



MINISTRY
OF HEALTH



QUALITATIVE STUDY ON FAMILY PLANNING IN MONGOLIA



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REPORT

Ulaanbaatar
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FOREWORD

It is a great pleasure to introduce the results of the three studies which the United Nations Population Fund (UNFPA) Mongolia commissioned in partnership with the Ministry of Health and Sports: “Situation Analysis of Family Planning”; “Survey on Availability of Modern Contraceptives and Essential Life-Saving Maternal and Reproductive Health Medicines in Service Delivery Points”; and “Qualitative Study on Family Planning”. Although, these studies have been conducted independently in the last two years, we have packaged them together, so that current challenges on family planning are analysed and addressed in a holistic manner.

Family planning is widely acknowledged as an integral element of human rights and social development, and it is also one of the most cost effective approaches to address maternal and child health. Mongolia has achieved remarkable progress in reducing maternal and child mortalities in the last two decades. However, less and less women of reproductive age are satisfied on the availability and quality of contraceptives in Mongolia, and as a consequence, more women, particularly young women, have abortion, and suffer from sexually transmitted infections. This calls for urgent actions in the provision of sexual and reproductive health services in Mongolia, with particular attention to young women and men.

The Situation Analysis of Family Planning reveals that despite impressive progress in improving maternal and child health services in Mongolia, family planning services have been neglected in the health care system. Across all three levels of the health delivery system, family planning is not widely and openly promoted or advocated, and access to quality services is not adequate. The challenges in relation to family planning are further exacerbated by the inadequacy of public funding to finance contraceptives.

The Survey on the Availability of Modern Contraceptives and Essential Life-Saving Maternal and Reproductive Health Medicines in Service Delivery Points presents disturbing results of high and increasing stock-out rates of modern contraceptives. While in 2013, the percentage of service delivery points which did not experience stock-outs of modern methods in the last 6 months were 79% in the aimags and 39% in Ulaanbaatar, this was substantially reduced in 2015 to only 10.8% in aimags and none in Ulaanbaatar. Contraceptives are also insufficient at the youth-friendly clinics, significantly limiting the opportunities of young people to prevent sexually transmitted infections and unwanted pregnancies.

The Qualitative Study on Family Planning shows that women and young girls are often influenced by misconceptions about contraceptives, and poor counselling and follow up services in the current health system do not facilitate the dissemination of correct knowledge about contraceptives. The results of these studies clearly necessitates repositioning of family planning in the country, by increasing the government budget for contraceptives, and upgrading the skills of service providers, particularly midwives to international standards.

I urge all policy and decision-makers, as well as national and international partners, to utilise the results of the above three studies to put in place an enabling environment for family planning in the country. The availability of quality contraceptives is essential to ensure that every pregnancy is wanted, every childbirth is safe, and every young person’s potential is fulfilled in Mongolia.

Naomi Kitahara,
UNFPA Representative

ABBREVIATION

ADB	Asian Development Bank
ADB MNRM	Asian Development Bank Mongolia Resident Mission
CPR	Contraceptive Prevalence Rate
CCP	Center for Communication Program
EDL	Essential Drug List
FP	Family Planning
FGDs	Focus Group Discussions
FHC	Family Health Centers
HSSMP	Health Sector Strategic Master Plan
ICPD	International Conference on Population and Development
IDI	In-depth interviews
IUD	Intrauterine device
JHU	John Hopkins University
KIIs	Key Informant Interviews
MCDS	Mongolian Center for Development Studies
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MICS	Multi-Indicator Cluster Survey
MH	Maternity Hospital
MOH	Ministry of Health
NCMCH	National Center for Maternal and Child Health
NSO	National Statistical Office
PHC	Public Health Center
RFP	Request for Proposals
RHS	Reproductive Health Survey
SISS	Social Indicator Sample Survey
SRHR	Sexual and Reproductive Health and Rights
TOR	Terms of Reference
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WB	World Bank

1. INTRODUCTION

The United Nations Population Fund (UNFPA) announced a consultancy tender to conduct a qualitative study in the area of family planning. The purpose of this qualitative study is to: (i) Understand why women discontinue to practice family planning methods in spite of relatively ready access to contraceptives; (ii) Explore the knowledge and reasons for using contraceptives among women with induced abortion experiences; and (iii) Provide evidence for designing effective interventions targeted at increased use of contraceptives.

Twenty years ago, at the International Conference on Population and Development (ICPD) in Cairo, it was recognized that all couples and individuals had the rights to decide freely and responsibly the number, spacing and timing of their children and to be informed and have access to safe, effective, affordable and acceptable methods of family planning of their choice¹. In Mongolia, sixteen percent of all married women would prefer to avoid or postpone a pregnancy but are not using any form of family planning today, resulting in an unmet need for family planning².

Studying the reasons for contraceptive discontinuation and non-use of contraception can reveal problems and the gaps in how well reproductive health programs are meeting the needs of women and couples for family planning. Previous national studies and analysis including the National Reproductive Health Surveys (1998, 2003, 2008), MICS 2010 and the Social Indicator Sample Survey 2013 show relatively high level of unmet need for family planning in Mongolia; but little is known about the reasons that couples and women

do not use or discontinue to use contraceptives in spite of relatively easy access when they want to postpone or avoid pregnancy. This qualitative study aims to enhance the understanding of the local context by investigating women's and couple's perspectives concerning the discontinuation and non-use of modern contraceptive methods.

The literature and data review section will present the current family planning context and statistics on contraceptive prevalence, unmet need for family planning and abortion rates in Mongolia.

In results section, descriptive and analytical results are presented in three subsections from the study: awareness, knowledge and previous experience of non-users regarding contraceptive use; the reasons and factors underlying contraceptive discontinuation; and the reasons and factors underlying non-use of contraception among the study participants including women with induced abortion experience.

The analysis is based on the qualitative data collected through 22 focus group discussions among non-users aged 15-35 years with a history of contraceptive discontinuation and induced abortion experiences, 20 in-depth interviews with women with induced abortion experience and service providers in selected urban and rural sites of Mongolia. This section also investigates the associations between the primary reasons for contraceptive discontinuation and non-use and key underlying factors including perceptions and beliefs and quality of services. The last section discusses the implications of the results and recommendations.

¹ A Program of Action (paragraph 7.3) adopted at the International Conference on Population and Development (ICPD) in Cairo in 1994

² NSO, UNICEF, UNFPA, MONGOLIA: Social Indicator Sample Survey (SISS) 2013

2. THE STUDY OBJECTIVES

2.1. The purpose

The specific objectives of the study are to:

- (1) Understand why women discontinue to practice family planning methods in spite of relatively ready access to contraceptives;
- (2) Explore the knowledge of contraceptives and reasons for non-use of contraceptives among women with induced abortion experiences; and
- (3) Provide evidence for designing effective interventions targeted at increased use of contraceptives.

2.2. Conceptual framework

The analysis of barriers to contraceptive adoption and sustained use is based on a social ecological framework presented in the Family Planning Topic Guide (2014) by the Health and Education Advice Resource Team (adapted from a presentation given by Joanna Busza, 2012³). According to this framework, barriers to family planning occur at multiple levels: socio-cultural and policy environment; service accessibility; couple and family; and individual levels. In line with the framework, the research team explored the reasons for discontinuation and non-use of contraception at individual, family and community levels, and reviewed government policies and laws, and accessibility of family planning services that could facilitate and hinder contraceptive use in Mongolia.

³ Family Planning Topic Guide, HEART (Health & Education Advice & Resource Team), Prepared by John Cleland, Geraldine Foster, Catherine Holley, Stephen Thompson, Kerry Millington and Lovney Kanguru, May 2014

3. THE METHODOLOGY

3.1 The study sites

The selection of the sites was thoroughly discussed with UNFPA Technical Team. For comparative purposes, three sites were selected: Bayanzurkh District of Ulaanbaatar city; Hovd Aimag; and Omnogobi aimag. Four horoos were selected in Bayanzurkh District, two soums were selected in the Hovd Aimag, and one soum was selected in Omnogobi.

Bayanzurkh District is one of the largest districts of Ulaanbaatar covering 124,500 sq.km lands. As of January 2014, Bayanzurkh has a population of 304,300 in 80,170 households.

The district consists of 28 horoos, of which seven are apartment horoos; eight are ger horoos; and 13 are mixed. Horoo is divided into Heseg. Based on the consultation with UNFPA Technical Team, the Research Team selected two apartments and 2 ger horoos to ensure a representation sample. Then, the Team visited selected horoos and had meetings with Heseg Leaders to explain them the eligibility criteria and work closely with them to identify target participants for FGDs.

As of January 2014, Hanbogd Soum has a de jure population of 4,788, of which 841 are women in reproductive age. In addition, the Soum has a defacto population of approximately 7,000, mostly working in Oyu Tolgoi and Tsagaanhad sites. The Soum is divided into five bags. The living standard in Soum Center is comparatively higher than in the countryside. Husbands of Soum Centre households mostly work in OT, located 45 km from Soum Centre. In Hanbogd Soum, the Team obtained technical support from Mr. Togtokhbayar, officer of the Soum Governor's Office and Ms. Togosmaa, Director of the Inter-Soum Hospital.

Hovd Soum of Hovd Aimag has a population of 3,292, of which more than 800 are women aged 15+, and consists of 790 households. The Hovd Soum is the second largest soum in Hovd aimag, by population number. 85% of the total households live in a mountainous environment in order to herd livestock. The remaining 15% are mainly engaged in

cropping closer to Aimag Centre. This soum possess the Governor's Office, a school, a kindergarten, a hospital, and a culture center. Hovd Soum is located close to Aimag Centre and many Hovd residents commute to the Aimag Centre for work. The Team had a technical meeting with a Family Planning Doctor operating in Hovd to identify target participants for focus group discussions (FGDs).

Jargalant Soum (Aimag Centre) of Hovd Aimag consists of 12 bags. As of January 2014, the soum has a population of 26,342 and 7,147 households. 51.3% of the population is women of reproductive age. In recent years, there is a trend of migration from the countryside to Jargalant Soum. The Team worked closely with Dr. Hulan, an officer in charge of reproductive health and adolescent health in the Aimag Health Department. Through her support, the Team worked with five family hospitals to identify target participants for FGDs.

3.2 Target Population

The target population for this study is women aged 15-35 who are currently not using modern contraceptives (non-users) with discontinuation and induced abortion experiences and their husbands/partners. In accordance with the Terms of Reference (ToR) of the study, the target population had to represent the following groups: employed, rural and urban; educated, rural and urban; unemployed, rural and urban; herder rural; and husbands/partners, rural and urban; and women who have experienced induced abortion.

3.3. Ethical consideration

The identification of the target population for the study was carried out through disseminating filter questionnaires with support of heseg leaders in Bayanzurkh district, and family planning doctors in rural areas including Hovd and Omnogobi provinces. This enabled the Team to identify the eligible participants in ethical manner. After analyzing the information in filter questionnaires, the potential eligible participants were invited for FGDs.

At the beginning of each FGD, the facilitator orally introduced the informed consent form to familiarize them with the objectives of the study, process of FGD, and their voluntary nature of participation in the FGD. In addition, the participants were informed in more detail, such as confidentiality, data usage, potential risks and benefits of the study.

After oral introduction, each participant was asked to sign the consent form. The Team ensured that all personal identifiers were removed prior to data analysis.

3.4. Eligibility criteria and sampling

Recruitment of non-users who have discontinued contraception use or who have had induced abortions for FGDs:

The filter questions were developed (Appendix 1) to select women aged 15-35 years, who are currently not using modern family planning methods and discontinued contraceptive use or had an induced abortion. Using the screening questionnaire,

recruitment of non-users for the FGDs was a two-round process: **First round:** Purposefully approached women, with above-mentioned socio-economic characteristics, that were identified by Heseq leaders, community workers, and health service providers. These women were asked to complete a screening questionnaire (Appendix 2). **Second round:** Based on the response, 93 women who met the eligible criteria were selected for the FGDs.

Recruitment of women with induced abortion experience for in-depth interviews (IDIs):

The Team contacted woman who had an abortion in the last 12 months at a health facility within the study sites. The identified women were invited for interviews only after signed consent forms were obtained.

Recruitment of husband (partners) and adolescents, including female students:

This recruitment was facilitated through community workers. Identified persons were invited to participate in FGDs. Table 1 provides the total number of the study participants.

Table 1 ➔ Number of the study participants by location and subgroups

	Subgroups	FGD		IDI		Total number of participants
		Urban	Rural	Urban	Rural	
1	Educated women	11	11	2	1	25
2	Employed women	12	14	1	1	28
3	Unemployed women	10	14	3	1	28
4	Herder women	0	11	0	1	12
5	Husband	10	12	0	0	22
6	Student	5	9	2	0	16
7	Adolescent	6	6	0	0	12
8	TOTAL:	54	77	8	4	143

3.5. Data collection methods

This study applied qualitative research methods, including FGDs, IDIs, and key KIs. Free-listing interviews were also employed to describe participant's personal experiences and perceptions regarding family planning with special focus on the reasons of unmet need for family planning. In addition, pile-sorting exercises were employed to understand the details regarding client acceptance, choice, and accessibility of various contraceptive methods, as the driving forces of contraceptive non-use and/or discontinuation.

All FGDs and IDIs were led by experienced facilitators. Transcription was provided for each FGD and IDIs. Transcripts were later translated into English. Audio recordings were also made of the FGDs and IDIs, and a photo bank was created. The FGD and IDI transcripts were recorded using Microsoft Word software.

FGDs: 22 FGDs (10 in the selected urban sites and 12 in the selected rural sites) - two each among target subgroups (employed, educated, unemployed and herder women, husbands, students and other adolescents) - were conducted in selected seven study sites: four ger and apartment horoos of Bayanzurkh district of Ulaanbaatar, two soums of Hovd aimag including aimag center and Hanbogd soum of Omnogobi aimag. The FGD guides were developed for women (non-users), husbands (partners), and adolescents (Appendix 3A, 3B, 3C). The content of the FGD guides included six themes with regards to discontinuation and non-use of contraception based on international family planning literature and the local context. Questions were open-ended and included probes. Questions addressed childbearing intentions, attitudes toward family planning and contraception, contraceptive use experience, reasons for discontinuation, and non-use of modern family planning methods.

IDIs: 12 IDIs were conducted with women who had induced abortions during last 12 months. The

IDI guide was developed based on the FGD guide content. The guide used semi-structured questions in an effort to understand why women did not practice family planning as a method to avoid unwanted pregnancies and instead, chose to have an abortion after pregnancy occurred (Appendix 4A).

KIs: 8 community health service providers - family doctors in Ulaanbaatar, doctors and midwives of selected soums, public and private gynecologists who provide abortion service - were interviewed using the KI guide to understand issues within the research objectives, particularly to establish a health care providers' perspective on the reasons for discontinuation and non-use of contraception (Appendix 4B).

Snapshot knowledge questionnaire: All participants were asked to fill out knowledge test and mark one of appropriate answers- "don't know", "heard" and "know" - for each modern contraceptive method (Appendix 5B). Then facilitator shown a sample of male and female condoms, pills, emergency contraception, injectable and implants by one and asked "Do you know it?" and "Have you seen it before?"

Pile-Sorting: The pile-sorting method was used with non-users in FGDs to identify the most important and influential reasons for discontinuation and non-use of contraception (Appendix 6A and 6B).

Free-Listing: A total of 16 adolescent girls aged 15-19 participated in the free-listing exercise, aimed at establishing perceived reasons for and thoughts regarding future prevention of unwanted teenage pregnancies (Appendix 7).

Field observation: Field observations were carried out to assess the availability of modern contraceptives in the target areas at Family Group Practices and Soum Hospitals (Appendix 8).

Table 2 ➔ Numbers of FGDs, IDIs, KIIs, free-listing, interviews, pile-sorting and field observation exercises conducted by location and subgroup:

Subgroup & Method	Location							Total
	Bayanzurkh District, Ulaanbaatar				Hovd		Omnogobi	
	1 Horoo \ger area\	2 Horoo \ger area\	Апартмент хороо 1	4 Horoo \apartment area\	Jargalant Soum	Ховд сум	Han bogd Soum	
FGDs								
Employed women	1		1			1	1	4
Educated women		1		1	1		1	4
Unemployed women	1		1		1	1		4
Herder women					1		1	2
Husbands/ Partners		1		1		1	1	4
Students female			1		1			
Adolescent girls (15-19)	1						1	4
Total for FGD	3	2	3	2	4	3	5	22
IDIs								
Post abortion employed			1			1		2
Post abortion educated			1			1		2
Post abortion unemployed			1			1		2
Post abortion herder					1		1	2
Post abortion student female			1		1			2
Post abortion adolescents girls			1				1	2
Total for In-depth interview			5		2	3	2	12
Free-listing								
Adolescents girls			8			8		16
Pile-sorting								
Educated women		6		6	3	3	6	24
Herder women					3	3	2	8
Supply side information:								
KIIs								
FGPs	1	1	1	1				4

Midwives of soum				1	1	2
ObGyne NCMCH	1			1		2
Private ObGyne	1			1		2
Total for Klls	6			3	1	10
Field observation						
FGPs	1	1	1	1		4
Soum hospitals				1	1	3

3.6. Pretesting

A pretest was carried out from 19-20 June 2014 in Bayanzurkh District, Ulaanbaatar. The objectives of the study were: (i) to test and improve sampling methods for selecting women aged 20-35 who are currently not using modern family planning methods despite wanting to postpone and avoid pregnancy with discontinuation and induced abortion experiences; (ii) to test logistical organization of the study and (iii) to pilot survey instruments, including primary and probing questions.

