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Original Research Article

Contraceptive discontinuation and switching behavior among family planning clinic clients in Dalhatu Araf Specialist Hospital, Lafia

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ABSTRACT

Background: Contraceptives are effective ways with which couples can limit or space the number of children they have. Several methods of contraception exist, both modern and traditional methods. Couples have a myriad of these from which to choose from. However, contraceptive discontinuation and switching are a reality. The dynamics of contraceptive use, discontinuation and switching are important markers of how well the programs are meeting the family planning needs of women and couples. The aim of the study was to ascertain the magnitude of women who wanted to discontinue or switch their present contraceptive methods and establish the reasons why.

Methods: Our study was a cross sectional descriptive study of women attending the family planning clinic of Dalhatu Araf Specialist Hospital, Lafia over a 12 month period. A self-administered structured questionnaire was administered to the family planning clinic clients after obtaining a written informed consent.

Results: Contraceptive discontinuation rate was 36.5%, and the switching rate was 5.2%. The commonest reasons for discontinuing contraception were; desirous of pregnancy (43%), side effects of method (28.2%), husband's disapproval (16.7%), marital dissolution (4.2%), inconvenience of use (3.1%), failure of method (1.6%) and menopause (0.4%). The reasons for switching were also similar and include; side effects of the method (51.4%), inconvenience of use (16.2%), husband's disapproval (8.1%), personal choice (5.4%) and marital dissolution (2.7%).

Conclusions: We concluded that the contraceptive discontinuation rate was moderately high, while the switching rate was low. We recommend adequate counseling of clients before contraceptive uptake to forestall this.

Keywords: Contraceptive, Discontinuation, Contraceptive-switching

INTRODUCTION

Contraceptives are effective ways with which couples can use to limit or space the number of children they have.¹ Modern contraceptive methods are ubiquitous, ranging from orals to injectables to intrauterine devices to surgical methods to long acting or short acting methods.² There are many benefits to the use of contraception. Contraceptives help in preventing unwanted pregnancies, preventing

sexually transmitted diseases, family planning and population control.¹⁻³ However, in spite of all these benefits of contraception, contraceptive discontinuation and switching is a reality. The dynamics of contraceptive use, discontinuation and switching are important markers of how well the programs are meeting the family planning needs of women and couples.⁴ Studying the dynamics of contraceptive use can reveal problems in the use of contraceptive technologies and the gaps in the provision of services and, therefore, provide guidance essential for

improving services.⁴ In a study of contraceptive discontinuation from 60 surveys carried out in 25 countries from 1990 to 2009, the authors found that different dynamics affect the discontinuation of contraceptives.⁴ On average, 38% of women discontinued using reversible methods by the 12th month and 64% by the 36th month in 19 countries.⁴ The lowest 12 month discontinuation rate noted was for the intrauterine device at 13%, and the highest was for the condom at 50%.⁴ Discontinuation rates tend to be lower for long-acting methods such as the intrauterine device (IUD) and higher for short-acting methods, such as the pill, injectable, and condoms.^{4,5} In a similar study which reviewed the demographic and health survey (DHS) data of 8 countries (Armenia, Bangladesh, Colombia, the Dominican Republic, Egypt, Indonesia, Kenya, and Zimbabwe), between 12 and 47 percent of women stop using contraception within one year even though they do not want to become pregnant.⁶ They also found discontinuation to be strongly associated with the type of contraceptive method used.⁶ Additionally, age, parity, education, partner's desired fertility, community-level contraceptive prevalence, and the region in which women live were all associated with contraceptive switching, failure, or discontinuing while still in need of contraception.⁶ In a study done in Senegal between 2010 and 2015, the authors found that the 12-month discontinuation rate for all methods was 34.7%.⁵ Implants had the lowest one-year discontinuation rates (6.3%) followed by the intrauterine device (IUD) (18.4%) while higher rates were seen for daily pills (38%), injectable (32.7%), and condoms (62.9%).⁵

According to the Nigerian and DHS, the overall 12 month contraceptive discontinuation rate was 41%.¹ The injectables and pills had the highest discontinuation rate (55% and 52% respectively), while the implants had the lowest discontinuation rate at 16%.¹ Several reasons exist for the discontinuation of contraceptives. Some of the reasons include, reported failure, side effects, health concerns, desire for pregnancy and no further need (marital separation, cessation of sex and perceived inability to conceive).^{1,4,5} Other method specific reasons include, method dissatisfaction due to low effectiveness and husband dislike.^{1,4,5} The injectables were noted to be mostly discontinued due to side effects and health concerns, while the pills were mostly discontinued due to the desire to get pregnant.^{1,4}

