



**UNITED NATIONS RELIEF & WORKS AGENCY  
FOR PALESTINE REFUGEES IN THE NEAR EAST  
(UNRWA)**

**HEALTH DEPARTMENT**

**Report on an  
Agency-wide study  
on**

***DISCONTINUATION RATE OF MODERN  
CONTRACEPTIVE METHODS***

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## ***DISCONTINUATION RATE OF MODERN CONTRACEPTIVE METHODS***

### ***I. INTRODUCTION***

Consistent with the WHO policy, UNRWA introduced family planning services in 1993 as an integral part of its maternal and child health programme.

The main objective of the FP programme is to promote health of mothers, children and subsequently their families. This could be achieved through the provision of high quality family planning programme which advocates birth spacing to avoid too close, too early and too late pregnancies.

To implement this integrated programme, a comprehensive maternal health strategy was formulated and implemented Agency-wide as a continuum of care to women in the reproductive age during ante-natal, post-natal and family planning. In addition family planning services were integrated within the child health care services.

The Agency offers a wide range of modern contraceptive methods including pills for breast feeders, pills for non-breast feeders, IUDs, condoms and spermicide vaginal suppositories. These methods are offered to clients free of charge through UNRWA's health centres and MCH centres to increase accessibility and acceptability.

According to an Agency-wide study conducted in 1995 to assess contraceptive practices among mothers of children 0-3 years of age, the prevalence of contraceptive use Agency-wide was (31.0%) among this target population. The contraceptive prevalence was (33.9%) in Jordan, (33.5%) in West Bank, (23.7%) in Gaza, (52.6%) in Lebanon and (46.7%) in Syria.

It was observed from routine data reported on family planning activities from the Fields that a proportion of clients discontinue using the family planning services. Therefore, it has become increasingly important to assess the magnitude of the problem and to focus on factors that affect continuation of use, as high discontinuation rate may lead to a large number of unwanted pregnancies and births among women which may pose serious health risks.

Accordingly, an Agency-wide study was conducted to evaluate the problem of discontinuation and its reasons. The results and the recommendations of the study were and will be applied operationally to make the necessary service improvements through the implementation of related action-oriented activities. In addition the study will provide quantitative basis for monitoring FP programme and evaluate clinic performance.

## **II. OBJECTIVES**

The ultimate objective of the study is to assess the current situation regarding continuation of contraceptive methods and identify future programme needs leading to the development of action-oriented activities to reduce unwanted pregnancies and thereby improve the general health and quality of life of the served population.

The study will provide a quantitative basis for monitoring the progress of UNRWA's FP programme and evaluate clinics' performance on discontinuation of modern contraceptive methods offered by the programme. The specific objectives of the study are:

1. estimating discontinuation rate of FP acceptors using modern contraceptive methods offered by UNRWA's FP programme during the 6 month study period at health centre level Agency-wide.
2. estimating method-specific discontinuation rates during the study period and identifying contraceptive methods which are most continued.
3. identifying the characteristics of discontinuers and comparing them with those of continuers in order to identify groups at higher risk of discontinuation.
4. identifying the most common reasons for discontinuation .

## **III. STUDY PERIOD**

The study period covered the 6 month period from July 1 to December 31, 1995.

## **IV. TARGET POPULATION AND SAMPLING**

The study population was UNRWA's family planning acceptors in each health centre and MCH centre. Health points were excluded from this study for logistic purposes. The study population included continuing users, new acceptors and defaulters of UNRWA's FP programme during the study period. The sample size of the study was calculated as follows:

- a. All defaulters of FP acceptors in every HC and MCH centre according to UNRWA's criteria during the study period were included.
- b. For studying the characteristics of continuing users a sample size double the number of defaulters was included as a comparative group. This sample was selected through a systematic random sampling technique. The sample size was determined at each health centre and MCH centre according to a sample fraction calculated by using the following formula:

$$\text{Sample Fraction} = \frac{\text{Total No. of FP acceptors at 31 December 1995}}{\text{No. of defaulters} \times 2}$$

## V. SOURCE OF DATA

1. Maternal Health/Family Planning Records.
2. Monthly MCH/FP reports.
3. Standard questionnaire completed through direct interview with clients, both continuing users and discontinuers. A special Tally Sheet was designed to record the information. (Please refer to Annex I)

## VI. DESIGN AND METHODOLOGY

In this study two study designs were followed:

1. A retrospective cross-sectional design was adopted to estimate the current discontinuation rates during the 6 month study period and their main reasons.
2. A comparative study design was adopted to study the characteristics of discontinuers and continuers.

Follow-up studies will be conducted in future to evaluate the changes of these rates after the implementation of action-oriented activities to improve service delivery and clinic performance.

The methodology which was followed in the study depended on relevant parameters needed for specific objective of discontinuation as follows:

### 1. To study discontinuation rate, the following parameters were included:

- a. The total number of family planning acceptors (remaining) as of 30 June, 1995. This was obtained from the MCH/FP reports June, 1995 of each clinic.
- b. The total number of the new family planning acceptors during the 6 months study period. This was obtained by the summation of the total number of new family planning acceptors in each month from July 1 to December, 1995.
- c. Defaulters during the 6 month study period. This was obtained by reviewing the FP records.

The discontinuation rate for the 6 months period was calculated according to the following formula:

$$DR = \frac{d}{a} \times 100 \text{ Users}$$

Where:

DR = Discontinuation Rate for the FP programme.

d = All FP discontinuers (defaulters) during the study period.

a = Total FP acceptors as of 30 June, 1995 + New FP acceptors during the study period

**2. To study the method-specific discontinuation rates:**

For each modern contraceptive method provided by UNRWA's FP Programme, the discontinuation rate was calculated using the same formula:

$$DR(method) = \frac{d(method)}{a(method)} \times 100 \text{ Users}$$

Where DR, d, a are method specific variables calculated as mentioned above.

