

## **EARLY IMPLANTS REMOVAL AND ASSOCIATED FACTORS AMONG WOMEN WHO USE IMPLANTS AT KAWEMPE HOSPITAL, KAMPALA UGANDA.**

You have been requested to participate in this study in which the extent of early implants removal and the factors associated to it will be investigated.

Your participation towards this research will be highly appreciated

Number .....

Date of completion of the tool ...../...../..... Duration of usage in months.....

### **SOCIODEMOGRAPHIC DATA**

Qn1. How old are you?

- a) 18
- b) 18-24
- c) 25-29
- d) 30-34
- e) 35+

Qn2. What is your marital status?

- a) Single
- b) Married
- c) Divorced
- d) Widowed
- e) Cohabiting

Qn3. What is your religion?

- a) Christianity
- b) Muslim
- c) others.....

Qn4. Where do you stay?

- a) Urban
- b) rural

Qn5. What is your level of education?

- a) Illiterate
- b) Primary
- c) Secondary
- d) Above secondary

Qn6. What do you do to sustain a living?

- a) House wife
- b) Employee
- c) Trader
- d) Student

Mention any other.....

Qn7. What is the occupation of your husband?

- a) Employee
- b) Trader
- c) Student
- d) Farmer

Mention any other.....

## **OBSTETRIC CHARACTERISTICS**

Qn8. How many living children do you have?

- a) 0
- b) 1-2
- c) 3-4
- d) 5+

Qn9. Have you ever had an abortion?

- a) Yes
- b) No

**If yes, answer question 10**

**If no, go to question 11**

Qn10. How many times have you had an abortion?

- a) 1
- b) 2
- c) 3
- d) 4

Qn11. Would you like to have more children?

- a) Yes
- b) No

**If yes, answer question 12**

**If no, go to question 13**

Qn12. When will you want to become pregnant?

- a) Less than 1 year
- b) Within 2 years
- c) After 2 years

## **CONTRACEPTIVE RELATED CHARACTERISTICS**

Qn13. Have you ever used any other modern method of contraception before switching to sub-dermal implants?

- a) Yes
- b) No

**If yes, answer question 14**

**If no, go to question 15**

Qn14. What was the method?

- a) Condom
- b) IUD
- c) Pills
- d) Injectable

Mention any other.....

Qn15. Which kind of sub-dermal implant you are currently using?

- a) Implanon NXT
- b) Jadelle

Qn16. Were you counseled about sub-dermal implant efficacy and side effects at time of insertion?

- a) Yes
- b) No

Qn17. Did you come back to family planning clinic for follow-up on dates as you were told by the health worker?

- a) Yes
- b) No

**If yes, answer question 18**

**If no, go to question 19**

Qn18. How many times did you come back?

- a) 1-3
- b) 3-5
- c) 5+

Qn19. Mention the reason for removal.

- a. Desire for pregnancy
- b. Partner influence
- c. Husband death
- d. Arm pain
- e. Switch to another method:

From  to

- f. Divorce
- g. Side effect
  - I. Menstrual disruption
  - II. Insertion arm pain
  - III. Headache
  - IV. Weight gain
  - V. Acne and pruritus
  - VI. Mention any other apart from above.....
- h. Others.....