The Team selected horoo # 5 of Bayanzurkh district to carry out pretesting. The horoo consists of mixed apartment and ger settlements. The aim was to select 2 women groups for the pretest: unemployed women aged 15-35, who are not using modern family planning methods residing in a ger settlement, and employed women aged 15-35, who are currently not using contraceptives residing in apartment settlement.

In order to identify the sampling frame, the Team worked closely with heseg leaders and through them distributed filter questionnaires to 40 women aged 20-35. After collecting the completed filter questionnaires, 8 women met the selection criteria. These 8 women were invited for a pilot FGD. Seven of eight came to the FGD. After filling out the participant's socio-economic background questionnaire, two women did not meet the selection criteria due to their current use of contraceptives. Finally, the Team organized FGD among five women. Of these five women, three were employed, two were unemployed and three were married. During the FGD, the study instrument was tested and recommendations for improvements were prepared. A more detailed report on the results of the pilot study is included in Appendix 10.

3.7. Data analysis

Analysis of the FGDs and interviews: It started in the field. At the end of each day of field work, the research teams updated their notes, and all audio recordings were transcribed and later translated into English. The transcripts reflected verbatim transcription of the recorded FGDs and interviews.

Coding: The research team used an inductive thematic approach-thematic coding for data analysis. The process of coding began with reading each transcript multiple times by the principal investigator and technical adviser and picking up recurring words, phrases, ideas, concepts, themes and making notes. A coding scheme was developed based on the objectives of the study and relevant salient themes that emerged from the transcripts. Several codes were predetermined based on the family planning literature, but most codes were created inductively, and generated from reading the transcripts.

Close reading and re-reading through text data identified over nine hundred recurrent specific segments of information that relate to the objectives of the study and organized them into 72 codes. Through refining and condensing initial codes, seven salient and larger themes/categories and twenty specific codes/themes were created. Table 3 provides a summary of categories and codes/themes which were either predetermined or which emerged during analysis.

The authors examined the evidence that supported each theme quantitatively by frequencies and qualitatively (context of code), and analyzed the interconnections between salient findings. Results from the pile-sorting served as a basis for ranking most important and influential reasons or factors related to contraceptive discontinuation and non-use of contraception according to participants' views.

Table 3. → Categories and codes emerged from the data

Category 1. Fertility preferences and awareness of family planning	
1	Preferred number of children among women, men and adolescents
2	Desired space between pregnancies
3	Motives for childbearing intentions
4	Awareness and attitude toward family planning and contraception
5	Future intentions for contraceptive use and participants' expectations
Category 2. Knowledge and previous experience in contraceptive use	
6	Contraceptive knowledge of women, men and adolescents by methods
7	Participants' views and satisfaction with contraceptive use
Category 3. Reasons and factors underlying contraceptive discontinuation	
8	Experience of participants in contraceptive discontinuation
9	Timing and consequences of discontinuation
10	Method-related reasons for discontinuation
11	Husband's influence for contraceptive discontinuation
12	Role of perceptions and beliefs about contraceptives for discontinuation
13	Role of quality of services for discontinuation
14	Role of friends and communities for discontinuation
15	Role of access factors for discontinuation
Category 4. Reasons and factors underlying non-use of contraception	
16	Reasons for non-use of contraception among women with induced abortion
17	Fear the side effects for non-use
18	Inaccurate perceptions and beliefs about contraceptives and opposition
19	Lack of accurate information and knowledge for non-use
20	Other reasons and factors for non-use of contraception
Category 5. Adolescents' views regarding unwanted pregnancy, abortion and contraceptives	
Category 6. Participants' opinions on what can help to increase contraceptive use	

3.8. Limitation of the study

This qualitative study is the first experience to examine causes of two important issues related with family planning use in Mongolia: contraceptive discontinuation and non-use of contraception among induced abortion experience. The study has several limitations.

First of all, selection of disaggregated target groups by socio-economic status, age, location and user experience were challenging given budgetary limitations and tight deadline of the study. Because

of the sensitivity of the topic, some eligible women selected in the first round of recruitment did not show up for group discussions with implications on the number of participants attending each FGD. However, all participants, women and men, as well as adolescents expressed their opinions very openly. The group discussion with Kazakh herder women in the Hovd region was particularly challenging, as women were less open despite the presence of a Kazakh interpreter.

4. LITERATURE AND DATA REVIEW

4.1 The legal and political framework to sexual and reproductive health programs and abortion practices in Mongolia

Family planning services are introduced in Mongolia since the beginning of 1990s⁴. Prior to the 1990s, family planning services did not exist, contraceptives were not allowed with limited availability. The only contraceptive available was intrauterine devices (IUD) and it was provided based on the decision of medical advisory committee for women who have chronic illnesses or other medical conditions that could affect pregnancy and delivery outcomes⁵. Changes to promote sexual and reproductive health and rights (SRHR) including family planning (FP) policy began in the early 1990s when the Ministry of Health (MoH) accepted FP as an integral part of maternal and child health (MCH) services. The first MCH and FP initiative was launched in 1992 with technical and financial support from UNFPA⁶.

After the ICPD, Parliament passed its first National Population Policy in 1996⁷, officially recognizing reproductive rights and promotion of FP with special emphasis on birth spacing to promote maternal and child health. Since that time, the government has adopted and implemented a series of national policies, strategies and programs on SRH issues including FP.

The current legal and policy framework for SRHR: In the last ten years, the Government of Mongolia has developed and implemented a number of policies which provide an overall framework for the promotion of SRHR. These policy frameworks are comprehensive and address SRHR, as well as structural, technical and service delivery aspects of SRHR that contribute to achieve the MDG targets

of the country by 2015 particularly MDG 4 and 5⁸. Key overall legal and political frameworks that related with SRHR include the MDG-based National Development Policy, 2008-2021⁹, the revised National Population and Development Policy¹⁰, the Family Law (1995) and the Law on Health. The Family Law set the legal minimum age at marriage at 18 years.

The government has also adopted and implemented a series of explicit national strategies, programs and guidelines that address SRH issues. These include the National Reproductive Health Programs¹¹, as well as national strategies and guidelines on HIV/AIDS/STIs, maternal and newborn health and safe abortion care etc.

A legal and policy framework for family planning and abortion practice: Above-mentioned national population and development policies do not explicitly promote family planning, but there is no any special legal restriction to use family planning by any woman including unmarried adolescents and young people. Mongolia has pro-child and pro-population growth policy. Within this context, family planning is used to help women and couples to exercise their rights to freely decide a number and space of children to have and access to quality SRH services, including family planning. This concept is clearly reflected in above key national development frameworks, the revised population policy and other political commitments such as Millennium Development Goals.

Mongolia legalized abortion in 1989 with the adoption of the Law on Health that recognized women's right to have elective abortions without conditions¹² and safe abortion services became available upon request.

⁴ Mongolia: 10 years after the International Conference on Population and Development, UNFPA,

⁵ Mongolia: 15 years after the International Conference on Population and Development, UNFPA, 2009, Ulaanbaatar

⁶ The same as above

⁷ State Policy on Population Issues adopted by the State Great Hural of Mongolia, 1996

⁸ Updated Mongolia's Millennium Development Goals endorsed by the Parliament of Mongolia, 2010

⁹ MDG-based Comprehensive National Development Policy of Mongolia, 2008-2021 adopted by the Parliament Resolution # 12 of 2008

¹⁰ Mongolia's State Policy for Population and Development adopted by the Parliament Resolution # 21, 2004

¹¹ Ministry of Health, National RH Programs: the first (1997-2001); second (2002-2006); third (2007-2012); fourth (2013-2016)

¹² Law of Mongolia on Health, Article 56

In line with the legal and political framework described above, SRH including FP has been reflected in health sector policies, strategies, plans and budgets. According to the Health Sector Strategic Master Plan (HSSMP) of Mongolia, FP services are an integral part of the essential and complementary packages of health care that are to be provided at all levels of the health system¹³. Condoms, oral and injectable contraceptives are available at all levels, but the provision of IUDs and implants, as well as safe abortion services, are only available at secondary and tertiary level public health facilities as well as at private clinics. In terms of permanent methods of family planning, male sterilization is not yet included in the essential and complementary health service packages, and there is no special policy on the use of male sterilization. According to clinical protocols, if the woman and the couple want, female tubal ligation can be performed during other clinical procedures such as cesarean section mostly for medical indication for both married and unmarried women. There is no special policy on elective tubal ligations.

Since 2008, the government has paid special attention to strengthening reproductive health commodity security, including contraceptive security. A specific strategy which aims to fully finance free contraceptives for low income and herder women by 2015 is currently being implemented¹⁴, and RH commodity budget line was established in 2008 for the first time in the MoH budget. According to the Law on Health, primary health services are financed by the government, and the provision of SRH/FP services and contraceptives are provided at no cost in primary health facilities. The secondary and tertiary level facilities charge some service fee for induced abortion, IUD and implant insertion and removal according to the regulations set by the facilities.

Oral and injectable contraceptives are included in the National Essential Drug List (EDL)¹⁵. If women go to the pharmacy, they need to pay for contraceptives. Therefore, since 2013, some oral contraceptive

pills with different formulations of estrogen and progestin contents (not by brand names) are also included in the drug list that allows for consumer discounts by 57-83% through the Health Insurance Fund¹⁶. Advertisement of contraceptives in mass media, with the exception of condoms, is restricted because contraceptives are classified as prescription drugs. According to tax law and regulations, the suppliers who import contraceptives including NGOs and social marketing agencies pay import tax that means there is no special government support to facilitate the importation of contraceptive supplies and promote contraceptive social marketing.

The current fourth national RH program comprehensively addresses all aspects of SRH, including family planning services, for each of the WHO's six building blocks of health system strengthening including policy and management, human resources, financing, supplies, services and demand creation¹⁷. The national guidelines on FP, revised in 2012, include guidance for service providers¹⁸ about provision of family planning methods and general counseling, but it does not include the latest WHO's medical eligibility criteria for contraceptive use.

The national standard on abortion services sets requirements and criteria for health facilities to provide abortion services. As a result, the MoH performs inspections and provides authorization for private clinics to perform abortion services.

4.2 Current trend of contraceptive use, unmet need for family planning and induced abortion in Mongolia

Contraceptive Prevalence Rate (CPR): Contraceptive prevalence is the percentage of women who are currently using, or whose sexual partner is currently using, at least one method of contraception, regardless of method used. It is usually reported for women aged 15-49 who are married or in union¹⁹.

¹³ According to the HSSMP, primary level health care facilities include family health centres in urban settings and soum health centres in rural areas. The secondary level health facilities include aimag and district general hospitals, and tertiary level includes the regional diagnostic and treatment centres and specialized national health centres such as National Maternal and Child Health Centre.

¹⁴ The National Strategy to enhance RHCS, 2009-2013 endorsed by the Government Resolution, 2009

¹⁵ National Essential Drug List, Ministry of Mongolia, 6th Edition, 2011

¹⁶ National Social Insurance Council's Resolution # 28 of 31.07.2013

¹⁷ The Fourth National Reproductive Health Program of Mongolia for 2012-2016, endorsed by the Government Resolution # 61 of 2012

¹⁸ National Guideline on Family Planning Services endorsed by the Health Minister's Order # 63 of 2012, Ministry of Health

¹⁹ Medical eligibility criteria for contraceptive use, Fourth edition, 2009 WHO

According to the preliminary findings of the Social Indicator Sample Survey (SISS) 2013, in Mongolia, although nearly all women between the ages 15-49 (99.6 per cent) who are married or in union have knowledge of contraceptive methods, only a little more than half of them (54.6 per cent) are

currently using any type of contraception (modern methods: 48.2 per cent and traditional methods: 6.4 per cent)²⁰. Table 4 shows that CPRs for both any methods and modern methods increased between 1998 and 2003, but after 2003, both have gradually declined.

Table 4. Use of contraception, Mongolia

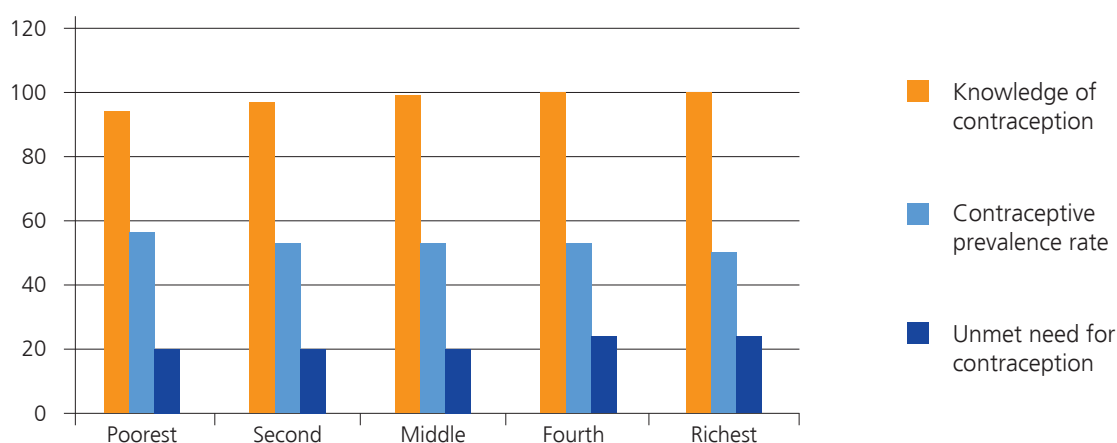
Type of contraceptive methods	1998*	2003*	2008*	2013**
All women age 15-49 years				
Any method	44.2	53.5	44.8	
Modern methods	33.4	45.3	40.4	
Women age 15-49 married or in union				
Any method	59.9	69.0	55.2	54.6
Modern methods	45.7	58.4	49.6	48.2

Source: * NSO, UNFPA, Reproductive Health Survey 2008, National report, Ulaanbaatar, 2009** NSO, UNFPA, UNICEF, Mongolia Social Indicator Sample Survey (SISS) 2013

It should be noted that Ulaanbaatar's CPR is lower than rural areas (51.8 and 59.7 per cent, respectively), despite the fact that contraceptives are more readily available in cities than in rural areas²¹. The Multiple Indicator Cluster Survey (MICS) 2010 also highlighted the gap between knowledge and use of contraception among women living in rural and urban areas as well as disparities among household wealth quintiles.

Knowledge of contraceptive methods was higher among urban women than among those living in rural areas; though contraceptive prevalence was lower in urban areas. Additionally, women from highest income quintiles have better knowledge of contraceptives while contraceptive prevalence was lowest, whereas the opposite is true in the case of women in the lowest income quintile²² (Figure 1).

Figure 1 Knowledge of contraception, contraceptive prevalence, and unmet need by household wealth quintiles (percentage), Mongolia, 2010



Source: National Statistical Office, UNICEF, 2011. "Multiple Indicator Cluster Survey 2010" Summary Report, Ulaanbaatar, Mongolia

²⁰ NSO, UNICEF, UNFPA, MONGOLIA: Social Indicator Sample Survey (SISS) 2013

²¹ NSO, UNICEF, UNFPA, MONGOLIA: Social Indicator Sample Survey (SISS) 2013

²² NSO, UNICEF, "Multiple Indicator Cluster Survey (MICS) 2010" Summary Report, Ulaanbaatar, 2011

According to the national RHS 2008, the most cited reasons (51.0 per cent) for not using contraception are health concerns or side effects²³, suggesting a need to improve quality of family planning services, and particularly counseling. The SISS 2013 found that more than half of women (42.4 per cent) who began using a contraceptive method did not receive counseling about potential side effects.

Globally, about one in two married or in-union couples are using a method of family planning in 2012 (20). Mongolia's contraception rate for modern methods is below the East Asia average of 80 percent, although it is similar to Kazakhstan and Kyrgyzstan while Uzbekistan and Vietnam have higher rates²⁴.

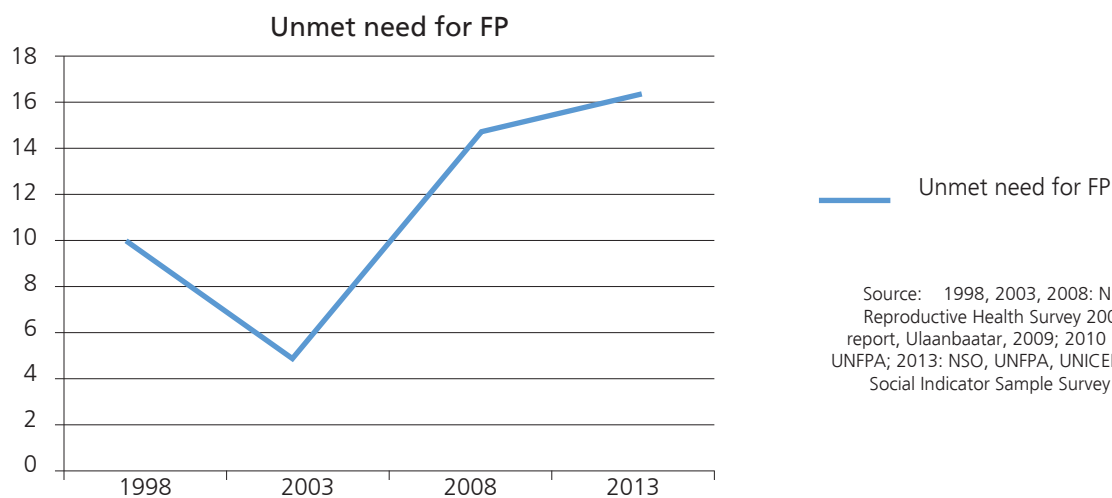
Unmet Need for Family Planning: Unmet need for family planning is defined as the percentage of women of reproductive age, either married or in

union, who want to stop or delay childbearing but are not using any method of contraception²⁵.