Contraceptive switching behavior on the other hand could be switching from more effective and long acting methods to less effective and short acting methods or vice versa.⁷ Several factors determine the switching behavior of women. Some of these factors include; age of the client, desire for pregnancy, attainment of desired fertility, experience of contraceptive failure etc.⁷⁻⁹ In a study done in Lusaka Zambia, factors associated with downgrading from more effective methods to oral methods and condoms included; women of younger age, desire for more children within the next year, heavy menstrual bleeding, bleeding between periods and cystitis/dysuria.⁷ Factors associated

with upgrading to long lasting methods from oral methods and condoms were; health concerns about implant contraceptives and male partners not wanting more children.⁷ In an Ethiopian study, the authors found that 27.6% of the studied population switched from a long acting reversible contraception to a short acting and less effective method.⁸ Reasons for switching in these women include; having only primary education, partner opposition, being unmarried, being 20 years and above at first pregnancy and desire to space births.⁸ Contraceptive discontinuation and switching to less effective methods often leads to unintended pregnancies and reduces the impact of family planning programs.⁹ When a switch is made to another contraceptive method, there is often a period of time between the switch when a person is at risk for unprotected intercourse.⁸ Choice of a less effective method increases the risk of an unplanned pregnancy, as does using a method incorrectly or inconsistently.⁸ Therefore, to improve the uptake and impact of contraception, it is important to understand the factors that influence contraceptive discontinuation and switching in order to develop better policies and contraceptive technologies. This study aims to look at the contraceptive discontinuation and switching rates, common reasons for contraceptive discontinuation and switching, and proffer solutions that might be helpful to generally improve contraceptive acceptance, use and uptake.

METHODS

Study area

This study was carried out in the Dalhatu Araf Specialist Hospital, Lafia, Nasarawa, Nigeria. The hospital is a major referral Centre located in Lafia which is the capital city of Nasarawa State Nigeria.

Study population

The study population was all women who attended the family planning clinic of the Dalhatu Araf Specialist Hospital Lafia between 1st October 2020 and 30th September 2021 for the purpose of discontinuing or switching their contraceptive methods.

Study design

This study is a cross sectional descriptive study of women who attended the family planning clinic of the Dalhatu Araf Specialist Hospital, Lafia over a 12 month period; 1st October 2020 to 30th September 2021 for the purpose of discontinuing or switching their contraceptive methods.

Data collection and analysis

Information was retrieved from clients that consented to the study with the aid of self-administered structured questionnaire. Data obtained was analyzed using the IBM-SPSS version 22.0.

RESULTS

Table 1 shows the age distribution of consented clients attending contraceptive clinics during the study period. Approximately 57% of the clients were between 21-30 years of age while 5.4% were between 41-50 years of age. Most of the clients were married (93.6%) and majority of them were housewives (39.7%). Most of clients had received some education (secondary 31.5%, tertiary 31.5%), even though 22.7% had no formal education. The number of children ever born ranged from 0 to 11. A small proportion of the clients, 5 (1.7%), have not had any children.

Table 1: Socio-demographic characteristics of respondents.

Characteristics	N	%
Age (years)		
1-20	18	6.1
21-25	70	23.7
26-30	99	33.6
31-35	61	20.7
36-40	31	10.5
41-50	16	5.4
Total	295	100
Marital status		
Single	5	1.7
Married	276	93.6
Widowed	6	2.0
Divorced	5	1.7
Separated	3	1.0
Total	295	100
Occupation		
Housewife	117	39.7
Trader	38	12.9
Business woman	37	12.5
Artisan	26	8.8
Civil Servant	24	8.1
Teacher	19	6.4
Student	10	3.4
Farmer	6	2.0
Unemployed	6	2.0
Others	12	4.2
Total	295	100
Level of education		
No formal education	67	22.7
Primary	42	14.2
Secondary	93	31.5
Tertiary	93	31.5
Total	295	100
Parity		
Median (range)	3(11)	
0-4	213	72.2
5-10	81	27.5
>10	1	0.3
Total	295	100

Table 2 reveals that December to March of the succeeding year was the peak period of contraceptive clinic attendance, 40.4% with the December being the highest month (11.6%) and June on the other hand the lowest (0.01%). Figure 1 shows the various method in used during the study period with implant accounting for the most used method, (82%) and injectable the least used method, (0.7%). Figure 2 shows that most of the clients had used contraception for at 13 to 24 months during the study period.

