from the time she started using Depo-Provera she had not seen blood as she used to do in the past (Burke & Ambasa-Shisanya, 2011).

In a longitudinal multi-centric research program conducted in Iran on menstrual changes (N=411), Sadeghi-Bazargani and Fardiyazar (2006) recommended that in order to minimize women discontinuing use of Depo-Provera there is need that providers explain to users that amenorrhea caused by the injectable contraceptive is harmless, and that sometimes it may be beneficial to those women who are anemic. They stated that Depo-Provera users must know that the injectable contraceptive has a very small failure rate and cessation of menstruation after a standard Depo-Provera injection is mostly rare to be as a result of pregnancy (Sadeghi-Bazargani & Fardiyazar, 2006).

This indicates that amenorrhea as a side effect of Depo-Provera would contribute greatly to the discontinuation in use of the method by most women who consider cessation of menses as abnormal, which is common to most women in Africa, as well as other regions of the world. In a retrospective study conducted in India on perspectives and experiences of women and family

planning providers on Depo-Provera in India, Jejeebhoy and Zavier (2012) stated that providers agreed that women's primary reason for discontinuing Depo-Provera was amenorrhea.

5.2 FEAR OF PREGNANCY

Pregnancy becomes a burden on women's lives most especially when they did not plan for it. Most women interviewed in this study registered their fear of getting pregnant since they could no longer see their monthly periods after using Depo-Provera. The first thing they suspected was that they are pregnant, and this was worsened by the fact that they were not explained that Depo-Provera could lead to cessation of menses. According to the participants, if one stops menstruating then it means that she is pregnant regardless that she is using Depo-Provera. This is in agreement with what Cheung and Free (2005) found in their qualitative study (N=51) on factors influencing young women's decision making regarding hormonal family planning methods; they found that for most of the women involved in the study having regular menstruation represented what was not only normal but also natural. For them having a regular menstruation cycle depicted a body balance and that it was reassuring to them since they knew that they are not pregnant. As such women did not like Depo-Provera and other methods that led to amenorrhea or rather methods that caused an unnatural state to their bodies (Cheung & Free, 2005). This is probably the reason why most of the participants in this study had to go back to the hospital so that they can complain about the amenorrhea, which to them it was a problem because they lacked information on why they were experiencing it. Two of these participants had to explain that they went back to hospital in order that they be offered a pregnancy test to confirm that they are not pregnant. Even when one of the participants was told at the clinic that her loss of menses was not an indication that she was

pregnant, she could not believe this, and decided to go a private health care facility where she paid just to get tested for pregnancy.

Jejeebhoy and Zavier (2012) carried out in-depth interviews on experiences and perspectives on Depo-Provera to family providers. The providers explained that women were afraid of pregnancy when they discovered that their menstruation had ceased, and due to this they discontinued the method. In a qualitative study (N=14) to investigate experiences of women with Depo-Provera conducted by Hampton and McWatters (2003) findings suggested that there is a relation between characteristics of a contraceptive method such as having side effects, and characteristics of the user (her perception of the side effect) that usually determined the desire to continue that method. Women who perceived amenorrhea as harmful, unnatural and unacceptable indicated their unwillingness to continue using Depo-Provera. In another qualitative study (N=491) to find out rates of discontinuation of injectable Depo-Provera, Davidson et al. (1997) found out that the majority of participants cited amenorrhea as a major reason for discontinuing Depo-Provera and not problems faced when returning to clinic every three months for subsequent injections. Three-quarters of the female participants cited cessation of menses, which accounted for 36% of women who discontinued Depo-Provera compared to other side effects that shared a 39% discontinuation rate (Davidson et al., 1997).

5.3 MISCONCEPTIONS ASSOCIATED WITH DEPO-PROVERA INDUCED AMENORRHEA

Misconceptions associated with Depo-Provera induced amenorrhea can prevent women from using the injectable contraceptive. In this study, women expressed their beliefs about menstruation,

and rumors that they had heard from friends, and which they believed to be true since they could not access such information from family planning providers themselves. According to Creel, Sass, and Yinger (2002) misconceptions associated with Depo-Provera could raise potential concerns for women about side effects, safety and effectiveness of various family planning methods, and that the presence of these beliefs and rumors highlights the significance of providing women and other family planning users about the pros and cons of contraceptive methods.

Chap and Escoffier (1996) stated that all traditional societies possess naturalistic views concerning the functioning (growth and decay) of the body. The body is considered as a microcosm while the monthly periods mark the rhythms of the life cycle. They continued to explain that when the menstrual flow is 'red, abundant and without odor', it is mostly liked by women as guarantee to the proper functioning of the body. Abundant bleeding is linked to fertility and good health. Menstruation is believed to renew the old or 'dead blood' as new fresh blood provides strength, beauty and restores the health of a woman (Chap & Escoffier, 1996). De Cetina et al. (2001) found, in their study (N=350) on the effect of pre-treatment counseling on discontinuation of Depo-Provera in Mexican women, that in rural areas women had the belief that amenorrhea leads to bad blood being deposited in the womb which later brings about a toxic effect. Hampton and McWatters (2003) found out that women who discontinued use of Depo-Provera as a result of frightening rumors from friends did not receive accurate information from providers to counteract misinformation. Such rumors though taken lightly by providers, they have an impact on Depo-Provera users (Hampton & McWatters, 2003).

5.3.1 FEAR OF INFERTILITY

Almost all the participants interviewed were afraid of becoming infertile in their use of Depo-Provera as a contraceptive method. Their major concern emanated from the fact that Depo-Provera

led to cessation of their menstruation, which they considered to come about due to its ability to cause tumor growth and some form of solid particles in the womb which in turn may lead to them becoming sterile. They considered lack of menstruation as having poor health. In consistent with this, in their qualitative study to understand how Cambodian women think concerning natural and modern contraceptive methods and the various factors influencing their option of contraceptives, Chap and Escoffier (1996) found out that women regarded their counterparts who were sterile as having poor health since they do not have monthly periods. It was also revealed that most women monitor the quantity, quality and regularity of their menstrual flow very carefully, and that any changes such as amenorrhea would raise fears and anxiety about their health. The use of Depo-Provera raises immediate concern and suspicion and is seen as disturbing the natural harmonious balance (Chap & Escoffier, 1996).

In another qualitative study by Chipeta et al. (2010) on contraceptive knowledge, beliefs and attitudes in rural Malawi, it was found out that women fail to use Depo-Provera due to negative attitudes, myths and beliefs that surround its use. Women expressed a common belief that Depo-Provera affects male reproductive organs, leading to them being impotent (Chipeta et al., 2010). In a qualitative study (N=46) to explore the acceptability of Depo-Provera and side effects experienced by women and impact on their relationships, Hyttel et al. (2012) revealed that eight women were concerned that Depo-Provera will cause infertility. In addition to reduced sexual pleasure and availability, fear of infertility and delayed return to fertility women were also concerned about the stability of their relationships. Chap and Escoffier (1996) stated that women try to find rational explanations about amenorrhea which is one of the most frequent reported side effects of injectable Depo-Provera. In their study participants raised a concern that blood retained in their bodies will lead to an abdominal lump which will later develop into a tumor or a cancer in

the near future. This is also the same with what two participants in this study believed when they stated that amenorrhea might lead to formation of solid particles and tumor growth in the womb, and later cause them to become sterile.

Do Amaral, Hardy, Hebling, and Faúndes (2005) carried out a qualitative study (N=64) on opinion of Brazilian women on menstruation and amenorrhea, and in their discussion on amenorrhea it was found out that women believed that menstrual blood is dirty and menstruation is a means to purify the body. They believed menstruation leads to elimination of bad blood which has a natural path to leave the body. They women had a question as to say ‘if it was not eliminated from the body using its natural path, then where would it go?’ (Do Amaral et al., 2005).

This is in agreement with what was found in this study whereby participants also shared their belief that if using Depo-Provera and one has amenorrhea, it means that contaminated or bad blood is retained in the body. Midwives need to act on the beliefs, myths, rumors and even fears and anxieties that come concerning amenorrhea. They need to explain to users that amenorrhea is not harmful to one’s health.

