

Title:

A Review of Reasons for Women's Contraceptive Switching and Discontinuation

Adejoke B. Ayoola, PhD

Department of Nursing, Calvin College, Grand Rapids, MI, USA

Josephine Granner, BSN

Calvin College Department of Nursing, Grand Rapids, MI, USA

Session Title:

Global Contraceptive Behavior in Women

Slot:

J 03: Tuesday, 31 October 2017: 8:00 AM-8:45 AM

Scheduled Time:

8:00 AM

Keywords:

Contraceptive Discontinuation, Contraceptive Switching and Unplanned pregnancy

References:

Finer, L.B., & Zolna, M.R.(2014). Shifts in intended and unintended pregnancies in the United States, 2001-2008. *American Journal of Public Health*, 104(Suppl 1), S43-S48.

Finer, L. B., & Zolna, M. R. (2016). Declines in unintended pregnancy in the United States, 2008–2011. *New England Journal of Medicine*, 374(9), 843–852. <https://doi.org/10.1056/NEJMsa1506575>

Kost, K. (2015). Unintended pregnancy rates at the state level: Estimates for 2010 and trends since 2002. Retrieved January 6, 2017, from <https://www.gutmacher.org/fact-sheet/unintended-pregnancy-united-states>

Abstract Summary:

More than half of pregnancies in the United States are unplanned, and many of these are associated with contraceptive non-use. This session presents 20 reasons that women reported for switching or discontinuing contraceptives. The most common reasons concern partner involvement, access problems, cost, method dissatisfaction, health-related concerns and dosing frequency.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Restate the most common contraceptive agent discussed during the presentation	Contraceptive Agents Discussed in the Systematic Review (N= 16 studies) Pill- 87.5% Patch- 68.8% Injection- 68.8% IUD- 68.8% Condom- 68.8% Sterilization- 62.5% Vaginal Ring- 56.3% Implant- 50% Withdrawal- 43.8% Fertility Awareness- 43.8% Abortion- 37.5% Diaphragm- 31.3% Dual Method- 25% Sponge- 25% Spermicide- 25% Cervical Cap- 12.5% General Contraception- 12.5%
List at least six of the reasons why women switched or discontinued contraception	Major reasons why women switched or discontinued contraception as reported in the

	<p>studies reviewed (N=16 studies). Partner involvement- 87.5% Access problems- 68.8% Method dissatisfaction- 62.5% Cost- 62.5% Health-related concerns- 62.5% Trying to Pregnant- 62.5% Dosing frequency- 56.3% Perceived low risk of pregnancy- 43.8% Unclear pregnancy intentions- 43.8% Behaviors conflicting with pregnancy intentions- 43.8% Lapse in sexual activity- 43.8% Decreased sexual pleasure- 25% Changes in menstruation- 25% Perceived lack of reproductive control- 25% Not sexually active- 50% Benefits of planned pregnancy not evident- 18.8% Conspiracy and mistrust- 12.5%</p>
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Abstract Text:

More than half of pregnancies in the United States are unintended, and an estimated 95% of these pregnancies are the result of contraceptive non-use, incorrect or inconsistent use. This suggests a lack of sustained use of contraception. It is important for nurses and other health professionals to know women's reasons for discontinuing or switching contraceptive methods to design relevant programs to promote effective and sustained contraceptive use for women. This study aims to review the reasons for contraceptive switching and discontinuation among U.S women. A systematic literature review of studies that contained reasons for contraceptive switching or discontinuation was conducted using the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines. A literature search was performed using CINAHL, Psycinfo, Medline, PubMed and ScienceDirect databases from 2006 to 2016, published in English. Outcomes for which data were sought included women's reasons for contraceptive switching or discontinuation. Search terms used to identify relevant articles were, 'female contraceptive agents, women, change, contraception, methods, and behavior change.' Fifty-three articles remained after duplicate elimination and title and abstract screening. Sixteen of these studies met the study inclusion criteria based on full text article review. The participants in all the studies ranged from 13 to 55 years old. A majority of the studies were quantitative (86.7%), and 50% of the studies contained nationally representative samples. All the studies had racially diverse participants with an average of 46.3% White, 25.3% African American and 22.6% of Hispanic population. These 16 studies provided 20 reasons that women reported for switching or discontinuing contraceptive methods. The articles were ranked level one (6.3%), level two (56.3%) and higher than level two (37.5%) in evidence hierarchy. The reasons most commonly reported by women for discontinuing or switching contraceptive methods included partner involvement (87.5%), access problems (68.8%), cost (62.5%), method dissatisfaction (62.5%), health-related concerns (62.5%) and dosing frequency (56.3%). The three most frequently discussed reasons involved societal or interpersonal influences rather than personal choice. This review shows that male partners are highly involved in contraceptive decisions. Therefore, nurses need to include male partners in contraceptive education and future programs to reduce unintended pregnancy. Access and cost continues to hinder women from sustained use of contraceptives. It is therefore essential for nurses to determine the specific access-related problems and how to assist women to resolve these problems. Method dissatisfaction necessitates that nurses and other health professionals provide tailored-contraceptive education to promote effective and sustained contraceptive use for women. Future research should explore how to develop more effective and relevant teaching methods, address client concerns and encourage men and women in consistent contraceptive use.