

Assessment of Women satisfaction regarding Family Planning services in Ismailia City

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Abstract: family planning is very dangerous for the world because high fertility is associated with poor women's health and high maternal mortality. Aim was used for Assessment of Women satisfaction regarding Family Planning services in Ismailia City Design descriptive deign. Setting: the study was conducted at family planning clinic in Health center at Ismailia city. Sample: Purposive consisted of (371) women. Tools: Two tools were used. First tool interviewing questionnaire consisted: of Socio demographic characteristics of subjects and contraceptive history Second tool: Satisfaction of the offered family planning services. Results: Satisfaction questionnaire about of offered family planning 61.7% of studied women fairly satisfied about Waiting time and 75.7% fairly satisfied about Interview technique while the 89.8% of studied sample good satisfied about information given and the experience and knowledge of the medical team, 87.1% of studied women good satisfied about tools availability and Cleanliness of the place and 86.0% of studied sample good satisfied about impression beneficiary. Conclusion: Most of women have good Satisfaction of the offered family planning services. Recommendations: Training of family planning providers in relation to counseling and replicate the study on large sample size and other setting in Egypt.

Keywords: Contraceptive, discontinuation method, Family planning and " quality services".

1. INTRODUCTION

Family planning is a human right and central to gender equality and it is a key factor in reducing poverty, increasing women's empowerment and permits the enjoyment of other rights, including the rights to education, health and the achievement of a life with dignity. 222 million Women are who want to use effective and safe family planning methods because they lack access to service, information, or the support of their partners or communities (Egypt Demographic Health Survey, 2014).

Most women today want two, Three or four children, fewer than in generations past.

The use of modern Contraceptive methods has increased rapidly over the past 30 years, especially in less developed countries with strong family planning programs (UNFPA, 2014). Increasing family planning utilize in developing countries has cut the number of maternal deaths by 40% over the past 20 years, merely by low number of unintended pregnancies. By preventing high-risk pregnancies, particularly in women of high parities, and those that would have ended in risky abortion, increased family planning use has reduced the maternal mortality ratio (Cleland et al , 2012).

According to Egyptian demographic Health Survey, 2016, the prevalence rate of family planning method was 58% for modern methods, percentage of women with an unmet need for a modern method of contraception was 14.2% and percentage of women whose demand is satisfied with a modern method of contraception was 80.3%. Some studies on family planning discontinuation in eight developing countries aimed to investigate levels and trends of family planning

discontinuation, and examine why and when women's stop using family planning when they still wish to avoid pregnancy (abandon while still in need), Become pregnant while using family planning (failure) and switch between family planning particularly to less effective methods (Janine et al., 2011).

Client satisfaction is one of the most important results of good quality care .because client satisfaction so influences their behaviors. Various methods can be used to measure client satisfaction.(**Olavarria et al., 2009**). The **Donabedian** model is a conceptual model that provides a framework for examining and evaluating health services and quality of health care. According to the model, information about quality of care can be drawn from three categories: “**structure,**” “**process,**” and “**outcomes** (McDonald et al., 2007).

The role of the nurse in family planning has taken on new depth in recent years. The nurse has become involved in all levels of family planning. Opportunities to be a case-finder occur in prenatal and postpartum contact, especially in the family centered nursing program. As initial contact in the family planning clinic the nurse can encourage a positive attitude toward family planning, evaluate the patient's knowledge, lead group discussions facilitate communication and answer questions, prepare the client for examination, and clarify and instructions for the new patient. (Kathy, 2017).

Significant of the study:

According to United Nations estimates the current population of Egypt is 99,957,612 in 2018. Contraceptive discontinuation is closely related to the fertility rate of a population and can reflect the effectiveness of family planning programs.

According to demographic health survey, 9% of all discontinuations were the result of method failure, 51 % of discontinuations was because women found the method inconvenient to use and their concern was about method effectiveness, at risk for pregnant 40.1% and became pregnant were 11.4 % (EDHS, 2016).

Quality of family planning services has a strong bearing on contraceptive continuation, failure and switching. Studying contraceptive use dynamics provides guidance for improving services. High failure rates, for instance, suggest that efforts to improve information on correct use of methods are required. Family Planning is a preventive measure which supports reproductive health care, as well as the emotional and social health of individuals and families. Family planning services have had, and will continue to have, a significant impact on maternal and child health and socio-economic status (Hutchinson et al., 2011).