**3. To identify the characteristics of discontinuers and continuers:** to study and compare some of the basic characteristics of the two groups, the following issues were considered:

a. Study Group:

- i. All discontinuers (defaulters) during the study period were included
- ii. A sample size of continuing users double the number of defaulters calculated (as in para IV b) above was used as a comparison group.

b. Variables:

The following variables were obtained from the Maternal Health/FP records of both groups:

Serial No., client's age, No. of living children, age of the youngest child, last contraceptive method used (for discontinuers) or currently used for continuers and duration of method use. *{Please refer to Annex II for definitions of study variables and parameters}*

- c. The data was analysed and the characteristics of each group were studied and compared to see if these characteristics differ significantly among the two groups.

**4. To identify reasons for discontinuation of contraceptive use:** The necessary information were obtained as follows:

- a. From the Maternal Health/FP records of discontinuers(defaulters), if it was noted in the record.
- b. Through standard questionnaire completed through direct interview. The clients who stopped using the family planning services were questioned on reasons for discontinuation through the well-baby, general, ante-natal or post-natal services or through out reach, (home visiting) or calling by telephone if possible.

It has been decided to include the 8 leading causes of discontinuation, in addition to the category "Others" which includes other possible reasons.

The following were the reasons included:

1. Side effect: If the women experienced side effects while using the method.
2. Want children: If she stopped the method to get pregnant.
3. Stock-out: If she stopped using the method because it was not available at the HC/MCH.
4. Social pressure: Familial (close relative) opposition.
5. Pregnant: If she got pregnant while using the method e.g. on top of IUD (Method failure).
6. No sex: If she is not sexually active: divorced, widow or if her husband is sick or away.
7. Unsatisfied: If she stopped using the method because she was not satisfied with the quality of service provided by UNRWA like staff attitude, waiting time or preference of a female provider.
8. Health concerns: If she stopped the method because she is suffering from a medical problem and she was afraid that the contraceptive methods might aggravate her disease.
9. Others: Other possible causes.

If the reason was not known due to inability to track the client, "unknown" was recorded in the remarks column in the Tally Sheet.

## ***VII. DATA COLLECTION AND DATA ENTRY:***

The following issues were considered in collecting and entering data:

1. The data was collected by well trained staff members from all health centres and MCH centres excluding health points.
2. The obtained data was recorded on a Tally Sheet designed for this study. Separate Tally Sheets were used for the two groups (see Annex II)
3. For continuers the information on the Tally Sheet was completed except the last section on reasons of discontinuation. For discontinuers all data was completed.
4. The data was compiled and analysed using Epi-Info computer programme at the Field level. A Field report was prepared and forwarded to HQ together with the data.
5. All data received from the Fields were analysed by the same computer programme, compared and compiled at HQ to produce Agency-wide results and this report.

## VIII RESULTS AND ANALYSIS

### 1. The Descriptive Study:

A cross-sectional descriptive study was adopted to study the following elements:

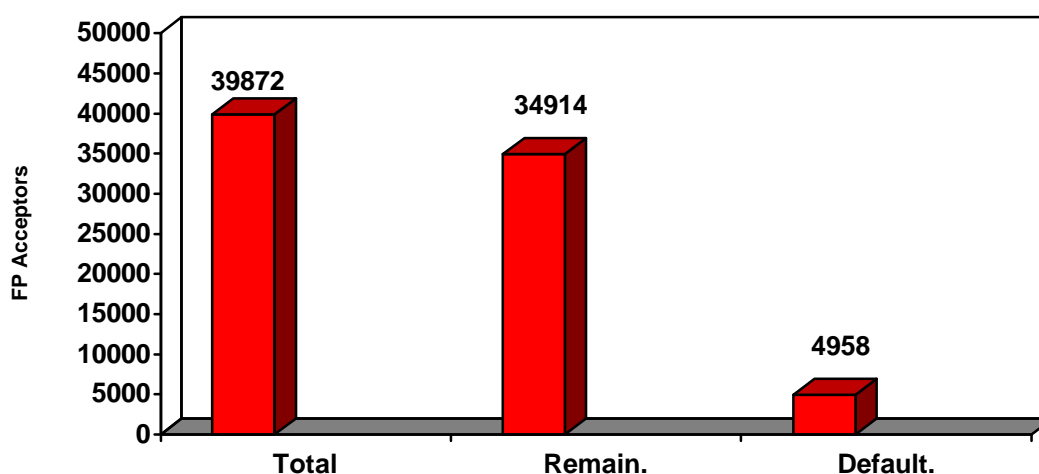
#### 1.1 *Family Planning Acceptors:*

The total number of FP acceptors at end of June 1995 Agency-wide was 28,327. Over the 6 month study period a total of 11,545 new acceptors joined UNRWA's family planning programme in all Fields. Of whom, 4,434 were Pill acceptors, 3,701 were IUD acceptors, 2,576 were Condom acceptors and 834 were Spermicide acceptors. Accordingly, the total family planning acceptors Agency-wide at 31 December 1995 in the selected health centres and MCH centres should have amounted to 39,872. However, the number of the remaining family planning acceptors in those health and MCH centres was 34,914. The difference between the expected and the actual total family planning acceptors at 31 December 1995 (4,958) represents the number of defaulters (discontinuers). Details of these figures are shown in Table 1 and 2 below.

