Client and provider experiences with LARC removal in Senegal

Guide for IDI with women

WARM-UP

1. To start, can you tell me a little bit about yourself and your **family**?
   a. How **long** have you been **married**/living with your partner?
      - *Probe about **relationship status**/if other co-wives, partner lives at home*
   b. How many **children** do you have?
      *i. Probe about whether younger children are in **school**, or older children still **live at home***
   c. Who are the **other people** that you live with?
   d. What kind of **work** do you do?

2. Now, I'd like to ask you some questions about your implant/IUD.
   a. **What factors** led you to use this method?
   b. What was your **motivation for choosing** this method **instead of other** contraceptive options?

3. **When you started** using your implant/IUD, did the **provider** tell you that you may experience changes in your period or other side effects?
   a. What do you remember the provider telling you?
   b. What did the provider tell you to do if you had changes in your period?
   c. What about if you had other side effects?

4. Do you still have your implant/IUD?
   If still has implant/IUD, CONTINUER →GO TO 5
   If removed implant/IUD, REMOVER →GO TO 18

FOR CONTINUERS

EXPERIENCE WITH BLEEDING CHANGES AND OTHER SIDE EFFECTS

5. Now I'd like you to compare your menses/period before you began using your implant/IUD to while you are using the implant/IUD. Has your **menses/period changed** since you started using your implant/IUD?

If no change in period →SKIP TO 7

If change in period:

6. **How** has your menses/period changed?
   a. ***Duration*** – How does the duration of your period compare to before you were using the method?
   b. ***Regularity*** – Has your period become less regular? More regular? Do you have any spotting between your periods?
   c. ***Flow*** – Has your period become heavier or lighter?
   d. ***Menstrual pain*** – Do you experience any pain with your period? Were you already experiencing this pain when you had your period before you were using the method?

7. Besides changes to your period, what **side effects**, if any, have you experienced since you started using your implant/IUD?

If no change in period and no side effects →SKIP TO 9

If change in period or any other side effects

8. **How** did you **react** when you experienced these changes in your period/other side effects?
   a. How **worried** were you about these changes in your period/side effects? Tell me more about how you were feeling.
   b. In what ways have these changes in your period/side effects affected your **ability to go about your life**? **What** makes you **say** so?
   c. What is your **partner/husband's opinions** of these changes in your period/side effects?

DECISION TO REMOVE IMPLANT

9. **At what point** did you decide you wanted to **stop using** your implant/IUD?
   a. What made you **decide** that you wanted to stop using it?

10. Did you talk with your **husband/partner** about wanting to stop using your implant/IUD?

    If talked to husband - What was your **husband's reaction** when you spoke with him about wanting to stop using your implant/IUD?
    a. Did your husband think you should stop using your implant/IUD or did he think that you should keep it? Why?
    b. **Who** made the final **decision**?

    If did not talk to husband - **Why** not?

CONTACTS WITH PROVIDERS

11. Did you ever **speak with a provider** about getting your implant/IUD **removed**?

    If spoke with provider about removal → SKIP TO 12

    If did not speak with provider about removal - **Why** did you **not speak with a provider** about getting it removed?
    a. What was your understanding about **places you could go** to get it removed?
       If knew a place: **Why did you not try** to get it removed at this place?
       END HERE

12. Now, let's talk about all the times you may have gone to see a provider about your implant/IUD after you got your method inserted. We are going to draw a timeline together that will include when you went to the provider and why you went. Then we will talk more about each visit.
    →USE JOURNEY MAPPING SHEET TO RECORD ALL VISITS, THEN GO TO 13

13. For the first/next visit, you said you went to [name of place], right?

    If not same place as where she had the method inserted - **Why** did you go there instead of where you got your implant inserted?

14. Did you have any challenges or difficulties before you were **able to see a provider** at the clinic? Please explain.

15. Tell me more about **why** you went to see a provider?
    a. Did you **talk about getting your implant/IUD removed** with the provider during this visit?

       If did not talk about removal →GO BACK TO 13

16. I have some more questions about your **interactions with the provider.**
    a. Did you **already know that you wanted your method removed** before you spoke with the provider, or is it something that came up during the visit?
    b. What **reason** did you give the provider for wanting to get your implant/IUD removed?
    c. What kinds of **questions** did the provider ask you when you said that you wanted your implant/IUD removed?
    d. Did the provider **counsel you to keep** your implant/IUD rather than remove it?

    If provider counseled to keep: **Why** did the provider say you should keep your implant/IUD?
    a. To what extent did you **agree** with the provider's advice to keep the implant/IUD?

17. **Why** did you **keep** your implant/IUD?
    a. Were you **satisfied with keeping** your implant/IUD at that time, or would have preferred it removed? Please explain.

