

What Differentiates Method Stoppers from Switchers? Contraceptive Discontinuation and Switching Among Honduran Women

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CONTEXT: Contraceptive discontinuation contributes to unplanned pregnancy and unwanted births, as well as increased maternal, neonatal and infant morbidity and mortality. Information on differences between women who stop using contraceptives and those who switch to another method would be useful for programs aimed at preventing unplanned pregnancies and their consequences.

METHODS: Data come from two rounds of interviews with women aged 15–44 (800 interviewed at baseline and 671 reinterviewed one year later) who were new or continuing users of injectable or oral contraceptives or an IUD. Bivariate analysis examined associations between attitudes and behaviors of women who discontinued their baseline method and side effects they experienced. Multivariate logistic regression assessed differences between women who switched methods immediately or within one month of discontinuation and those who stopped contraceptive use for one month or more.

RESULTS: Of the 671 women who were reinterviewed, 41% (273) discontinued use of their baseline contraceptive method within the one-year follow-up; of those, 43% (117) switched to a new method, and 57% (156) stopped for one month or more. Seeking help with side effects from a health worker, urban residence, talking to a partner about the decision to discontinue, and new and recent method adoption were associated with increased odds of switching methods (odds ratios, 2.0–3.5).

CONCLUSION: Access to high-quality family planning services and encouraging discussion with partners and families before stopping contraceptive use is important for women who experience side effects from contraceptive methods and are at risk of discontinuation.

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Contraceptive discontinuation—ceasing to use one's current method of contraception—is common, though rates vary widely by country. According to Demographic and Health Survey (DHS) data from 18 countries, 20–50% of users of reversible modern methods of contraception discontinued their method during the first 12 months of use.¹ In a 2009 study of DHS data from eight countries, the 12-month discontinuation rate ranged from 18% to 49%.² Contraceptive discontinuation can be active, as it is when a woman must visit a clinic to have her IUD removed, or passive, requiring no extra effort, as it is when a woman misses an appointment for a reinjection or forgets to refill her prescription for birth control pills. Data from a wide range of countries show that contraceptive methods that can be passively discontinued, such as oral contraceptives, condoms, injectables and traditional methods, have higher rates of discontinuation than methods requiring active discontinuation, such as the IUD and implants.^{2–6}

Not all women who discontinue a contraceptive method become nonusers; some switch to another, more (or less) effective method. However, women who want to avoid pregnancy but discontinue contraceptive use without switching to a new method are at risk for unplanned pregnancies and unwanted or mistimed births, which can

lead to maternal, neonatal and infant morbidity and mortality.^{7–9} High rates of stopping may indicate missed opportunities to promote and sustain contraceptive use,^{10,11} and, therefore, can be a measure of family planning service quality. High-quality services that provide a range of contraceptive methods and offer counseling can increase the likelihood that women will switch rather than discontinue use altogether.^{12,13} A 2010 study of oral contraceptive discontinuation and switching behavior in 19 countries found that, on average, 35% of women who discontinued contraceptive use because of method dissatisfaction switched to another method within three months, leading the authors to suggest that more attention should be paid to the issue of method switching as opposed to simply method discontinuation.³

Whether a woman discontinues use of one method and switches to another or stops practicing contraception altogether depends on several factors. For example, women who stop using one method are not likely to switch or reinstate use if they are not with a partner (because of divorce, separation or death of a spouse), can no longer become pregnant (are infertile) or want to become pregnant. Research has estimated that reduced need accounts for 7–20% of discontinuation of all reversible methods.¹³