*Table 1: Total Family Planning Acceptors*

Field	FP Acceptors	New FP Acceptors During The Study Period					FP Acceptors at 31 Dec. 1995
	at 30 June 1995	Pills	IUD	Cond.	Supp.	Total	
Jordan	5,508	1,458	773	737	349	3,317	8,825
West Bank	3,766	726	609	338	119	1,792	5,558
Gaza	10,596	992	1,622	959	227	3,800	14,396
Lebanon	3,400	613	324	337	52	1,326	4,726
Syria	5,057	645	373	205	87	1,310	6,367
<b>Total</b>	<b>28,327</b>	<b>4,434</b>	<b>3,701</b>	<b>2,576</b>	<b>834</b>	<b>11,545</b>	<b>39,872</b>

*Fig 1: Number of Family Planning Acceptors If Clients Had Not Discontinued*



## 1.2 Discontinuation Rate:

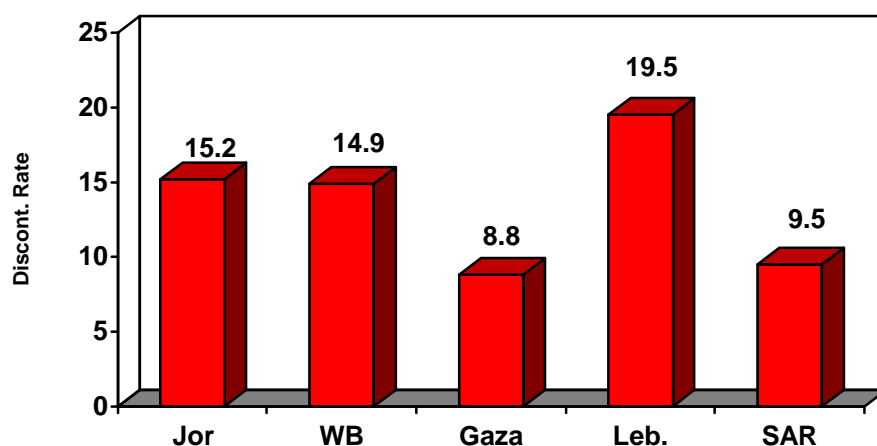
During the 6 month study period a total of 4,958 FP acceptors discontinued the use of contraceptives and were considered defaulters (discontinuers) according to the criteria of adopted by UNRWA's family planning programme (Please refer to Annex II for UNRWA's Criteria). The discontinuation rate Agency-wide was 12.4 per 100 users. The Field specific discontinuation rates were 8.8 in Gaza, 9.5 in Syria, 14.9 in West Bank, 15.2 in Jordan and 19.5 per 100 users in Lebanon as shown in Table & Figure 2.

This study was designed to assess discontinuation rate within and between Fields, as part of clinic performance. There were wide variations in the rates within and between Fields. For more details on discontinuation rates by health centre in each Field, please refer to Annex ( III ).

**Table 2: Discontinuation Rate Per 100 Users During the 6 Month Study Period**

<i>Field</i>	<i>FP Acceptors at 31 December 1995</i>	<i>Defaulters (Discontinuers)</i>	<i>Discontinuation Rate Per 100 Users</i>
<i>Jordan</i>	8,825	1,337	15.2
<i>West Bank</i>	5,558	830	14.9
<i>Gaza</i>	14,360	1,261	8.8
<i>Lebanon</i>	4,726	922	19.5
<i>Syria</i>	6,367	608	9.5
<i>Total</i>	39,872	4,958	12.4

**Fig 2: Discontinuation Rate during the 6 Month Study Period**



### 1.3 Method Specific Discontinuation Rate:

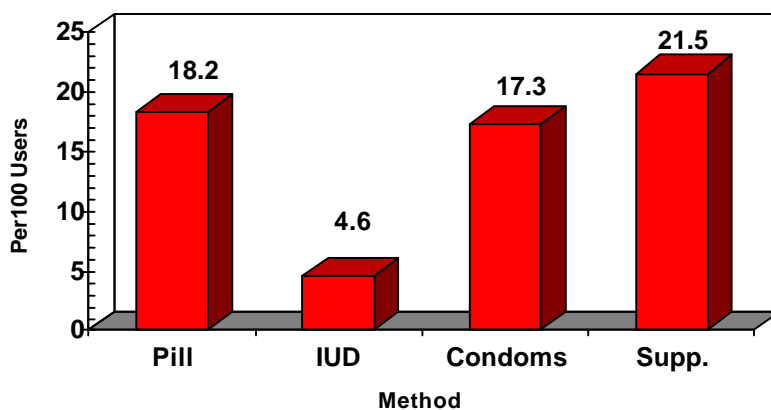
Data analysis showed that the highest discontinuation rate was among spermicide (supp.) users 21.5 per 100 users, followed by pill 18.2, Condom 17.3 and the lowest discontinuation rate 4.6 per 100 users was among IUD users. The high discontinuation rate among spermicide and condom users could be attributed to the temporary use of these methods before switching to more effective methods. While the higher discontinuation rate of pill users compared to that of the IUD users, both of which are considered as effective methods, needs further study as this might indicate the presence of a problem in either the method (pills) itself or in counselling.

Different studies (1) showed that pill is difficult to use consistently on a day-to-day and month-to-month basis, as it needs an action on part of the client. In addition, women's misunderstandings about and fears of the pill might affect their attitude towards the use of this method. Table 3 and Figure 3 present the method specific results.

**Table 3: Method Specific Discontinuation Rate**

<i>Method</i>	<i>Total FP Acceptors at 31 December</i>	<i>Discontinuers</i>	<i>Discontinuation Rate Per 100 Users</i>
<i>Pills</i>	<i>13,398</i>	<i>2,443</i>	<i>18.2</i>
<i>IUD</i>	<i>17,030</i>	<i>784</i>	<i>4.6</i>
<i>Condoms</i>	<i>7,119</i>	<i>1,230</i>	<i>17.3</i>
<i>Supp.</i>	<i>2,325</i>	<i>501</i>	<i>21.5</i>
<i>Total</i>	<i>39,872</i>	<i>4,958</i>	<i>12.4</i>

**Fig 3: Method Specific Discontinuation Rate**



#### 1.4 Reasons of discontinuation:

As shown in Table 4 different reasons were behind discontinuation of contraceptive methods. Analysis of reasons by woman's age, duration of use and by contraceptive method used was carried out and the results are presented in Annex (IV). Reasons for discontinuation were as follows:

**1.4.1 Desire to have more children:** This was the most common reason for discontinuation of contraceptive methods. 35.6% of the defaulters Agency-wide had discontinued contraceptive use because they desired to have more children. The highest proportion of discontinuation due to this reason was in the West Bank 42.3%. This observation needs further study especially if we know that 52.4% of discontinuers stopped using the method during the first 3 months of contraceptive use which could possibly lead to a short birth interval.