5.4 LACK OF PROPER COUNSELING ON AMENORRHEA RESULTING FROM DEPO-PROVERA USE

Counseling is vital if women are to effectively use contraceptive methods. Proper counseling can lead to women use a contraceptive for a prolonged period. However, it is not usual for midwives to offer such type of counseling when initiating women on various family planning methods, including Depo-Provera. Five participants indicated that despite being initiated on injectable Depo-Provera midwives did not initially counsel them on the method, particularly on amenorrhea,

which reportedly affects most women using the method. According to Dehlendorf et al. (2014) qualitative research studies in the United States on women's experiences on counseling revealed that users of contraceptives frequently are dissatisfied with the type of counseling they receive. Their concern mainly was that providers hide information on side effects (Dehlendorf et al., 2014). Midwives need to consider prioritizing provision of accurate information on amenorrhea to women, in order to reduce rates of discontinuation associated with the method.

5.4.1 WOMEN'S PREFERENCE FOR INFORMATION

According to Ntupanyama (2009), counseling is an interactive process in which a provider, in this instance, a midwife listens to clients' concerns and provides useful information to allow them make informed decisions. In this study, participants reported their desire to get accurate information on amenorrhea from midwives. They expressed frustration at the tendency by some midwives to hide useful information that could help women use a chosen contraceptive method effectively. It should be highlighted that most participants felt that losing one's menses was not normal. They were inclined to consider the cessation of menses as a panacea for any health anomaly they experience. Women opting for Depo-Provera are not counseled that if they use the method for a year or more there is a possibility of experiencing amenorrhea (Hodgins, 1999). When Depo-Provera users return to hospital or clinic distressed with a concern for amenorrhea, they are commonly explained to by providers that it was not a sickness, but it was the effect of the Depo-Provera. While some get reassured, many of them remain concerned (Hodgins, 1999). And this can lead to lack of trust towards family planning providers. As revealed by Hoggart and Newton (2013) in their qualitative study (N=20) on young women's experiences of side effects resulting from contraceptive implants, the unwillingness by family planning providers to explain

all the side effects of Depo-Provera was against the wishes of young women's desire for detailed information concerning the method. And this led to the distrust of the providers (Hoggart & Newton, 2013).

As indicated earlier on, two participants returned to the clinic to complain that their menses had stopped. If midwives had counseled the participants initially, they would not have gone back to the clinic to complain about the cessation of menses. Good information could lead to better contraceptive options by women which in turn could increase contraceptive continuation rate. Women will continue using Depo-Provera if and only if they receive adequate information from providers (Ntupanyama, 2009). Cessation of menses is not viewed as normal unless one is pregnant or has reached menopause. According to Hodgins (1999) women are frequently asking: 'if the blood is not coming out then where is it going, and what is it doing to the body?' Thus, there is a need to offer proper and accurate information to women seeking contraceptive services.

In a qualitative study (N=42) on women's preferences for contraceptive counseling and decision making that was done in USA, Dehlendorf et al. (2013) indicated that one of the priorities for contraceptive users in their encounter with providers was understanding the information that was being given to them. Women appreciated having information on alternative contraceptive methods even though they came into the clinic with a preferential method they wanted to use (Dehlendorf et al., 2013).

In their study, Jejeebhoy and Zavier (2012) found out that Depo-Provera users complained that information given by family planning providers was not comprehensive in many instances. While the users were informed were informed about the need for re-injections every three months and how the method works, less than three in five users had been informed about the potential side effect of amenorrhea and what to do if this side effect was experienced (Jejeebhoy & Zavier, 2012).

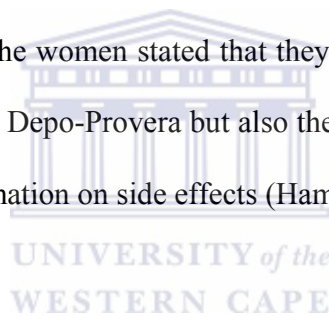
5.4.2 CONTROL OVER CONTRACEPTIVE DECISION MAKING BY MIDWIVES

Two participants indicated that despite getting Depo-Provera they still felt that the decision to get the method was largely influenced by the midwives themselves. One participant indicated that in her encounter with a midwife Depo-Provera was mentioned several times or repeatedly with a view to entice her to get the injectable contraceptive. According to her, it gave her the impression that other methods were not available when in actual fact they were available. Another participant indicated that sometimes providers wanted to give clients contraceptives that do not require much time to give when compared to those that need more time to be offered to one client such as implants. This was against the participants' right to information that would enable them make informed choices on contraception. According to Hyttel et al. (2012), in their qualitative study on acceptability of Depo-Provera in Uganda revealed that family planning providers emphasized the importance of ensuring that women are able to make informed choice.

In their qualitative study (N=42) on women's preferences on contraceptive counseling and decision making, Dehlendorf et al. (2013) found out that the majority of women felt it was significant for them to make final decisions on which contraceptive methods they wanted to use. However, some of the women desired that family planning providers actively help them discuss their options by determining the best contraceptive choice on their behalf. About half of the participants indicated that in their most recent counseling by providers, it was the providers that chose specific preference that influenced their contraceptive option (Dehlendorf et al., 2013). This was consistent with what the two participants in this study experienced by stating that midwives played a big role in influencing them chose Depo-Provera. The providers did not provide all the information that could have made them make the right and independent choice.

According to Egarter et al. (2012) a comprehensive and well balanced contraceptive counseling pertaining to the pros and cons of the available family planning methods offers women wider options. This would make women reconsider their initial contraceptive choice in favor of a particular method that they did not know that it is available or exists, and which fits well with their medical and life style needs (Egarter et al., 2012).

In their study, Hampton and McWatters (2003) family planning providers were considered as lacking knowledge about Depo-Provera. Some of the participants were of the view that providers encouraged them to start Depo-Provera without notifying them about the possibility of experiencing amenorrhea as a side effect, and for those that informed them did it inaccurately (Hampton & McWatters, 2003). The women stated that they were dissatisfied with not only the lack of knowledge by providers on Depo-Provera but also the tendency to coerce them to use the method without providing full information on side effects (Hampton & McWatters, 2003).



5.5 AMENORRHEA NOT PERCEIVED AS A PROBLEM WHEN ADEQUATE INFORMATION IS PROVIDED BY MIDWIVES

One out of the six participants shared a contrary experience of her encounter with a midwife at the family planning clinic. She stated that she was offered the necessary information for her to use Depo-Provera as her contraceptive method of choice. The woman explained that she did not perceive amenorrhea as a nuisance because the midwife at the clinic had already informed her that it was one of the side effects that she could anticipate while using the method. This was a different experience altogether as all the participants had indicated that they were not counseled on amenorrhea.

This was strength on the part of the midwives because the woman that was counseled did not have problems with amenorrhea when she experienced it. Due to the information she received she did not attach any beliefs to the amenorrhea as did other participants. She did not link her cessation of menses to pregnancy. There is need for providers to ensure that accurate information is provided to clients that could help make them continue using Depo-Provera as a contraceptive method. This will again help to lower the discontinuance rate that come mainly due to the occurrence of amenorrhea.

In a qualitative analysis (N=50) of approaches to contraceptive counseling in the United States, Dehlendorf et al. (2014) stated that high quality interaction between a client and a family planning provider about contraception, particularly on side effects such as amenorrhea is associated with improvement in the use of Depo-Provera and other contraceptives. However, the researchers stated that little is known on how providers of contraceptives engage client or users in the decision making process. Client-provider interaction during visits to family planning clinic has a good influence on contraceptive use (Dehlendorf et al., 2014). Likewise, this study did not establish the extent to which one participant that was offered counseling was engaged in her interaction with the midwife. However, it was appealing to learn that the midwife informed the participant on the possibility of amenorrhea in her use of Depo-Provera.

5.6 CONCLUSION

This chapter discussed the study findings in relation to relevant literature. The next chapter will focus on conclusion and recommendation.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.0 INTRODUCTION

This chapter presents the conclusion and recommendations based on findings of the study. The recommendations have been divided into two categories, which are recommendations related to nursing/ midwifery practice and policy. The chapter extends to present the implications for further studies.

6.1 CONCLUSION

The aim of the study was to explore and describe women's experiences of amenorrhea following use of Depo-Provera as a contraceptive method. This was achieved through the use of a qualitative design, in particular the phenomenological approach. The researcher bracketed his own experiences of working with family planning clients for about four years in his practice as a nursing and midwifery officer, as well as being a Malawian.

There was limited literature specifically on women's experiences of amenorrhea following the use of injectable Depo-Provera, and therefore the researcher utilized other related studies worldwide. It is also worth noting that the researcher did not find any study done in Malawi specifically on women's experiences of amenorrhea following Depo-Provera use.

