

The Reasons of Discontinuing the Use of Contraceptive Methods

Ajita Mitra

Department of Population Sciences, University of Dhaka, Dhaka, Bangladesh.
Corresponding author: ajita_mitra01@yahoo.com

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Abstract: The family planning programs of Bangladesh has been considered to be an example of a successful program with a setting without a high level of socio-economic development. However, Contraception is the most important determinant contributing largely to fertility decline and some other related issues. Therefore, contraceptive prevalence has been used as an indicator to evaluate the implementation of family planning programs in the country. In the early stage of an implementation of the program, its focus was to motivate couples to adopt contraception, which is a proximate determinant of fertility control, to increase the contraceptive prevalence rate (CPR). The impact of contraceptive use on fertility depends upon its continuity, knowledge of contraception, client's experience, and perception and attitudes towards contraception. The reverse relationship of CPR and TFR (Total Fertility Rate) is well established in the literature and to uphold the further decline of TFR, a key concern for family planning programs is the rate at which users discontinue use of contraception and the reasons for such discontinuation. Since contraceptive use has increased, contraceptive discontinuation has become a major concern for the professionals involved to the field of population management to make it sustainable. Apparently, there is a lot of study on the prevalence rate of contraceptive among couples, but not sufficient knowledge about the reasons why couples do not use contraceptives even if they are motivated to limit family size, why couple switches the method used, and why they give up the contraceptives after using some days or a period. This implies that the study of discontinuation of contraceptive use, along with the associated factors for such discontinuation, becomes important that would have further implications for continuing the success of family planning programs in Bangladesh. The study investigates the reasons for married women not continuing specific method of contraceptives in Sylhet division of Bangladesh. They study was conducted in 2007. The findings suggest that the reason for discontinuation of contraceptive use were several side effects like heavy bleeding, spotting, anemia, weakness, irregular menstruation, burning sensation, and blood clot in the abdomen. The study recommends further emphasis on quality of care, as well as providing supplementary vitamins to the vulnerable groups to overcome the effects of malnutrition. It is also found that, discontinuation is highest for the method pill and the dominant reasons for this are side effects. The other reasons for the discontinuation of contraceptives are method related problems, method failure, infrequent sex, discomfort and some perceived negativity of methods.

Keywords: Contraceptive, CPR, Discontinuation, Family planning, TFR

Introduction

Bangladesh having a population of about 158.6 million is one of the most densely populated countries in the world (DSW, 2006). Throughout the first half of the last century, population increased in Bangladesh by only 45 percent due to a combination of high birth and high death rates. In the second half of the century, population growth was rapid, tripling, due to high birth but lower death rates. As a consequence, the population of Bangladesh has got a relatively young age structure with a larger portion of reproductive age, i.e. 58.27 percent belong to the age group 15 to 64 years (BBS, 2008), which indicates continued rapid population growth comprising "Population Momentum". The population projection indicates that it will be increasing rapidly even after attending the replacement-level because of the echo effect of the high fertility experienced in the past.

Bangladesh, with its characteristics of high growth rate and population density, widespread poverty, and very low literacy and standard of living, has faced no greater problem than its ever-increasing population. The country had one of the highest rates of population growth in the world in the 1960's and 1970's. Since then, however, it has seen a marked reduction in its total fertility rate (TFR), from 6.3 in 1971-1975 to 2.7 in 2004-2006 and over the same period, contraceptive prevalence rate (CPR) has increased from 7.7 percent to 55.8 percent (Mitra, 2007). There was a rapid decline by nearly two children per women between mid 1980 and early 1990, a plateau around 3.3 births per woman for most of the 1990s, followed by another noteworthy decline during the current decade.

Family planning programs have played an important role in reducing fertility in many countries through promoting the use of contraceptives. The sources of family planning methods play an important role in the promotion and maintenance of contraceptive use in the population. The government (public) sector is the predominant source of family planning methods. About 50 % of current users of modern methods depend on public sector sources and 37.8 % users depend on private medical sources, 6.5 % users depend on private non-medical sources, and only 5 % users rely on NGO sources (Mitra, 2007). In Bangladesh, about two in five users of contraceptive methods stop using the method within 12 months of starting (Mitra, 2007). There has been a slight decline in the overall discontinuation rate over the past three years from 49 % to 39 %, while use of pills and periodic abstinence has declined less over the same period. Not surprisingly, discontinuation rates are much higher for methods like condoms and withdrawal compared with other methods like injectables and periodic abstinence (Mitra, 2007).

