



Stopping v. Switching Factors Behind Contraceptive Decision-Making

Women who stop using a contraceptive method usually do so within the first two years, and more than one third quit within the first year alone. Many of these women discontinue their method while still wanting to avoid pregnancy, or when they are still in need, often for method-related reasons. Some women quickly switch to a new method (switching) within two months while others do not, ultimately stopping their use altogether.

What factors can help us predict which women are at risk of stopping altogether while still in need? Understanding those factors can help decisionmakers tailor policies and programs to better meet women's contraceptive needs and reproductive health goals.

Among women who discontinued for a method-related reason, slightly more than half (51%) stopped altogether and slightly less than half (49%) switched to another method.¹

New Users, Women in Poor Households, and Those With Less Education Are More Likely to Stop Than Switch

Several characteristics are associated with stopping use of a contraceptive due to method-related reasons, placing women at greater risk of unintended pregnancy



Women with **less education** are more likely to stop than women with higher education.



Women from **poorer households** are more likely to stop compared with those from wealthier households.



New users are more likely to stop compared with women who have used before.



Women in sub-Saharan African countries, particularly **West/Central Africa**, are more likely to stop than women in other regions.

¹Method-related reasons include: side effects and health concerns, wanting a more effective method, or other method-related reasons such as cost, access, and inconvenience.

Type of Method Matters

Women's decisions to switch v. stop vary by method

- IUD, implant, and injectable users are more likely to stop than traditional users.
- Users of methods that require active discontinuation (for example, removal of an IUD) are more likely to stop than some users that require passive discontinuation (for example, stopping use of the pill).
- Side effects are the most common reason reported for both stopping and switching a contraceptive method, especially among hormonal users and particularly the IUD or implant.



What Can Policymakers Do?

To enhance contraceptive continuation among women who wish to prevent pregnancy, national family planning policies and strategies should prioritize:

- Investing in strengthening comprehensive contraceptive counseling to include managing expectations of potential bleeding changes and utilizing visual aids for low-literacy learners.
- Including indicators related to continuing users in policy documents and measurement systems to better gauge behaviors of this group at subnational and local levels.
- Improving access to the full range of contraceptive options to include increased provider training on all available methods and integrating support for self-care methods.
- Strengthening reminder mechanisms for contraceptive adherence through use of appointment cards or text messages.

References

- Sarah Castle and Ian Askew, *Contraceptive Discontinuation: Reasons, Challenges, and Solutions* (Dec. 2015), https://sharenetinternational.org/wp-content/uploads/2021/09/FP2020_ContraceptiveDiscontinuation_SinglePageRevise_12.16.15.pdf.
- PRB analysis of DHS data.



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