According to SISS 2013, currently 16.0 percent of women aged 15-49 years who are married and in union in Mongolia have an unmet need for family planning. This indicates one in six women has their family planning needs not met. Unmet need is highest in urban areas including Ulaanbaatar (17.0 per cent) and lowest in the western region (14.1 per cent).

The data from national RHS 1998, 2003, 2008 and the SISS 2013 show an increasing trend in the unmet need for contraception after 2003 (Figure 2). Unmet need is highest (26 percent) among women aged 15-24, showing that this is a particular issue for youth and among vulnerable women (25.6 percent²⁶). This data demonstrates that intensified efforts are needed to extend reproductive health to all and reduce disparities and inequities.

Figure 2 ➔ Percentage of women with unmet need for FP, Mongolia, 1998-2013



Source: 1998, 2003, 2008: NSO, UNFPA, Reproductive Health Survey 2008, National report, Ulaanbaatar, 2009; NSO, In-depth Study Reproductive Health Survey 2008, 2011; 2010 MICS, NSO, UNFPA; 2013: NSO, UNFPA, UNICEF, Mongolia Social Indicator Sample Survey (SISS) 2013

²³ NSO, UNFPA, Reproductive Health Survey 2008, National report, Ulaanbaatar, 2009; NSO, In-depth Study Reproductive Health Survey 2008, 2011

²⁴ UNFPA, Mongolia Fact Sheets, Reproductive Health Series /2

²⁵ United Nations, Department of Economic and Social Affairs, Population Division (2012), World Contraceptive Use, 2012

²⁶ National Centre for Maternal and Child Health, UNFPA, Baseline Survey Report 2011

According to the world contraceptive use data (2012), globally, about one in six women continues to report an unmet need for family planning; unmet need was lowest in Vietnam (4.8%) and highest in Ethiopia (33.8%).²⁷ Mongolia's unmet need for family planning is similar to transition countries of South-Eastern Europe at 15 per cent (2007) and higher than the Asia region which ranges from 2.3%-14.7% (2007)²⁸.

Abortion Rate: *The abortion rate is the number of abortions per 1,000 women of childbearing age (15-44)*²⁹.

According to the health statistics, abortion rate is 18.4 per 1,000 women of reproductive age as of 2013 in Mongolia³⁰. Looking at abortion data over the last decade, the lowest rate was recorded in 2005 at 13.1 per 1,000 women of reproductive age and highest in 2012 at 22.0. It can be associated both with an actual increase in abortions or with improved abortion statistics.

Analyzing global data from 1995 to 2008, researchers found that between 1995 and 2003, the abortion rate for the world overall dropped from 35 to 29 per 1,000 women on reproductive age. It

remained virtually unchanged at 28 in 2008. The Eastern European region has the highest abortion rate in the world at 43 abortions per 1,000 women aged 15-44 years while the Western European region has the lowest abortion rate at 12 per 1,000 women. In Asia, abortion rates across sub-regions range 26 per 1,000 in South Central Asia to 36 per 1,000 in South-Eastern Asia³¹.

Contraceptive Discontinuation: Contraceptive discontinuation is an important determinant of contraceptive prevalence as well as unmet need for family planning. The latest evidence from 60 DHSs found that in 17 out of 19 countries, less than 20% of women stopped using IUDs for any reason within 12 months. For other methods, discontinuation was much higher, typically between 30-50%. On average, across 19 countries studied, 38% of women discontinued using reversible methods by the 12th month³². Several studies have found that side effects of hormonal methods and health concerns are the dominant reason for ceasing to use contraception. For condoms, periodic abstinence and withdrawal, accidental pregnancy and desire to switch to a more effective method were more important reasons than side-effects and health worries³³.

²⁷ United Nations, Department of Economic and Social Affairs, Population Division (2012), World Contraceptive Use, 2012

²⁸ UNFPA, How universal is access to reproductive health? A review of the evidence, 2010

²⁹ GUTTMACHER Institute, WHO, Facts on induced abortion worldwide, January, 2012

³⁰ Health Indicators, MoH, 2013

³¹ Sedgh G et al., Induced abortion: Incidence and trends worldwide from 1995 to 2008, Lancet, 2012 as reported by GUTTMACHER Institute, WHO, Facts on induced abortion worldwide, January, 2012

³² Causes and consequences of contraceptive discontinuation: evidence from 60 DHSs, WHO, 2012

³³ Causes and consequences of contraceptive discontinuation: evidence from 60 DHSs, WHO, 2012

5. THE MAIN FINDINGS

This qualitative study revealed a range of findings with regards to contraceptive discontinuation and non-use. Based on specific objectives and focus of the study, we placed the findings into three groups: (a) Awareness, knowledge and previous contraceptive use of the study participants (non-users) with discontinuation and induced abortion experiences; (b) Reasons and factors underlying contraceptive discontinuation; and (c) Reasons and factors underlying non-use of contraception among women with induced abortion experience. In this chapter, we will present descriptive and analytical findings in the above three areas with a particular focus on method-specific reasons for contraceptive discontinuation, and barriers to adoption and use of modern family planning methods among women with induced abortion experience.

5.1 Awareness, knowledge and previous experience in contraceptive use

5.1.1 Perceived ideal number of children and space between pregnancies

Across all groups, study participants with contraceptive discontinuation and induced abortion experiences generally favored a family with a minimum of two and a maximum of five children. A family of between three and four children was most commonly seen as ideal. Most participants prefer more than two years spacing between pregnancies, however a small minority indicated a preference to have the first two children closer together.

Participants had different perspectives on the factors that should be considered when deciding when and how many children to have. Economic reasons were most important considerations for use of FP:

“Who will want to have so many children? It is clear that everyone would desire to have as many children as the one can feed. Living cost is high and salary is low, and

there are so many problems. In this case, perhaps contraception would help”.

- Married man, Omnogobi, Hanbogd

“I would see family planning like that “let’s have a first baby now.” Then let’s work and get some saving, so can have next child, then will use contraception”

- Unemployed married woman, Bayanzurkh, Ulaanbaatar

Others, particularly women, emphasized the social cost of childrearing and child care issues. They think that best option is to give birth at least three years apart to improve care given to children and help reduce women’s burden. Some women acknowledged the social benefits of contraceptive use:

“If a woman has her first baby at 25 years old and she plans her next baby at 28 years old (3 years after) when her first baby reached to kindergarten age. I think it is the family planning”

- Unemployed married woman, Bayanzurkh, Ulaanbaatar

“If there hasn’t any contraceptive methods, we keep continuing to give children. It is too hard for woman to take care for many children and own livestock at the same time, especially if her husband has work too. When our oldest child grows up then will see younger brothers and sisters. So contraceptive methods are needed between those periods”

- Employed married woman, Hovd, Jargalant

Some participants, mostly educated women, alleged that family planning requires good partner discussion and responsible decision making:

“I think that couples should discuss and make decision themselves depending

on their financial situation, work and all circumstances”

- Educated married woman, Bayanzurkh, Ulaanbaatar

Adolescents highlighted the importance of continuing education, job opportunities, and economic considerations in family planning. Interestingly, some students talked about advantages of giving birth in third or fourth grade of university. According to them, young women with children have a better chance at employment:

“For example: I and my friend applied for civil servant recruitment. My friend gave birth and I didn’t. Employer accepted my friend’s application. And then I have asked the reason of its. The reason is they want to have an employee who wouldn’t take maternity leave for several years and they assume that I could be given birth soon: because I am young and didn’t have child yet”.

- Female student, Hovd, Jargalant

Overall, the data shows a minor difference among subgroups regarding opinions about the ideal number of children women and couples prefer to have. Researchers noted that the ideal number of children was higher among educated and employed study participants and adolescents were more likely to state a preference for smaller family size.

5.1.2 Awareness and attitude toward family planning

The data revealed a remarkably high level of overall awareness about family planning among various study groups. When asked “What can women and couples do to achieve their childbearing goal?” the first and immediate responses in all groups were that they should “protect”, “plan a family”, “practice protection” and “use contraception”. Some participants described how they “do family planning”:

“I prefer to have a child not too far and not too close. Far is 5 year, close is 1 year. So it is necessary to use contraceptives”.

- Employed married woman, Bayanzurkh, Ulaanbaatar

“I planned to have my first baby at start of my marriage so that time is not in need protection, and then get my second child after 2 or 3 years. Thus, in that space I need contraceptive”.

- Female student, Hovd, Jargalant

Despite men being generally supportive of family planning, the attitude that “contraceptive use is a woman’s issue” was common in the husbands’ groups. Moreover, concerns related with lack of understanding and sharing responsibilities in reproductive life by male partners and suggestions to increase male involvement in contraceptive use were also raised by women in most groups.

Women's perceptions on male involvement

"I agree, they don't like to use condoms. So we have to protect ourselves, men never initiate".

- Educated married woman, Bayanzurkh, Ulaanbaatar

"Men never initiate the contraceptive use. Women are responsible for this. Men are never go with us until we explain to them. We all go for health of ourselves".

- Employed married woman, Bayanzurkh, Ulaanbaatar

"If he sees any contraceptive method, he dislikes it. What is it, why is that and so on. So I start to explain to him. Then he may realize or not. That is why we need always to talk about it with husbands. He becomes easier when he receives information or read about it.

- Educated married woman, Bayanzurkh, Ulaanbaatar

Men's attitude toward contraceptive use

"Since my wife would have this in her own body, I think she should probably explore it very well and make a decision whether to use it or not. I am not really interested in it. I think that she would decide her problems by her own.

- Married man, Omnogobi, Hanbogd

"This is women's business. They go to doctors and get a consultation. I personally, do not go to a doctor together.

- Married man, Omnogobi, Hanbogd

"I, personally, don't talk about contraceptives as I am not interested in it".

- Married men, Bayanzurkh, Ulaanbaatar

"Well, I am not quite sure. As I work in far place, I don't ask what happened. So, perhaps, she solves problems by herself".

- Married man, Omnogobi, Hanbogd

However, there was no consensus about the role of husbands in contraceptive decision making and use. Some women mentioned good support from their husbands for contraceptive use:

"My husband is just like a woman. He has better information on contraceptive use. He grumbled that take you pills just in time. And set alarm for not forgetting".

- Educated married woman, Bayanzurkh, Ulaanbaatar

"My husband support contraception which I have chosen. I have already given correct understanding to him".

- Employed married woman, Bayanzurkh, Ulaanbaatar

"There are husbands who are the most supportive on using contraceptive methods and afraid from unwanted pregnancy, too. If I forget my pill in evening my husband would prepare it for me /laughed/. Usually husbands are very kind when wives need those things. I think if women do their job

very well, men do everything for their wives. Even if I ask condom during the night my husband could run to the drugstore".

- Educated married woman, Hovd, Jargalant

5.1.3 Knowledge on modern family planning methods

With prompting, the groups then went to mention specific family planning methods. The participants were using simple abbreviation "ЖСА" which means "methods to prevent pregnancy", nobody mentioned "family planning method". Results of the "contraceptive knowledge test" (Appendix 5B) show that the study participants (non-users) have a relatively low level of knowledge about modern contraceptive methods, compared with general (according to the SISS 2013, all women (99.6%) aged 15-49 knew at least one contraceptive method) particularly women from the rural communities, men, and adolescents (Figure 3). For example, more than one third of women (non-users) just heard about female condoms, pills, injectable, IUD,

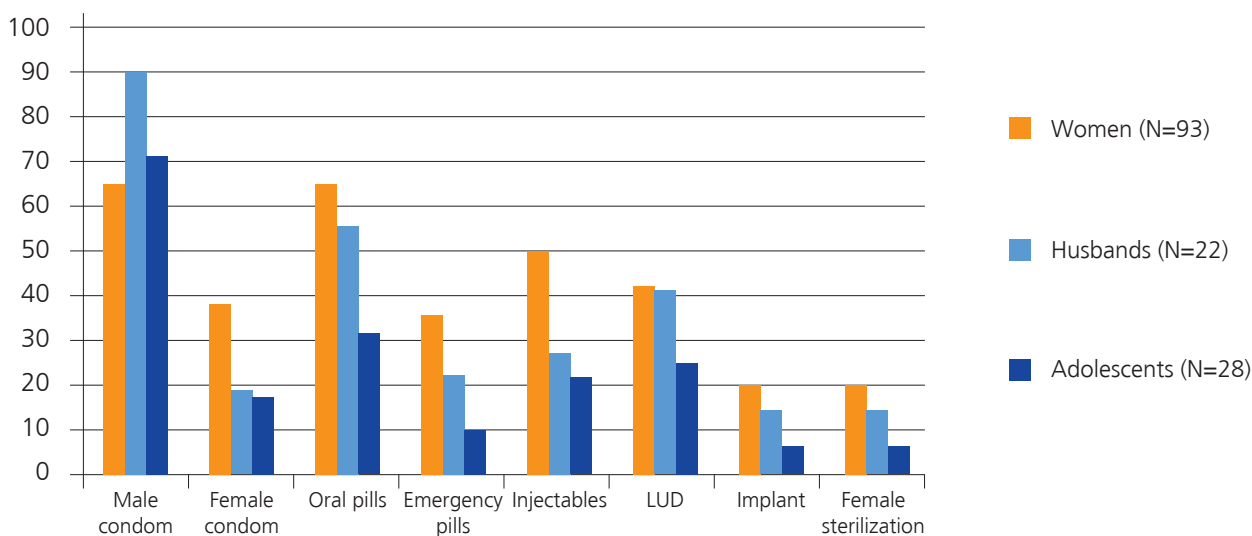
emergency contraceptives and implant for the first time in the FGD. Some participants responded that they ‘knew’ some methods despite never having seen them before.

5.1.4 Previous experience of non- users in contraceptive use

Various modern and traditional methods were mentioned by women and couples in their

communities as being commonly used. The modern methods most frequently mentioned included: male condoms, pills, injectable, IUD and emergency contraceptive pills. The implant and female sterilization were the methods mentioned the least. Nobody discussed use of the female condom. Most participants said that the commonly used methods are available in their community at health centers and pharmacies.

Figure 3. → Percentage of participants who “know” the modern contraceptive methods



There were also minor differences among groups. For example, participants from Khanbogd mentioned that the most commonly used method in this area is oral contraceptives and that the use of “new” types of pills has increased in recent years. Conversely, participants from the rural soum in Hovd said that injectable were the most common method. Adolescents frequently mentioned use of “72 hours pill” (emergency contraceptive pill).

Across all groups, lapsed users talked about their positive and negative experiences with hormonal oral and injectable contraceptives and IUDs. In the section on discontinuation and non-use, we will discuss more about participants’ negative experiences with each method. Therefore, in the following paragraphs

we will discuss participants’ perceptions and beliefs of the advantages of the most popular methods and their positive experiences.

The male condom was the most commonly used method among study participants. Generally, it was observed that after discontinuation of pills, injectable and IUD, the participants commonly switched to condom, withdrawal and calendar monitoring methods. Most women’s groups, particularly adolescents and students viewed male condoms as the method that is effective, convenient, and easy to access, affordable and with wide choice. Importantly, many of them said that condoms presented “no harm on both women’s and men’s health and body”.

As mentioned in previous section, generally men were supportive to practice family planning, but they had different perspectives about condom use. Examples of women's and men's perceptions about condom:

How do women perceive condoms?

"I never had abortion and unwanted pregnancy as result of using condom. Thus, my brand is condom. It is reliable".

- Educated Married woman, Bayanzurkh, Ulaanbaatar

"The condom is reasonable if couples agree themselves. No problem with condom if able to use it correctly".

- Educated married woman, Omnogobi, Hanbogd

"As I have a problem with correct use of condom, so I am not confident. My spouse doesn't like to put it from the beginning and use in the middle of sex when ready. So I think it is not safe".

- Married educated woman, Bayanzurkh, Ulaanbaatar

"Condom is easy to use"

- Married herder woman, Omnogobi, Hanbogd

"I use a condom when I worry about high risk chance for pregnancy".

- Educated married woman, Bayanzurkh, Ulaanbaatar

How do men perceive condoms?

"Nothing bad in using condom when it is necessary. However, using condom all the time is not that pleasant".

- Married man, Omnogobi, Hanbogd

"For me, I actually prefer having sex without condom. However, I use it as I concern about planning of the next pregnancy.

- Married man, Hovd, Jargalant

"It is not necessary to use condom all the time. There are periods when it is possible or impossible to use it. So, there is no way to oppose to use it occasionally during the critical periods".

- Married man, Omnogobi, Hanbogd

"Always sleeping with own wife using condom is impractical".

- Married man, Omnogobi, Hanbogd

"My wife doesn't like to use different pills. It seems she heard from others that during delivery, a child will bear with defects. As she also doesn't like spiral [IUD] and refuses and says that let's have just with 'boxer gloves' (Laughed). So I am following her suffering to use condom all the time.