This study tries to investigate method wise discontinuation of contraceptive use in Sylhet division in Bangladesh. The effort is there to explore the causes of discontinuation from specific method of contraception among the married women's in Sylhet. The study would have further implications for continuing the success of family planning programs in Bangladesh. In this context, the study is of considerable value for Bangladesh. The findings of the study may have implications on family planning system. The research was conducted in Sylhet Division of Bangladesh, where the CPR was lowest, 31.5 percent and the TFR was highest 3.7 (Mitra, 2007).

Materials and Methods

Goayanghat upazilla was selected randomly from 13 upazillas of Sylhet district by Simple Random Sampling. Alirgaon union was selected by the same process from 8 unions of the upazilla. Finally, 7 villages were selected randomly. In these seven villages, proportionate number of married women aged 15-49 was interviewed from each village. The sample frame was collected from the voter lists of the respective sampling area. According to the data provided by Upajilla Family Planning Officer (UFPO), the total land area of Gowainghat is 488.55 Sq. km and total population is 250,000, of which male and female are 134,000 and 116,000 respectively. Among them, total number of women aged 15-49 is 57,000, and the number of eligible couples is 40,000. Finally, a sample size of 385 has been determined to achieve the objectives of the study. Based on the objectives of the study and the variables and indicators used in the conceptual framework, a questionnaire had been developed for the collection of data. Data were collected through face-to-face interview from the field with questionnaire. Two Focus Group Discussions (FGD) were conducted following FGD checklists; one composed with women and another with men to investigate current method wise discontinuation rates and switching pattern among the users. The women who attended the FGD, were selected proportionately in terms of age, education, religion, and discontinuation of contraceptive use.

Data Analysis

Data analysis was performed in two stages using the data analysis software SPSS (Statistical Package for the Social Science). At univariate level, socio-economic, cultural, demographic, programmatic, and decision making factors which affect discontinuation of contraceptive use, are presented. Since univariate analysis does not give a relationship or association between variables, the relationships or associations are examined at bivariate level. At bivariate level, relationships between dependent variable and some selected correlates are examined. As the dependent variable is at the nominal level, the Chi Square test is used to see the significance/ extent of bivariate relationship.

Results

Socio-Economic Characteristics

According to the study framework, three broad categories of the factors were identified. Those were predisposing factors, disorder characteristics and service oriented factors. Mainly the socio-economic and demographic characteristics of the respondent and their family members were the main determinant of predisposing factors. The study findings show that majority respondents were married women aged 15-49 years. It was observed that majority of the respondents were unemployed with income generating activities, i.e. 80 percent of them are house-wives. 3.4

percent of them are involved with agriculture. It was found that 4.9 percent, 7.3 percent, 2.9 percent, and 1 percent of the respondents are self-employed with handicrafts, poultry, and animal husbandry respectively. Only 1 percent of the respondents were found to have small business. The majority respondents and their spouses were illiterate or just able to sign their name 40 percent of the respondents and 20.5 percent of their husbands belong to the level primary incomplete. It is observed that the percentage of primary complete is almost same among both the respondents and their husbands. Among the respondents, only 4.4 percent have completed secondary and above, whereas, 12.7 percent of the respondents husbands have completed the same level of education.

The decision about family planning and contraception largely depends on age, parity and duration of marriage thus has an effect on the future intention of contraceptive behavior. At the age distribution, the majority of the respondent and their husband belonged to two age groups which were 30 to 35 cohorts and 45 to 50 cohorts. The mean number of living children of the respondents is 3.05, which means that, on an average, the respondents have 3.05 living children. The highest number of living children is 9 which belong to only 0.3 percent of the respondents. The duration of marriage of the respondents is 13.28 years. 22.6 percent of the respondents have a marital duration of 10 to 15 years, 21.6 percent has duration of 5 to 10 years, and 14 percent has duration of 1 to 5 years. Only 2.9 percent of the respondents have duration of 30 to 35 years.

Decision Making about the Using Contraceptives

Decision making is the first step to start a contraceptive career and thus important for the consistent and effective contraceptive behavior. It was found that majority of the respondents (84.2 percent) took decision about family planning jointly with their husbands, 5.5 percent took decision independently and the rest 10.4 percent respondents depend on their husband's decision.

Respondents' Knowledge about Contraceptive Methods

Contraceptive use behavior largely depends on client's knowledge about family planning as well as contraceptive methods. Table 1 shows that almost all the respondents have heard of pill, injectables, and tubectomy, the rate is 100 percent, 94.7 percent and 98.1 percent respectively. Knowledge of other methods is also widespread; as majority of the respondents have heard of IUD (86.2 percent), implants (62.3 percent), and vasectomy (85.3 percent)

Table 1: Respondents' Knowledge about Contraceptive Methods

Name of FP Methods	Frequency	Percentage
Oral Contraceptive Pill	385	100 %
IUD	332	86.2 %
Injectables	365	94.7 %
Implants	240	62.3 %
Condom	343	89.2 %
Tubectomy	378	98.1 %
Vasectomy	328	85.3 %
Mean Number of Methods Known = 6.2		

Respondents Ever Use of Contraception

Respondents who said that they had heard of a method of family planning were asked whether they have ever used the method. Ever use of family planning method indicates the use of method at any time, without making a distinction between past and current use. Table 2 shows the percentage of the respondents who were exposed to use contraceptives at least once. The data show that 89.1 percent of the respondents have used a contraceptive method at some time, and 10.9 percent of them have never used any method.

