ORIGINAL ARTICLE

REASONS FOR DISCONTINUATION OF CONTRACEPTIVE METHODS AMONG COUPLES WITH DIFFERENT FAMILY SIZE AND EDUCATIONAL STATUS

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Background: High rates of contraceptive discontinuation for reasons other than the desire for pregnancy are a public health concern because of their association with negative reproductive health outcomes. The objective of this study was to determine reasons for discontinuation of contraceptive methods among couples with different family size and educational status. **Methods:** This cross-sectional study was carried out at the Obstetrics/Gynaecology Out-Patient Department of Pakistan Institute of Medical Sciences, Islamabad from April–September 2012. Patients (241) were selected by consecutive sampling after informed written consent and acquiring approval of Ethical Committee. The survey interview tool was a semi-structured questionnaire. **Results:** Majority (68%) of women belonged to urban, and the rest were from rural areas. Mean age of these women was 29.43±5.384 year. Reasons for discontinuation of contraceptives included fear of injectable contraceptives (2.9%), contraceptive failure/pregnancy (7.46%), desire to become pregnant (63.48%), husband away at job (2.49%), health concerns/side effects (16.18%), affordability (0.83%), inconvenient to use (1.24%), acceptability (0.83%) and accessibility/lack of information (4.56%). Association of different reasons of discontinuation (chi square test) with the family size (actual number of children) was significant (p=0.019) but was not significant with husband's or wife's educational status (p=0.33 and 0.285 respectively). **Conclusions:** Keeping in mind the complex socioeconomic conditions in our country, Family planning programmers and stake holders need to identify women who strongly want to avoid a pregnancy and finding ways to help the couples successfully initiate and maintain appropriate contraceptive use.

Keywords: Contraceptives, discontinuation, side effects

INTRODUCTION

The decision to continue or discontinue use of a contraceptive involves multiple factors, primarily the acceptability of contraceptive options, affordability and fertility desires. High rates of contraceptive discontinuation for reasons other than the desire for pregnancy are a public health concern because of their association with negative reproductive health outcomes.[1]

Moreover, there are a number of very important factors which affect reproductive health-related behaviours and outcomes in different regions. Differences in availability, accessibility, and acceptability of the range of contraceptive technologies may mean that not all methods are favoured at the same time. Evidence from a number of developing countries reveals that it has to be a combination of contraceptive choices for the women. It has been estimated that at least half of the women using contraceptives switch methods within a five-year period.[2]

Surveys from several countries also show that most of the discontinuations are due to side-effects (such as changes in menstrual patterns, headaches, nausea and less frequently vomiting), health concerns and false rumours about health problems.[3] Most women and couples tend to acquire the family planning information from the clinic personnel. Unfortunately, the attitude of health providers towards particular contraceptive methods in developing countries have been shown to influence continuation rates among clients. Hence, there is need to evaluate the interaction between clients and providers and also assess the quality of counselling and provider attitude towards Combined Oral Contraceptive Pills (COCPs), particularly as a significant number of the clients in our centre changed to other contraceptive methods after discontinuing COCPs.[4] It is a well recognised fact that effective family planning programmes can minimise unintended pregnancies, reduce maternal mortality, and improve child survival. However, it is imperative that family planning programmes must motivate women to begin using contraception and must encourage women who are already using family planning not to discontinue contraceptive use.[5,6]

Rates of contraceptive discontinuation, even among women who want to avoid pregnancy, remain high and are increasing in some countries where family planning efforts have decreased.[6] In a country-wise DHS survey, the percentage of women who discontinued a contraceptive method in the first year of use for any reason ranged from 20% in Zimbabwe to 48% in Bangladesh and the Dominican Republic. In every study country wise, the commonest reasons cited

were the desire to get pregnant, contraceptive failure and side-effects/health concerns, though the order varied across countries.[7]

The objective of this study was to determine reasons for discontinuation of contraceptive methods among couples with different family size and educational status.