- Married man, Bayanzurkh, Ulaanbaatar

Generally, the study target groups with discontinuation and induced abortion experiences had significant concern about oral and injectable hormonal contraceptives and the IUD because of perceived risks and effects experienced. However, some lapsed users of the pill, injectable and the IUD were generally satisfied with these methods. For example, some IUD users had a positive experience

with the method and only removed it because of long use or because they wanted to become pregnant. The rural lapsed users of injectable and IUD recognized the advantages of long-acting methods, particularly their effectiveness and convenience because there was no need to visit a health center frequently and no concern about forgetting.

Views on advantages of the pills	Views on advantages of injectable	Views on advantages of the IUD
<p><i>"Personally, I haven't experienced negative effects when I had pills. Unless I forget to take it".</i></p> <p>-Herder woman, Hovd, Jargalant</p>	<p><i>"Advantage of injection is no worry about forgetting and no need to fear of "may become pregnant"</i></p> <p>-Employed married woman, Bayanzurkh, Ulaanbaatar</p>	<p><i>"Generally, I think IUD is ok. I would recommend women to use it"</i></p> <p>-Educated married woman, Bayanzurkh, Ulaanbaatar</p>
<p><i>"For me, oral pills are fine unless some stomach pain. I will take the pills after some break in stomach".</i></p> <p>-Employed married woman, Bayanzurkh, Ulaanbaatar</p>	<p><i>"Injectable was much easier for me, free-minded. Generally it is a seemly method. In other words, it's good if it is suitable for you".</i></p> <p>-Educated married woman, Omnogobi, Hanbogd</p>	
<p><i>"I like the pill "Yarina". Because it suits my body. The hormone pills cause weight gain. But the pill which I take now is not causing the weight gain. The disadvantage is it is expensive, 30,000 MNT".</i></p> <p>-Married student with induced abortion experience</p>	<p><i>"I have used an injection as my close peoples commonly use it. I think injection is safe to use".</i></p> <p>-Employed married woman, Omnogobi, Hanbogd</p>	

In two groups, both women and men expressed concerns about the quality of the pill available in the commercial market:

"I have tried one pill which can prevent for a month. It was made in China. My colleagues take this pill and they recommended it to me. It is just 3,500 tug and can prevent for a month. I have tried once and it caused stomach-ache. Moreover, it caused ulcer to 3 girls who did take this pill for a longer period. This is a very harmful pill although it is sold in a drugstore still now.

- Married employed woman, Bayanzurkh District, Ulaanbaatar

One specific consideration related to the experience of participants with discontinuation and induced abortion experiences was inaccurate or inconsistent use of contraceptive methods. Not surprisingly, sometimes this lead to subsequent unplanned pregnancies that ended with child birth or induced abortions, including repeated abortions or miscarriage:

"Firstly, I used injectable once. Then I stopped using it because my period became irregular. Actually that prevents for 3 months. My menstruation didn't

become during the injectable usage. Then I have used oral pills for a month, and then I stopped using it, because I was bleeding when I forgot to take it. Then I have used IUD. But also I stopped using it due to get pain 1-day after put it. Finally, I was using condoms before abortion. I got pregnant when I was using it. It is unreliable".

- Educated married woman with induced abortion experience, Bayanzurkh, Ulaanbaatar

"After I have given birth, I started to take an emergency pill for 3 or 4 months. I used to take single emergency pill once a week and didn't get pregnant for 3 months. That method is taught by my friend".

- Educated married woman with induced abortion experience, Hovd, Jargalant

"Actually I was using condoms. I can't use condoms due to financial problem. As a result, I've got pregnant. It was fast".

- Employed married woman" Bayanzurh, Ulaanbaatar

"I didn't buy condoms because shop was closed in the evening. I thought it is ok. Then I got pregnant. So I had abortion".

- Employed married woman with induced abortion experience, Bayanzurkh, Ulaanbaatar

5.1.5 Future intentions for contraceptive use and desired attributes in a method

Most participants (non users) with discontinuation and induced abortion experiences expressed positive intentions to use contraceptive method in the future. Participants had a range of expectations about contraceptive methods. A major attribute that researchers noted was that participant's most prominent desire in choosing a contraceptive method was minimal side effects, "no harm on their body", convenience of use, wide choice and easy access. Male condom and oral pills were the most frequently cited as preferred methods among study participants. Rural participants had a preference for long-acting methods such as injectable and IUD. A small number of participants stated that they did not intend to use contraception in the future. A major consideration for those participants was past dissatisfaction or opposition to specific methods and other reasons such as infrequent sex, desire for pregnancy, don't know and will explore no interest to use contraception.

Discussion

Overall, the study participants with contraceptive discontinuation and induced abortion experiences preferred to control their fertility through birth spacing, were highly aware of the importance of family planning and, for the most part, were supportive of contraceptive use. However, researchers noted a large gap between both women's and men's preferences and actual practice of contraceptive use. Therefore, it is very important to understand why this gap exists and how to narrow and close the gap. The next two sections will explore this issue in more detail. It is noted that non-users with contraceptive discontinuation and induced abortion experiences have inadequate knowledge about methods, and inconsistent use and

dissatisfaction with the methods were commonly reported among study participants. In addition, despite the fact that most women perceived a lack of male partner support, male participants expressed general support for contraceptive use.

5.2 Reasons and Factors Underlying the Contraceptive Discontinuation

Dynamics of contraceptive use including discontinuation, switching and failure are important indications of how well programs are meeting family planning needs of women and couples. Therefore, studying reasons for contraceptive discontinuation is critical both for couples and women and for the programs and policies that aim to improve sexual and reproductive health³⁴.

In the following paragraphs, we will discuss the primary reasons for contraceptive discontinuation among study participants as well as specific reasons for discontinuation of commonly used modern family planning methods in the study sites, and the key factors underlying contraceptive discontinuation.

About two thirds of the study participants who are currently not using modern contraceptive methods including women with induced abortion experience had contraceptive discontinuation experience before. Most participants had discontinued two family planning methods at different instances. In few cases, participants discontinued using three or four methods. The most commonly discontinued contraceptive methods among the groups were oral contraceptive pills and condoms, and the less commonly discontinued methods were injectable contraceptives and intrauterine devices (IUD).

5.2.1 Overall reasons for contraceptive discontinuation

Why do women and couples discontinue using modern family planning methods despite wanting to avoid or postpone their pregnancies? The following results of the study can help to understand the reasons for this practice. About ninety recurrent reasons for personal experiences of contraceptive discontinuation were given by the study participants at the 22 FGDs and 12 IDIs. Table 5 shows a summary of all reasons that led to the decision to discontinue

³⁴ Causes and consequences of contraceptive discontinuation: evidence from 60 DHSs, WHO, 2012

use of modern family planning methods among the study participants.

According to participants, the most common reason for discontinuation of oral and injectable hormonal contraceptive methods and IUD use among study participants were side effects of methods or health concerns. For condom discontinuation, husbands’

disapproval was the most common primary reason given. The less common reasons for contraceptive discontinuation by frequency include desire for pregnancy, inconvenience of use (forgetting), infrequent sex and temporary family separation, removal of the IUD due to prolonged use, access and logistic barriers, subsequent pregnancy, switching to another method and the cost.

Table 5. ➔ All reasons for discontinuation of commonly used methods among the study participants (N=143)

CAUSES	METHODS				Frequency
	Condoms	Pills	Injectable	IUD	
Side effects or health concerns	2	23	11	7	43
Husband’s disapproval	17	0	1	1	19
Wanted to become pregnant	0	2	1	3	6
Inconvenience of use (forgetting)	0	5	0	0	5
Infrequent sex/marital separation	2	1	0	2	5
Removal of the IUD due to long use	0	0	0	3	3
Access and logistic barriers	0	0	2	0	2
Became pregnant (method failure)	0	2	0	0	2
Unable to buy	0	1	0	0	1
Wanted to switch to another method	0	1	0	0	1
Frequency total:	21	35	15	16	87

Data from the pile-sorts (Appendix 6A) provide remarkably similar results with the group discussions (Table 6). Additionally, participants listed the side effects for each method depending on their previous personal experience with discontinuation.

Some less frequently cited reasons in the group discussions did not appear in the pile-sort activity, as participants may have thought these reasons to be less important.

Table 6. ➔ All reasons reported by the participants in the pile-sorts

Reasons that can lead to the discontinuation of contraceptive methods	Frequency
Stomach aches, irregularity in menses, forgetting for the pill use	43
Heavy bleeding and change in body figure for the IUD use	26
Weight gain, amenorrhea and influence on body figure for injection use	22
Husband disagree to use condom and unpleasant feeling	29
Wanted to become pregnant	4
Difficulty to reach health facility for injection	1
Decided to remove IUD due to long use	1
Family dissolution/divorce	1
Total:	127

According to data from the pile sort, the two most influential reasons for discontinuation were side effects and husband’s disapproval or dissatisfaction;

similar results were found in both urban and rural areas, with no significant difference among the target groups (Table 7).

Table 7. ➔ Top two most influential reasons for discontinuation ranked by participants

All previous users with discontinuation (N=78)	Urban users (N=33)	Rural users (N=45)
The side effects and forgetting	The side effects and forgetting	The side effects and forgetting
Husband's disapproval and dissatisfaction for condom use	Husband's disapproval and dissatisfaction	Husband's disapproval and dissatisfaction

We looked at the distribution of all reasons for discontinuation among the subgroups. Table 8 shows some moderate and minor differences. For example, employed women were the most likely to discontinue a method than other groups; and

husband's disapproval was noted very rare among educated and herder women. However, we do not consider this subgroup difference to be significant as this is not a quantitative analysis.

Table 8. ➔ Reasons for contraceptive discontinuation among the study subgroups (Total number of each subgroup is presented in Table 1)

REASONS	Frequency				Total
	Educated women	Employed women	Unemployed women	Herder women	
Side effects or health concerns	9	15	12	7	43
Husbands' disapproval	2	9	7	1	19
Wanted to become pregnant	1	2	2	1	6
Inconvenience of use (forgetting)	2		2	1	5
Infrequent sex/marital separation	2	1	1	1	5
Removal of IUD due to long time	1	1		1	3
Access and logistic barriers				2	2
Became pregnant (method failure)	1	1			2
Unable to buy		1			1
Wanted to switch to another method	1				1
Total (frequency by methods)	19	30	24	14	87

Data from the KII provided some additional insights on reasons for contraceptive discontinuation. All service providers interviewed agreed that side effects were the main reason for women stopping the use of a contraceptive method in their catchment area. The service provider in Hovd said that women most commonly discontinued the use of oral pills. Service providers also noted clients' complaints regarding the inconvenience of using, particularly everyday use of pills and remembering to take them, husband's and family influence, and the limited choice of methods to offer clients when they come to seek out a different contraceptive method. Service providers mentioned that they provide detailed information on contraceptive use when have a time, if busy usually can't give counseling.

5.2.2. Method-specific reasons for contraceptive discontinuation

Discontinuation of hormonal contraceptive pills: As Table 5 shows, participants who used the pill had a highest likelihood of discontinuing the method due to side effects or health concerns. Generally, as mentioned in the previous section, some lapsed users were satisfied with the pills, however, most participants with discontinuation experience expressed dissatisfaction with the pills because of side effects and inconvenience.

Perceived and real side effects given by the study participants include stomach aches, nausea, vomiting, headaches, dizziness and irregular (in some cases, heavy) bleeding, weight gain, or less commonly,

weight loss. These side effects and health concerns were mentioned in different combinations by participants in all groups. According to participants, stomach aches, heavy bleeding and weight gain were the most important factor leading to a decision to discontinue use of oral contraceptives.

Some participants experienced intense side effects which appeared and quickly led to the decision to immediately stop use:

"Pills made me feel nauseous and vomiting. If I took the pill in the evening, I'd puke and feel nauseous all night long. I went to a doctor and it was useless even after the doctor told me to take it after the meal. So I stopped taking it at all".

- Married student with discontinuation and induced abortion experience, Bayanzurkh, Ulaanbaatar

"I have gained 8 kg weight in 2 months when I was using oral pills. So I have stopped".

- Educated married woman with discontinuation and induced abortion experience, Bayanzurkh, Ulaanbaatar

"I stopped to use pills for a month and it caused stomach-ache and irregular period. I didn't want to continue after I heard that might cause infertility".

- Employed married woman, Omnogobi, Hanbogd

"I need to give birth in the future and I decided not to use pills as I heard pills lead to infertility. I used pills for two years. As I heard that pills would eventually have negative effects, and unsettling stomach, I stopped to use it".

- Married herder woman, Omnogobi, Hanbogd

The second most frequently cited motive for discontinuation of the pills was dissatisfaction with inconvenience of everyday use and forgetting. In spite of this, inconvenience was not the primary reason for discontinuation in many cases, and forgetting to take pills daily was a primary reason given for unwanted pregnancies:

"I had to take that medicine on daily basis, but I forgot to take them often. If I forget to take it today, I have to take 2 tomorrow. If I forget to take them tomorrow again, I can't have 3 pills the day after tomorrow. Once forgotten to take, the medication fails to be effective against becoming pregnant. So I have to quit medicine. I think, I have never completed even a cycle. Not that long. Not even a month. I often forgot to take them. I started three cycles, but never finished one".

- Unemployed married woman with discontinuation and induced abortion experience, Bayanzurkh, Ulaanbaatar

"It is that taking pills requires accountability. I needed to retake if I forgot to take it. And finally, I decided to stop to use it".

- Herder married woman with discontinuation and induced abortion experience

"I was using oral pills. It didn't affect me, because I used only 2 months. Then I have stopped. Because I have got pregnant due to forgetting to take it, and delivered baby"

- Educated married woman, Bayanzurkh, Ulaanbaatar

Costs associated with discontinuation were not a big part of the discussion among the study participants, perhaps because most contraceptives were available free of charge in public facilities. However, two participants mentioned the cost of newer brand name pills which became available in the commercial sector over the last few years. One of them stopped the use of a particular pill brand because she was unable to pay, and another woman expressed concern about the high cost despite satisfaction with consumption of that brand.

"I used to take pills but stopped because it is very expensive to buy".

- Employed married woman, Omnogobi, Hanbogd

A small number of participants stated that they discontinued the use of the pill because they became pregnant (indicating a failure of the contraceptive method), and due to infrequency of sexual activity because their husband or partner

worked elsewhere, wanting to become pregnant or wanting to switch to another method.

Discontinuation of injectable hormonal contraceptives: Similar to lapsed oral contraceptive users, most participants who used injectable talked about perceived and real side effects or health concerns with regard to discontinuation. These included: menstrual irregularity (increased bleeding or amenorrhea), increased weight, mood changes, reduced libido, headaches, dizziness, cardiovascular symptoms, acne, getting dark and interference with intimate relations –husband’s dislike- due to long continuation of menstruation.

The most frequently cited reasons leading to the decision on the discontinuation were weight gain, bleeding or amenorrhea. Weight gain was viewed in a particularly negative light by female participants. In most cases, side effects, particularly excessive bleeding, appeared intensively in the first few months of use and were perceived negatively by women and their partners because of the resultant interference with regular sexual relations:

“When menstruation comes, it continued many days. So it influenced intimate relations. My husband doesn’t like when I use injectable. He says why your menstruation continues for a whole month. So sometimes I had sex with condom even still has minor bleeding. There has a lot of suffering. So I stopped using injectable”.

- Employed married woman with discontinuation and induced abortion experience, Bayanzurh, Ulaanbaatar

“Once I had an injection, I had heart beats and nausea. And I stopped to use it. I started to put on weight and having heart beats. Also my period became shorter and heavier. When I having injections, there was always slight bleeding. So I stopped to use.”

- Married herder woman, Hovd soum

“Most women and my friends used injectable, and then they stopped due to weight gain.

- Employed married woman, Hovd, soum

In some cases, users attributed their discontinuation to side effects, but it was also associated with inaccurate beliefs about contraceptive methods and family influence rather than real side effects. For example, one participant said:

“I heard that injections could prevent for 12 months. But I stopped to use an injection because of its disadvantage: getting freckles and dark skin. My mother told me that injections can cause irregular periods. Moreover my boyfriend heard the injection may cause ovarian dysfunction and decrease the possibility of getting pregnant later.

- Employed married woman, Omnogobi, Hanbogd

For rural participants, the path to the decision to discontinue using injectable was associated with not only difficulties reaching health facilities for their injection, but also partner communication barriers and lack of support from their husbands.

“I had been using injections. I would like to have the next child after three years. I couldn’t see a doctor because my home was located in 40-45 kilometers from the soum center in countryside in mountains. Cars cannot go to our home. Since it is very far, my husband wasn’t happy when he had to take me”.

- Unemployed married woman, Hovd soum

“There is also no transportation. Now it is almost a month without transportation. Our family has 400 small cattle. We milk our cattle and move to the spring camp. I need to go to the soum for having an injection. I didn’t tell about it to my husband. Now I am not using any method”.

- Married herder woman, Hovd soum

“I was using injections but I got pregnant because I stopped it. Even though I was aware that it is already a time to have the next injection, I couldn’t come since I was in mountains. I didn’t tell to my husband because I didn’t want to bother him.

- Unemployed married woman, Hovd soum

According to the service provider in Hovd soum, seasonal mobility and logistic factors were important considerations of contraceptive use, particularly injectable, among herder community:

“Summer time less women comes to the facility to use contraceptive methods because herder families move to summer place from June and herder women became very busy with daily animal husbandry work”

- Service provider, Hovd soum health center

A few participants attributed decision to discontinue use of injectable to their desire to become pregnant.