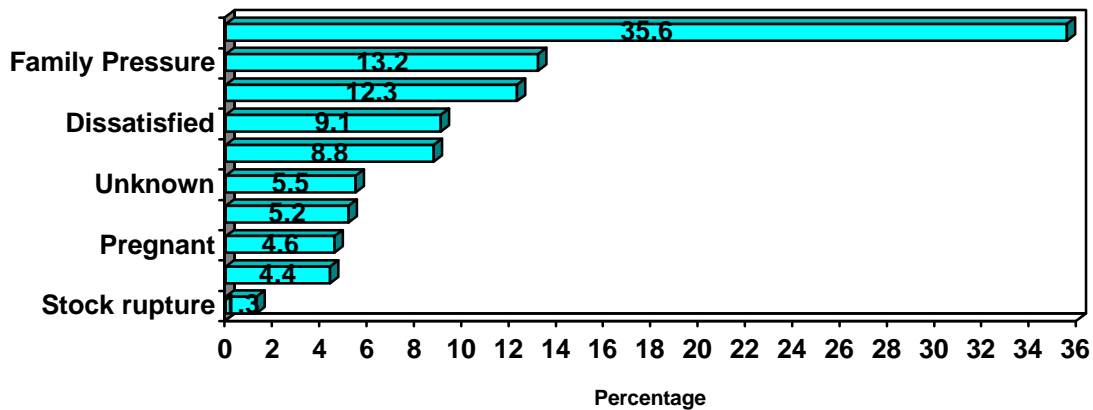
It is only natural and normal for people to have children. UNRWA's FP programme recognises this fact as it advocates birth spacing rather than birth limitation. Discontinuation of contraceptive use is therefore expected to take place at some point in time. The main issue in this respect is to plan the timing of discontinuation so that a fairly long birth interval is guaranteed. Analysis shows that 80.6% of those who wanted to get pregnant discontinued contraceptive use within 9 months of starting the method.

Analysis of data, revealed that the strength of this factor as a reason of discontinuation decreases with the increase of the woman's age, the increase of the duration of method use, the increase of age of youngest child and the decrease in method effectiveness. (For more details, please refer to Annex IV)

**Table 4: Reasons of Discontinuation of FP Methods, in Order of Frequency, All Fields**

Reasons of discontinuation	Jordan		West Bank		Gaza		Lebanon		Syria		All Fields	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Want children	486	36.4	351	42.3	362	28.7	329	35.7	237	39.0	1765	35.6
Family pressure	146	10.9	136	16.4	255	20.2	84	9.1	33	5.4	654	13.2
Side effects	114	8.5	105	12.7	220	17.4	148	16.1	25	4.1	612	12.3
Dissatisfied	195	14.6	109	13.1	30	2.4	10	1.1	106	17.4	450	9.1
Others	109	8.2	22	2.7	128	10.2	116	12.6	61	10.0	436	8.8
Unknown	89	6.7	8	1.0	39	3.1	49	5.3	86	14.1	271	5.5
Health Problems	40	3.0	57	6.9	80	6.3	66	7.2	13	2.1	256	5.2
Pregnant	59	4.4	25	3.0	79	6.3	45	4.9	21	3.5	229	4.6
No sex	76	5.7	11	1.3	47	3.7	61	6.6	25	4.1	220	4.4
Stock rupture	23	1.7	6	0.7	21	1.7	14	1.5	1	0.2	65	1.3
<b>Total</b>	<b>1337</b>	<b>100</b>	<b>830</b>	<b>100</b>	<b>1261</b>	<b>100</b>	<b>922</b>	<b>100</b>	<b>608</b>	<b>100</b>	<b>4958</b>	<b>100</b>

**Fig 4: Reasons of Discontinuation of Contraceptive Methods**



**1.4.2 Family Pressure:** Discontinuation due to family pressure was found to be the second most common reason for discontinuation. 13.2% of discontinuers Agency-wide had discontinued the use of contraceptives due to family pressure. It can be observed, from results presented in table 4, that this factor is more prominent in Gaza and West Bank than in other Fields. Discontinuers due to this reason in gaza and West Bank are 20.2% and 16.4% respectively. These results highlight the importance of family involvement especially husbands in the counselling process which could be a decisive factor in the continuation of contraceptive use. Analysis shows that the strength of family pressure as a reason for discontinuation decreases with the increase of the woman's age till the age of 35 years, the increase of the duration of contraceptive use and the increase in method effectiveness.

**1.4.3 Side Effects:** Agency-wide, discontinuers due to side effects associated with the method used, constitute 12.3% of all discontinuers. The percentage attributed to this reason varied between the Fields from 17.4% in Gaza to 4.1% in Syria. For actual side effects we do not expect to have such wide variation as contraceptive supplies at all Fields are standard. This variation could be due to either inadequate counselling resulting in improper selection of the right method or to perceived side effects which could be improved by proper counselling of women about minor or temporary side effects. Further analysis showed that pill discontinuation rate drops from 52.8 per 100 users during the first 3 months of use to 21.4 per 100 users during the second 3 months which could imply that, if a woman passed the critical period of temporary side effects, she is more likely to continue with the method.