MATERIAL AND METHODS

All the women in reproductive age group, coming to the Gynaecology Out-Patient Department, were selected by consecutive sampling for this cross sectional survey. Formal permission from Ethical committee was taken before the commencement of the study. Informed written consent was taken from the patients and every aspect of the study was explained to them before they were enrolled. The subjects included currently married women in the childbearing age, i.e., 18–49 years. The women selected were residents of Islamabad and surrounding catchment's area and had access to PIMS Hospital, Islamabad, for the visits. These women belonged to different socioeconomic groups. All of these women were house wives and were educated with some of the women's educational status up to grade eight and above. These women had normal 28–35 day menstrual cycles with no history of menorrhagia. The Family Planning methods used in the past in women who had discontinued use included Condoms, IUCDs, Oral contraceptive hormonal pills or injections.

Data were analysed using SPSS-13. Mean and SD were calculated for quantitative data and frequency% were calculated for all qualitative data. Cross-tabulations (χ^2) were made to determine the association between the family size (number of children), couple's educational level, with the multiple reasons for discontinuation of contraceptive methods.

RESULTS

A total of 241 currently married women were interviewed in this cross sectional study. In these women majority (75%) belonged to the Punjab province and federal area (12%). In this group, 68% belonged to urban area and 32% were from rural area. The mean age of these women were 29.43 with standard deviation of 5.384 years. The minimum age was 18 years and maximum was 50 years. In these women 4% were illiterate, majority of women had primary education (42.5%), 28.8% women were Matric, 11% intermediate, 12% graduate, and only 1.4% women had higher education. In this group only 38% women were doing any job and the rest were housewives. The educational level of husbands of these women shows that 10% were illiterate, 16% primary, majority (50%) of them had an education level till Matric, and 21% were graduates with only 2.1% postgraduates.

Table-1: Reasons of discontinuing contraceptives in couples and association with family size (p=0.019)

Reasons for discontinuation	No. of Children/Family Size			
	1–2	3	4	>4
Fear of injection or pills	0	3	4	0
Pregnancy while using	6	5	3	4
Desire for pregnancy	46	58	32	17
Husband is away	0	2	2	2
Health concerns/ side effects	8	5	18	8
Cost not affordable	0	0	1	1
Inconvenient to use	1	1	1	0
Acceptability, Religious belief against contraception	1	0	1	0
Accessibility and lack of information	7	2	1	1
Total	**69**	**76**	**63**	**33**

DISCUSSION

Contraceptive discontinuation contributes substantially to the total fertility rate, unwanted pregnancies, and induced abortions. Data results from the two most recent Demographic and Health Surveys in Armenia, Bangladesh, Colombia, the Dominican Republic, Egypt, Indonesia, Kenya, and Zimbabwe, show that contraceptive discontinuation in the first year of use is common (18–63% across countries), and that the majority of these discontinuations are among women who are still in need of contraception; 12–47% of women stop using contraception within one year even though they do not want to become pregnant.[8]

Although majority of different international studies show the results where education of the couple plays a key role but our study showed that association of the different reasons for contraceptive discontinuation with husband's or wife's educational level was not significant (p=0.33 and 0.285 respectively). The reasons could be that the study sample was a smaller group.

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.[8]

In 1994 the United Nations International Conference on Population and Development (ICPD) declared that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education, and means to do so.[9]

Unfortunately, the family planning programs of many developing countries have yet to meet this goal. The proportion of women who are sexually active and do not want to become pregnant but are not using family planning remains high and is increasing in many developing countries.[10] Among women who use contraceptives, many stop using them despite a continuing desire to avoid pregnancy; become pregnant while using contraception; or switch from highly effective contraceptive methods to less effective

methods.[10] Numerous reports in the past have focused on the levels, trends, and reasons why women do not use or do not intend to use contraceptives. These reports focused on women who have begun using contraceptives but who stop using them while still in need of contraceptives or wishing to avoid pregnancy.[11–13] In examining religious beliefs about contraception among Muslims and beliefs about the possible health hazards of oral contraceptives, it was found that religious beliefs and beliefs about health risks are mutually reinforcing.[14]