The study has revealed that acceptors of Depo-Provera do not receive appropriate information concerning side effects, particularly amenorrhea which is a concern for most women. In the study participants highlighted that the injectable contraceptive was given to them without prior provision

of information concerning side effects. In their discussion, women expressed lack of knowledge on cause of amenorrhea which they experience while using Depo-Provera, and also fear of pregnancy while still on the method. One participant expressed the desire to discontinue using Depo-Provera since she considered cessation of her menstruation as unnatural, as she believed that when a woman stops menstruating then it is an indication that she is pregnant. The study also revealed that Depo-Provera was associated with various negative beliefs and rumors that had a negative impact on utilization of the method by women.

The findings of the study have indicated poor counseling by family planning providers. Most of the women interviewed lamented that they received no family planning counseling during their encounter with a midwife. It was also evident from the findings that women were not actively involved in decision making regarding contraceptive choices. They expressed that providers sometimes decided on their behalf.

However, it was of great interest to note that one of the respondents indicated that some providers do offer the information on the side effects of Depo-Provera. This highlighted that some of the providers discussed with clients the possibility of amenorrhea while using Depo-Provera. This gave women confidence when experiencing amenorrhea since they had already been informed that the phenomenon might happen to them in their course of using the method.

6.2 RECOMMENDATIONS

6.2.1 RECOMMENDATIONS TO MIDWIFERY PRACTICE

From the findings of the study it is recommended that:

- There is need to improve method specific knowledge on a wide range of contraceptives on the part of providers, particularly midwives in order to address related safety concerns mainly on side effects. This will help providers ably and confidently counsel clients on adverse effects that come along with contraception. This will in turn improve utilization rate for contraceptives, and hence improve the contraceptive prevalence rate for the country.
- There is need for midwife leaders to intensify their supervision on family planning providers to ensure that women are provided with proper and accurate information that will enable them not only to choose a birth control method but also enable them use the chosen method for a long time until such a time when they need another child.
- There is need for family planning providers to dispel (through counseling) negative beliefs and myths surrounding the injectable Depo-Provera as this will contribute to high utilization rate for the method, and thus will contribute a great deal to the contraceptive prevalence rate.

6.2.2 RECOMMENDATIONS RELATED TO POLICY

From the findings of the study it can be recommended that:

- There is need for policy makers to devise strategies that will ensure that women and other family planning users are empowered to make their own decision in their choice of contraception every time they seek family planning services.

6.3 IMPLICATIONS FOR FURTHER RESEARCH

There is need to carry out further studies in nursing and midwifery on experiences of family planning providers in counseling women accepting Depo-Provera contraceptive method. This could help get the views of providers themselves in their encounter with acceptors of Depo-Provera. There is also need to conduct a study on effect of cultural beliefs and misconceptions on uptake of Depo-Provera. This could help to examine the extent to which utilization of Depo-Provera is affected by various cultural beliefs and misconceptions.

6.4 CONCLUSION

This chapter focused on conclusions and recommendations based on the findings of the study. The recommendations have been divided into two categories; those related to midwifery practice and those related to policy. The chapter also focused on implications for further research.

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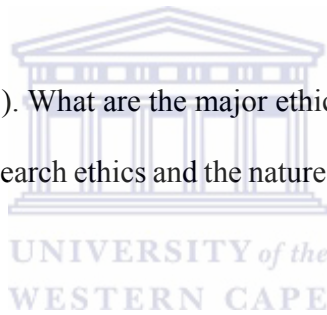
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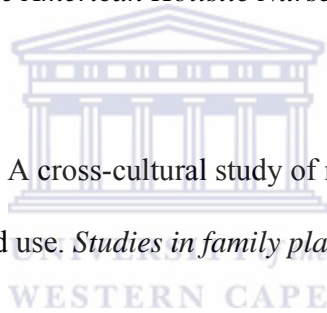
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APPENDIX A

PARTICIPANT INFORMATION SHEET (English Version)

Title: Women's Experiences of Amenorrhea following Depo-Provera use at a District Hospital in Malawi

What is the purpose of the study?

This research study is conducted by Boss Mwafulirwa as a requirement for the fulfilment of the Master's Degree program at the University of the Western Cape. You are asked to participate in this research study since you will have a chance to share your experiences of amenorrhea following Depo-Provera use as a contraceptive method. The purpose of the study is to explore women's experiences of amenorrhea following Depo-Provera use at Chitipa district hospital in Malawi.

What am I expected to do in my participation in this study?

You will be expected to attend an interview conducted by the researcher at your convenient place and time. The interview is expected to last for about 45- 60 minutes, and you will be required to share your experiences of amenorrhea following use of Depo-Provera as a family planning method.

Is my participation in this study confidential?

Your information provided for the sake of the study will be kept confidential by keeping it in a lockable cabinet. Codes, instead of names will be used on the collected data. The interviews will be audio-recorded. In the final report, and in case of publication confidentiality will still be maintained.

Any risks in participating in the research study?

Since the topic of research is sensitive, it may attract some emotions as regards your experiences, and in such a case, you will be referred to appropriate authorities for help, and the interview may be stopped.

What are the benefits for taking part in the study?

There are no personal gains, but the findings of the study have the potential to convey knowledge that will aid health care workers, particularly midwives and policy makers, to better understand women's experiences of amenorrhea following Depo-Provera use. Information provided may also contribute to improved information or health education given to women.

Any room for withdrawal in participating in the research study?

Participation is strictly voluntary, and you are free to choose not to take part in the study. In the case that you have decided to take part in the study, you may as well feel free to withdraw participation at any point, and you will not lose any benefits for which you otherwise qualify.

What action do I take if I have any question regarding the study?

The researcher can be contacted at any time if there are any concerns pertaining to this research study by using the following contact information: Mobile- (+27) 745541738/ (+265) 993850381, email- 3413598@myuwc.ac.za. The research supervisor can also be contacted on the following numbers: +27718311185/0219599473. Email: nkwaleyela@uwc.ac.za.

The permission to conduct the study has been granted by the Senate Research Committee and the Higher Degrees Committee of University of the Western Cape, as well as the National Health Sciences Research Committee of the Malawi Ministry of Health.

APPENDIX B

PARTICIPANT INFORMATION SHEET (Tumbuka Version)

VAKWENELA KUMANYA PA KAFUKUFUKU UYU

MUTU WA KAFUKUFUKU: IVO WAZIMAYI WAKUKUMANA NAVO PALA WALEKA KUGEZA CHAKUMWEZI CHIFUKWA CHAKUGWIRISKA NTCHITO NTHOWA YA KUGWAZA YA DEPO-PROVERA

Kasi chakulata cha kafukufuku uyu ni vichi?

Kafukufuku uyu wakupangika na Boss Mwafulirwa, uyo wakupanga masambiro yake yakusazgirapo ku University of the Western Cape (UWC) mu chalo cha South Africa. Mukupempheka kutolapo lwande mu kafukufuku uyu kuti mulongosole umo mukukwaskikira pa umoyo winu pala mwaleka kugeza cha kumwezi chifukwa chakugwiriska ntchito nthowa ya kulera ya jekisoni, iyo zina lake ni Depo-Provera. Kafukufuku uyuwakukhwaska wazimayi awo wakupokera nthowa zawo zakulera kuchipatala cha boma la Chitipa.

Kasi ine nitolengepo lwande uli mukafukufuku uyu?

Mukupempheka kuzgola mafumbo agho mufumbikenge kukhwaskana na nthowa ya kulera ya Depo-Provera iyo mukugwiriska ntchito, ndipo vose ivi vizamutola mphindi zakukwana 45 mpaka 60.

Kasi kutolapo lwande kwane kuwenge kwachisisi?

Vose ivo mudumbenge mwakuyana na kafukufuku uyu viwenge vachisisi ndipo vamusungikaso pa malo yakubisika, ndipo zina linu nalo likukhumbika yayi mukafukufuku uyu. Kwantheura manambala ndiyo yagwiriskikenge ntchito.

Pali nthingwanika zilizose izo zinganichitika pakutolapo lwande mu kafukufuku uyu?

Pali nthingwanika panyake vakofya vilivose kwakuyana nakafukufuku uyu. Ndipo pala chanthe ichi chingachitika tioneneseskenge kuti mwaovwirika mwakwenelera.