Discontinuation of the IUD: Among the modern methods that were commonly discontinued by the study participants, the IUD had the lowest amount of discontinuation as compared with pills and male condoms. The duration of IUD use was longer than other discontinued methods (minimum 2 and maximum 7 years). As mentioned in previous section, most participants had removed the IUD because of prolonged use or because they wanted to become pregnant again. However some participants, mostly those from Ulaanbaatar, said that they had experienced serious difficulties including excessive bleeding and lower abdominal pain that led to the decision to discontinue the use. Some women were also concerned about social implications, interference with intimate relations, and husband’s dislike due to prolonged menses:

“I used IUD after I had my youngest child. My menstruation continued for the whole week, even, and it appears again, it was really uncomfortable for me, and I even had financial implications to buy pads. Heavy bleeding really bothered me”.

- Employed married woman with discontinuation and induced abortion experience, Bayanzurkh, Ulaanbaatar

“I have used an IUD. I was having much pain 2 days before the menstruation and menstruation became increasingly irregular. So I have used many painkillers during my menstruation to relieve. I have used it for 2 years and had taken it out before a year”.

- Educated married woman, Bayanzurkh, Ulaanbaatar

“When I discontinued using oral pills, I used IUD for a long period. My uterus was damaged. IUD was stuck into uterus. So I discontinued using IUD. Then I got pregnant, but it was ectopic pregnancy. So I had a surgery. Since then I didn’t use anything because I was afraid”.

- Employed married woman, Bayanzurkh, Ulaanbaatar

“When I used IUD, my period continued longer for a whole week. Then I informed it damaged my uterus and I got some treatment. That time I really felt very bad and worried and took it out”. Now I am exploring an implant”.

- Employed married woman with discontinuation and induced abortion experience, Bayanzurkh, Ulaanbaatar

It is possible that some of the side effects that users attributed to the method had nothing to do with the method. For example, a woman who has an IUD inserted, after two years expressed kidney concerns and linked this problem to the device:

“I had used IUD, then discontinued due to pain in the kidney. I used IUD for 2 years. Menstruation became a lot when I was using oral pills. I used oral pills for 2, 3 years. Now I am using calendar”.

- Employed married woman with discontinuation and induced abortion experience, Bayanzurkh, Ulaanbaatar

A few previous users ceased the use of the IUD because of husband’s disapproval. For example, one married man in Hovd Jargalant said that “I found that my wife had IUD inserted covertly and I was very disappointed, then it was removed”.

The infrequency of sexual relations and husband or partners working away from home were other reasons mentioned by women in most of the group discussions as a primary reason for discontinuation or non-use of contraceptive methods. Internal migration and a lack of job opportunities are known to be a concern in rural areas and may therefore cause more issues regarding contraceptive use.

Discontinuation of implant: Generally, there was a limited familiarity and experience of implant use

among study participants as this method was only introduced in Mongolia in the last two years, and is not yet widely available. Only a few participants mentioned the discontinuation of this method and identified weight gain and peer influence as primary reasons:

“Actually, I like the implant very much, because it was well suited to my body. But I stopped due to weight gain.

- Educated married woman with discontinuation and induced abortion experience, Bayanzurkh, Ulaanbaatar

“My two friends heard an implant was very harmful then removed it. Even doctors recognize that.

- Educated married woman, Hovd, Jargalant

Discontinuation of condom use: Despite the fact that most participants perceived condom use as a safe, effective and convenient method, condom discontinuation was nearly as high as oral contraceptives. The following paragraphs will explore participants' experiences with discontinuation of condom use.

According to participants, in most cases, the primary reason leading to the decision to discontinue the use of condoms was husbands' disapproval or objection, although in a few cases, couples decided together not to use. Husbands' objection was mainly associated with interferences with intimate relations. This concern was discussed in all groups.

Participants expressed that they had tried condoms a few times and then stopped to use due to dissatisfaction. In some cases, husbands strongly opposed condom use, preventing women and couples from practicing consistent use to protect from unwanted pregnancies.

Only a few participants reported on discontinuing condom use due to health concerns, such as allergy and pain during sexual intercourse. The following examples indicate different perspectives from the study participants' experiences on discontinuation of condom use.

“No, I don't use condoms. I tried it once. Actually we decided to use condoms for some time. But it was stupid. I felt

uncomfortable with slipping feeling. Both of us did not like”.

- Married man, Bayanzurkh, Ulaanbaatar

“I didn't like condoms and stop use”

- Educated married woman, Bayanzurkh, Ulaanbaatar

“I stopped to use condoms as I thought it was not good for a man if I use it regularly”.

- Unemployed married woman, Hovd, Jargalant

“My husband is reluctant to use condoms. He said no joy there, so he pulls out (withdrawal method) when in a necessary moment”.

- Educated married woman, Hovd, Jargalant

“When we use a condom, my spouse was bothered with it and took it off. In my opinion, we should use it always to avoid pregnancy. But he said it made him feel bad”.

- Educated married woman with discontinuation and induced abortion experience, Bayanzurkh, Ulaanbaatar

“I haven't ever used any methods before except tried ones a condom. But it caused an allergy and irritation. I think I have a rubber allergy.

- Employed married woman, Omnogobi, Hanbogd

Generally, consistent condom use appears to be challenging among study participants with discontinuation and induced abortion experience.

5.2.3. Factors underlying contraceptive discontinuation

In addition to primary motivations for discontinuation of contraceptive methods, study participants talked about other factors underlying contraceptive discontinuation and non-use, including: perceptions and beliefs about modern contraceptive methods, role of partner discussion, influence of their friends and communities, and barriers to accessing quality services.

These factors can be attributed to contraceptive discontinuation directly or indirectly. This section will

discuss findings regarding a potential link between discontinuation and participants' perceptions and beliefs about modern contraceptive methods, and their views or experience regarding access to quality services and family planning counseling.

Generally, despite the fact that most participants recognized the main advantages of most of family planning methods, including effectiveness and long protection, there remained consistent

misunderstanding and medically inaccurate beliefs about contraceptive methods. Many participants believe that contraceptive pills, injectable and the IUD are harmful, and that they cause different negative health effects on women's bodies, including: infertility, cancer and long delays in conceiving after use. The following excerpts illustrate some misinformation and inaccurate beliefs about male condoms, pills, injectable and the IUD shared by the participants:

Box 1. Misinformation and medically inaccurate beliefs about condoms

"I think a condom reduces sexual feelings when having sex. I believe that man's semen should be good for female body".

- Educated married woman, Bayanzurkh, Ulaanbaatar

"I understand that condom use causes some hormonal change in men. Say that had not got any satisfaction".

- Unemployed married woman, Hovd, Jargalant

Box 2. Inaccurate perceptions and beliefs about oral contraceptives

"I heard many times that pills were very dangerous on health. If a woman uses pills for a long time, it could cause badly to bone marrows".

- Employed married woman, Omnogobi, Hanbogd

"My sister used oral pills. Then she was treated and 10 years later, she got pregnant".

- Educated married woman, Bayanzurkh, Ulaanbaatar

"Generally, pills are harmful later on. I heard from my several acquaintances that it could make women infertile".

- Married man, Bayanzurkh, Ulaanbaatar

Box 3. Misunderstanding and inaccurate perceptions and beliefs about injectable

"I have heard injection is used to stop animals breeding in foreign countries".

- Educated married woman, Bayanzurkh, Ulaanbaatar

"Injection is harmful on body. For example, I heard, it would create a calcification to uterus".

- Employed married woman, Omnogobi, Hanbogd.

"I heard, other contraceptive methods are same as pills. I didn't want to continue after I heard that injection might lead to infertility".

- Employed married woman, Omnogobi, Hanbogd.

"We talk among ourselves that an injection is used only by prostitutes in America".

- Educated married woman with induced abortion experience.

"Three friends of mine had injection and their periods stopped coming. They had no idea if that was supposed to happen or if they were pregnant".

- Married student with induced abortion experience.

Box 4. Inaccurate perceptions and beliefs about the IUD

"I have heard if you use spiral [IUD] for a longer period, it is dangerous, and it could lead infertility".

- Educated married woman, Bayanzurkh, Ulaanbaatar.

"Some people's IUD has stuck to their body and it happened to my mom. My mother has forgotten her IUD over 10 years and it disappeared in her body. Finally she has got a surgery"

- Educated married woman, Bayanzurkh, Ulaanbaatar.

"Some people say that the IUD affects for big hips. If it stays longer, it can cause a cancer".

- Educated married woman, Bayanzurkh, Ulaanbaatar.

"I heard that the IUD may cause a tumour"

- Employed married woman, Bayanzurkh, Ulaanbaatar.

"There are some people who used the IUD for a long time and it led inflammation even cancer"

- Unemployed married woman, Bayanzurh, Ulaanbaatar with induced abortion experience

"My friend suffered from it very much. She felt pain on her thigh during her usage of the IUD. Her doctor said that the IUD was stuck within her body. After that she has got much treatment and had operation".

-Unemployed married woman, Bayanzurh, Ulaanbaatar with induced abortion experience

"People talk about pills and injections as harmful. Some get sterile after using spiral (IUD)".

-Unemployed married woman, Hovd soum.

"I don't like an IUD which can be harmful to uterus and if a woman used an expired IUD, that can hurt uterus and get stuck to it, too"

-Educated married woman,

"My sister-in-law used to use an IUD, even though she has got pregnant and had has a baby got the IUD on her head".

-Educated married woman, Hovd, Jargalant.

Box 5. Inaccurate perceptions and beliefs about implant

"When my friend consulted with a doctor, she was told that an implant can be put in a person who will not give birth anymore since it has side effects in the future".

- Unemployed married woman, Hovd, Jargalant.

"My sister's friend used to have the implant that was made with small cutting. Then the implant's date is expired and she went to a doctor. But the doctor didn't find one of implants and it was just disappeared. I think that is in her body still now and it couldn't go out by itself. She doesn't know about it either".

- Educated married woman, Hovd, Jargalant.

Most of this misinformation was attributed to unsuccessful experiences of friends or relatives, or was heard from secondary sources. According to the service provider in Hovd "generally women very much believe their peers opinion on contraceptives, but if service provider says they tend to not believe because they were strongly believed to peer's talk.

Thematic analysis demonstrated the potential linkage between discontinuation experience, method choice and personal beliefs. Not surprisingly, most participants who had negative perceptions and beliefs about the method did not use that method or discontinued to use.

Examples of participants' perceptions, beliefs and experience in contraceptive use

Participants	Inaccurate perceptions and beliefs	Experience in contraceptive use
Unemployed married woman, Hovd, Jargalant	"We understood that it causes some hormonal change in men. They say that they had not got any satisfaction".	Discontinued condom use
Educated married woman, Bayanzurkh, UB	"I think condom reduces sexual feelings when having sex. I think that man's semen may be good for female body".	Discontinued condom use
Educated married woman, Hovd Jargalant	"I don't like an IUD which can be harmful to uterus and if a woman used an expired IUD, that hurt uterus and get stick to it, too. That's I have heard"	Never used IUD
Educated married woman with induced abortion experience	"We talk among ourselves that an injection is used only by prostitutes in America".	Never used injectable

Good family planning counseling generally improves client satisfaction and can help individuals use a contraceptive method longer and more successfully.³⁵ The research team's analysis illustrates the potential linkage between discontinuation of the method and participants' views or experience in access to quality services especially counseling in relation to contraceptive use. Most participants with discontinuation and induced abortion experiences were not receiving adequate counseling and medical evaluation when they initiated a contraceptive method. Many participants stopped the method

without physician consultation. The participants' responses indicated that service providers do not give adequate counseling because they are very busy with other work such as antenatal checkup, child care and do not have a time to talk with clients. Some of them said that there is no specially assigned person who is dealing with family planning. But others said that women ourselves do not seek counseling just go to pharmacy and buy contraceptive and use it. The following examples illustrate some link of client's experience in having counseling and discontinuation:

Examples of participants' views and experience in contraceptive discontinuation and counseling

Participant	Views and experience in counseling	Discontinuation experience
Educated married woman, Hovd, Jargalant	"When I see a family doctor and take an injection, she never tells me about its positive and negative effects. Doctors just do injection and did not give advice".	Discontinuation due to side effect
Married herder woman Omnogobi, Hanbogd	"Generally, women don't refer to clinics. They use it themselves and stop using when they realize negative effects".	Discontinuation due to side effect
Unemployed married woman, Hovd soum	"In the soum, we are just having injections. They only provide services for doing an injection. They don't consult us on which method is better. Good counseling is needed".	Discontinuation due to side effect
Employed married woman, Omnogobi, Hanbogd	"I talk with doctors and get advice from them".	Discontinuation due to side effect
Unemployed married woman, Hovd, Jargalant	Family clinic does not have any brochure and does not give information about contraceptives. Doctors don't give any explanation, and also we just heard something from somewhere and take it and use it without any clarification or caution, even we don't know if it should be used. Usually, people don't know what it does or how to use it.	View of the participant with discontinuation experience
Educated married woman, Hovd Jargalant	"I feel that there is a great need for sexual education in local areas. People need to know about various types of birth control; its usage and compatibility with age. We all wish to find the suitable form of birth control methods which fit one's physical disposition as well as life style. However, it is a constant struggle to select the suitable method. I never got advice from a doctor; just follow my friend's advice".	View of the participant with discontinuation and induced abortion experience

³⁵ Hatcher, R.A., Rinchart, W., Blackburn, R., Geller, J.S., and Shelton, J.D., The Essentials of Contraceptive Technology, Baltimore, Johns Hopkins University School of Public Health, Population Information Program, 1997, Third printing, 2001

Why do most participants face challenges accessing quality counseling? Participants shared their views on several barriers to accessing good quality counseling and making an informed choice about contraceptives. The barriers listed included: lack of accurate information, particularly regarding clear information about side effects, over-burdened public health facilities and lack of respect for rural clients from service providers; the limited number of methods available; barriers to accessing referral services, and non-respect for clients were emphasized. However, some participants noted that there was a lack of health seeking behavior among individuals in their community.

"Our family clinic doesn't have information. There isn't any piece of information about pills and other methods. Thus we go to a drugstore and buy it ourselves".

- Educated married woman, Bayanzurkh, Ulaanbaatar

"I think family clinics don't exactly have the person who cares [about family planning]. For myself, when I come to a clinic after I had a baby, there were many clients who were standing in a queue. It is hard to see a doctor. Doctors can just see their patients and they don't have time for advice".

- Educated married woman, Bayanzurkh, Ulaanbaatar

"I heard that a family clinic provides free condoms, and I come to get condom. But they asked to show my ID so it was embarrassing and I felt uncomfortable and did not go again"

- Employed married woman, Hovd soum

"There is a big difference between the original inhabitants and the migrated inhabitants. Doctors who are in charge of reproductive issues are repeatedly changed and don't give advice. Thus a clinic has the IUD, and I prefer to use for originals not for migrants"

- Employed married woman, Omnogobi, Hanbogd

"Doctors have to give good and clear advice. Health workers have deficient knowledge, heavy work load, and there is a lack of personnel"

- Employed married woman, Omnogobi, Hanbogd

5.2.4. Timing of discontinuation and switching to another method

Following evidence suggests that many participants used the method with short intervals. This practice was most widely reported among participants living in urban areas.

"I did take a pill only for one month"

- Urban unemployed married woman, Bayanzurkh

"I used a pill for one month and did not take it again".

- Urban student, Bayanzurkh

"I used a pill for 2 months then gave up".

- Educated urban woman, Bayanzurkh

"I was using a pill with 2-3 months and stopped"

- Educated urban woman, Bayanzurkh

"I used injections 2 times then stopped".

- Rural herder woman, Hovd soum

Generally, participants did not immediately begin using another type of contraceptives. According to some participants, they usually made a decision to discontinue the method without a doctor's evaluation or recommendation. In many cases, women did not use any method after discontinuation, switched to a traditional method, or to occasional condom use.

Discussion

Concurrent with findings from quantitative studies on contraceptive use, this study demonstrated that side effects or health concerns are the biggest concern for women and was prominently cited as the reason for the discontinuation of oral and injectable contraceptives and the IUD among the participants. Discontinuation of condom use was mostly associated with husbands' disapproval. However, other factors such as misinformation, inaccurate perceptions and beliefs about modern contraceptive methods and lack of quality counseling, inconsistent use and frequent methods switching, were frequently mentioned as influencing the decision to discontinue contraceptive use. Negative consequences of discontinuation, such as unintended pregnancies and induced abortions, were quite common among the participants who stopped using contraceptives. Addressing the

underlying reasons and factors that influence contraceptive discontinuation will help to promote a continued use of modern contraceptive methods and reduce the unmet need for family planning in Mongolia.

5.3 Reasons and Factors Underlying the Non Use of Contraception among women with Induced Abortion Experience

5.3.1 Reasons for not using contraception among women with abortion experience

In this section on reasons and factors for non-use of contraception among women with induced abortion experience, we will discuss key findings that emerged from the data. Particularly, we will explore why women and couples do not use contraception and choose induced abortion in spite of relatively easy access to family planning information, services and commodities in Mongolia.

In order to explore this issue, we analyzed data collected through in-depth interviews and

discussions with 24 women who had induced abortions. In addition, to compare the reasons and factors underlying the non-use of contraception among women with induced abortion experience, the reasons and factors reported by 71 other non-users who experienced contraceptive discontinuation were compared. The findings are summarized in the following paragraphs.