GO BACK TO 13

FOR REMOVERS

EXPERIENCE WITH BLEEDING CHANGES AND OTHER SIDE EFFECTS

18. Now I'd like you to compare your menses/period before you began using your implant/IUD to while you were using the implant/IUD. Did your **menses/period change** when you started using your implant/IUD?

If no change in period →SKIP TO 20

If change in period:

19. **How** did your menses/period change?
    a. ***Duration*** – How did the duration of your period while you were using your implant/IUD compare to before you were using the method?
    b. ***Regularity*** – Did your period become less regular? Did you have any spotting between your periods?
    c. ***Flow*** – Did your period become heavier or lighter?
    d. ***Menstrual pain*** – Did you experience any pain with your period? Were you already experiencing this pain when you had your period before you were using the method?

20. Besides changes to your period, what **side effects**, if any, did you experience while you were using your implant/IUD?

If no change in period and no side effects →SKIP TO 22

If change in period or any other side effects

21. **How** did you **react** when you experienced these changes in your period/other side effects?
    a. How **worried** were you about these changes in your period/side effects? Tell me more about how you were feeling.
    b. In what ways did these changes in your period/side effects affected your **ability to go about your life**? **What** makes you **say** so?
    c. What was your **partner/husband's opinions** of these changes in your period/side effects?

DECISION TO REMOVE IMPLANT

22. **At what point** did you decide you wanted to **stop using** your implant/IUD?
    a. What made you **decide** that you wanted to stop using it?

23. Did you talk with your **husband/partner** about wanting to stop using your implant/IUD?

    If talked to husband - What was your **husband's reaction** when you spoke with him about wanting to stop using your implant/IUD?
    a. Did your husband think you should stop using your implant/IUD or did he think that you should keep it? Why?
    b. **Who** made the final **decision**?

    If did not talk to husband - **Why** not?

CONTACTS WITH PROVIDERS

24. Now, let's talk about all the times you may have gone to see a provider about your implant/IUD after you got your method inserted. We are going to draw a timeline together that will include when you went to the provider and why you went. Then we will talk more about each visit.
→USE JOURNEY MAPPING SHEET TO RECORD ALL VISITS, THEN GO TO 25

25. For the first/next visit, you said you went to [name of place], right?

    If not same place as where had the method inserted - **Why** did you go there instead of where you got your implant/IUD inserted?

26. Were you **able to see a provider** the **first time** you went to the clinic?

    If not able to see provider 1st time – **How many times** did you go before you saw a provider?
    a. **Why** were you not able to see a provider the first time you went?

27. Tell me more about **why** you went to see a provider?
    a. Did you **talk about getting your implant/IUD removed** with the provider during this visit?

       If did not talk about removal →GO BACK TO 25

28. I have some more questions about your **interactions with the provider**.
    a. Did you **already know that you wanted your method removed** before you spoke with the provider, or is it something that came up during the visit?
    b. What **reason** did you give the provider for wanting to get your implant/IUD removed?
    c. What kinds of **questions** did the provider ask you when you said that you wanted your implant/IUD removed?
    d. Did the provider **counsel you to keep** your implant/IUD rather than remove it?

    If provider counseled to keep: **Why** did the provider say you should keep your implant/IUD?
    b. To what extent did you **agree** with the provider's advice to keep the implant/IUD?

29. Did you end up **having your implant/IUD removed** at that time?

IF YES, IMPLANT REMOVED
Now let's talk about when you had your implant/IUD removed.

30. Was removing your method the **right decision** for you? **Why** or why not?

31. How **satisfied** were you with the **procedure** that the provider performed to remove your implant/IUD? Explain why you feel this way.
    a. How **long** did you spend at the **facility** overall? How long did the **procedure** itself take?
    b. How much **pain** did you feel?
    c. Did the provider experience any **difficulty** removing your implant/IUD? What happened?

32. Was there a **fee** for getting your implant/IUD removed? How much was it?
    a. Was this what you **expected** to pay? Why or why not?

33. Did you face any **other challenges or difficulties** in getting your implant/IUD removed? Which ones?

34. Thinking about your **entire experience** from the time you decided you wanted to remove your implant/IUD, overall, how **easy or difficult** was it for you to get your method removed? Explain.
    END HERE

IF NO, IMPLANT/IUD NOT REMOVED

35. **Why** did you **keep** your implant/IUD?
    b. Were you **satisfied with keeping** your implant/IUD at that time, or would have preferred it removed? Please explain.

    GO BACK TO 25

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JOURNEY MAP

Participant ID Number: _____

Use table to record the following:

- Time between insertion and each visit to the provider
- Initial reason for each visit

Example of probes:

- Where did you get your implant/IUD inserted?
- How much time did you go by between when you had your implant/IUD inserted and the first time you went to see a provider about your method?
- Where did you go?
- Why did you go see a provider about your method?

Time between insertion and visit	**Name of place** (enter name of facility)	**Reason for visit** (enter reason for visit. Also note if the provider tried to remove the method and if it was removed)
0		INSERTION