Another reason for the non-significant association between couples education level and contraceptive discontinuation in our study could be that in our country, which has its own unique blend of culture and religion, the couple's educational status was superseded by other more intriguing factors. These included the desire to become pregnant (63.48%), health concerns/side effects (16.18%), affordability (0.83%), inconvenient to use (1.24%), acceptability and cultural/ religious beliefs against contraceptive use (0.83%), and other reasons, primarily lack of information as well as accessibility which was both financial and physical in terms of distance (4.56%). So perhaps in our study, the couple's educational level was eclipsed by the socioeconomic status and lack of financial affordability. This picture is also in synchrony with the general scenario in our country where there is a huge gap between knowledge regarding contraceptives and its actual use.

In multiple studies country wise, the commonest reasons cited for contraceptive discontinuation were, the desire to get pregnant, or contraceptive failure or side effects/health concerns, though the order varied across countries.[7]

Our study showed that 63.48% women discontinued contraceptive use because they wanted to become pregnant. Majority of women (30.06%) out of this group had 1–2 children so it was very natural for them to have this desire. As the family size increased, the desire to become pregnant decreased.

Chi-square test was applied to find out association of different reasons of discontinuation with the actual number of living children or family size. It was significant (p=0.019). Small family size (1–2, or 3) was associated with discontinuation of contraceptives in order to have more children.

In a comparative study of IUD and pill use in Tunisia and Morocco based on Demographic and Health Survey data, it was found that urban/rural residence and source of supply are strong correlates of both method failure and method discontinuation.[15] In Bangladesh, another study found an association between source of supply and patterns of condom use and discontinuation. On the whole, these studies suggest that method-related problems are important reasons for contraceptive discontinuation and non-use.[16]

Another interesting finding in our study was that majority of women (63.63%) in the group who cited lack of information and accessibility (11 patients, 4.56%), was the one who had only one child or two children. But as the women were interviewed who cited the same reason (11 patients, 4.56%), it was realised that the percentage decreased in those women who had 3 or more children, so maybe having more children meant that they were more exposed to the information about contraceptives, or more empowered eventually, as they must have been expose to more doctors in health care for their subsequent deliveries.

Studies on contraceptive discontinuation give insight into both the adequacy of family planning services and client satisfaction with methods. Similarly, in an earlier study, those authors discuss how high rates of discontinuation may signal discontent with the method and/or family planning service provision, and that high failure rates likely indicate inadequate counselling.[17]

Our study also showed that the information about the side-effects and the health concerns regarding contraceptives increased in women (46.15%) who had more children as compared to women who had just one child (20%). This could perhaps mean the misguided information to women who underwent subsequent deliveries by the health care medical staff or the health care personnel at the clinics and or Rural Health Centres.

The attitude of health providers towards particular contraceptive methods in developing countries have been shown to influence continuation rates among clients.[4] Contraceptive switching has also been investigated as a potential marker of family planning service quality, though whether high rates of switching equate to strong or weak service provision has been debated in the literature. Several studies suggest that high rates of switching among modern methods can indicate an adequate range of available methods and a service environment flexible to women's needs.[18]

Along with the contraceptive method chosen, women's demographic and socioeconomic characteristics have also been found to be associated with contraceptive discontinuation and failure. Women under age 25 have higher contraceptive discontinuation rates than women 25 years of age or older.[19] Higher socioeconomic status has been shown to be associated with lower levels of failure and abandonment in need and higher levels of switching.[20,21]

CONCLUSION

Multiple reasons for discontinuation of contraceptive use include primarily concerns for side effects, desire to become pregnant, contraceptive availability,

accessibility, and acceptability. Family planning programmers and stakeholders need to identify women who strongly want to avoid pregnancy and finding ways to help the couples successfully initiate and maintain appropriate contraceptive use.

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