Table 2: Respondents Ever Use of Contraception

Ever Use of Contraception	Frequency	Percentage
Yes	343	89.1%
No	42	10.9%
Total	385	100.0%

The study looks into the period in which young people are sexually active and use contraceptives to regulate fertility in terms of duration of starting contraceptive use. It can be seen that 69.9 percent of the respondents started use of

contraceptives more than three years preceding the survey, 11 percent of them started using contraceptives just 1 year ago, and 7.8 percent started 2 years ago.

Reasons for Discontinuing the Use of Contraceptive Methods

Method wise discontinuation of contraceptive use is the main focus of the study and the findings suggest that the reasons for such discontinuation vary with different methods. Table 3 presents the percentage distribution of method wise discontinuation of contraceptive by main reason for discontinuation. It can be observed that discontinuation rate is highest among the pill users (57.9 percent) and the dominant reason is side effects, i.e. 27.3 percent pill discontinuation occurred due to side effects. 14 percent of the respondents discontinue from injectables and 12.3 percent discontinued from condoms. Discontinuation from injectables is also occurred mainly by the side effects. About 11.4 percent of the respondents discontinue because they became pregnant, and another 11.4 percent discontinued because they felt the methods inconvenient to use. 10.5 percent respondents discontinue contraceptives because of disapproval of their husbands to use contraceptives. 9.6 percent women discontinued their methods as they wanted to become pregnant. Among the rest of the discontinuers, 8.8 percent discontinue for infrequent sex, 6.1 percent discontinued because of husband living away, 4.4 percent discontinued due to perception of sterility, 2.6 percent discontinuation occurred due to fear of method failure and another 2.6 percent because of discomfort and 0.9 percent stopped using contraceptives due to marital separation.

Table 3: Main Reason for Discontinuation of Contraceptive Use

Cause of Discontinuation	Pill	Condom	IUD	Injection	Implant	Total
Became Pregnant	7.9%	.9%	.0%	2.6%	.0%	11.4%
Wanted to Become Pregnant	5.3%	.0%	.9%	2.6%	.9%	9.6%
Fear of Method Failure	.0%	2.6%	.0%	.0%	.0%	2.6%
Husband Disapproved	.9%	5.3%	3.5%	.0%	.9%	10.5%
Side Effects	15.8%	.0%	.9%	8.8%	6.1%	31.6%
Inconvenient to Use	7.9%	3.5%	.0%	.0%	.0%	11.4%
Discomfort	.0%	.0%	1.8%	.0%	.9%	2.6%
Infrequent Sex	8.8%	.0%	.0%	.0%	.0%	8.8%
Husband Away	6.1%	.0%	.0%	.0%	.0%	6.1%
Marital Separation	.9%	.0%	.0%	.0%	.0%	.9%
Perception of Sterility	4.4%	.0%	.0%	.0%	.0%	4.4%
Total	57.9%	12.3%	7.0%	14.0%	8.8%	100.0%

Findings from FGD

It reflects from the FGD that severe side effects like bleeding, anemia, weakness, dizziness, headache, no menstruation, and burning sensation were the main reason from the discontinuation of injectables. While many of them mentioned that the main reasons for discontinuing from pill were accidental pregnancy, fear of absentmindedness, and health problems for prolonged use such as weight gain, gastric, fever etc. Some of the women think that lactating women should not use pill as it may reduce breast milk. However, two main reasons for discontinuation from IUD were heavy bleeding and losing the thread into the abdomen. One also said that her husband felt discomfort during intercourse. Almost half of the attendants mentioned that their husbands disagreed to use condoms. Most of them stated that their husbands disagreed to do vasectomy as well as to allow them to have tubectomy because of their perceived lack of strength to work after operation. The women opined about male participation in family planning which is not encouraging.

The findings from the FGD with males also indicate that they have reservation about family planning and they often discourage their wives to use any method. Very low number of husbands were found to use condoms and lowest number of them had vasectomy. It was found that the perceived fear of impotence is the main reason why male do not accept vasectomy. An interesting finding from the male FGD was female's disapproves to get their husbands vasectomized for the same reason– fear of impotence. Even in some cases, males do not like to see using contraceptives by the women; they like to refer to God for having children and take care of them. In such cases,

some women take contraceptives from the Family Planning Workers without informing their husbands and use it confidentially.