Reasons for Not Using Contraception: All the reasons for the non-use of contraception cited by the study participants are presented in Table 9. According to the participants with induced abortion experience, fear of side effects, perceived health consequences of methods, and belief that they won't get pregnant and do not need to use contraception because of post-partum amenorrhea and other conditions, were the most common reasons for not using modern family planning methods. Less commonly mentioned reasons that influenced the decision not to use contraception included infrequency of sexual activity due to temporary marital separation, opposition to one or all contraceptive methods and husband's objection (mostly regarding condom use)

Table 9. ➔ All reasons reported by non-users with induced abortion experience and other non-users

No	REPORTED REASONS	Non users with abortion experience (N=24)	Other non-users (N=71)	All non-users (N=95)
1	Believed that they could not become pregnant because of post-partum amenorrhea, breastfeeding	6	15	21
2	Fear of the side effects and perceived negative health consequences of methods	9	10	19
3	Husbands' disapproval mostly for condom use	2	11	13
4	Lack of accurate information and knowledge	0	11	11
5	Infrequent sex/temporary marital separation	4	6	10
6	Opposition to one or all contraceptive methods	2	8	10
7	Desire for pregnancy	0	4	4
8	Other reasons and not clear	1	6	7
9	TOTAL:	24	71	95

Compared to other participants with contraceptive discontinuation experience and non-use, the reasons reported by women with induced abortion experience were generally similar, with an important difference being a more pronounced lack of accurate information and knowledge to make informed choice. The less common reasons reported among other non-users which were not mentioned by the

participants with induced abortion experience were the desire for pregnancy and access barriers.

While the number of participants in each sub group was limited, the distribution of all reported reasons among educated, employed, unemployed, herder women and students share some important differences (Table 10). For example, the belief that

they will not get pregnant and do not need to use contraceptives in the post-partum period and lack of accurate knowledge were the most common

reasons among unemployed women, while these reasons were less frequently expressed by educated women.

Table 10. ➔ **Reasons for the non-use of contraception**

No	Reasons	Educated	Employed	Unemployed	Herder	Student	All
1	Belief to not become pregnant	1	7	7	5	1	21
2	Fear of the side effects	6	4	6	2	1	19
3	Husbands' disapproval	4	3	5	1	0	13
4	Lack of knowledge	1	3	6	1	0	11
5	Infrequent sex	4	3	2	1	0	10
6	Opposition to one or more methods	5	3	1	1	0	10
7	Desire for pregnancy	0	3	1	0	0	4
8	Other and not clear	4	2	0	1	0	7
9	TOTAL:	25	28	28	12	2	95

Data from the pile-sorts (Appendix 6B) provides participants' views on the most influential reasons and factors that lead to their decision not to use a modern family planning method. The participants ranked the reasons in order of importance based on their personal experience and perceptions.

According to participants' responses, fear of side effects was the most influential reason for not using contraception among all participants. The second

and third most influential reasons were identified as a lack of accurate knowledge and "never used before and don't intend to use" among urban participants. Rural participants who are not using contraception identified belief that they will not get pregnant and do not need to use contraceptives due to postpartum amenorrhea and breastfeeding as the second and lack of accurate knowledge as the third most influential reasons (Table 11).

Table 11. ➔ **Most influential reasons for not using contraception among study participants**

All non-users (N=82)	Urban non-users (N=33)	Rural non-users (N=49)
Fear of the side effects	Fear of the side effects	Fear of the side effects
Lack of accurate knowledge	Lack of accurate knowledge	Post-partum amenorrhea
Never used don't intend to use	Never used don't intend to use	Lack of accurate knowledge

5.3.2 Factors underlying the non-use of contraception

Fear of side effects and perceived negative consequences of contraceptive methods: Study participants with induced abortion experience as well as other non-users identified fear of side effects and perceived negative health impact as most common and most influential reason for not using contraception.

Why do women fear certain contraceptive methods? Which factors contribute to that fear? The snapshot

analysis of responses from women with induced abortion experience and their perceptions about contraceptives shows that medically inaccurate beliefs is an important factor underlying the fear of side effects. Most participants' fear was not associated with personal experience, but rather from rumors or myths heard from someone else. In many cases fear was associated with documented side effects or concerns that are not documented in medical literature.

"Then I was planning to insert an implant, my friend said that it was suitable for women who aged over 40. Finally I stopped using it".

- Rural educated married woman with induced abortion experience, Hovd, Jargalant.

"I can't say. Daily pills are annoying and the IUD is harmful on health. Anyway I am willing to use an IUD. Moreover one doctor said me that pills can cause on gallstone".

- Educated married woman with induced abortion experience, Bayanzurkh, Ulaanbaatar.

"I got pregnant right after I discontinued using the IUD. So I had an abortion. Now I am monitoring calendar",

- Unemployed married woman with induced abortion experience, Bayanzurkh, Ulaanbaatar.

"I had two abortions. After removing of the spiral, soon I was pregnant and had abortion. I am going to install spiral. I think that spiral is most suitable from other contraceptive methods. But same as she I have some fear".

- Unemployed married woman with induced abortion experience, Bayanzurkh, Ulaanbaatar.

Belief not to become pregnant: Why do some women with induced abortion experience assume that they would not become pregnant without using a contraceptive method? The participants who had unwanted pregnancy and abortion said that they did not use contraception prior to the abortion because they believed that when women do not menstruate in the postpartum period, they are not able to become pregnant (conceive). Also, participants expressed the belief that breastfeeding would protect them from becoming pregnant. This is partially true but the participants did not understand the conditions under which breastfeeding can reduce the chances of becoming pregnant.

Others said that they did not use contraception after discontinuation of the method or having abortion because they believed that they will not get pregnant. Most other non-users also reported

the same perceptions and beliefs. The following excerpts indicate the association between women's belief, non-use of contraception and induced abortion.

"I used to believe that during breastfeeding, I can't be pregnant. This was advised by even my doctor. But I got pregnant when my daughter was 6 months old and had abortion."

- Employed married woman with induced abortion experience, Bayanzurkh, Ulaanbaatar

"I have got pregnant during breastfeeding and had abortion, too".

- Employed married woman with induced abortion experience, Bayanzurkh, Ulaanbaatar

"My menstruation re-started 7 months later. I was avoiding pregnancy, but I got pregnant. Then I have had an abortion after myself-doubt".

- Married student with induced abortion experience, Bayanzurkh, Ulaanbaatar

"My menstruation didn't re-start for 2 years after the birth. During that time, didn't use anything. It is possible to get pregnant after menstruation re-appear".

- Employed rural woman with induced abortion experience, Hovd, Jargalant

"I've got abdominal pain when using the pill and discontinued. I didn't get pregnant in the first month. Then next month I got pregnant when I was thinking I will not get pregnant".

- Employed married woman with induced abortion experience, Bayanzurkh, Ulaanbaatar

"I thought that I didn't have any eggs left because of abortion. I was surprised when I got pregnant recently".

- Employed married woman with induced abortion experience, Bayanzurkh, Ulaanbaatar

Opposition to use of one or more modern contraceptive methods: Opposition to the use of one or more modern methods was mentioned by a few non-users with induced abortion experience

but was more commonly cited by other non-users. Participants expressed that “they do not intend to use” or “never will use” injectable or the IUD. A few participants even said that they “hated” injectable.

Why do some women oppose the use of some modern methods? Which factors may lead to non-acceptance of modern contraceptives? A snapshot

analysis of participants’ responses who reported opposition to contraceptive method(s) shows that non acceptance is most likely associated with inaccurate perceptions and beliefs about injectable and the IUD, or dissatisfaction due to previous negative experiences. The following evidence illustrates the potential interlink between inaccurate perceptions and beliefs, non-use and abortion.

Opposition to contraceptives

“I don’t use any method. An injection can cause allergy and an IUD caused to weight gain”

- Educated married woman with induced abortion experience, Hovd, Jargalant

“I don’t like an IUD”

- Unemployed urban married woman with induced abortion experience, Bayanzurkh, Ulaanbaatar

“I never accept modern contraceptive methods”.

- Rural employed married woman, Omnogobi, Hanbogd

“I would never receive injections or IUDs.

- Employed rural married woman with induced abortion experience, Hovd Jargalant

I am 100% against the pills. I have never used any pills.

- Urban married educated woman (non-user)

“Injection causes weight gain, so not interested to use it”.

- Urban unemployed married woman with abortion experience

Perceptions and beliefs

“The injection is available at local hospitals; I heard an injection is used for American prostitutes”.

- Rural educated woman, Hovd, Jargalant

“I don’t like an IUD. I heard it has an iron and it seems so uncomfortable”.

- Urban unemployed, Bayanzurkh, Ger District

“I would never use any contraceptive methods that are harmful on health condition. I think people who are unconscious and uncontrolled do use pills and injections”.

- Rural employed women, Omnogobi, Hanbogd

“I heard that a pill is forgotten and an IUD caused on weight gain. I will not choose these methods”.

- Rural employed woman, Hovd, Jargalant

“ If a woman takes strong pills everyday it would be certainly harmful. I am against it”.

- Urban educated, Bayanzurkh, Ulaanbaatar

“Everyone in my environment says that pills and injections cause weight gain. Men can feel the IUD”.

- Urban unemployed, Bayanzurkh, Ulaanbaatar

Husbands’ objection: Among reasons cited by participants with abortion experience, the husband’s objection did not appear as commonly as with other groups. Only a few women said that her husband did not like or opposed to condom use or use of other methods. Among women with abortion experience, husbands’ objections were reported among employed women (both rural and urban). In most cases, husbands opposed consistent condom

use but accepted their occasional use. Nonetheless, some husbands strongly opposed condom use:

“I will never use any method. I am not interested”.

- Urban married man

“I will not use male condom. I do not know what to use. Is there any good method?”

- Urban married man

Why do some men not like using condoms? Why do some husbands oppose their wife or partner's use of other contraceptive methods? Analysis of male and female participants' responses show that husband's dislike or dissatisfaction is likely to be associated with interference with intimate relation or jealousy, particularly for long acting methods such as IUDs and implants.

"My husband is very jealous. When I am using some method he thinks that I have relations on the side".

- Rural married herder woman with induced abortion experience, Omnogobi, Hanbogd

"For me, I said so because most of the time I am busy working outside. Well, maybe spiral would be fine. It is clear that my wife would not stay home all the time. I am also absent at home very often. Therefore, if she enters in accidental sexual relation, she may not use any protection relying on her spiral. From this view, there is a high risk of infection. Right? Because of this reason, I am hesitating to use these methods. Of course, I may also encounter with accidental sexual relation. Therefore, both of us always should have condom available".

- Rural married man, Hovd, Jargalant

"My husband objects spirals because he says that he can feel it. It is common that if someone wants protection, husbands suspect that she is going to have relations with another person other than him. My husband is very jealous".

- Urban employed married woman

Some participants shared their experiences on

covert use of contraceptives (use without husbands' knowledge) because of husband's disapproval:

"I was using injectable. Sometimes telling the truth about it to my husband and sometimes concealing. When I was using injectable, my husband told me to stop using injectable because I may be putting on weight. I had concealed about using injectable over a year".

- Rural married educated woman, Omnogobi, Hanbogd

"As I hide it from my husband, sometimes I forgot to take it (Laughed). My husband wants to have a son. But it is too early. I would like to have another child when my child is at least four or five years old"

- Herder married woman (non-user), Hovd soum

The FGDs yielded some excellent examples of partner discussion related to contraceptive decision making, explaining why some husbands disagree with contraceptive use:

"If he sees any contraceptive method, he dislikes it. What is it, why is that and so on. So I start to explain to him. Then he may realize or not. That is why, always have to say it. He becomes easier when he receives or reads about it"

- Educated married woman with induced abortion experience, Bayanzurkh Ulaanbaatar

"My husband is ok with contraception. But, it is hard to talk about it".

- Unemployed married woman, Bayanzurh, Ulaanbaatar

Examples of support and understanding of male partners

"My husband is just like a woman. He has better information on contraceptive use. He always reminds me to take pills on time. And set alarm for not forgetting".

Urban educated married woman

"My husband supports the method which I have chosen. I have already given correct understanding to him".

Urban employed married woman with induced abortion

"My husband doesn't mind to use it. I had given birth with asphyxiation and I had an abortion. Therefore my husband understands my situation very well and respects my decision".

Urban student with induced abortion experience, planning to use IUD or implant

Lack of clear information and accurate knowledge: Generally, it was observed that women prefer to make an informed decision. Particularly, women want to know how contraceptives work and the risks involved. This is an important consideration for improving the quality of services. Rural and unemployed non-users, including women with induced abortion experience tended to say that they were not using contraception because they “did not get clear information,” “don’t know where to get services,” “don’t know side effects,” “unable to choose suitable method,” or are “not sure about the balance between fear and need”.

“There is much less availability to take family planning help. For myself, I don’t know where and whom I should to address. Women can’t get help as they don’t know how and where women should ask. Women don’t know the result of every method”.

- Employed married woman with induced abortion experience, Hovd, Jargalant

“Right now I am thinking about using it, but when I heard what people are talking about the methods, all have side effects and could be harmful. If I don’t use any of them, I will get pregnant, and should I have an abortion? Generally, it is very hard to decide. But I think I will have an IUD at the end”.

- Urban educated married woman Bayanzurkh, Ulaanbaatar

“...but I am also not exactly clear on the function or side effects of the product. I do not have detailed information”.

- Unemployed married woman with induced abortion experience, Hovd, Jargalant

“I was a bit confused as to finding the correct method. I chose the injection method in the past. Now I am interested in getting an IUD”.

- Herder married woman with induced abortion experience, Hovd soum

“Before, I did not use any method. I do not know what method to use. I did not consult with doctors.

Currently my child is 3 years old”.

- Unemployed married woman, Omnogobi, Hanbogd

“I don’t know which one is suitable”.

- Unemployed married woman, Hovd, Jargalant

Friends’ and family influence on non-use of contraception: Generally, peers influence was mentioned by most non-users, including women with abortion experience, as the greatest influence on their contraceptive decisions. All participants mentioned that they got information from TV and the internet. Most participants said that they usually talk with friends and colleagues when they need contraceptive information and that friends’ advice influences their decisions.

“From what I gather, the implant is an extremely popular form of birth control. Many of my friends were interested in this method. However, when one of these women had the implant removed in the city, she warned us against its usage. Since then, none of my friends have received this form of birth control. My second friend, who also received the implant, now wishes to have it removed as well”.

- Urban married educated woman with induced abortion experience

“Friends talk about each other’s case. Then I doubt and can’t choose this method as soon as I heard about these cases. I don’t get advice from doctors. Usually I get information from friends.

- Urban married employed woman, Bayanzurkh, Ulaanbaatar

“Generally, I receive information mainly from my close acquaintances and friends.

- Rural married herder woman with abortion experience, Omnogobi, Hanbogd

“I do not use it, because generally people tend to have negative approach to it. This is main obstacle for using contraceptive”.

- Rural married educated woman (non-user), Omnogobi, Hanbogd

"After I stopped taking pills, I got pregnant and went to aimag and had an abortion there. People don't support it as much since it has negative sides and it is usually not recommended to be used.

- Married herder woman with induced abortion experience, Omnogobi, Hanbogd

Lack of family and male partners' support:

A few women with induced abortion experience complained that a lack of family and male partner support inhibits her ability to access contraceptive methods and related SRH services. For example, one non-user with induced abortion experience said that "I have no such plans. Both my husband and I are unemployed. We also need more help for raising the baby. My husband's parents do not provide much support".

- Rural unemployed married woman Hovd, Jargalant

5.3.3 The social cultural factors for resorting to abortion

The participants from KII mentioned several economic, social, cultural factors for resorting to abortion. These include: emerging need to keep work and income in order to pay a loan; the need to continue education (in case of students); too short birth space, difficulties in taking care after young children; lack of support from family and husband; untruthful relation with partner and occasional unprotected sex.

"I had been misunderstanding with my husband every so often. My family influenced for this. My parents didn't accept to have more children. My husband gets angry quickly. So, I myself have decided to have the abortion 11 months ago.

- Unemployed woman with induced abortion, Bayanzurkh district

"I used to work and we had a mortgage. I earn money more than my spouse. I had maternity leave for 1 year. Thus it was hard to live by one person's earning. Moreover we didn't have person who can look after baby. Then we took a babysitter when my baby gets 6 months. But we changed babysitter 4 or 5 times, because some of them steal something and gather their friend etc. At last, my mother cared my baby. She is pensioner. Another impact was that we didn't have reliable babysitter.

- Educated rural woman with induced abortion, Hovd Jargalant soum

"It is hard to study while I look after an infant. I need to graduate from my university"

- Student with induced abortion, Bayanzurkh district

Discussion

Women who have had abortions face several barriers that contribute to the non-use of modern family planning methods in spite of a clear need. Generally, this study's findings demonstrate that inadequate education on reproductive health matters and a lack of decision making and negotiation skills are the main barriers to making an informed choice in contraceptive decision making and using contraception. Access and supply factors and cultural or religious beliefs did not appear as common reasons for not using contraception.

Primary reasons for non-use among women with induced abortion experience appear to be similar to the reasons given by other non-users. Most women are not practicing family planning due to fear of the side effects and perceived health risks. Gender factors such as lack of male involvement in contraceptive are an important underlying cause of non-use.