The aim of the study was to assess women satisfactions regarding family planning services among women in Ismailia city:

Research question:

1- Are women satisfied about the offered family planning services?

2. METHODOLOGY

Research design: The design of this study was descriptive Cross-sectional

Subjects (sampling):

Study Setting: The study was conducted at family planning clinic in Health centers at Ismailia city it includes the following;

-Urban center

- El sheik Zaied center
- Hay El-Salam center
- El-Sabaa Banat center
- Al-Shohadaa center

-Rural center

- Alaraishia center
- Future center
- Abu -attoa center
- Abu - balhe center
- Aldapeaa center
- Ain-osean center
- Alkealo 11 center
- Alkealo 2 center
- Nifasha center

Sample Type:

Purposive sampling included used:

Inclusion criteria:

- 1- At reproductive age and sexually active.
- 2-Women attend to discontinue the family planning methods used.
- 3- Free from any gynecological problem.

Sample type: Purposive sampling was used:

Sample size: Three hundred and seventy one (371) women

Sample size Estimated according to the following equation in health center at Ismailia city (Dawson and Trapp, 2004).

$$1- \quad n = \left[\frac{Z_{\alpha/2}}{E} \right]^2 * P(1 - P)$$

-n = required sample size,

- $Z_{\alpha/2} = 1.96$ (The critical value that divides the central 95% of - the Z distribution from the 5% in the tail)

- P_1 = prevalence of contraceptive use among Egyptian women (59 %)... (Egypt Demographic Health Survey. 2014)

-E = margin of error

-So $n = 371.7$ -

Tolls of data collection

I) Interviewing questionnaire adopted from (**Katherine** et al, 2014): modified by researcher to collect data about:

The first part: - Socio demographic characteristics such as Age, level of education, occupation, family income' residence..... etc)

The second part: - The contraceptive history:

II) Satisfaction questionnaire about the offered of family planning services adopted from (**Katherine** et al, 2014) modified by researcher .**scoring system**. The overall of woman's satisfaction scores was calculated as the following: Score below 25 % low satisfaction, Score 25%-50% is fairly satisfactory related to services offered while score over 50 % it consider satisfactory & opinion related to services offered.

Ethical Consideration:

The ethical research considerations in this study included the following:

- The research approval obtains before program implementation.

- The researcher clears the objective and aim of the study to subjects.
- The researcher maintain on anonymity and confidentiality of subjects.
- Subjects are allowed to /choose to participate or not participate, and they have right to withdraw from a study any time without penalty.

Pilot Study.

Was applied on 10% of the sample size .the purposes of the pilot study were to ascertain the relevance and content validity of the tools, detect any problem peculiar to data collection tools that might face the researcher and interfere with data collection.

- Field work:
 - Data collection for this study was carried out for 6 month in the period from June 2016 until November 2016. The Researcher visited family planning clinics in health centers at Ismailia city.
 - Establish good relationship and collect the oral consent after explain the purpose of the study, ensured privacy and confidentiality
 - The Researcher filled the questionnaire by interviewing women individually to assess socio demographic characteristic and contraceptive history interview was consuming 15 minutes and questionnaire to assess Clients satisfaction & opinion related to services offered

3. RESULT

Part 1: Socio demographic characteristic of the studied women (table 1)

Table (1): Distribution of studied women according to their socio demographic characteristic (N=371):

	Items	No.	%
women Age	<25 Years	68	18.4
	25 >35 Years	186	50.1
	35 years or more	117	31.5
	Mean ± SD	31.2± 6.9	(17 – 49)
Husband age	<30 Years	84	22.6
	30 >40 Years	187	50.4
	40 >50 Years	83	22.4
	50 years or more	17	4.6
	Mean ± SD	35.7± 7.2	(21 – 55)
Religion	Muslim	272	73.3
	Christian	99	26.7
Residence	Rural	208	56.1
	Urban	163	43.9
Working Status	Housewife	229	61.7
	Working	142	38.3
Monthly Income	Not enough	198	53.4
	Enough	164	44.3
	More than enough	9	2.3
Number of family members	<5	282	76
	>= 5	89	24

Table 1 shows that, 50.1% of the studied women age ranged from 25 to 34 year with mean age 31.2± 6.9 and, 50.4% their husband age ranged from 30-39 years. 56.1% of them had their residence in rural area, and 73.3% of them were Muslims. Moreover 61.7% of them are not working (house wife), 76% of them had number of family less than five and 53.4% of them 'not enough income.

