

Contraceptive Discontinuation, Failure and Switching Behavior in Bangladesh: Levels, Trends, Determinants and policy implications

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Abstract

Family planning programs can have only limited impact on fertility reduction if contraceptive discontinuation, failure and switching rates are high, regardless of contraceptive prevalence rate. The proportion of unwanted births due to contraceptive discontinuation and failure is thus likely to rise as fertility targets decline, to a degree that depends upon the aggregate contraceptive efficacy of the method-mix used in the population.

This study examines the contraceptive use dynamics in Bangladesh and analyzes the levels, trends and determinants of discontinuation, failure and switching behavior of contraception. The data for the study comes from the 2004 Bangladesh Demographic and Health Survey (BDHS). Both individual and calendar data files are used for analyzing the contraceptive use dynamics. Single and multiple decrement life table and multivariate hazard and logistic regression models are used as analytic technique for data analysis.

The findings of the study provide valuable insights on the quality of contraceptive use in Bangladesh. Contraceptive discontinuation rates are found to be very high in Bangladesh. For all reversible methods combined, half (51 percent) of Bangladeshi women discontinue use of their contraceptive method during the first year of use. The analysis shows that the median duration of use is longest for the IUD (24 months) and shortest for the condom (4 months) and their corresponding annual discontinuation rates are 35 percent and 72 percent respectively. The most widely used method pill also shows very high discontinuation rate (48 percent). The main reasons for discontinuation of the pill and injections are side effects, while other method related reasons dominate for condom and traditional methods. The analysis reveals that among the modern reversible methods, condom is the most inefficient method followed by pill, while injectables are the most effective method.

The results indicates that side effects are associated more with discontinuation of modern methods while failure is more likely to be associated with discontinued use of traditional methods. The more important factors that differentiate women on discontinuation of contraception are source of supply, parity, age of women and region of residence. Contrary to expectation, educated and richest women are more likely than less educated and poorest women to discontinue use of family planning methods. However, women with secondary or above level of education are more likely than less educated women to switch methods after discontinuation if they still need contraception, which suggest that educated women are more willing or more able to experiment with different contraceptive methods if their original method does not suit them. Urban women are

more likely to switch methods than the rural women. The study has identified sources of supply as a significant determinants of contraceptive discontinuation, failure and switching behaviour. Women receiving the supply from the field worker have relatively less risk of discontinuation and failure as well as switching to other modern methods.

This study provides answers on whether women who discontinue use of a method switch to another method or completely abandon use, at least temporarily, despite a need for contraception. Under the given scenario, it may be argued that the national goal of attaining replacement level of fertility (TFR=2.1) within a short time is a remote possibility unless we could reduce the discontinuation and failure rates. If the current failure rates are applied on the current method mix, it calls for a CPR of 82% to reach to a replacement level of fertility in Bangladesh if all other things remain constant.

The study emphasizes on the importance of examining the quality of contraceptive use in Bangladesh and address the reasons for discontinuation and method failure. The findings of the study also emphasizes on more intensive field visit by the family planning field workers, supply of modern reversible methods through them along with better provider-client interactions to reduce discontinuation and failure of the family planning methods. Change in the method mix with more reliance on long acting methods is also needed. However, while implementing the programme the policy planners and programme managers should remember that the Bangladeshi women will not readily accept contraception if services are not made available in a culturally appropriate manner. No woman should be refused a less effective method if she will not or cannot use a more effective one, but efforts should be made to persuade her to try to the more effective one. Furthermore, proper knowledge should be given to the users so that they can use them more effectively. This could be done through special Information, Communication and Education (ICE) and behavioural change communication campaign.