**1.4.4 Dissatisfaction with services:** 9.1% of discontinuers Agency-wide, discontinued the use of contraceptive due to this reason. Dissatisfied clients expressed their attitudes either directly through interviews or indirectly by seeking the service from other providers. Complaints about the long waiting time, UNRWA's registration procedures and preference of female provider should be examined thoroughly. The percentages are low in Gaza and Lebanon Field as they included change of providers in the "Others"category, while in other Fields the percentages are very close.

The quality of services provided should be examined very carefully. Future studies should evaluate the maternal health services including family planning from the technical and perceived (client satisfaction) aspects.

Analysis of Jordan Field's data showed that 14.6% of discontinuers in the Field expressed their dissatisfaction with the services. Out of which 2.8% of discontinuers stopped using the method as they prefer a female physician. 5.9% sought other health providers which could be partly due to the same reason especially for IUD insertion. The issue of female preference should be taken into consideration in appointing female physicians as females are preferred in the provision of MCH services including family Planning.

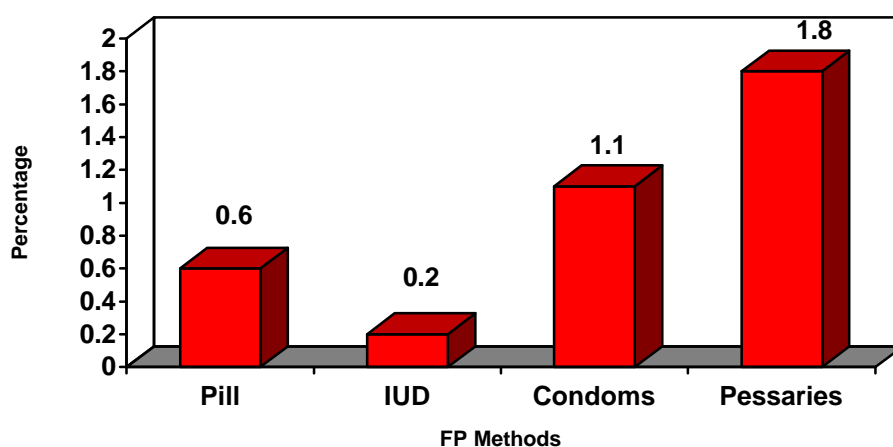
**1.4.5 Method Failure:** One of the important reasons of discontinuation was method failure. 4.6% of discontinuers stopped using the method as they got pregnant while using it. As method failure is of critical importance in contraceptive use, further analysis of data was carried out to assess method specific failure rates and compare them with documented rates.

Table 6 below shows that method failure of oral contraceptive pills, for both breast feeders and non-breast feeders, is 0.6 per 100 users while for IUD Cu T 380A is 0.2 per 100 users for condoms 1.1 per 100 users and 1.8 per 100 users for spermicide supp.

**Table 5: Method Failure as per 100 users**

<i>Field</i>	<i>Pills</i>	<i>IUD</i>	<i>Condom</i>	<i>Supp.</i>	<i>Total</i>
<i>Jordan</i>	<i>0.2</i>	<i>0.3</i>	<i>1.4</i>	<i>2.3</i>	<i>0.7</i>
<i>West Bank</i>	<i>0.5</i>	<i>0.1</i>	<i>1.0</i>	<i>0.7</i>	<i>0.4</i>
<i>Gaza</i>	<i>0.9</i>	<i>0.1</i>	<i>0.9</i>	<i>1.8</i>	<i>0.5</i>
<i>Lebanon</i>	<i>1.1</i>	<i>0.4</i>	<i>1.4</i>	<i>2.0</i>	<i>1.0</i>
<i>Syria</i>	<i>0.4</i>	<i>0.1</i>	<i>1.4</i>	<i>0.0</i>	<i>0.3</i>
<i>Total</i>	<i>0.6</i>	<i>0.2</i>	<i>1.1</i>	<i>1.8</i>	<i>0.6</i>

**Fig 5: Method Failure as per 100 users**



**1.4.6 Health problems:** 5.2% of discontinuers Agency-wide, stopped method use due to health problems, other than side effect. Analysis of this reason by age of clients shows that the health problems increases with the increase in woman's age. 3.4% of discontinuers at the age of 20 years or below stopped the method due to this reason. Percentage attributed to this reason increased steadily with age till it reached to 8.1% among women 40 years of age or above.

**1.4.7 Stock rupture:** During 1995 some supplies were out of stock for reasons beyond programme responsibilities. This reason contributed to 1.3% of discontinuation Agency-wide.

**1.4.8 No Sex:** 4.4% stopped the method due to absence of sexual activity, travel , separation or death of the husband.

**1.4.9 Others:** Other reasons such as changing residence, change to natural method were found to be 8.8% Agency-wide.

**1.4.10 Unknown:** 5.5% of discontinuers Agency-wide stopped method use for unknown reason. This figure reflects the percentage of defaulters who were out of contact during the study period as some of the discontinuers live outside camps which makes it difficult to track them. Reasons of discontinuation in this group are expected to be a mixture of the above reasons.

## **2. Comparative Study to Assess The Characteristics of Discontinuers and Continuers:**

In order to study the characteristics of discontinuers and compare them to those of continuers, a comparative study was adopted in which all discontinuers (4958) were included as the study group and a sample around double this number (9937) were randomly selected, from the total number of family planning acceptors, and included as a comparison group. The actual number of continuers was little less than double of discontinuers because some of the health centres did not have enough continuers to double the number of discontinuers.

The aim of studying the characteristics of both groups is to identify clients at higher risk of discontinuation of contraceptive methods.

The following variables were chosen to compare the general characteristic of both groups: Age of client, No. of live children, age of youngest child, type of contraceptive method and duration of use. The z value calculation was adopted for testing the two groups with a 0.05% level of significance.