Kasi uwemi wakutolapo lwande mu kafukufuku uwu nivichi?

Pali kupindula kulikose pakutolapo lwande kwinu, kweni vilingwa vyakafukufuku uyu vizamovwira kuti wachipatala ntchito zawo izo wakovwiranazo imwe zilute munthazi kwakuyana naivo imwe mulongosolenge mukafukufuku uyu.

Kasi nili naufulu wakukana kutolapo lwande mukafukufuku uyu?

Kutolapo lwande linu mu kafukufuku uyu nkhwambula kuchichizgika, nthaura muli naufulu kukana kutolapo lwande mukafukufuku uyu. Kweniso mungamanya kulekezga panthowa nangawuli mwanguzomela kale kutolapo lwande ndipo pali chiheni chilichose icho chilondezgenge pachiganizo chinu chakulekera panthowa.

Kasi pala nili na chakufumba panyake chilichose chakukhwaskana nakafukufuku uyu ningafumba njani?

Niliwakunozgeka kuzgola mafumbo yinu nyengo iliyose, ndipo munganikhwaskaso pakuniyimbila foni pa manambala agha: +27745541738/+265993850381. Para ntchamachitiko mungamanyaso kulemba kalata nakutumizga ku email iyi: bmwafulirwa@yahoo.com.

Mazaza yakupanga kafukufuku uyu yaperekeka kufuma ku Higher Degrees Committee kweniso Senate Research Committee yaku UWC uko nkhusambila. Kuno ku Malawi nazomerezgeka nawa National Health Sciences Research Committee kuti kafukufuku uyu wachitike.

APPENDIX C

CONSENT FORM (English Version)

Title: Women's Experiences of Amenorrhea following Depo-Provera use at a District Hospital in Malawi

I _____, the participant have been proposed to take part in this research study currently being conducted by Boss Mwafulirwa, a Master's Degree student at the University of the Western Cape. I have been assured by explanation that my identity will not be disclosed and that my taking part in the study is strictly voluntary. I have been told that I have the right to withdraw my participation at any time, and that such withdrawal will not be punitive on my part. The questions that I posed to the researcher were responded to appropriately. I have also been informed that even if the findings of the study are published anonymity will still be maintained. Information derived from the study will be confidential but accessible to the research supervisors, and submitted for a Master Degree. There is no personal, financial or other gain regarding my participation in this study. I have been told that the interview will be audio recorded and I have given permission for the recording to be done.

I hereby, voluntarily give consent to take part in the study.

Participant name: _____ Date: _____

Signature: _____

Statement by the Researcher:

I _____, the undersigned do hereby declare that I have explained the content of the document in English/Tumbuka to the participant, _____ (Name of participant) and requested her to ask questions if there is need for clarification.

Researcher _____ Date: _____

Signature: _____



APPENDIX D

CONSENT FORM (Tumbuka Version)

CHIKALATA CHAKUZOMEREZGA KUTOLAPO LWANDE MU KAFUKUFUKU

MUTU WA KAFUKUFUKU: IVO WAZIMAYI WAKUKUMANA NAVO PALA WALEKA KUGEZA CHAKUMWEZI CHIFUKWA CHAKUGWIRISKA NTCHITO NTHOWA YA KUGWAZA YA DEPO-PROVERA

Ine _____, napempheka kutolapo lwande mukafukufuku uyu wakupangiska Boss Mwafulirwa, msambili waku University of Western Cape (UWC). Naphalilika kuti vose ivo tidumbiranenge kukhwaskana nakafukufuku uyu viwenge vachisisi ndipo vamusungikaso malo yachisisi. Wanilongosoleraso kuti kweni asambizi wawo ndiwo wamuwonapo ivi nizgolenge mukafukufuku uyu, pakuti wamkhumbika kuti wapereke ku sukulu kwawo chifukwa ntchakwenerera kuti wamalizge sukulu iyo wakupanga. Waniphaliraso kuti nkuchichizgika chara kutolapo lwande, kweniso kuti ningalekezga panthowa nangauli nazomera kale kutolapo lwande mukafukufuku uyu, ndipo kuti paliye chiheni icho nichitilikenge pachifukwa chakuleka kutolapo lwande kwane. Mafumbo ghane yakukhwaskana nakafukufuku uyu agho nangufumba wanizgola makola ndipo mwakukholweska. Waniphaliraso uwemi wakafukufuku uyu, nakuti kwa ine pandekha paliye phindu ilo nilisangenge mwaluwiro pakutolapo lwande kwane mu kafukufuku wangeti uyu. Kweni walongosola kuti vakusatila vya kafukufuku uyu vizamovwira kuti ntchito za chipatala zilute munthazi. Wanimanyiskaso kuti wajambulenge pa matepi ivyo nilongosolenge, ndipo ine nazomerezga kuti vichitike nthoura.

Kwantheura nkuzomerezga kutolapo lwande mu kafukufuku uyu mwachiganizo chakupanga pa ine ndekha.

Zina linu: _____ Dazi: _____

Sayinani apa: _____

Uyo wakupangiska kafukufuku:

Ine _____ nkhozomera kuti nalongosola vyose mwakuyana nakafukufuku uyu mu chiyowoyero chachitumbuka kwa _____ (zina la uyo wakutolapo lwande mukafukufuku uyu) ndipo namchiska kufumba mafumbo apo wangupulikiska chara.

Zina: _____ Dazi: _____

Sayinani apa: _____



APPENDIX E:
INTERVIEW GUIDE

English Version

The following question will be asked:

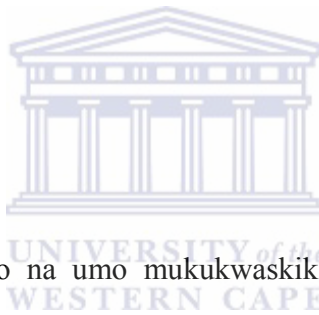
- Can you please tell me about your experiences of having amenorrhea following the use of Depo-Provera as a contraceptive method?

Prompts and probes will follow depending on the responses to the above questions to elicit more information from participants.

Tumbuka Version

Fumbo ili ndilo lamufumbika:

- Kasi munganilongosolerako na umo mukukwaskikira na kuleka kugeza chakumwezi chifukwa chakugwiriska ntchito jekisoni ya kulera ya Depo-Provera?



APPENDIX F

LETTER REQUESTING PERMISSION TO CONDUCT STUDY AT CHITIPA

DISTRICT HOSPITAL

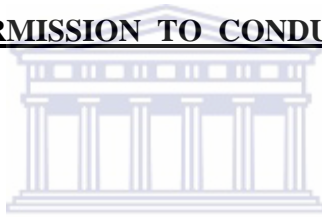
From: Boss Mwafulirwa
School of Nursing
University of the Western Cape
Private Bag 17, Bellville
South Africa.

TO: The District Health Officer
P.O. Box 95, Chitipa
Malawi

Dear Sir,

RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH AT CHITIPA

DISTRICT HOSPITAL



I am a postgraduate student at the University of the Western Cape, reading a Master's Degree in Nursing. As a requirement for the program, a student is supposed to conduct research. The title of my research is "Women's Experiences of Amenorrhea following Depo-Provera use". The overall purpose is to explore women's experiences of amenorrhea following use of Depo-Provera as a contraceptive method at Chitipa District Hospital in Malawi. This is in order to gain a better understanding of how women experience amenorrhea following use of Depo-Provera and give meaning to the experience.

I therefore, request for permission to conduct research (data collection) at your institution. I intend to interview 6 women who are attending family planning services at the clinic of the hospital. A report of the findings will be made available to your office after completion of the study.

Attached is a letter of ethical clearance from the Senate Research Committee of the University of Western Cape, and National Health Sciences Research Committee (NHSRC) of the Malawi Ministry of Health.

Thanking you in advance.