Table 2: Family planning clinic clients between October 2020 and September 2021

Month	N
October 2020	60
November 2020	38
December 2020	82
January 2021	69
February 2021	66
March 2021	68
April 2021	51
May 2021	74
June 2021	13
July 2021	53
August 2021	74
September 2021	58
Total	706

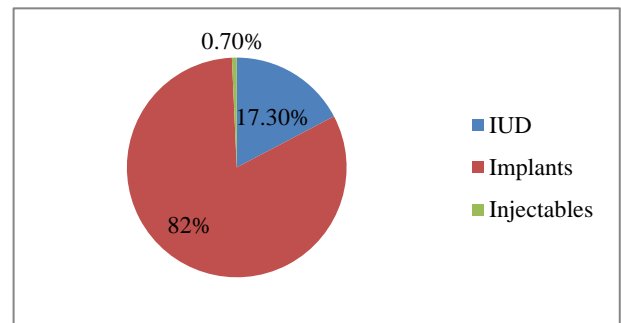


Figure 1: Percentage of present methods in use.

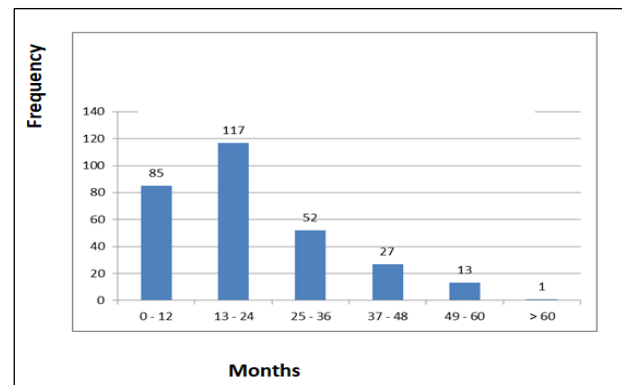


Figure 2: Duration of contraceptive use in months.

Contraceptive discontinuation rate was 36.5%, and the switching rate was 5.2% as shown in Table 3. The

commonest reasons for discontinuing contraception were; desirous of pregnancy (43%), side effects of method (28.2%), husband’s disapproval (16.7%), marital dissolution (4.2%), inconvenience of use (3.1%), failure of method (1.6%) and menopause (0.4%). The reasons for switching were also similar and include; side effects of the method (51.4%), inconvenience of use (16.2%), husband’s disapproval (8.1%), personal choice (5.4%) and marital dissolution (2.7%) as shown in Table 4.

Table 3: Reasons for discontinuing current contraceptive methods.

Reasons	N	%
Wants to become pregnant	111	43.0
Side effects/health concerns	73	28.2
Husband’s disapproval of the method	43	16.7
Inconvenience of use	8	3.1
Marital dissolution	11	4.2
Infrequent sex/husband is away	1	0.4
I got pregnant with Implants in-situ	3	1.6
I want to treat vaginal infection	1	0.4
Menopause	1	0.4
Clients wants to rest	3	1.2
No reason	2	0.8
Total	258	100

Table 4: Reasons for switching contraceptive methods (for those switching).

Reasons	N	%
Side effects of present method	19	51.4
Inconvenience of use	6	16.2
Access/availability	1	2.7
Marital dissolution	1	2.7
Husband disapproval of present method	3	8.1
Personal choice	2	5.4
Client referred by Cardiologists to change to IUD	1	2.7
Husband wants to use condom	1	2.7
No reason	3	8.1
TOTAL	37	100
Side effects of present method	19	51.4
Inconvenience of use	6	16.2

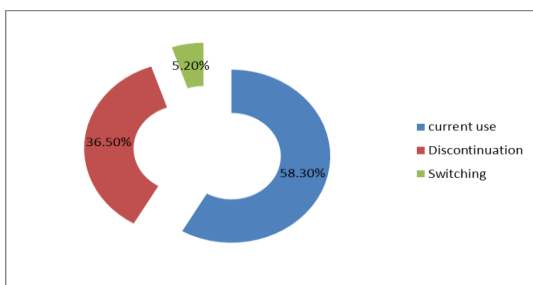


Figure 3: Contraceptive switching and discontinuation rate.