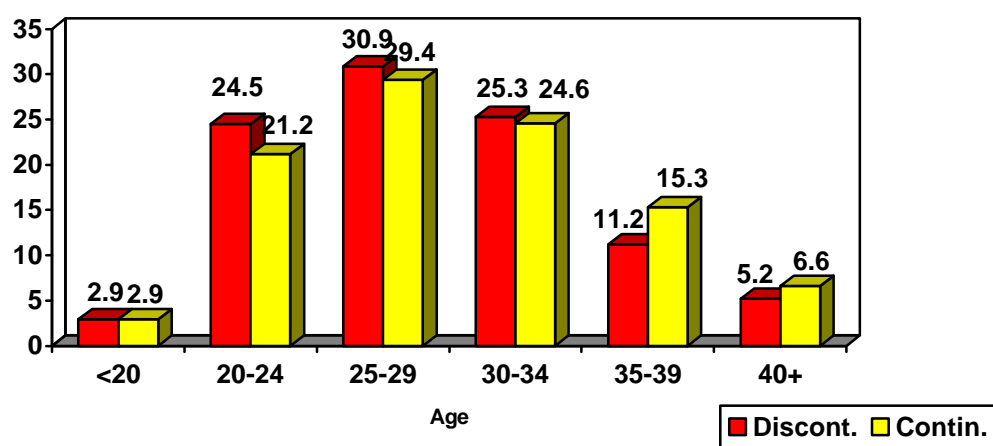
## 2.1 Age Structure:

Table 6 shows the age distribution of discontinuers and continuers. Analysis of these data, revealed that there is a significant difference between the age structure of discontinuers and continuers. This difference was evident in the two age groups 20-24 and 35-39 years ( $P < 0.05$ ). Women in the age group 20-24 years were more likely to be discontinuers as 24.5% of discontinuers fall in this age category compared to 21.2% of continuers in the same age category. Women in the age group 35-39 years were more likely to be continuers, as they constituted 15.3% of continuers compared to 11.2% of discontinuers in the same age group. There was no significant difference between discontinuers and continuers in other age groups.

**Table 6: Discontinuers and Continuers By Age Group All Fields**

Age Group	Discontinuers		Continuers	
	No.	%	No.	%
<20	144	2.9	289	2.9
20-24	1217	24.5	2110	21.2
25-29	1530	30.9	2917	29.4
30-34	1255	25.3	2446	24.6
35-39	554	11.2	1522	15.3
40+	258	5.2	656	6.6
<b>Total</b>	<b>4958</b>	<b>100</b>	<b>9937</b>	<b>100</b>

**Fig 6 :Distribution of Discontinuers and Continuers by Age Group**



The above comparison of age structure of discontinuers and continuers has shown that women between 20 and 4 years are more likely to discontinue contraceptive use, as they have not yet achieved their reproductive goals, 83.5% of discontinuers in this age group have 3 children or less. While women between 35 and 39 year are less likely to discontinue contraceptives, as high percentage of them had by the age of 35-39 achieved their reproductive goals and began to exert more control on their reproductive life. 67.7% of continuers in this age group have more than 5 children.

Although, it is expected that older women ( $\geq 40$ ) would adhere more to contraceptive use but the difference was not significant. This result could be due to the balance between the two factors which contradict each other namely achieving their reproductive goals by this age on one hand and the their believes that at this age they will not get pregnant. Further analysis has shown that only 11.2% of discontinuers in this age group discontinued contraceptive use for the purpose of having more children compared to 40.1% of discontinuers in the 20-24 age group who stated that they discontinued the contraceptive method to have more children.

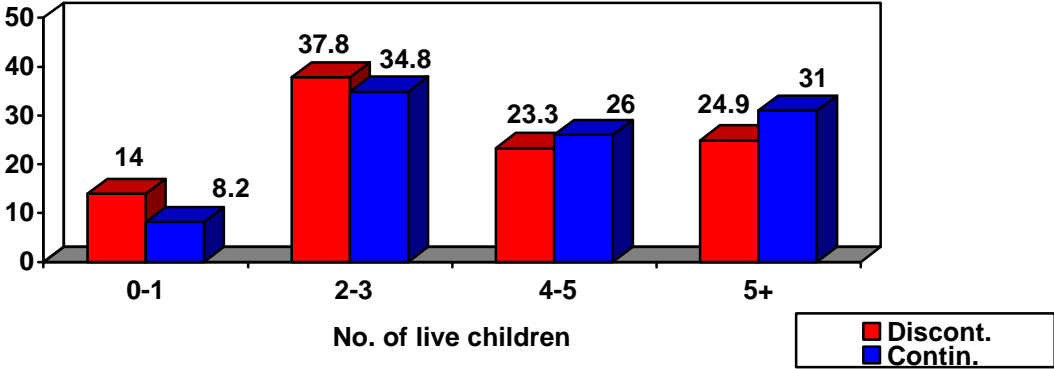
**2.2 Number of live children:**

Table 7 presents the distribution of discontinuers and continuers according to the number of living children. Analysis of these data, revealed that there are significant differences between discontinuers and continuers according to the number of living children they have ( $P < 0.05$ ). Women who have no children or one child were more represented in the discontinuers 14.2% compared to 8.2% among continuers. It was also noticed from the results that women who have 2-3 children, are more represented as discontinuers 37.8% compared to 34.8% among continuers. Women with 4-5 children were significantly represented as continuers 26.0% compared to 23.3% of discontinuers. It was also observed, that women who have 5 children or more were likely to be continuers 31.0% compared to 24.9% among discontinuers.

*Table 7: Discontinuers and Continuers by Number of Children All Fields*

Number of Live Children	Discontinuers		Continuers	
	No.	%	No.	%
0-1	693	14.0	815	8.2
2-3	1874	37.8	3463	34.8
4-5	1154	23.3	2581	26.0
5+	1237	24.9	3078	31.0
Total	4958	100	9937	100

*Fig 7: Discontinuers and Continuers By No. of Live Children*



The above analysis has shown that women who have 3 children or less are more likely to discontinue contraceptive use, while women who had more than 3 children are more likely to continue regular method use. These results are in accord with the results of the Current Practices of Contraceptive Study which revealed that the highest contraceptive prevalence was among mothers of children 0-3 years of age who have 4 live children or more.