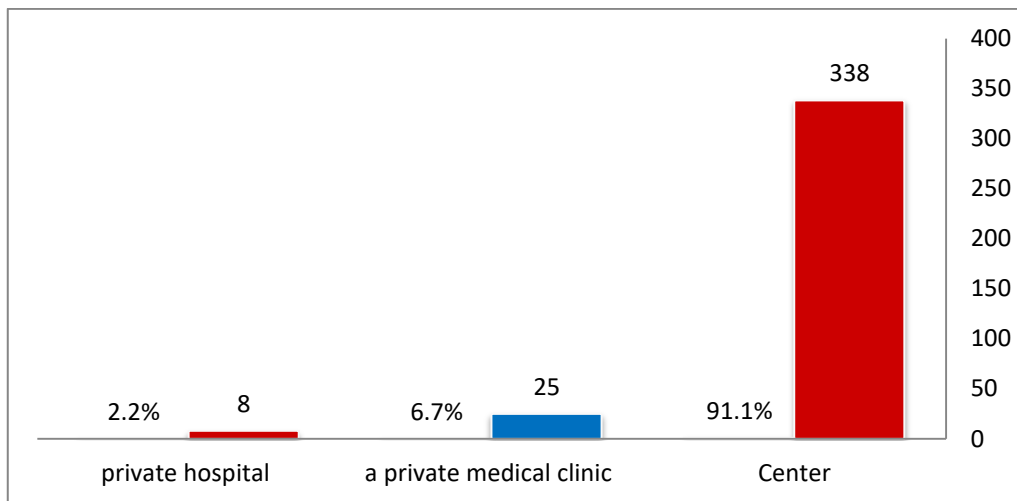


Figure (1): Distribution of studied women according to their prefer to get family planning services after discontinuation (N=371)

Figure (1): present that, studies 91.1% of women prefer to get method from family center clinic.

11: Satisfaction of the offered family planning services.

Table (2): Distribution of studied women according to their waiting time (N=371)

Items	NO		Sometimes		Yes	
	No.	%	No.	%	No.	%
Waiting time						
Difficult to reach the place of service	268	72.2	79	21.3	24	6.5
Waiting place comfortable	53	14.3	195	52.6	123	33.2
Enough chairs during waiting	49	13.2	218	58.8	102	27.5
Waiting period long	39	10.5	181	48.8	151	40.7
Logged in to the doctor in your times	55	14.8	150	40.4	165	44.5

Table 2, reveals that 72.2% of the studied women was not difficult for them to reach the place of family planning service, 52.6% of them sometimes were waiting place comfortable, and 58.8% of them sometimes had enough chairs in the waiting area. 48.8% of them sometimes waited long hours to get service and 44.5% logged in to the doctor in your times.

Table (3): Distribution of studied women according to interview technique (N=371).

Items	NO		Sometimes		Yes	
	No.	%	No.	%	No.	%
interview technique						
Is there room advice?	0	0.0	0	0.0	371	100.0
Are there means for explaining family planning?	8	2.2	0	0.0	363	97.8
Does the nurse greeting you when you log in to a room advice?	5	1.3	111	29.9	255	68.7
Is the dealing the doctor \ nursing good?	3	0.8	115	31.0	253	68.2
Do you have enough time for advice and discuss your needs?	10	2.7	212	57.1	149	40.2
Do you feel it gives you an opportunity to ask questions and to clarify and remove the complaint?	6	1.6	200	53.9	165	44.5

Table 3, reveals that, 100.0% of the studied women found advice room, 97.8% of them found means for explaining family planning method, 68.7% of them the nurse greets women before logging in to advice room, 68.2% of them were dealing the doctor / nursing is good, 57.1% of them sometimes had enough time for advice and discuss needs, and 53.9% of them sometimes established opportunity to ask questions and to clarify and remove the complaint.

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Table (4): Distribution of studied women according to information given, experience and knowledge of the medical team (N=371).