Yours sincerely,

Boss Mwafulirwa



APPENDIX G

QUALITATIVE RIGOR

Extraction of significant statements

Significant statements	Transcript number	Page number	Lines number
<i>“I started using Depo-Provera in the year 2013, and soon after getting two injections of Depo-Provera I developed amenorrhea, and due to this I was so much devastated that I did not have peace in my mind”.</i>	1	1	1-5
<i>“In using this method I discovered that I started experiencing cessation of menses. Knowing that this problem started after using Depo-Provera I was very much worried”.</i>	2	1	3-7
<i>“Since I was not told at the time of starting the method, I went back to the hospital so that I can get tested to know if I am pregnant or not, and also that I should ask what I am experiencing because it was strange to me”.</i>	2	1	10-16
<i>“To my knowledge, when a woman or a girl stops menstruating it is a sign that she is pregnant”.</i>	2	1	16-18
<i>“I was surprised when I was told by the health worker that I am not pregnant but it is the injection of Depo-Provera that is making me stop menstruating. I did not believe since the</i>	2	1	19-26

<i>doctor that initiated me on the method did not tell me about this effect of having ceased menstruation.....”</i>			
<i>“I was afraid because I believed that I was pregnant which was unplanned”.</i>	2	1	28-29
<i>“I had already been informed by other people that if one stops menstruating while using Depo-Provera injection it means the drug forms some solid particles inside the womb.....”</i>	2	2	9-13
<i>“.....and that the bad blood that is supposed to be released during menstruation is retained inside the body, and which makes a woman stop child bearing...”</i>	2	2	13-17
<i>“At first I was surprised because to me it was my first time by then to use this method of family planning....”</i>	3	1	5-8
<i>“The major problem was that when I was starting the method the doctor did not explain to me anything, so when cessation of menses came I was worried since beginning my youthful days as a girl I have been menstruating properly....”</i>	3	1	10-16
<i>“I thought I have just developed some major problem in my life”</i>	3	1	16-17
<i>“Ieven started thinking as true what other women have been saying that when one is using Depo-Provera she stops getting pregnant again....”</i>	3	1	17-21

<i>“..... and some say the injection causes tumors in the womb that make a woman stop being fertile again”.</i>	3	1	21-24
<i>“When this problem of cessation of menses started, I and my husband were surprised and agreed that I should go back to the hospital to explain about my problem...”</i>	3	1	24-28
<i>“.....because if there is no harm that they can do to our bodies these health workers would not be hiding from us such information”.</i>	3	2	23-26
<i>“Stopping to menstruate was a problem to me,a big problem for that matter since what I know is that when one is pregnant it is the time she stops menstruating”</i>	3	2	27-31
<i>“In addition, when you are not menstruating it means the body is unable to get rid of contaminated blood”.</i>	3	2	32
<i>“.....and also that your fellow women stop to regard you as a woman”.</i>	3	3	2-4
<i>“Since such information is not shared to us by health workers I thought they do it deliberately fearing that if they tell us about the side effects of these family planning methods, most women would stop using them”.</i>	2	2	26-31
<i>“I thought they would give me tablets that would make me menstruate”.</i>	2	4	2-3
<i>“.....people say that you can no longer get pregnant again if you are using an injection for family planning”.</i>	2	4	6-8

<i>".....because as a woman or even my friends what we know is when one stops menstruating it means she is pregnant and that you will deliver a baby thereafter".</i>	1	1	6-9
<i>"I did not have peace due to this cessation of menses..... I just thought that I am pregnant...."</i>	1	2	7-9
<i>".....we got the injection of which we were not told on how it functions, and what we should anticipate while using the method".</i>	1	3	20-23
<i>"I wanted to stop using Depo-Provera because of cessation of my menses I surely knew that it was coming due to the injection".</i>	6	1	39-40
<i>"I was menstruating before using the method, so this was really a worry for me....."</i>	6	2	3-5
<i>"Again at the hospital they just gave us the injection without explaining what would come after using the method".</i>	6	2	13-16
<i>"The nurse explained to me how the injection works by saying that some women may experience heavy bleeding, some may have spotting, while some do stop having menses completely".</i>	4	1	27-31
<i>"I was also told that if I stop menstruating it means that there is no problem and that women should not be worried about this.....it does not mean that a woman is pregnant".</i>	4	2	6-13

<i>"I did not worry much because I was already told at the hospital that this is what I may be experiencing if using the injection of Depo-Provera, and I was pretty sure that I am not pregnant as the nurse explained to me".</i>	4	2	17-23
<i>"I did not regard amenorrhea as a problem because I was told about the effects at the hospital".</i>	4	3	1-3
<i>"It is important that health workers should tell us the truth about methods of family planning, especially the injection because we hear a lot of negative stories from our friends".</i>	5	1	1-5
<i>"The injection is a very good method only that it brings about cessation of menses..."</i>	5	1	5-7
<i>".....together with my husband I went to the hospital so that I can be tested to confirm If I am pregnant or not..."</i>	5	1	15-18
<i>"Even at the hospital we are not assisted since they hide useful information concerning family planning methods most especially Depo-Provera injection since it is the method most of us women like".</i>	5	4	1-6
<i>"I got the injection because the nurse was mentioning it several times at the clinic that it was the only one available..."</i>	6	2	23-26
<i>"It seems they themselves have methods in mind that they want us to get without our informed consent".</i>	1	3	3-5

Formulation of meanings from significant statements

Significant statement	Formulated Meanings
<p><i>“I started using Depo-Provera in the year 2013, and soon after getting two injections of Depo-Provera I developed amenorrhea, and due to this I was so much devastated that I did not have peace in my mind”.</i> (Transcript 1, page 1, lines 1-5)</p>	<p>Participant expressed worry after noticing that her menses had ceased as she was not told about the side effects of Depo-Provera.</p>
<p><i>“In using this method I discovered that I stated experiencing cessation of menses knowing that this problem started after I started using Depo-Provera I was very much worried”.</i> (Transcript 2, page 1, lines 3-7)</p>	<p>Participant was worried when she discovered that she is no longer menstruating which she strongly suspected was due to use of Depo-Provera despite not being told by midwives at the clinic.</p>
<p><i>“Since I was not told at the time of starting the method, I went back to the hospital so that I can get tested to know if I am pregnant or not, and also that I should ask what I am experiencing because it was strange to me”.</i> (Transcript 2, page 1, lines 10-16)</p>	<p>Participant linked her experience of cessation of menses to being pregnant since she had no idea that it was the effect of Depo-Provera.</p>

<p><i>“To my knowledge, when a woman or a girl stops menstruating it is a sign that she is pregnant”.</i> (Transcript 2, page 1, lines 16-18)</p>	<p>Participant indicated that when a woman loses her menses then it means that she is pregnant.</p>
<p><i>“I was surprised when I was told by the health worker that I am not pregnant but it is the injection of Depo-Provera that is making me stop menstruating. I did not believe since the doctor that initiated me on the method did not tell me about this effect of having ceased menstruation.....”</i> (Transcript 2, page 1, lines 19-26)</p>	<p>Participant did not believe the midwife after she was told that she was not pregnant as she was not told at first about the effect of amenorrhea coming as a result of using Depo-Provera.</p>
<p><i>“I was afraid because I believed that I was pregnant which was unplanned”.</i> (Transcript 2, page 1, lines 28-29)</p>	<p>Participant expressed fear of getting an unplanned pregnancy.</p>
<p><i>“I had already been informed by other people that if one stops menstruating while using Depo-Provera injection it means the drug forms some solid particles inside the womb.....”</i> (Transcript 2, page 2, lines 9-13)</p>	<p>Participant was convinced that Depo-Provera is harmful since it leads to formation of solid particles in the womb.</p>

<p><i>“.....and that the bad blood that is supposed to be released during menstruation is retained inside the body, and which makes a woman stop child bearing...”</i> (Transcript 2, page 2, lines 13-17)</p>	<p>Participant shared the belief that Depo-Provera leads to accumulation of contaminated blood in the body since it causes amenorrhea.</p>
<p><i>“At first I was surprised because to me it was my first time by then to use this method of family planning....”</i> (Transcript 3, page 1, lines 3-5)</p>	<p>Participant was ignorant of the amenorrhea since it was her first time to use the method.</p>
<p><i>“The major problem was that when I was starting the method the doctor did not explain to me anything, so when cessation of menses came I was worried since beginning my youthful days as a girl I have been menstruating properly....”</i> (Transcript 3, page 1, lines 10-16)</p>	<p>Participant indicated to have a big problem upon her life due to the developing amenorrhea since she was not counselled at the time of getting the injection and considering that all along she has been having her menses.</p>
<p><i>“Ieven started thinking as true what other women have been saying that when one is using Depo-Provera she stops getting pregnant again....”</i> (Transcript 3, page 1, lines 17-21)</p>	<p>Participant indicated that people believe that using Depo-Provera would lead to loss of fertility in the woman’s life time.</p>