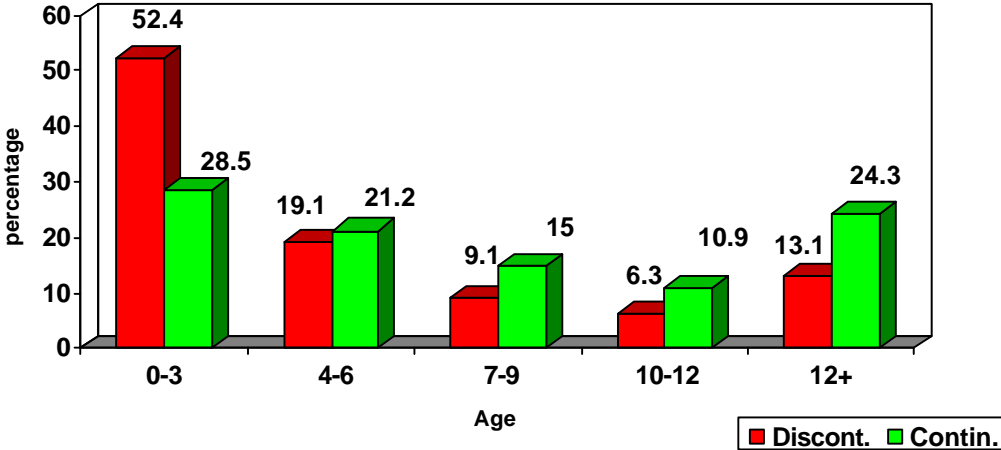
**2.3 Duration of use:**

Table 8 shows the duration of contraceptive use per months among discontinuers and continuers. Analysis of these results revealed that there are significant differences between continuers and discontinuers ( $P < 0.05$ ). 52.2% of discontinuers stopped the method during the first three months of use compared to 28.5% of continuers. It appears that women are at a high risk of discontinuation during this period. No significant difference was detected between discontinuers 19.1% and continuers 21.2% when they use the method for a duration of 4-6 months. However, there are significant differences between discontinuers and continuers if the duration of contraceptive use exceeds the first 6 months as they are more likely to be continuers.

*Table 8: Discontinuers and Continuers by Duration of FP All Fields*

Duration of FP Use (Months)	Discontinuers		Continuers	
	No.	%	No.	%
0-3	2,599	52.4	2,832	28.5
4-6	947	19.1	2,108	21.2
7-9	452	9.1	1,493	15.0
10-12	311	6.3	1,085	10.9
12+	649	13.1	2,419	24.3
Total	4,958	100	9,937	100

*Fig. 8: Discontinuers and continuing Users by Duration of Use*



More than half the discontinuers abandoned the method in the first 3 months of use. Only 13% discontinued after one year of use. This implies that the critical period in which clients discontinue the use of contraceptive is the first 3 months. Future research is needed to reveal the factors that affect the women's decision in this critical period. However, the age of the woman appears to be imperative in this respect as 53.0% of those below 20 discontinued contraceptive use in the first three months of use.

Only 13.1% used the method for more than 1 year while 24.3% of Continuers were still using the method after duration of 1 year.

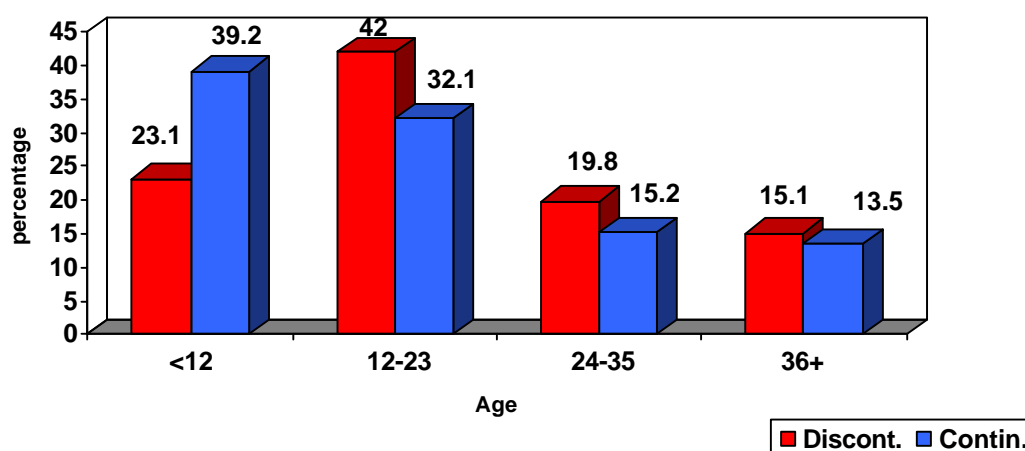
#### 2.4 Age of the youngest child:

Table 9 shows the distribution of discontinuers and continuers according to the age of their youngest child by months. Analysis of the results has shown that women whose youngest child 12-23 or 24-35 months of age (the second and third year of life) are more likely to be discontinuers group ( $P < 0.05$ ). On the other hand, women with the age of their youngest child is under 12 months of age were more represented in the continuers group 39.2% compared with 23.1% of discontinuers ( $P < 0.05$ ). No significant difference was found, between discontinuers and continuers, among women who have the age of their youngest child 36 months or more.

**Table 9: Discontinuers and Continuers by Age of Youngest Child All Fields**

Youngest Child (Months)	Discontinuers		Continuers	
	No.	%	No.	%
<12	1,145	23.1	3,891	39.2
12-23	2,082	42.0	3,192	32.1
24-35	982	19.8	1,508	15.2
36+	749	15.1	1,346	13.5
Total	4,958	100	9,937	100

**Fig 9: Discontinuers and Continuing Users by Age of Youngest Child**



It appears that women are more likely to use contraceptives when the youngest child is younger than 1 years of age, thereafter they are more likely to be discontinuers.