In addition to the primary reasons for non-use of contraception, participants with induced abortion who participated in KIIs mentioned several additional economic and social factors that led resorting to abortion. These include emerging need to keep work and income in order to pay a loan; the need to continue education (in case of students); too short birth space, difficulties in taking care after young children; lack of support from family and husband; untruthful relation with partner and occasional unprotected sex.

For family planning programs, women with strong negative beliefs about contraception or who are firmly against particular methods can be viewed the least likely to use family planning services and will therefore likely be the population that is hardest to reach. For women who have inaccurate perceptions and beliefs as well as limited access to contraceptive information and services may be readily converted into contraceptive users with a targeted program.

6. CONCLUSION AND RECOMMENDATIONS

Reducing discontinuation and non-use of contraception is a complicated task. This study is not comprehensive but the results summarized below provide some helpful indications to understand the reasons why women and couples discontinue practicing family planning or do not use contraception despite their need, can help policy makers to strengthen family planning programs particularly, and reproductive health programs in general.

1. **Why do women discontinue practicing family planning in spite of need?** Two dominant reasons for discontinuation were method-related dissatisfactions due to perceived and real side effects of oral and injectable hormonal methods and the IUD, and husband's disapproval/dislike for consistent condom use across all study groups. Also the availability of quality services is limited.
2. **What other factors underlie contraceptive discontinuation?** The two major underlying factors found to contribute to the decision to discontinue contraceptive use were inaccurate perceptions and beliefs about modern family planning methods, and weaknesses in family planning services, particularly in counseling. Inconsistent and short use of a particular method and improper switching between methods were very common among the study groups.
3. **Why do women with induced abortion experience not use contraception?** Two dominant reasons for non-use of contraception were fear of side effects or health consequences of a method and belief that they were not at risk of becoming pregnant. Additionally, lack of knowledge, infrequent sex due to temporary family dissolution, opposition to contraceptive use and husband's disapproval were contributing reasons for non-use in this group. Due to misperceptions, and medically inaccurate beliefs about contraception people tend to see abortion as a method of family planning.
4. **What other factors underlie the non-use of contraception and resorting to abortion?** Similarly with discontinuation, inaccurate perceptions and beliefs about modern methods, lack of accurate information, limited choice of methods, inadequate skills in partner discussion and communication, negative attitude, opposition of peers and communities toward modern methods underlie the non-use of contraception among women with induced abortion experience as well as other non-users. In addition, there are economic and social factors associated with employment, continuous education, and lack of family support?
5. **What needs to be done to reduce discontinuation and non-use of contraception?**
 - a. **Increase method choice:** To meet the needs and expectations of couples, reproductive health programs must ensure easy access to a wide-range of modern methods with minimal side effects. These must be available at an affordable price or free through all distribution channels including public health facilities, social marketing and private sector in both urban and rural areas. In order to strategize policy and program interventions, there is a need to conduct a market research which can help to define availability of various types and brands of modern contraceptive methods in the market, their price, market demand for each products and impact of the health insurance support etc. Involvement of private suppliers and specialized NGOs in contraceptive supply and services must be enhanced.
 - b. **Improve counseling:** Service providers, particularly primary health care providers both in Ulaanbaatar and rural areas, need re-fresher training on effective counseling, human-

rights based approaches and medical eligibility criteria for contraceptive use. Service providers should facilitate informed decision making regarding contraceptive methods and timely, effective switching when the need arises.

- c. **Increase the limited availability of information materials on contraceptives.** Given Mongolia's level of internet access, information should be made available via internet and social media with correct information. Also disseminating the right information via TV should be enhanced. Client's leaflets on each method should be printed in sufficient copies and made available in health facilities, pharmacies and NGOs providing family planning services.
- d. **Sensitization regarding common myths, perceptions and medically inaccurate beliefs about contraceptives:** Seek to intensify efforts to improve accurate knowledge of women, men and adolescents about modern family planning methods, regardless of their socio-economic status. This can be implemented through a targeted behavior change communication intervention to help dispel current perceptions and beliefs and facilitate acceptance of modern family planning methods.
- e. **Facilitate good partner commu-**

nication: Enhanced male involvement and interventions targeting men, particularly in rural areas and among ethnic minorities, will be critical to promoting a positive role for men and husbands in contraceptive decision making and consistent condom use.

- f. **Strengthen post-partum and post-abortion family planning:** The methods available for breastfeeding mothers should be widened. Improvement of postpartum counseling and timely use of contraception can reduce unwanted pregnancy and induced abortion among postpartum women particularly among unemployed, rural women and students.

Finally, this study suggests that in Mongolia there are no particular legal barriers to access family planning; no religious and cultural obstacles in practicing family planning; high demand and relatively easy access to family planning. Major obstacles that can lead or contribute to discontinuation and non-use of contraception are method-related dissatisfactions, weaknesses in family planning services and inaccurate perceptions and beliefs and lack of support from male partners. The above recommendations are both highly desirable and relatively easy to implement and will likely serve to reduce discontinuation and non-use of contraception as well as induced abortion in Mongolia. The findings of this qualitative study can support the quantitative results of previous studies on FP and contribute to understand the rationale behind the numbers.

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8. APPENDIXES

Appendix 1: Screening questionnaire for selection of participants

Please kindly provide answers to the following questions:

1. Are you married or in union? Yes-1 No-2
2. Are you pregnant? Yes-1 No-2
3. Are you using any modern contraceptive method [male and female condom, pill, emergency

contraception, injectable, IUD, implant] at present? Yes-1 No-2

4. Do you want to postpone or avoid pregnancy? Yes-1 No-2
5. Have you had induced abortion in the last 12 months? Yes-1 No-2

Thank you for your time and contribution.

Appendix 2: Socio-economic characteristics of the target group

Please kindly provide answers to the following questions:

1. Location:
City/Aimag
District/Soum
Horoo/Bag
2. Full name:
3. Age (full year).....
4. Marital status (please tick relevant answer)
Married
Live with partner
Divorced.....
Widow.....
Unmarried
Other (please specify)
5. Highest educational level attained:
6. Employment status: (please tick relevant answer)
Employed (any permanent or temporary work generate income)
Unemployed
7. Number of years of residence in soum/horoo:.....
8. Contact phone number
9. Nick name:

Thank you for your time and contribution.

Appendix 3A: FGD Guide for women (non-users) with contraceptive discontinuation and induced abortion experiences

Sub-group: Educated, Employed, Unemployed and Herder (mark) only participants who have signed the written consent form will be eligible to participate.

Location: _____

Date: _____ Time discussion started: _____ Time ended: _____

Number of Participants: ____ Facilitator _____ Note taker _____

1. Introduction of facilitators and FGD process

- The moderator introduces her(him)self and the note-taker
- Explains the purpose of the FGD
- Explains ground rules and format of the focus group:
- Use of tape-recorder; Everyone should participate freely; Everything said by anyone will be kept confidential and anonymous; No right and wrong answers; One person talks at a time; Honest responses are highly appreciated

2. Introduction of participants

- a. Provide opportunity for everyone to introduce her/himself;
- b. Ask participants to kindly fill a simple questionnaire to collect demographic and socio-economic background information about participants
- c. Then clarify any questions before starting the discussion?

Warm up: Activity 1: "Women's Fertility Intentions" [Theme 1]

Ask participants to make a picture to demonstrate the preferred number of children for a couple to have, and the most appropriate space between children in this locality (Appendix 5)

3. Women's Intentions on Fertility [Theme 1]

Primary Question: What can women do to control when to have children and how many children to have?

4. Knowledge, Perceptions & Beliefs about Contraceptives [Theme 2]

Primary Question: Which modern contraceptive methods do you know?

Activity 2. Check overall knowledge of participants (Appendix 5B).

PROBE:

- a. Facilitator will show a sample of male and female condom, pill, emergency contraception, injectable, IUD, implant and then ask

5. Experience of Contraceptive Use [Theme 3]

Primary Question: Which methods are couples or women in this community most likely to use? Why do couples and women prefer these methods?

PROBES:

- a. Have you ever used modern contraceptives before? If yes, which method used?
- b. Which ones do you prefer? Why?

6. Experience of Discontinuation of Using the Method [Theme 4]

Primary Question: Why do you think women stop using contraceptives when they don't want to get pregnant? PROBE:

- a. Do you have any experience with discontinuation? If yes, can you describe the reasons why you stopped using the method?

Activity 3: Rating the reasons of discontinuation of contraceptive method (Appendix 6A)

7. Reasons for Non-Use of Contraceptives [Theme 5]

Primary Question: Some couples and women do not use any contraceptive methods despite wanting to postpone or avoid pregnancy. Which kind of barriers or constraints to using contraceptives do you think they face?

PROBES:

- a. Are people in this community generally supportive of or opposed to contraceptive use? Why?
- b. Are there any local beliefs that influence the choice to use or not use contraceptives?
- c. If you are not using any method at present, can you explain why?

Activity 4: Rating the reasons of non-use of contraceptive method (Appendix 6B)

8. Future Intention on Contraceptive Use and Enabling Factors [Theme 6]

Primary Question: What would help encourage constant and correct use of contraceptive methods in this community? PROBES:

- Are you willing to use modern contraceptive methods in the future?
- If yes, which method would you prefer to use? Why do you prefer these methods?
- If no, what are your reasons?

Activity 4: Contraceptive method preference

9. Wrap-Up

Is there anything else that you would like to tell me about any of the issues that we have discussed so far?

{Summary of discussion from note-taker}

Do you think this summary reflects our discussion?

Thank the participants for their time and contribution.

Appendix 3B: FGD Guide for husbands (partners)

Only participants who have signed written consent form are eligible to participate.

Location _____

Date: _____ Time discussion started: _____ Time ended: _____

Number of Participants: _____ Facilitator _____ Note taker _____

1. Introduction of facilitators and FGD process

- The moderator introduces her(him)self and the note-taker
- Explains the purpose of the FGD
- Explains ground rules and format of the focus group: Use of tape-recorder; Everyone should participate freely; Everything said by anyone will be kept confidential and anonymous; No right and wrong answers; One person talks at a time; Honest responses are highly appreciated

2. Introduction of participants

- Ask participants to kindly fill simple anonymous questionnaire specifying their age, marital status, educational level and employment, length of residence in study community, phone and nickname that they would like to be called during the discussion.
- Any questions before we start?

Warm up: Activity 1: "Men's Fertility Intentions" [Theme 1]

Ask participants to make a picture to demonstrate the preferred number of children for a couple to have, and the most appropriate space between children in this locality (Appendix 5).

3. Men's Fertility Intentions [Theme 1]

Primary Question: What can couples do to control when to have children and how many children to have?

4. Knowledge, Perceptions & Beliefs about Contraceptives [Theme 2]

Primary Question: Which modern contraceptive methods do you know?

Activity 2. Check overall knowledge of participants (Appendix 5B).

PROBE:

- Facilitator will show a sample of male and female condom, pill, emergency contraception, injectable, IUD, implant, and then ask

5. Experience of Contraceptive Use [Theme 3]

Primary Question: Which methods are couples in this community most likely to use? Why do couples prefer these methods? PROBES:

- Have you and your wife (partner) used any modern contraceptive method before? If yes, which method was used?
- Which ones do you like more? Why?
- What is the attitude of men towards condom use in this locality?

6. Experience of Discontinuation of Using the Method [Theme 4]

Primary Question: Why do you think some couples or women stop using contraceptives when they want to avoid pregnancy? PROBES:

- a. Is that kind of experience common in your community?
- b. What is your family's experience with discontinuation? If experienced, what was the role of the husband in stopping use of the method?

Activity 3: Rating the reasons of discontinuation of contraceptive method (Appendix 6A)

7. Reasons of Non-Use of Contraceptives [Theme 5]

Primary Question: Some couples and women do not use any contraceptive methods despite wanting to postpone or avoid pregnancy. What barriers and constraints to contraceptive use do you think they face?

PROBES:

- a. Are people in this community generally supportive of or opposed to contraceptive use? Why?
- b. Are there any local beliefs that influence the choice to use or not use contraceptives?
- c. If you or your wife (partner) is not using any method at present, can you explain the reasons?

Activity 3: Rating the reasons of non-use of contraceptive method (Appendix 6B)

8. Future Intention on Contraceptive Use and Enabling Factors [Theme 6]

Primary Question: What would help encourage constant and correct use of contraceptive methods in this community? PROBES:

- a. Are you willing to use modern contraceptive methods in the future?
- b. If yes, which method would you prefer to use? Why do you prefer these methods?
- c. If no, what are your reasons?

Activity 4: Contraceptive method preference

9. Wrap-Up:

Is there anything else that you would like to tell me about any of the issues that we have discussed so far?

{Summary of discussion by note taker}

Do you think this summary reflects our discussion?

Thank the participants for their time and contribution

Appendix 3C: FGD Guide for adolescent girls aged 15-19

Subgroup: Student, Other (mark)

Only participants who have signed the written consent form are eligible to participate

Location: _____

Date: _____ Time discussion started: _____ Time ended: _____

Number of Participants: _____ Facilitator _____ Note taker _____

1. Introduction of facilitators and FGD process
 - The moderator introduces her(him)self and the note-taker
 - Explains the purpose of the FGD
 - Explains ground rules and format of the focus group: Use of tape-recorder; Everyone should participate freely; Everything said by anyone will be kept confidential and anonymous; No right and wrong answers; One person talks at a time; Honest responses are highly appreciated
2. Introduction of participants
 - a) Ask participants to specify their age, marital status, employment, educational level, length of residence in study community, nickname that they would like to be called during the discussion.
 - b) Any questions before we start?

Warm up: Activity 1: "Adolescent Fertility Intentions" [Theme 1]

Ask participants to make a picture to illustrate their opinion on preferred number of children a couple to have and space between children (Appendix 5).

3. Adolescents' Intentions on Fertility [Theme 1]

Primary question: What can do you control when to have children and how many children to have?

PROBE:

- a. At what age do you want to have your first child?

4. Knowledge about Modern Contraceptive Methods [Theme 2]

Primary Question: What modern contraceptive methods that you know?

Activity 2. Check overall knowledge of participants (Appendix 5B).

PROBE:

- Facilitator will show a sample of male and female condom, pill, emergency contraception, injectable, IUD, implant and then ask

5. Perceptions about Prevention of Unwanted Pregnancy [Theme 3]

Primary Question: What circumstances can lead to unwanted pregnancy among adolescents?

Activity 3: Free-listing of thoughts about unwanted teenage pregnancy (Appendix 7)

PROBES:

- In your opinion, how can adolescents prevent unwanted pregnancy?
- Which methods do adolescents in this community most commonly use?
- Why do adolescents prefer these methods?
- What do adolescents do when they have an unintended pregnancy? Why?
- In your opinion, how can adolescents prevent unwanted pregnancy?

6. Access to Contraceptive Information and Services [Theme 4]

Primary Question: In your opinion, how easy is it to access information and services, when you need contraceptives?

PROBES:

- Where do you usually go when you need contraceptives?
- Why do you prefer to go there?
- Are there any local beliefs that influence the decision to use or not use contraceptives?

7. Future Intention for Contraceptive Use and Enabling Factors [Theme 5]

Primary Question: What do you think would encourage adolescents to use contraceptives in this community? PROBES:

- Are you willing to use modern contraceptive methods in the future?
- If yes, which method would you prefer to use? Why do you prefer these methods?
- If no, what are your reasons?

Activity 4: Contraceptive method preference

8. Wrap-Up

Is there anything else that you would like to tell me about any of the issues that we have discussed so far?

{Summary of discussion by note taker}

Do you think this summary reflects our discussion?

Thank the participants for their time and contribution.

Appendix 4A: IDI Guide for women who experienced induced abortion

Location: _____

Date: _____ Time interview started: _____ Time ended: _____

1. Introduction of facilitators and IDI process

- The moderator introduces her(him)self and the note-taker
- Explains the purpose of the Interview

2. Fertility Intention [Theme 1]

- In your community, how many children do couples prefer to have?
- How many children would you like to have? What is your husband's preference?
- How much space do you want between children?
- What can be done to control when to have children and how many children to have?
- How many children do you have? How old is your youngest child?
- Do you want to have any more children? If yes, when do you prefer to have your next child?

3. Knowledge, Perceptions & Beliefs about Contraceptive Methods [Theme 2]

- Please tell us about the modern contraceptive methods you know? (Ask to fill out Appendix 5B)

- b. Facilitator can show a sample of male and female condom, pill, emergency contraception, injectable, IUD, implant and then ask

4. Experience of Contraceptive Use [Theme 3]

- a. Which methods are couples or women in this community most likely to use?
- b. Why do couples and women prefer these methods?
- c. Have you used any modern contraceptive method before? If yes, which method have you used?
- d. Which ones do you prefer? Why?

5. Reasons for stopping use of the method [Theme 4]

- a. In this community, is it common for women or couples to stop using contraceptives when they don't want to get pregnant?
- b. Why do you think women stop using the method?
- c. If you have experienced discontinuation, can you tell about the reasons? [which method; duration of use]
- d. Did you experience any consequences as a result of the discontinuation?

6. Reasons for non-use of contraceptive [Theme 5]

- a. Some couples and women do not use any contraceptive methods despite wanting to postpone or avoid pregnancy. What barriers and constraints in using contraceptives do they face?
- b. Are people in this community generally supportive of or opposed to contraceptive use? Why?
- c. Are there any local beliefs that influence the choice to use or not use contraceptives?
- d. Do you use any method at present? If no, can you explain your reasons?