<p><i>“..... and some say the injection causes tumors in the womb that make a woman stop being fertile again”. (Transcript 3, page 1, lines 21-24)</i></p>	<p>Participant shared the belief that women think that Depo-Provera leads to tumor growth in the womb which later causes infertility.</p>
<p><i>“When this problem of cessation of menses started, I and my husband were surprised and agreed that I should go back to the hospital to explain about my problem...” (Transcript 3, page 1, lines 24-28)</i></p>	<p>Participant explained that she went back to hospital after developing amenorrhea since she did not know what it was, therefore she needed attention of midwives.</p>
<p><i>“.....because if there is no harm that they can do to our bodies these health workers would not be hiding from us such information”. (transcript 3, page 2, lines 23-26)</i></p>	<p>Participant expressed the idea that midwives hide information on side effects since they know that it is harmful to women’s bodies.</p>
<p><i>“Stopping to menstruate was a big problem to me,a big problem for that matter since what I know is that when one is pregnant it is the time she stops menstruating” (Transcript 3, page 2, lines 27-31)</i></p>	<p>Participant considered her amenorrhea as a sign that she was pregnant since she was not told that Depo-Provera could also bring about amenorrhea</p>
<p><i>“In addition, when you are not menstruating it means the body is unable to get rid of contaminated blood”. (Transcript 3, page 2, lines 32)</i></p>	<p>Participant thought that amenorrhea leads to retention of contaminated blood in the body.</p>


<p><i>“.....and also that your fellow women stop to regard you as a woman”. (Transcript 3, page 3, lines 2-4)</i></p>	<p>Participant expressed worry that if using Depo-Provera and thereafter develops amenorrhea, other women mock them as not being real women.</p>
<p><i>“Since such information is not shared to us by health workers I thought they do it deliberately fearing that if they tell us about the side effects of these family planning methods, most women would stop using them”. (Transcript 2, page 2, lines 26-31)</i></p>	<p>Participant indicated that midwives do not counsel them about the effects of using Depo-Provera on their bodies fearing that they would stop using the injection.</p>
<p><i>“I thought they would give me tablets that would make me menstruate”. (Transcript 2, page 4, lines 2-3)</i></p>	<p>Participant indicated that she went back to the clinic to get tablets in order to bring back her menses.</p>
<p><i>“.....people say that you can no longer get pregnant again if you are using an injection for family planning”. (Transcript 2, page 4, lines 6-8)</i></p>	<p>Participant indicated that what people knows is that Depo-Provera leads to inability to get pregnant again.</p>
<p><i>“.....because as a woman or even my friends what we know is when one stops menstruating it means she is pregnant and that you will deliver a baby thereafter”. (Transcript 1, page 1, lines 6-9)</i></p>	<p>Participant explained that amenorrhea coming due to use of Depo-Provera is mostly linked to pregnancy since they are not told about side effects of this injectable contraceptive.</p>


<p><i>“I did not have peace due to this cessation of menses..... I just thought that I am pregnant....”</i> (Transcript 1, page 2, lines 7-9)</p>	<p>Despite using Depo-Provera, participant thought that she was pregnant since she had no knowledge as to why she was experiencing cessation of menses.</p>
<p><i>“.....we got the injection of which we were not told on how it functions, and what we should anticipate while using the method”.</i> (Transcript 1, page 3, lines 20-23)</p>	<p>Participant indicates that despite being initiated on Depo-Provera she received no counseling on the method; adverse effects that could come due to Depo-Provera use.</p>
<p><i>“I wanted to stop using Depo-Provera because of cessation of my menses I surely knew that it was coming due to the injection”.</i> (Transcript 6, page 1, lines 39-40)</p>	<p>In realizing that that her menses had ceased participant wanted to stop using Depo-Provera; she did not like the amenorrhea.</p>
<p><i>“I was menstruating before using the method, so this was really a worry for me.....”</i> (Transcript 6, page 2, lines 3-5)</p>	<p>Participant was worried due to development of amenorrhea as a result of using Depo-Provera.</p>
<p><i>“Again at the hospital they just gave us the injection without explaining what would come after using the method”.</i> (Transcript 6, page 2, lines 13-16)</p>	<p>Participant explained that she was not counselled on Depo-Provera, especially what adverse effects would come afterwards.</p>
<p><i>“The nurse explained to me how the injection works by saying that some women may experience heavy bleeding, some may have</i></p>	<p>Participant indicated that while at the hospital the midwife explained to her what effects would come while using Depo-Provera.</p>


<p><i>spotting, while some do stop having menses completely</i>". (Transcript 4, page 1, lines 27-31)</p>	
<p><i>"I was also told that if I stop menstruating it means that there is no problem and that women should not be worried about this.....it does not mean that a woman is pregnant"</i>. (Transcript 4, page 2, lines 6-13)</p>	<p>Participant expressed that the midwife reassured her that even if she was going to experience amenorrhea while using Depo-Provera it could not mean that she was pregnant.</p>
<p><i>"I did not worry much because I was already told at the hospital that this is what I may be experiencing if using the injection of Depo-Provera, and I was pretty sure that I am not pregnant as the nurse explained to me"</i>. (Transcript 4, page 2, lines 17-23)</p>	<p>Participant explained that amenorrhea was not a problem to her since she was already informed about it.</p>
<p><i>"I did not regard amenorrhea as a problem because I was told about the effects at the hospital"</i>. (Transcript 4, page 3, lines 1-3)</p>	<p>Participant explained that while at the hospital the midwife explained to her what effects would come while using Depo-Provera.</p>
<p><i>"It is important that health workers should tell us the truth about methods of family planning, especially the injection because we hear a lot of negative stories from our friends"</i>. (Transcript 4, page 3, lines 21-25)</p>	<p>Participant pleaded with midwives to be on the fore front in sharing information on Depo-Provera since there are a lot of negative stories concerning the method.</p>


<p><i>“The injection is a very good method only that it brings about cessation of menses...”</i> (Transcript 5, page 1, lines 5-7)</p>	<p>Participant expressed her dislike for loss of her menstruation due to Depo-Provera use.</p>
<p><i>“.....together with my husband I went to the hospital so that I can be tested to confirm If I am pregnant or not...”</i> (Transcript 5, page 1, lines 15-18)</p>	<p>Participant explained that she went back to the clinic with her husband so that she can be offered a pregnancy test to confirm if she was pregnant.</p>
<p><i>“Even at the hospital we are not assisted since they hide useful information concerning family planning methods most especially Depo-Provera injection since it is the method most of us women like”.</i> (Transcript 5, page 4, lines 1-6)</p>	<p>Participant registered her frustration at midwives for not providing them with useful information on Depo-Provera despite the method being liked by women.</p>
<p><i>“I got the injection because the nurse was mentioning it several times at the clinic that it was the only one available...”</i> (Transcript 6, page 2, lines 13-16)</p>	<p>Participant indicated that the midwife repeatedly mentioned about Depo-Provera in order to entice her to get the method.</p>
<p><i>“It seems they themselves have methods in mind that they want us to get without our informed consent”</i>(Transcript 1, page 3, lines 3-5)</p>	<p>Participant explained that midwives sometimes coerce women to opt for a contraceptive they do not want.</p>


Formation of themes


Formulated meaning	Sub-theme	Main theme
<p>Participant was worried when she discovered that she is no longer menstruating which she strongly suspected was due to use of Depo-Provera despite not being told by midwives at the clinic.</p> <p>Participant was worried due to the development of amenorrhea.</p> <p>Participant expressed worry after noticing that her menses had ceased as she was not told about the side effects of Depo-Provera.</p>	<p>Worry over Depo-Provera induced amenorrhea</p> 	<p>Lack of knowledge on cause of amenorrhea.</p>
<p>In realizing that her menstruation had stopped, participant wanted to stop using Depo-Provera.</p>	<p>Discontinuing Depo-Provera due to amenorrhea</p>	

<p>Participant indicated that she went back to the clinic to get tablets to bring back her menses.</p>		
<p>Participant considered her loss of menstruation as a sign that she was pregnant.</p> <p>Participant explained that when a woman loses her periods then it means that she is pregnant.</p> <p>Participant explained that she went back to the hospital after developing amenorrhea since she did not know what it was, and therefore needed the attention of midwives.</p> <p>Participant expressed fear of getting an unplanned pregnancy.</p> <p>Participant explained that she did not believe the midwife</p>	 <p>UNIVERSITY of the WESTERN CAPE</p>	<p>Fear of pregnancy</p>