DISCUSSION

The total number of clients who responded to our questionnaire was 295. Out of those 295 clients, 258 completely discontinued their contraceptive methods, while 37 of them switched to another contraceptive method. The number of clients who attended the family planning clinic over the one year study period was 706. So, the discontinuation rate over the 12 month period was 36.5%, and the switching rate was 5.2%. Thus we noted that the magnitude of people who discontinued their contraceptive methods were more than the number of people who switched their methods. This is comparable to a study done in Port Harcourt Nigeria by Awoyesuku et al who found that 29% of women discontinued their contraceptive methods, and 13.8% of women switched their methods over 12 months.⁹ In a survey of 60 Demographic and health surveys, the WHO found that 38% of women discontinued their contraceptive methods within 12 months.⁴ This figure is also comparable to what we found in our study. The WHO also found in the review of 60 DHS that the percentage of switching was between 14-80% with the lowest switching rates found in sub-Saharan Africa and the highest in countries like Moldova, Turkey and Vietnam.⁴ Our figures are also closely comparable to those found by a study done in Senegal with a discontinuation rate of 34.7% and switching rate of 17%.⁵

The commonest reason for discontinuing contraceptives in our study was a desire to get pregnant which was 43%. The next most common reasons were side effects of the method and husband’s disapproval which were 28.2% and 16.7% respectively. Other reasons women gave were; marital dissolution (4.2%), inconvenience of use (3.1%), getting pregnant while on implants (1.6%), client wanting to rest (1.2%), treating vaginal infection (0.4%) and menopause (0.4%). These reasons are similar with reasons found in other studies that have been done.^{4,7,10} The Nigerian DHS agreed with our study as they found the commonest reason for discontinuing contraceptives was because of a desire to get pregnant (35%).¹ The Nigerian DHS also listed getting pregnant while on contraceptives and side effects/health concerns as other prominent reasons.¹The WHO’s review of 60 DHS reported method specific side effects and health concerns as the greatest reason for discontinuation of contraceptives.⁴ The injectables and pills were mostly discontinued because of their side effects and health concerns of the users.⁴ Another reason was reported failure, with pills and condom users reporting the highest failure rate.⁴ Other reasons include; desire for pregnancy, and no further need for contraception among women who had marital dissolution and those with perceived inability to conceive.⁴

In their study, Bellizi et al found that among women with unintended pregnancies 40.2% of those using a long acting modern contraceptive discontinued due to side effects, while 83.8% of those who discontinued traditional contraceptive methods did so due to failure of the

method.¹⁰ Furthermore, the commonest reason we found for switching contraceptives was side effects of their present methods (51.4%). Other reasons were; inconvenience of use (16.2%), husbands disapproval (8.1%), personal choice (5.4%), marital dissolution (2.7%) and recommended by physicians (2.7%). The WHO's review of 60 DHS found that switching from traditional methods to more effective methods were usually due to method failure.⁴ They also found that switching from hormonal contraceptives was due to side effects of the hormones.⁴

CONCLUSION

Overall, our study found that discontinuation rates among women attending the family planning clinic of the Dalhatu Araf Specialist Hospital, Lafia was moderately high with a discontinuation rate of 36.5% over a 12 month period. We however, found that the switching rate was low, with a switching rate of 5.2% over a 12 month period. The commonest reason for discontinuing contraception was a desire to get pregnant, and the commonest reason for switching contraception was side effects of present methods. Other reasons for both discontinuation and switching were similar.

Recommendations

We recommend that during family planning consultations, providers should take time to properly counsel women on the various contraceptives, possible side effects, how to deal with these side effects and also allay any health concerns they might have. It is also important to educate women in order to disabuse their minds of the myths they may have concerning certain long acting and effective contraceptives so that they might take advantage of these methods. We also recommend that prompt and possibly immediate switching of methods from a traditional or less effective contraceptive method to a more effective modern contraceptive method be emphasized to women who are desirous of switching their contraceptive method. This will help them eliminate the window period between stopping and starting a new contraceptive method in which, they may be vulnerable to unprotected sexual intercourse and possible unwanted pregnancy.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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