Items	NO		Sometimes		Yes	
	No.	%	No.	%	No.	%
Knowledge of the medical team						
Had your medical history been taken?	3	0.8%	91	24.5%	277	74.7%
Does the nurse explain all kinds of family planning methods in an understandable manner?	19	5.1%	133	35.8%	219	59.0%
Do the nurse or doctor explained how you can use the chosen means?	5	1.3%	98	26.4%	268	72.2%
Do the nurse or doctor explained the side effects?	10	2.7%	100	27.0%	261	70.4%
Do they give you a schedule of the follow-up visits?	7	1.9%	69	18.6%	295	79.5%
Does the nurse or doctor control, or determine your choice as a result of bias against a particular way so that she would say, for example, that the IUD is the best way, or that injection is the worst way as it caused infertility in many people	304	81.9%	54	14.6%	13	3.5%
Did you get the mean preferred to you?	15	4.0%	121	32.6%	235	63.3%

Table 4, reveals that, 74.7% of the studied women took medical history and 59.0% of them nurse explained all kinds of family planning methods. 72.2% of them explained how can use the chosen method, and 70.4% explained the side effects. more79.5% of the studied women gave schedule of the follow-up visits, 81.9% of them the nurse or doctors no bias against a particular way, and 63.3% of them had preferred method.

Table (5): Distribution of studied sample according to cleanliness of the place and tools availability (N=371).

Items	NO		Sometimes		Yes	
	No.	%	No.	%	No.	%
Cleanliness of the place						
Do you find a clean clinic when you go?	4	1.1	90	24.3	277	74.7
Tools availability						
Is all the favorite method available in the family planning clinic?	26	7.0	62	16.7	283	76.3
Do you return again of the unit due to lack of adequate tools, for example machining is not sterilized?	321	86.5	33	8.9	17	4.6
Do you returns of the unit due to the lack of the assets of family planning method?	324	87.3	35	9.4	12	3.2

Table 5, reveals that, 74.7% of the studied women found the clinic is clean and, 76.3% of them had all the favorite method available in the family planning clinic. In addition, 86.5% of them did not return again due to lack of adequate tools and, 87.3% of them did not return again due to lack of the assets of family planning method.

Table (6): Distribution of studied women according to impression beneficiary about FP services (N=371).

Impression beneficiary	NO		Sometimes		Yes	
	N	%	N	%	N	%
Items						
Are you satisfied with the level of service provided to you by the family organizing unit?	8	2.2	122	32.9	241	65.0
Is hours of work at the clinic convenient for you?	82	22.1	0	0.0	289	77.9
Is there any privacy when conducting a medical examination on you?	8	2.2	53	14.3	310	83.6
Do you return of the unit due to the absence of a doctor?	209	56.3	69	18.6	93	25.1
Is that service providers happened return unity, saying that the nurse or doctor is not trained?	326	87.9	14	3.8	31	8.4
Is the price of method is right for you?	14	3.8	14	3.8	343	92.5%

Table 6 shows that, 65.0% of the studied women were satisfied with the level of service provided and 77.9% of them had availability of clinic work, 83.6% of them had privacy when examination, 56.3% of them did not return due to the absence of a doctor and 92.5% of them had price method which was convenient.

Table (7): Distribution of studied women according to satisfaction of the offered family planning services (N=371).

	Low		Fair		Good	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Waiting time.	33	8.9%	229	61.7%	109	29.4%
Quality of Service						
Interview technique	90	24.3%	281	75.7%	0	0.0%
Information given and the experience and knowledge of the medical team	1	0.3%	37	10.0%	333	89.8%
Tools availability and Cleanliness of the place	12	3.2%	36	9.7%	323	87.1%
Impression beneficiary	6	1.6%	46	12.4%	319	86.0%
Total Satisfaction Scale	0	0.0%	121	32.6%	250	67.4%

Table 7 shows that, in relation to satisfaction of the offered family planning services 61.7% of the studied women were fairly satisfied about waiting time and 75.7% of them were fairly satisfied about interview technique more overs 89.8% of the studied sample had good satisfaction about information given and the experience and knowledge of the medical team. In addition, 87.1% of the studied women about tools availability and cleanliness of the place and 86.0% of the studied sample about impression beneficiary, Regarding to total satisfaction of studied women 67.4% had good satisfaction of the offered family planning services.

4. DISCUSSION

The result corroborates the aspects of quality of care of family planning identified in the Bruce and Jain framework. The mostly related to the process of family planning services provision included the Waiting time, contraceptive method mix, the information provided to the clients, provider’s technical competency, the interpersonal relationship between provider and clients, continuity and follow-up, and constellation of services (Bruce, 1990).

