

Around the world, contraceptive discontinuation accounts for nearly one third of unintended pregnancies. Couples who discontinue method use often increase their risk of unintended pregnancy by using a less effective method or no method at all. Couples discontinue use for a range of reasons including lack of access, disapproval by the provider, or fear of side effects. According to Jain (1988), improving continuation will ultimately have a greater impact in reducing unintended pregnancy than increasing the number of new family planning users. Analysis of discontinuation rates often indicate where programs need to make improvements in the quality of services, for example improving counseling and providing a wide range of methods to better meet client needs. A possible strategy would be to help those already using a method (including natural methods) to use it more effectively by providing them with accurate information about its use, informing women about different methods if they are unsatisfied, and improving other services.¹

The Institute for Reproductive Health, Georgetown University developed and tested the efficacy of the Standard Days Method (SDM) through a multi-site clinical trial. The method was found to be 95% effective when used correctly and 88% effective with typical use.² Following the trials, the Institute conducted operations research in Ecuador, Honduras, El Salvador, India, Benin, and the Philippines to test SDM acceptance, use effectiveness and continuation in different service delivery settings and cultural contexts. These studies focused on feasibility, quality of care, user perspectives, and outcomes. Study results suggested that programs found the SDM affordable, easy to integrate, and simple to teach and learn. User profiles varied by setting, for example, in Benin 41% of women from the urban clinic had not yet had children and 69% of women in the Philippines' rural site had at least three children. Furthermore, up to 87% of the users had never used any method prior to the SDM and 90% of women and men would recommend the method to others.

1 Jain, Anrudh. 1999. "Should eliminating unmet need for contraception continue to be a program priority?" *International Family Planning Perspectives* 25(suppl):S39–S43, S49.

2 Arevalo, Jennings, Sinai. Efficacy of a new method of family planning: the Standard Days Method. *Contraception* 65 (2002) 333-338.

Methods

Further analysis of the operations research data from these five countries was conducted to determine which SDM service delivery models and introduction strategies were most effective; and to obtain information on use effectiveness and continuation, along with reasons for discontinuation. Life-table analysis was used to calculate cumulative first-year continuation rates.

Discontinuation and its effect on program effectiveness is determined by the percentage of women who were using the method at certain point in time after starting its use. The program effectiveness of a method is influenced by many programmatic factors such as provider competence, type of provider, counseling protocol, and the socio-demographic characteristics of the users.

Discontinuation rates were calculated by dividing the number of discontinuations for each reason of discontinuation at each duration of use in single months by the number of months of exposure at that duration. Reasons for discontinuation were classified and tabulated in 7 categories: women who completed 13 cycles, irregular cycles (2 or more cycles out of range during the 13 cycles of follow-up), personal reasons (includes method switching and fear of method), end of study (women who were still using the method when the study ended and had not completed 13 cycles), lost to follow-up, method failure (became pregnant while using contraception), pregnancies due to user failure, and desire to become pregnant.

Results

During the operations research, 1,364 women were interviewed at admission and then quarterly for up to one year (13 cycles or less). After six months of follow-up, 76% of the women continued to use the SDM. The data shows that users were highly satisfied; most exits (15% to 23%) were due to out of range cycles, rather than dissatisfaction or

problems with the method. In Latin America, most women who stopped using the SDM, generally due to out of range cycles or pregnancy, did so during the first three months of use. This was not the case, however, in India, where discontinuations tended to occur later.

A series of variables were examined to determine their association with discontinuation; these included education and previous family planning use, parity and age, and program variables such as partner involvement, number of follow-up visits and provider type.

Education and Prior Family Planning Use

An interesting finding was the fact that level of education and prior family planning use had different effects by region. In India, continuation was significantly higher among women with prior family planning use and at least six years of schooling; Central America's trends show better continuation among less educated women with no prior family planning use.

Parity and Age

In all of the countries except for India, continuation was slightly higher among women with higher parity. Results from El Salvador, Honduras and India show higher continuation among women 25 years or older, although results are only significant in India. Age did not effect discontinuation in Ecuador.

Program Variables

Turning to those variables which are most amenable to intervention, we look at male involvement, type of provider and follow-up visits. Many programs hypothesize that providing information to men through counseling or community outreach efforts will improve SDM use. We examined differences between users whose husbands received instruction from a provider with those who received instruction from their wife. No differences in continuation were seen in El Salvador, although couples whose husbands

had received counseling tended to do better in Ecuador and Honduras. Significant differences were seen in India, although only after seven months of use.

Some organizations tested particular service delivery protocols. Analysis of counseling protocols and provider type indicate that they had little or no influence on continuation. For example, Ecuador tested a one vs. two visit protocol, and found only slightly better continuation among the two visit group, with no significant differences. Ecuador also examined influence of provider type on discontinuation, and found no difference.

A potentially important finding is the fact that in two countries, El Salvador and Honduras, the SDM was offered by different types of organizations. In both countries, significant differences were observed between programs. Monitoring and supervision data collected during the studies suggests clear differences in the quality of services provided by these programs. These results, therefore, suggest that the quality of SDM services significantly effects continuation.

It is interesting to note that in India, significant differences were not observed until after at least four months of use. This was the case, for example, for education and partner involvement.

Conclusions

The literature suggests that improvements in quality of care will result in better continuation. Implications for service delivery protocols, screening, counseling and provider training and supervision will be addressed and programmatic recommendations for maximizing family planning continuation presented.