7. Reasons for Unwanted Pregnancy and Seeking Induced Abortion [Theme 6]

- a. What are some common reasons leading to unwanted pregnancy and abortion?
- b. What is the driving force for the decision to seek induced abortion?
- c. Did you receive counseling on contraceptive use after the abortion? If yes, which method was offered for you?

8. Future Intention on Contraceptive Use and Enabling Factors [Theme 7]

- a. What do you think would facilitate constant and correct use of contraceptive methods in this community?
- b. Are you willing to use modern contraceptive methods in the future?
- c. If yes, which method would you prefer to use? Why do you prefer these methods?
- d. If no, what are your reasons?

9. Wrap-Up

Is there anything else that you would like to tell me about any of the issues that we have discussed so far?

{Summary from note-taker}

Do you believe this summary reflects our discussion?

Thank the participants for their time and contribution.

Appendix 4B: IDI Guide for service providers

Location: _____

Date: _____ Time discussion started: _____

Time ended: _____

1. Introduction of facilitators and IDI process

- The moderator introduces her(him)self and the note-taker
- Explains the purpose of the Interview

2. Experience in providing family planning service [Theme 1]

- a. How long have you been working in family planning service provision in this locality?
- b. What type of modern family planning methods are you able to offer in this facility?
- c. What type of common family planning methods are requested by clients in this facility?
- d. Why do you think these methods are preferred by clients in your area?
- e. What are the challenges in providing family planning services here?
- f. What need to be done to address these challenges and improve family planning services in your area?

REASONS	Perceived extent of influence						
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7

Appendix 7: Free-listing data collection form about unwanted teenage pregnancy

(1). Please write the words that come to mind when you think about reasons for teenage pregnancy	(1). Please write the words that come to mind when you think about the benefits of delaying teenage pregnancy	(1). Please write the words that come to mind when you think about teenage pregnancy can be prevented

Appendix 8: Facility Observation Check List

Date: _____ Location _____
 Name of facility _____
 Name of observer _____

No	OBSERVATION ITEMS	Yes	No
1	Availability of modern contraceptive methods:		
1.1	Male condom:		
1.2	Female condom		
1.3	Oral pills:		
1.4	Injectable:		
1.5	IUD		
1.6	Emergency contraceptive		
2	Availability of Information, Education, Communication (IEC) materials on FP		
2.1	Poster		
2.2	Brochure		
2.3	-Leaflet on condom		
2.4	-Leaflet on oral pills		
2.5	-Leaflet on injectable		
2.6	-Leaflet on IUD		
2.7	-Leaflet on emergency pill		
3.	Availability of IEC materials on consequences of induced abortion		
3.1	Poster		
3.2	Brochure/leaflet		

4	Availability of separate room, chair, friendly environment
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Appendix 9

INFORMED CONSENT FORM

Project Title: A Qualitative Study on Family Planning

Investigators: Name and contact information of interviewers

Purpose:

This research, "Qualitative Study on Family Planning" is being conducted by Mongolian Center for Development Studies, on behalf of the United Nations Population Fund (UNFPA) in Mongolia. The purpose of this qualitative study is to 1) Understand why women discontinue practicing family planning methods in spite of relatively ready access to contraceptives, 2) Explore the knowledge and reasons for use of contraceptives among women with induced abortion experiences, and 3) Provide evidence for designing effective interventions targeted at increased use of contraceptives. The research team consists of the principal investigator and technical advisor for MCDS, focus group discussion facilitators and interviewers, translators and transcribers as well as UNFPA technical staff.

Nature of Participation:

- You may be asked to participate in a) focus group discussions (90 minutes), b) an in-depth interviews (60 minutes), or both.
- Your participation is entirely voluntary; you may withdraw your participation at any time for any reason.

Confidentiality and Data Usage:

- Your anonymity will be strictly maintained and personal information kept secure
- Any publication or academic work resulting from this research will use pseudonyms to protect your identity
- Audio from the focus group discussion or interview will be recorded, transcribed, and kept with the research team.

Potential Risks and Benefits:

- No significant risks are anticipated with

- your participation;
- This research can be used to inform future policies and programs that will help promote improved sexual and reproductive health in Mongolia.

Questions/Concerns:

If you have any questions or concerns about the research being conducted, please contact B. Bayasgalan, General Director, Mongolian Center for Development Studies by phone at 70100976 or 99114439, or by email at bayasa019@gmail.com.

Informed Consent

Participant: I have reviewed the information contained in this document and understand its contents. I agree to participate in this research, in agreement with the conditions described in this document.

Name: _____

Signature: _____

Date: _____

Appendix 10

Pilot report on UNFPA project "Qualitative Study on Family Planning"

23 June 2014

The pilot study has been carried during 19-20 June 2014 in Bayanzurh District, Ulaanbaatar. The objectives of the study were: (i) to test and improve sampling method for selecting women aged 20-35 with unmet need in contraceptive use; (ii) to test logistical organization of the study and (iii) to pilot test survey instrument including primary and probing questions.

1. Sampling of the target group

The Team selected horoo # 5 of Bayanzurh district to carry out pilot testing. The horoo consists of mixed apartment and ger settlements. The aim was to select 2 women groups for the pilot testing: unemployed women aged 20-35 with unmet need in contraceptive use from ger settlement and employed women aged 20-35 with unmet need in contraceptive use from apartment settlement.

In order to identify the sampling frame, the Team closely worked with heseg leaders and through them 40 filter questionnaires were distributed among women aged 20-35 years old. After collecting back the filled out filter questionnaires, 8 women met

the selection criteria. These 8 women were invited for pilot focus group discussion (FGD). 7 out of 8 came to the focus group discussion at 5 p.m. on 20 June. After filling out the participant's socio-economic background questionnaire, 2 women out of 7 did not meet the selection criteria due to their use of pill by one and use of condom by the other. They did not know that these methods are included in family planning method. Finally, the Team has organized FGD among 5 women. 3 women out of 5 were employed, 2 were unemployed and 3 were married.

2. Testing FGD instrument including primary and probing questions of themes

In general, FGD went well. The following problems were observed:

- The screening questionnaire worked well. But the marital status of women was not included to the filter questionnaire, thus 2 participants were unmarried women who said that "no need to use family planning method at present".
- The theme 1: Women's intentions on fertility: Participatory activity went well and did not take much time. The formulation of primary question "How do women decide when to have a children and how many children to have.." was not clear for participants.
- The theme 2: Contraceptive knowledge: During discussing the theme 2, the knowledge about family planning methods among participants were insufficient; therefore, need to explore more;
- The theme 3: Experience of contraceptive use and discontinuation: The participants openly shared about their previous experience on using contraceptive methods and reasons of stopping the method when moderators clarified the questions because "the experience of use" was not reflected in the questions. It was observed that this is important to discuss about the use of contraceptives, their experiences, advantage and disadvantage of the methods before asking about reasons for discontinuation experiences;
- In discussing the theme 3, the primary and probing Qs on reason for discontinuation

- are similar and expectations are not clear. e,
- The theme 4 its primary and probing Qs about contraceptive decision making and the role of different influencers were not clear to the participants and too general. The participants had some discussions regarding husband role in non-use of the methods and discontinuation. The important observation was that the reasons of non-use and influencing factors need to be specifically discussed at environmental/community level as well as family and individual levels.
- The theme 5 was not important for the participants to discuss. Therefore, the theme 5 can be merged to theme 4 as part of possible environmental/community factors of not using the method.
- The theme 6: Qs worked well. The participants openly talked about their future intentions in contraceptive use, reasons for their preference in method choice.
- In appendix 6A, and 6B worked well, but reasons/factors of non-using the contraceptives and discontinuation should not be listed, it is better to ask the participants to list reasons/factors by themselves and ask to rank each of the reasons/factors by their importance.
- The appendix 7: The Team proposes to apply participatory method to save time. The facilitator will ask the participant to mark the most preferable method on the flip chart and write very brief explanation for choosing this method.

3. The main findings

- The knowledge of the participants about family planning methods was insufficient in general. They named IUD, oral pill, and injectable as family planning method. The male condom was not considered as method. They did not know about female condom, emergency pill, and implant. When all the methods were physically demonstrate by the moderator, they were eager to know about each method. 1 participant used oral pill, 1 had IUD, and 1 used Chinese oral pill to take once a month. 1 participant used male condom when had

casual sex. 1 participant never used family planning methods and had 3 kids.

- Reasons for discontinuation were:
 - Woman had IUD for over a year, and had very strong back pain. When she consulted with doctor, recommendation was to remove IUD. Having IUD caused many negative side effects: periods occur longer than usual, strong back and kidney pain, weight gain and unfavorable attitude by husband. They said that there was case that women got pregnant when had IUD.
 - One participant purchased Chinese oral pill at the Narantuul market. Procedure was to take once a month and costed 3000-7500 MNT for 3-5 pieces. She said that this is very common practice among women to use Chinese oral pill.
 - The participants said that they did not like injectable because this is used for breeding the pigs. According to them, injectable cause weighs gain, particularly in the lower part of the body.
 - Taking oral pill is not common, because easy to forget taking the pill every day.
- 4 among 5 participants had 1-5 induced abortion experience. Induced abortion is the main method to control pregnancy, according to them. The reasons for induced abortion were: jealousy, sometimes husbands do not believe that this is not his child. In many cases, women get pregnant when husband or partner was drunk, and had no choice but to get the abortion
- In general, husbands have negative attitude towards contraceptive use. Many husbands think that when their wives use family planning method, they will have casual sex on the side. In many occasions, wives use oral pill or injectable secretly. The participant said that she had induced abortion not telling to her husband.
- Reasons for non-use were: One participant

said that all methods have negative side effects and danger to the health. Others have expectations to use oral pill, and IUD in the future. The use of male condom is not common among them. When asked the reason for not using, the response was that women can't get useful hormone when using male condom. The participant said that there was case of bleeding when using emergency pill.

- In regard to health service delivery, they said that there is long line to get health services, no-time to stand in the queue, family clinics work with pregnant women only, in sufficient IEC, training on family planning method is not provided in the schools etc.

4. Recommendations for improving survey instrument

Based on the pilot testing results, the Team agreed to propose UNFPA the following modifications to the study instrument:

- Screening questionnaire: Remove the question 1 and add question "Are you married or in union?";
- Theme 1: reformulate language of primary Q "How do women regulate when to have children and how many children to have?"
- Theme 2: Propose to use a template with selective answers on "don't know; heard and know " to check the knowledge of participants for each modern methods, and then double check with physical sample of the methods; Move the probe questions "a and b" to next new theme 3: Experience of contraceptive use;
- Theme 3 (previous) Experience of contraceptive use and discontinuation: Split into two themes: new theme 3. Experience of contraceptive use and new theme 4 Reasons to discontinue practicing contraceptive method;
- New theme 3: Propose to move the probing Qs "a and b" of theme 2 to primary Q of this theme: "Which methods do couples or women in this community most likely to use? Why do couples and women prefer these methods?"; and add two new probing Qs (a) Have you been used any

modern contraceptive method before? If yes, which method? (b) Which ones did you like more? Why?

- New theme 4: Reasons of stopping use of contraceptive method: Reorganize and modify the primary and probing Qs to ask general Q first and then personnel experience: Proposed new primary Q is "What, do you think, why women stop using contraceptives when they don't want to get pregnant?" (modified probes "a and b" of previous theme 3) and proposed new probing question is (a) What is your experience? If you had experience, can you describe the reasons of stopping the method?
- Proposed new theme 5: Reasons of not using contraceptives: Proposed new primary Q: What, do you think why some couples and women are not using contraceptives when they don't want to get pregnant?" and probes: (a) Are people in this community generally supportive of or opposed to contraceptive use? Why? (Primary Q of previous theme 5) and (b) Are there any local beliefs that influence the choice to use or not use contraceptives? (Probe "a" of previous theme 5); and new probing Q: (c) Can you explain your reasons of why not using any contraception method at present;
- Theme 4 (previous) "Contraceptive Decision Making –propose to remove;
- Theme 5 (previous): Social Attitudes and Local Beliefs – propose to remove (merged Qs to new theme 5)
- Theme 6: no change;
- Appendix 5B propose to add new template to check participant's contraceptive knowledge;
- Appendix 6A: propose to remove a list of common reasons/factors
- Appendix 6B: propose the same change
- Appendix 7 – propose to remove and replace by participatory activity
- Appendix 8, 9, 10 –no change
- Reflect proposed the changes to all FGD and IDI guides;

Appendix 11: The results of field observation check

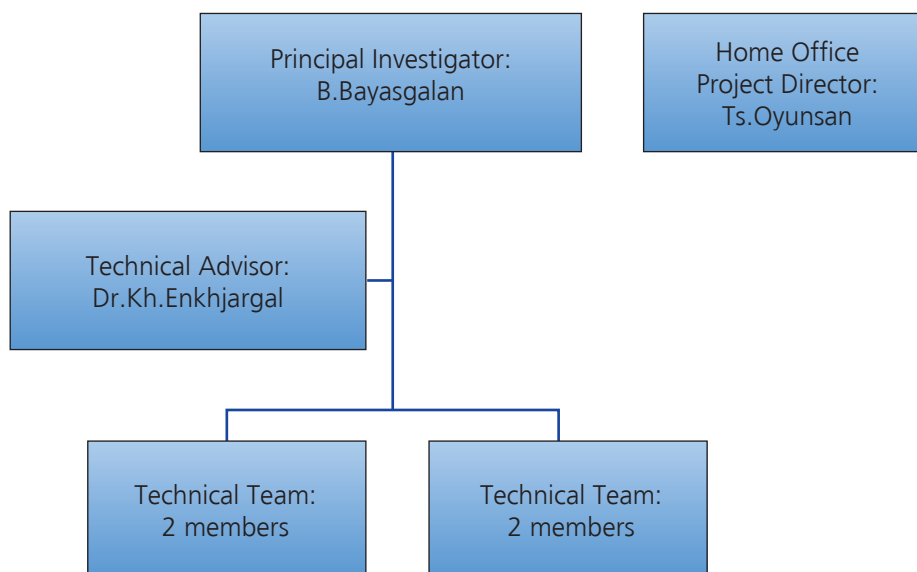
Facility observation check list at abortion cabinets. (Mark facilitator's observation)

Name of observers: FGD facilitators: A.Solongo, T.Navch

No	Ажиглах зүйлүүд	Maternity ward at Regional center in Hovd aimag		Hospital Khanbogd soum		Hospital Khanbogd soum Hovd aimag		Private gynecological clinic BZD apartment		Private gynecological clinic BZD ger		Private clinic BZD Eruul Orkh		BZDistrict HC RH cabinet кабинет		Private clinic BZD Khasagt khairkhan		
		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
1	Availability of modern contraceptive methods::																	
1.1	Male condom:																	
1.2	Female condom																	
1.3	Oral pills:																	
1.4	Injectable																	
1.5	IUD																	
1.6	Emergency contractive																	
2	Availability of information, education, communication (IEC) materials on family planning																	
2.1	Poster																	
2.2	Brochure																	
2.3	Leaflet on condom																	
2.4	Leaflet on pills																	
2.5	Leaflet on injectable																	
2.6	Leaflet on IUD																	
2.7	Leaflet on emergency pills																	
3.	Availability of IEC materials on consequences of induced abortion																	
3.1	Poster																	
3.2	Brochure/Leaflet																	
4	Availability of separate room, chair, friendly environment																	

Appendix 12: Team composition and training process

Team composition is shown in diagram below:



The team's Technical Advisor was Dr. Kh. Enkhjargal. Together with the Principal Investigator, she provided technical input in developing FGDs and IDIs guides and projective techniques, training of the team members, analyzing data and drafting reports. She has over forty years of experience in international and national organizations focused on sexual and reproductive health, population and development, gender and public health with a particular focus on program management, policy development and advocacy, and technical support in various aspects of reproductive health including family planning.

The team's Principal Investigator was Ms. B. Bayasgalan, who is a demographer and statistician with expertise in social sector policies and strategies; processing and implementation of poverty reduction and human development projects, social mobilization, participatory development and donor coordination. She holds a Master's Degree in Economics from Moscow Economic and Statistics Institute, Master's Degree in Demography from Australian National University, and additional advanced demography degree from India. She has led and managed a multi-disciplinary team, and achieving specific measurable results. During her work in ADB Mongolian Resident Mission,

she designed and managed numerous poverty reduction projects in Mongolia. She has an excellent experience of qualitative research techniques through her experience as being ADB project team member in Participatory Poverty Assessment 2003; Principal Investigator in Community Health, Safety and Security Program for Oyu Tolgoi Mining Project 2009; and WB's Qualitative Study on Perceptions of Inequality in Mongolia 2013.

The survey was supported by Ms. Ts. Oyunsan, Home Office Project Director. She was in-charge of back up support for the project, ensuring that the Consultancy Team had an adequate number of staff, contracting with UNFPA, ensuring that all deliverables are timely, providing translation services and other services as required. Ts. Oyunsan has previous experience in qualitative participatory surveys including ADB's Participatory Poverty Assessment, 2006, and the WB's qualitative study on Perceptions of Inequality, 2013.

All members of our field team have at least one previous experience conducting FGDs.

Two day training was organized to train the field staff. The UNFPA Technical Staff participated in the training to present UNFPA's expected outcomes and technical guidance for the study.