The present study revealed that most of the studied women sometimes waited long hours to get service. This result agrees with Chavane, et al., (2016) who studied assessing women's satisfaction with family planning services in Mozambique, who found that the reporting dissatisfaction was higher among women who waited more than 4 hours to receive care. The waiting time has been reported as a very important contributing factor in client satisfaction regarding Healthcare services and Wenjuan et al. (2014) who studied assessing the quality of care in family planning, ante-natal, and sick child services at health facilities in Kenya, Namibia in Kenya, Namibia, and Senegal.

The current study result revealed that the majority of women had difficulty to reach the place of service This result disagrees with Farmer, et al., (2015).who studied motivations and constraints to family planning: qualitative study in Rwanda's Southern kyonza district found that participants recounted many barriers remaining that inhibited widespread access to quality of family planning services, such as transportation.

The present study revealed that the majority of women good satisfied about information given and the experience, knowledge of the medical team this results agree with Fikru et al. (2013) who studied Quality of family planning services in primary health centers of Jimma Zone, Southwest Ethiopia. Ethiopia found that information given to the client during the counseling such as information about how to use the method was associated with for client satisfaction.

The present study revealed that, the majority of women had good satisfaction about information given and the experience and knowledge of the medical team. This result agrees with Mirkuzie, et al., (2013), who studied quality of family planning services in primary health centers of Jimma Zone, Southwest Ethiopia, found that information given to the client during the counseling such as information about how to use the method was associated with client's satisfaction.

Moreover, Hutchinson, et al., (2011), who studied measuring client satisfaction and the quality of family planning services: A comparative analysis of public and private health facilities in Tanzania.

The present study revealed that the majority of women showed dissatisfaction regarding clinics cleanliness. This result agrees with Argago, et al., (2015), who studied client’s satisfaction with family planning services associated with factors among family planning users in Hossana Town, Public Health Facilities, South Ethiopia, has found that cleanliness was a

factor associated with client's satisfaction and Nasr and Hassan, (2015), who studied Association between quality of family planning services and client's satisfaction level in maternal and child health centers in Port Said city.

The present study revealed that, the majority of women had all favorite method available in the family planning clinic. This result agrees with Agha, (2009), who studied the quality of family planning services and client satisfaction in the public and private sectors in Kenya. Found that Management, availability of materials and equipment were found to be associated with the quality of care in family planning services and Wenjuan et al. (2014) who studied assessing the quality of care in family planning, ante-natal, and Sick child services at health facilities in Kenya in Kenya, Namibia, and Senegal

The result showed that, the majority of women had good satisfaction about impression beneficiary these results agree with Nasr and Hassan, (2015) who studied association between quality of family planning services and client's satisfaction level in maternal and child health centers in Port Said city, found that the majority of the study women were not complaining from unprivacy. Because of maintaining privacy during the investigation. Furthermore, the finding of the current study found that, the majority of women reported that the cost was suitable. this result agrees with Jennifer, et al. (2015) who studied barriers and facilitators to family planning access in Canada, found that the cost as the central barrier to contraception access .

Concerning the relation between satisfactions of the offered family planning services and physical factor of discontinuation of family planning was highly significant this result agrees with Shireen, et al., (2017), who studied quality of care in family planning services at health facilities in Senegal. DHS Analytical Studies. Found that client's satisfaction was associated with geographic location.

The current study revealed that, there are statistically significant relation between client's satisfaction and culture factor. This result Disagree with Shireen, et al., (2017) who studied quality of care in family Planning Services in Senegal and their outcome. Studies found that significantly associated with client's satisfaction in family planning services with education and number of years of experience were and disagree with Fikru, et al.,(2013) who studied quality of family planning services in primary health centers of Jimma Zone, Southwest Ethiopia Found that no statistically significant

5. CONCLUSION

Based on the finding of the present study, it can be concluded that:

In relation to Satisfaction of the offered family planning services more than two third of studied sample fairly satisfied about waiting time and quality of Service while the most of studied sample good satisfied about Information, experience and knowledge of the medical team, tools availability and Cleanliness of the place and Impression beneficiary.

6. RECOMMENDATIONS

Regarding the result of the present study of the following Recommendation can be suggested:

- 1- Training of family planning providers in relation to counseling skills.
- 2- Replicate the study on large sample size and other setting in Egypt.

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