<p>when she was told that she was not pregnant since she was not told about any effect of using Depo-Provera.</p>		
<p>Participant was concerned that Depo-Provera was harmful since it leads to formation of solid particles in the womb.</p> <p>Participant expressed the view that amenorrhea leads to retention of contaminated blood in the body.</p> <p>Participant expressed fear that Depo-Provera leads to accumulation of contaminated blood in the body since it caused amenorrhea.</p> <p>Participant indicated that people believe that using Depo-Provera would lead to loss of fertility in the woman's life time.</p>	<p>Fear of infertility</p> 	<p>Failure by midwives to dispel myths, rumors and beliefs concerning amenorrhea resulting from Depo-Provera use.</p>

<p>Participant shared the belief that Depo-Provera leads to tumor growth in the womb which later causes infertility.</p> <p>Participant indicated that what people knows is that Depo-Provera leads to inability to get pregnant again.</p>		
<p>Participant expressed the idea that midwives hide information on side effects since they know that Depo-Provera is harmful to women's bodies.</p> <p>Participant explained that midwives do not counsel them on the effects of using Depo-Provera on their bodies fearing that they would stop using the method.</p> <p>Participant pleaded with midwives to be on the fore</p>	<p>Women's preference for information.</p>  <p>The logo of the University of the Western Cape, featuring a classical building facade with columns and a pediment, with the text 'UNIVERSITY of the WESTERN CAPE' below it.</p>	<p>Lack of proper counseling on amenorrhea resulting from Depo-Provera use.</p>

<p>front in sharing information on Depo-Provera since the method the method is associated with a lot of negative stories.</p> <p>Participant registered her frustration at midwives for not providing them with accurate information on Depo-Provera despite the method being liked by most women.</p> <p>Participant explained that she was not counseled on Depo-Provera, especially on what side effects could come after using the method.</p> <p>Participant was ignorant of the amenorrhea being experienced since it was her first time to use the method.</p>	 <p>UNIVERSITY of the WESTERN CAPE</p>	
<p>Participant explained that midwives sometimes coerce</p>	<p>Control over contraceptive decision making by midwives.</p>	

<p>clients to opt for a contraceptive which they did not want.</p> <p>Participant indicated that the midwife repeatedly mentioned about Depo-Provera in order to entice her to get the method.</p>		
<p>Participant explained that amenorrhea was not a problem to her since she was already informed about it.</p> <p>Participant indicated that ceased menstruation was not an issue since she had been informed at the clinic that it does not mean that a woman is pregnant if she was going to experience it while using Depo-Provera.</p> <p>Participant explained that while at the hospital the</p>	 <p>UNIVERSITY of the WESTERN CAPE</p>	<p>Amenorrhea not perceived as a problem when midwives provide adequate information.</p>

midwife told her what side effects would come while using Depo-Provera.		
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APPENDIX H: ETHICS CLEARANCE LETTER FOM UWC



OFFICE OF THE DEAN DEPARTMENT OF RESEARCH DEVELOPMENT

01 September 2015

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by:
Mr B Mwafurwa (School of Nursing)

Research Project: Experiences of women with amenorrhea following Depo-Provera use at a District Hospital in Malawi.

Registration no: 15/6/4

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in cursive script, appearing to read 'P. Josias'.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

Private Bag X17, Bellville 7535, South Africa
T: +27 21 959 2988/2948 . F: +27 21 959 3170
E: pjosias@uwc.ac.za
www.uwc.ac.za

A place of quality,
a place to grow, from hope
to action through knowledge

APPENDIX I: APPROVAL LETTER FROM RESEARCH SETTING



Fax: (0) 1 382 222
Facsimile: +265 (0) 1 382269
E-mail dhochitipa@yahoo.com
All communications should be addressed to:
The District Health officer

In reply please quote No Ref.....
Chitipa District Health office
Chitipa District Hospital
P.O. Box 95
CHITIPA

MALAWI

03rd September 2015

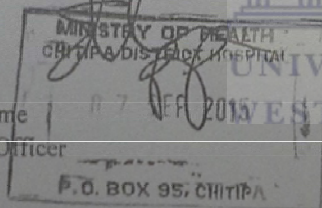
TO WHOM IT MAY CONCERN

I write to confirm that permission is hereby granted to Mr. Boss Mwafulirwa, a Master student at University of the Western Cape (South Africa), to conduct data collection at Chitipa District Hospital.

The title of the research study is "Women's experiences of amenorrhea following Depo-Provera use at a district hospital in Malawi". It is a requirement for him to complete the Master Program by conducting research.

Sincerely,

Dr. Z. Kambalame
District Health Officer



APPENDIX J: APPROVAL LETTER FROM NHSRC (MALAWI)

Telephone: + 265 789 400
Facsimile: + 265 789 431
e-mail mohdoccentre@gmail.com
All Communications should be addressed to:
The Secretary for Health



In reply please quote No. MED/4/36c

MINISTRY OF HEALTH
P.O. BOX 30377
LILONGWE 3
MALAWI

2/10/15

Boss Mwafurirwa
University of the Western Cape

Dear Sir/Madam,

Re: Protocol # 15/9/1473: Womens' experiences of amenorrhoea following Depo-Provera use at a district hospital in Malawi

Thank you for the above titled proposal that you submitted to the National Health Sciences Research Committee (NHSRC) for review. Please be advised that the NHSRC has **reviewed** and **approved** your application to conduct the above titled study.

- **APPROVAL NUMBER** : NHSRC # 15/9/1473
The above details should be used on all correspondence, consent forms and documents as appropriate.
- **APPROVAL DATE** : 2/10/2015
- **EXPIRATION DATE** : This approval expires on 2/10/2016
After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the NHSRC secretariat should be submitted one month before the expiration date for continuing review.
- **SERIOUS ADVERSE EVENT REPORTING** : All serious problems having to do with subject safety must be reported to the National Health Sciences Research Committee within 10 working days using standard forms obtainable from the NHSRC Secretariat.
- **MODIFICATIONS**: Prior NHSRC approval using standard forms obtainable from the NHSRC Secretariat is required before implementing any changes in the Protocol (including changes in the consent documents). You may not use any other consent documents besides those approved by the NHSRC.
- **TERMINATION OF STUDY**: On termination of a study, a report has to be submitted to the NHSRC using standard forms obtainable from the NHSRC Secretariat.
- **QUESTIONS**: Please contact the NHSRC on Telephone No. (01) 789314, 0888344443 or by e-mail on mohdoccentre@gmail.com
- **Other**:
Please be reminded to send in copies of your final research results for our records as well as for the Health Research Database.

Kind regards from the NHSRC Secretariat.

FOR CHAIRMAN, NATIONAL HEALTH SCIENCES RESEARCH COMMITTEE

PROMOTING THE ETHICAL CONDUCT OF RESEARCH
Executive Committee: Dr. B. Chilima (Chairman), Prof. E. Molyneux (Vice Chairperson)
Registered with the USA Office for Human Research Protections (OHRP) as an International IRB
(IRB Number IRB00003905 FWA00005976)

APPENDIX K: THESIS CORRECTIONS-


Proposed changes and action taken by student researcher

Thesis Title: Women’s Experiences of Amenorrhea following Depo-Provera Use at a District Hospital in Malawi

Student Researcher: Boss Mwafulirwa **Student Number:** 3413598

Research Supervisor: Prof. Elizabeth Swart

Department: School of Nursing, University of the Western Cape



Page number	Proposed changes	Action taken by student
xi		Key word “Counseling” changed to Contraception counseling- see under Operational definitions
x	Missing Abbreviations	ICF & UNICEF included in the list of abbreviations- see under list of abbreviations.
xiii	12-week interval (Abstract)	Now changed to 12-weeks interval- see under Abstract
xiii	Theme three was long	Now it reads “Misconceptions associated with Depo-Provera

		Induced Amenorrhoea”- see under Abstract
2	12-week	Now it reads 12-weeks- see section 1.0
2	Halting implantation of fertilized ova	Halting implantation of the fertilized ova- see section 1.0
2-3	Statistics	Some statistics added to Introduction and Background- see section 1.0
3		New reference added due to inclusion of some statistics: (NSO & UNICEF, 2008)- see section 1.0
3	(MOH, 2012) not in reference list	(MOH, 2012) has been included in the reference list- see in Reference list
4	Problem statement	Added information to make it Malawi-focused- see section 1.1
5	Operational definitions lacking references	References have been included in the operational definitions- see section 1.6
6	World Bank (2012)	World Bank report of 2012 (as cited in NSO & ICF Macro, 2011)- see section 1.7.1