Discussion

In this study the effort was to explore the discontinuation of using different contraceptive methods, among married women in Sylhet division of Bangladesh. At present most of the studies in Bangladesh, explicitly describe the attitudes, beliefs and practices that prevail among the vast population who are vulnerable and reside in rural areas. Side effects and other method-related reasons are the two primary reasons for contraceptive discontinuation in rural Bangladesh (Hossain & Mian, 2002).

The main objective was to identify the cause of discontinuation of specific methods of contraceptives use. The study findings shows 89 percent of the couples had ever used of at least a method. But it was also found that, the clients did not have enough knowledge about different methods and how to use them properly. It was observed that 33 percent of them had discontinued using contraceptives, resulting in unwanted pregnancy as well as unplanned family. The findings suggest that effective contraceptive behavior depends on the commencement of using, proper use of contraceptives and continuation of use. The findings suggest that both male and female participation in decision making regarding family planning as well as practice of contraception can promote effective contraceptive behavior.

The findings suggest that the reversible methods most likely to be discontinued. The rate of discontinuation is highest for the pill users, followed by injectables, and condoms. The use of longer acting contraceptive methods like implants and IUD results in the lower rate of discontinuation. For all methods, side effects are the most frequently cited reason for stopping use. Method related problems, infrequent sex, and perception of sterility contributed a large for the discontinuation of contraceptive use. It was found in a study in Luzon, Philippines that side effects and health concerns were the most common reason for discontinuing a contraceptive method among women when they did not wish to become pregnant (Henry, 2000).

Earlier study findings suggest that the important factors that differentiate women on discontinuation of contraception are source of supply, parity, age of women and region of residence (Chakroborty & Islam, 2006; Kalam & Khan, 2000). Another study examined discontinuation and switching behavior among ever married women; where side effects were the major cause of discontinuation rates for the pill, IUD, and injectables. Method-related reasons were the cause of discontinuation among condom users (Sabir & Mitra 1996). The study findings are the same as from earlier studies, but especially, side effects as bleeding, anemia, weakness, dizziness, headache, no menstruation, and burning sensation can be interpreted as cause of method wise discontinuation from this study. Another study revealed that Bangladesh has experienced a substantial decline in fertility that has been achieved by means of a large increase in the use of modern methods of contraception (Steele and Diamond, 1999). The individual-level characteristics found to influence switching behavior include the method used, method-related difficulties with previous contraceptive use, and education. In a study, it was found that discontinuation of oral contraceptives methods in Bangladesh, remains fairly high (Khan, 2003). The analysis also revealed that women who discontinued oral contraceptives use reported the experience of side effects as the main reason for discontinuing, followed by wanting more children, insufficient supply of oral contraceptives, unintended pregnancy and unwanted pregnancies. This paper identified similar factors associated with discontinuation of oral contraceptives use. Side effects of contraceptives found to be the major cause for stopping use of all methods. Method related problems, infrequent sex, and perception of sterility contributed a large for the discontinuation of contraceptive use.

Another contrasting finding of the study revealed from both of the FGDs, it is found that females are more conscious about contraception and family size than their husbands while males are not adequately involved with family planning. They are not conscious enough about their responsibilities in contraception. In the light of the study findings, it can be recommended that family planning programs need to integrate a strong awareness program; women need detail and clear information about side effects of each method and they need to be ensured of the quality of methods which can reduce discontinuation rates among contraceptive acceptors. At the same time, present family planning programs need to take initiatives to increase male involvement in terms of family planning and contraception.

The current family planning programs need to take initiatives to increase male involvement in family planning and use of contraceptives. Other factors that could reduce discontinuation are local government support for the family planning program.

Conclusion

The findings of the study indicate that discontinuation of contraceptive use varies by method, as well as by the demographic and behavioral characteristics of the user. It was found that discontinuation was affected more by demographic factors such as the age, age at marriage, duration of marriage and use of contraceptives, parity and expected number of children, than the socioeconomic and cultural factors. Some programmatic factors also largely affect the discontinuation of contraceptive use. The professionals, development workers and all other relevant people need to pay attention how to make both men and women aware about every contraceptive method. In order to reduce the discontinuation, people should be informed about the possible side effects of the methods so that they can select the right one and the Family Planning workers need to follow up the users. But family planning program alone cannot accomplish success in terms of achieving a desired level of fertility decline. Mass awareness is crucial; this is the high time to focus not only on start using contraceptives but also on effective contraceptive behavior.

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