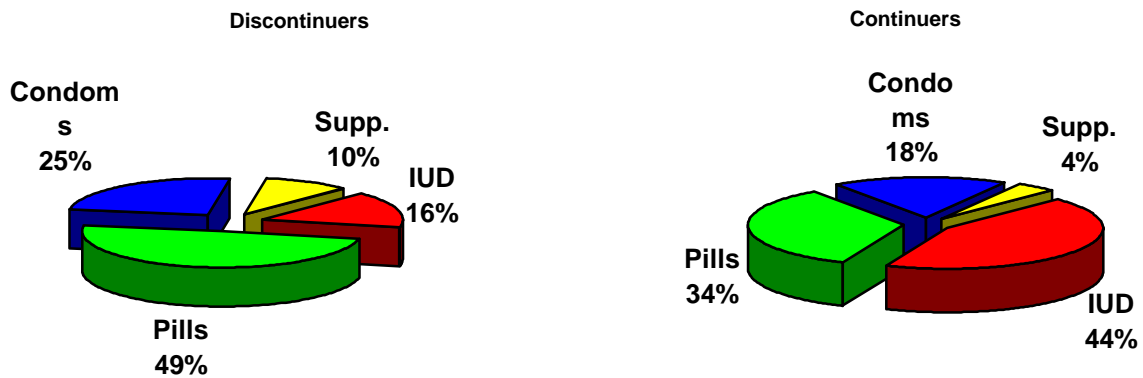
**2.5 Type of Contraceptives:**

Statistical analysis of the results shown presented in table 11, revealed that there are significant differences between discontinuers and continuers according to the method of contraceptive used ( $P < 0.05$ ). IUD users are more likely to be continuers 43.8% compared to 15.8% among discontinuers. This indicates that once the IUD is inserted, clients are more likely to continue with the method. While pill users are more likely to be discontinuers as 49.3% of discontinuers are pill users compared to 33.9% among continuers. Also condom and spermicide (supp) users are more represented in the discontinuers group and statistically significant at ( $P < 0.05$ ).

**Table 10: Discontinuers and Continuers by Type of Contraceptive Method All Fields**

Type of Contraceptive method	Discontinuers		Continuers	
	No.	%	No.	%
IUD	784	15.8	4,353	43.8
Pills	2,443	49.3	3,364	33.9
Condoms	1,230	24.8	1,802	18.1
Supp.	501	10.1	418	4.2
Total	4,958	100	9,937	100

**Fig 10: Discontinuers and Continuing Users by Type Contraceptive Method**



## **IX. RECOMMENDATIONS:**

In the light of the study results, the following recommendations are suggested:

1. The Field Family Health Officers in each Field, together with their colleagues, should prepare a plan of activities tailored to reduce discontinuation rate and deal with its reasons in each health centre. This plan should include the following:
  - a. Dissemination of the results: The results of the study should be disseminated to Supervisory staff at the Field level to take necessary actions in supervision, training and staff motivation. At the health centre level the staff should be aware of the results of their health centre and should participate in developing the plans.
  - b. Provision of balanced counselling: As the highest discontinuation rate was within the first three months of use, which could mean that the client did not take the method of her choice or she experienced problems during this period. Both issues could be addressed by proper counselling to provide clients the methods of their choice in addition to the provision of balanced counselling on contraceptive methods.
  - c. Training on counselling skills:
    - i. Plans should be developed to assess the skills of staff in the provision of family planning counselling and upgrade their skills accordingly. The training should be staff tailored continuous training on counselling, communication, and inter personal relationship.
    - ii. Counselling efforts should target family planning acceptors who are at higher risks of discontinuation according to the study findings as well as high risk mothers and mothers of high risk children .
    - iii. Training on counselling should highlight the importance of family involvement especially the husband in the process of counselling and choosing the preferred method.
2. As the lowest discontinuation rate was among IUD users, it is recommended to expand IUD services to MCH centres which do not provide the service.
3. To increase community awareness regarding the benefits of contraceptives and risk of pregnancy among high risk women.
4. To produce educational materials in which messages are addressed to families especially husbands to share responsibility with their partners in this decision.
5. As the dissatisfaction was one of the leading reasons of discontinuation, a study proposal is under preparation. The main objective of the study is to evaluate the quality of maternal health services both technical and perceived quality in which qualitative and quantitative study methodologies will be used.

## **X. CONCLUSION:**

This study addressed discontinuation rate as part of the operational research adopted in the Family Health programme to monitor and evaluate family health activities including family planning programme. This study with its results will be considered as a baseline data for future follow-up studies to monitor and further improve the programme.

The study results revealed that discontinuation rates were relatively high in most of the Fields which indicates that the programme is losing high proportion of its clients. More than half of the discontinuers stopped using the method during the first 3 months of use. This issue could either mean that the client did not receive the method of her choice or she was not counselled properly both of which are related to counselling skills. In order to be effective and successful, family planning programme should be sensitive to the needs of its clients.

As expected, discontinuation rate was lowest among IUD users and highest among spermicide and pill users.

Reasons behind discontinuation were found to be programme related and non-programme related. The main reasons of discontinuation were desire to have children, family pressure, side effects and dissatisfaction with the service.

Although, marked progress have been achieved in the provision of family planning services and a lot of efforts have been exerted to improve the programme, still there are areas that were clearly identified in this study that need further improvement. Those areas are mainly proper training on the provision of balanced counselling, offering the method of the client's choice, expansion of the IUD services and improving the quality of care technically and from the client's perspective.

It was also concluded that the family planning programme is gaining acceptors which means that the programme is successful in attracting more acceptors. Efforts should be exerted to keep clients in the programme by addressing programme related reasons of discontinuation within the available resources.

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