6	Government of Malawi/Malawi Government- lacking consistency	Malawi Government; maintained throughout the document- see section 1.7.1 , and has been included in the reference list- see reference list
7	(NSO & ICF Macro 2011)	(NSO & ICF Macro, 2011)- see section 1.7.1
9		Some statistics added- see section 1.7.2.1
9	Figure2: Map of Health Facilities in Chitipa- Source lacking	Source has been included
13-14	Literature review lacking detail	More information added in the literature review- see section 2.2
13	Foreman & Spieler (2013)	Foreman and Spieler 2013- see section 2.2
13	(WHO 1981)- lacking a comma	(WHO, 1981)- see section 2.2
15	Literature review	Information added under literature review- see section 2.3
15	Fisher & Black (2007)	Fisher and Black (2007)- see section 2.3
16-17	Literature review	Information added to improve literature review- see section 2.3

18	Qualitative Research Approach should come before Research Design	Qualitative Research Approach has been put first followed by Research Design- see sections 3.2 & 3.2
19	Edward Husserl	Edward Husserl (2012)- see section 3.2.1
19	Wojnar & Swanson (2007) Starks & Trinidad (2007)	Wojnar and Swanson (2007)- see section 3.2.1 Starks and Trinidad (2007)- see section 3.2.1
20	Polit & Beck (2012)	Polit and Beck (2012)- see section 3.5
21		Some information added on Population , section 3.4
22	Brink & Brink (2012)	Brink & Brink (2012)- see section 3.2.1
22	Bracketing	Information added, especially to expand on Bracketing- see section 3.5.1
23	Burns, Grove, & Gray (2013) not in Reference list	It has been included in the reference list- see section 3.5.1 & 3.5.2
23	Exclusion sampling criteria	Information added on Exclusion sampling Criteria- see section 3.5.2

25	Field notes were recorded	Information added to explain on this- see section 3.7
26	Corbin & Strauss (2014, p.1) Colaizzi's method	Corbin and Strauss (2014:1)- see section 3.8 Reference included-(as cited in Shosha, 2012)- see section 3.8
28	Appendix J	Appendix G- see section 3.8
29	(Speziale, Streubert, Carpenter & Rinaldi 2007)- comma lacking	(Speziale, Streubert, Carpenter, & Rinaldi, 2007)- see section 3.9
31	Fouka & Mantzorou (2011)	Fouka and Mantzorou (2007)- see section 3.10.1
34		Sentence written appropriately- see section 4.1
39	Theme three too long	Theme three: now reads “Misconceptions associated with Depo-Provera Induced Amenorrhea”- see section 4.5
46	The website reference	It has been removed and replaced with another one (Diamond-Smith et al., 2011). Some information have been added too- see section 4.8.1

46	Client replace with patient	Now it reads patient- see section 4.8.1
47	Alaii, Nanda, & Njeru, 2012)	Alaii et al., 2012 (Second reference including three authors)- see section 4.8.1
49	Repta & Clarke (2013)	Repta and Clarke (2013)- see section 5.1.1
50	De Cetina, Canto, & Luna (2001)	De Cetina, Canto, and Luna (2001)- see section 5.1.2
52	Jejeebhoy & Zavier (2012) Cheung & Free (2005)	Jejeebhoy and Zavier (2012)- see section 5.1.2 Cheung and Free (2005)- see section 5.2
53	Jejeebhoy & Zavier (2012) Hampton & Mc Watters (2003)	Jejeebhoy and Zavier (2012)- see section 5.2 Hampton and Mc Watters (2003)- see section 5.2
53	Theme Three too long	Theme Three now reads “Misconceptions Associated with Depo-Provera induced amenorrhea”- see section 5.3
54	Chap & Escoffier (1996) Hampton & Mc Watters (2003)	Chap and Escoffier (1996)- see section 5.3

		Hampton and Mc Watters (2003)- see section 5.3
55	Chap & Escoffier (1996)	Chap and Escoffier (1996)- see section 5.3.1
57	Hoggart & Newton (2013)	Hoggart and Newton (2013)- see section 5.4.1
58	Jejeebhoy & Zavier (2012) Jejeebhoy & Zavier (2012)	Jejeebhoy and Zavier (2012)- see section 5.4.1 Jejeebhoy and Zavier (2012)- see section 5.4.1
60	Hampton & Mc Watters (2003)	Hampton and Mc Watters 92003)- see section 5.4.2
66	<ul style="list-style-type: none"> • Adetunji, J.A. (2013)- Journal lack • Bagade, O., Pawar, R., Patel, B., Awasarkar, V., & Diwate, S. (2014)-Journal lack 	Journal included- see in reference list Journal included- see in reference list
67	Burns, et al. (2013) not in reference list	Included in the reference list- see reference list
67	Carneiro Ferreira, A.L., Impieri Souza, A., Evangelista Pessoa, R., & Braga, C. (2011)-	Included in reference list due to additional information in literature review section- see reference list

69	De Vos, A.S. (2011)	Now well-spaced- see reference list
69	Spacing between Do Amaral and Edwards and Egarter	The spacing has been corrected, now spacing at 2.0 from one reference to the next- see reference list
70	Foreman, M., & Spieler, J. (2013)- Journal lack	Journal has been included to the reference- see reference list
70	Fouka, G. & Mantzourou, M. (2011)- Journal lack	Journal has been included to the reference- see reference list
70	Gemzell-Danielsson, K., Inki, P., Mansour, D., Reid, R., & Bahamondes, L. (2012)	Included in the reference list due to the additional information added in literature review- see reference list
71	Hampton, M. & Mc Watters, B. (2003)- Journal lack	Journal included to the reference. And “a” removed since the letters are used when the same authors published two different materials in the same year- see reference list
71	Harper, C.C., Stratton, L., Raine, T.R., Thompson, K., Henderson, J.T., Blum, M., Postlethwaite, D., & Speidel, J.J. (2013)	It has been included in the reference list due to additional information in literature review- see reference list
71	Hodgins, S. (1999)- Journal lack	Journal name included to the reference- see reference list

72	Husain, Z., Dutta, M., & Ghosh, S. (2011)-Journal lack	Journal name has been added to the reference- see reference list
72	Jejeebhoy, S.J., & Zavier, A.F. (2012)- Journal lack	Journal name included to the reference- see reference list
72	Jaccard, J. & Levitz, N. (2013)	The reference has been included due to additional information in literature review- see reference list
73	Kittisiam, T., Werawatakul, Y., Nanagara, R., & Wantha, O. (2013)	The reference has been included due to additional information in operational definitions- see reference list
73	Lemma, V.M., Mtimavyale, L.A. & Gondwe, E.F. (1994).	Included in reference list due to additional information in Problem statement- see reference list
73	Madden, T., Mullersman, J.L., Omvig, K.J., Secura, G.M., & Peipert, J,F. (2013)	Included due to additional information in literature review- see reference list
74	MDHS (2010)	Included in reference list- see reference list
74	Malawi Government (2012)	Included in reference list- see reference list

75	NSO & UNICEF (2008)	Included due to additional information in literature review- see reference list
75	NSO & ICF International (2016)	Included due to additional information in Introduction and Background- see reference list
75	Nobili, M.P., Piegrossi, S. Brusati, V., & Moja, E.A. (2007)	Included in reference list due to additional information in literature review- see reference list
76	Russell Bernard, H. (2002)- Publisher	Publisher has been added to the reference- see reference list
76	EMHJ (Journal name not written in full)	Journal name has been written out in full- see reference list
77	Smythe, E. (2011)- Journal lack	Journal included to the reference- see reference list
77	Speziale, H. & Carpenter, D. R. (2007)	There are only two authors, hence the use of “&”- see reference list
78	Weinreb, A. (2013)	Included due to additional information added in literature review- see reference list
78	Wellons, M.F. & Rebar, R.W. (2013)	Included due to additional information in operational definitions- see reference list

111	Appendix H: Ethics Clearance from UWC	Included in the main document- see Appendix H
112	Appendix I: Approval letter from Research Setting	Included in the main document- see Appendix I
113	Appendix J: Approval letter from NHSRC	Included in the main document- see Appendix J

