Predictors of Contraceptive Discontinuation

Our most significant finding—that neither current nor previous experience of side effects was associated with the likelihood of contraceptive discontinuation—differs from results of prospective studies conducted within community family planning clinics and health maintenance organizations. Furthermore, although we had not hypothesized as such, we found that method-use problems increased the risk of discontinuation, whereas medical insurance coverage and risky sexual behavior in the year preceding enrollment decreased that likelihood.

Our study’s cumulative 12-month discontinuation rate of 29% is lower than that derived from the 1995 NSFG, which found that 44% of women discontinued for “method-related reasons.” However, our lower rate is unsurprising for several reasons. First, to ensure that our study was conducted among women who would be at risk of discontinuing use (i.e., were using a method), we limited inclusion to those women who had completed at least the first follow-up interview, where we had the opportunity to ask about—and thus ensure—method initiation. Some of the women who were excluded because they missed the first follow-up interview, were also less likely to drop effective use than were women who ultimately never had coverage (0.5). In addition, women who had engaged in at least one risky sexual behavior during the year before enrollment were less likely to discontinue effective use than were women who did not report any such risky behavior (0.4).

**DISCUSSION AND CONCLUSIONS**

In this cohort study, we evaluated predictors of contraceptive discontinuation—defined as using an effective method during 75% or fewer acts of coitus—among women who presented at an STD clinic and were enrolled in a study to assess how STD clinics could offer family planning services. Our most significant finding—that neither current nor previous experience of side effects was associated with the likelihood of contraceptive discontinuation—differs from results of prospective studies conducted within community family planning clinics and health maintenance organizations. Furthermore, although we had not hypothesized as such, we found that method-use problems increased the risk of discontinuation, whereas medical insurance coverage and risky sexual behavior in the year preceding enrollment decreased that likelihood.

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Further, whereas analyses based on the NSFG have categorized method switching as discontinuation, we did not consider it as such if the succeeding method was also an effective method and was used at an effective frequency. Moreover, we found no significant relationship between method switching and the likelihood of discontinuation.

Quantifying contraceptive use is difficult, and typically