A REVIEW OF REASONS FOR WOMEN’S CONTRACEPTIVE SWITCHING AND DISCONTINUATION

SIGMA THETA TAU INTERNATIONAL 44TH BIENNIAL CONVENTION

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Josie Granner is an undergraduate nursing student who worked as a research assistant with Dr. Adejoke Ayoola on this project

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FUNDING SOURCES

- Robert Wood Johnson Foundation Nurse Faculty Scholar Program
- Calvin Science Division Summer Research Grant
**BACKGROUND**

- More than half of pregnancies in the United States are unplanned.
- Only 5% of these unintended pregnancies result from contraceptive failure.
- 95% of these pregnancies result from contraceptive non-use, incorrect use or inconsistent use.
- Suggests lack of effective contraception.
- Important for nurses to know women’s reasons for discontinuing or switching contraceptive methods.
OBJECTIVE

To identify the reasons for contraceptive switching and discontinuation among U.S. women.
METHODS

- Used the PRISMA guidelines adapted to the scope and purpose of the project.

**PRISMA:** Preferred Reporting Items for Systematic Reviews and Meta-Analyses

- PRISMA is an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses.

- A way to narrow down the articles to a manageable and relevant number
METHODS

Search Terms:
- Female contraceptive agents
- Women
- Change
- Contraception
- Methods
- Behavior change

Databases:
- CINAL
- Psychinfo
- Medline
- PubMed
- ScienceDirect
- Year- 2006 to 2016
- Language- English
Literature Review Exclusion Process:

Identification of Possible articles:
- Articles identified by database searching: 27,912
- Total articles searched and unsearched: 27,917
- Excluded by database filters: 26,759
- Excluded by eliminating duplicates: 162
- Excluded by title and abstract relevancy: 945
- Excluded by full text relevance: 35
- Articles identified through unsearched sources: 5
- Articles remaining after exclusion of duplicates: 996
- Articles remaining after applying database filters: 1,158
- Articles remaining after titles and abstracts screened: 51
- Articles remaining after full text read for relevance: 16
## Characteristics of Reviewed Studies

<table>
<thead>
<tr>
<th></th>
<th>% (N) Of Studies That Reported</th>
<th>Characteristic of Study</th>
<th>% (N) Of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N=16</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Study Design</strong></td>
<td>100% (16)</td>
<td>Qualitative, Quantitative</td>
<td>18.8% (3), 86.7% (13)</td>
</tr>
<tr>
<td><strong>Socioeconomic Status</strong></td>
<td>43.8% (7)</td>
<td>High and Low, Low</td>
<td>31.3% (5), 12.5% (2)</td>
</tr>
<tr>
<td><strong>Sample Size</strong></td>
<td>100% (16)</td>
<td>&lt;100, 100-999, &gt;1000</td>
<td>12.5% (2), 18.8% (3), 68.8% (11)</td>
</tr>
<tr>
<td><strong>Level of Evidence</strong></td>
<td>100% (16)</td>
<td>I, II, III, IV, V</td>
<td>1, 9, 1, 4, 1</td>
</tr>
</tbody>
</table>
## Characteristics of Study Participants

<table>
<thead>
<tr>
<th></th>
<th>% (N) Of Studies That Reported</th>
<th>Characteristic of Participants</th>
<th>Average % Of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/Ethnicity</strong>*</td>
<td>100% (16)</td>
<td>White</td>
<td>46.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>African American</td>
<td>25.3%</td>
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<tr>
<td></td>
<td></td>
<td>Hispanic/Latino</td>
<td>22.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
<td>8.9%</td>
</tr>
<tr>
<td><strong>Insurance</strong></td>
<td>31.3% (5)</td>
<td>No Insurance (%)</td>
<td>21.9%</td>
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<tr>
<td></td>
<td></td>
<td>Has Insurance (%)</td>
<td>74.7%</td>
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<tr>
<td></td>
<td></td>
<td>Private insurance (%)</td>
<td>54.8%</td>
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<tr>
<td></td>
<td></td>
<td>Public insurance (%)</td>
<td>27.6%</td>
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<tr>
<td></td>
<td></td>
<td>Medicaid</td>
<td>10.8%</td>
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</tbody>
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*50% of studies contained nationally representative samples
<table>
<thead>
<tr>
<th>Characteristics of Study Participants</th>
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<tbody>
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<td>N=16</td>
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<tr>
<td>% (N) Of Studies That Reported</td>
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<tr>
<td>Characteristic of Participants</td>
</tr>
<tr>
<td>Average % Of Participants</td>
</tr>
<tr>
<td>Parity</td>
</tr>
<tr>
<td>37.5% (6)</td>
</tr>
<tr>
<td>0 Births</td>
</tr>
<tr>
<td>1+ Births</td>
</tr>
<tr>
<td>53.7%</td>
</tr>
<tr>
<td>46.4%</td>
</tr>
<tr>
<td>Marital Status</td>
</tr>
<tr>
<td>31.3% (5)</td>
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<tr>
<td>Single/Dating</td>
</tr>
<tr>
<td>Married/Cohabitating</td>
</tr>
<tr>
<td>Divorced/Separated</td>
</tr>
<tr>
<td>39.0%</td>
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<tr>
<td>57.9%</td>
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<tr>
<td>7.1%</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>56.3% (9)</td>
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<tr>
<td>High School or Less</td>
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<tr>
<td>Some College/Degree</td>
</tr>
<tr>
<td>41.3%</td>
</tr>
<tr>
<td>56.6%</td>
</tr>
<tr>
<td>Participant Age</td>
</tr>
<tr>
<td>100% (16)</td>
</tr>
<tr>
<td>Ages 13-55</td>
</tr>
<tr>
<td>100.0%</td>
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CONTRACEPTIVE AGENTS DISCUSSED
N=16
REASONS FOR CONTRACEPTIVE SWITCHING/DISCONTINUATION (N=16)

- Trying to get pregnant: 62.5%
- Not sexually active: 50.0%
- Pregnant: 43.8%
- Perceived low risk of pregnancy: 43.8%
- Perceived lack of reproductive control: 25.0%
- Unclear pregnancy intentions: 43.8%
- Benefits of planned pregnancy not evident: 18.8%
- Behaviors conflicting with pregnancy intentions: 43.8%
- Health-related concerns: 62.5%
- Foreign body: 12.5%
- Indiscrete: 12.5%
- Cost: 62.5%
- Method dissatisfaction: 62.5%
- Dosing frequency: 62.5%
- Access problems: 56.3%
- Lapse in sexual activity: 43.8%
- Changes in menstruation: 25.0%
- Decreased sexual pleasure: 25.0%
- Partner involvement: 12.5%
- Conspiracy and mistrust: 87.5%
NURSING IMPLICATIONS

- **Partner involvement** is the most frequently reported reason for contraceptive switching or discontinuation.

- **Male partners are involved in contraceptive decisions, and they should be included** in education and research on pregnancy.

- **Access** including **cost** continues to be a challenge for some women.

- Educate women on local resources on contraception.
NURSING IMPLICATIONS

- Tailor contraceptive education and contraception to meet individual history and needs
  - Method dissatisfaction
  - Perceived low risk of pregnancy
  - Unclear Pregnancy intention
CONCLUSION

- The three most frequently discussed reasons involved societal or interpersonal influences rather than personal choice.

- Future research should explore:
  - How to develop more effective and relevant teaching methods and materials
  - Male partner role in contraceptive decision-making
  - The prevalence of the pill as a contraceptive agent in spite of side effects
QUESTIONS?
REFERENCES

Poster References:


Literature Review References:


REFERENCES


