



# FOCUS ON...

## Improving Hormonal Method Continuation

### *A Digest of Key Resources*



INFO Project  
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Programs

When they are new, family planning programs emphasize recruiting new contraceptive users. As they mature, their attention turns to helping users continue to use their chosen methods. Contraceptive continuation is becoming an increasingly important indicator of client satisfaction with contraceptive methods and services, quality of care, and overall success of family planning programs. Improving continuation rates can do much to reduce unintended pregnancies, as discontinuation and method failure have been estimated to account for more than half of unintended pregnancies in many developing countries.

Hormonal methods—specifically oral contraceptives (OCs) and injectable contraceptives—are among the most popular contraceptive methods in the developing world, yet they have some of the highest discontinuation rates of any modern methods. In many developing countries at least half of all users of OCs or injectable contraceptives discontinue use within two years of starting. Some of this discontinuation is expected, as when a woman who is using one of the methods for birth spacing decides to have another child. But some may be premature and inconsistent with women's desires to space or limit their births. Understanding why many women discontinue hormonal contraception, and then developing family planning service delivery strategies that address these reasons can help improve continuation rates and thus reduce unintended pregnancies.

This edition of *Focus on...* briefly reviews studies on hormonal method continuation, focusing on OCs and injectable contraceptives and the issues most relevant to service delivery.<sup>1</sup> It emphasizes

*For ordering print copies, please see "Obtaining Full-Text Resources" on the back cover.*

### Welcome to *Focus on...*

Welcome to *Focus on...*, a digest that highlights important resources on a key family planning or related reproductive health topic. *Focus on...* is intended to help program managers, health care providers, and trainers in developing countries to keep current in the technical and programmatic literature through a digest of selected materials they can request from publishers. As topics grow in importance, many organizations and experts offer key information and guidance through a number of different channels. With the abundance of information available today, it can be a challenge to find and to choose the most useful resources to focus on. This series selects materials with the greatest relevance to expanding services and improving practices in developing countries. Materials are selected in consultation with an expert in the field or an expert working group to highlight: (1) important themes, (2) recent and relevant developments, (3) practical information, and (4) successful program experiences. Then, through edited abstracts, summaries, extracts, or key points drawn from these selected resources, *Focus on...* introduces health care professionals to these important information resources. **For those who want more, each entry includes information about access to the full text in print and/or electronic versions** (see box, p. 12).

*Focus on...* is published by the INFO Project, Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health. Issues can be found at [www.infoforhealth.org/inforeports/](http://www.infoforhealth.org/inforeports/).



<sup>1</sup> Many factors other than service delivery factors also can influence whether a woman continues to use her chosen contraceptive method. These include not only personal factors related to the individual herself but also policy and service-environment factors, community and cultural factors, and method-related factors such as effectiveness, medical requirements for use, and inconvenience of use.



program strategies that either have proved successful in improving hormonal method continuation or appear promising based on initial evidence. While most of the studies reported here are recent, a few key studies date back more than a decade, reflecting that hormonal method continuation is an established research topic.

Also, while the studies generally focus on short-acting hormonal methods—OCs and injectable contraceptives—some studies also include other methods. Our focus on short-acting hormonal methods reflects the fact that they are the most popular birth-spacing methods in the developing world and that their discontinuation rates are much higher than those for longer-acting hormonal methods such as contraceptive implants.

## What's Inside

*To present a digest of the issues concerning improving hormonal method continuation, Focus on... staff members have selected five main topics important to service delivery of hormonal methods.*

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*INFO Reports* appreciates the assistance of the following reviewers: Sian Curtis, Jan Kumar, Catherine Richey, Ushma Upadhyay, and Nancy Williamson.

Suggested citation: Aradhya, K.W. "Focus on... Improving Hormonal Method Continuation," *INFO Reports*. No 9. Baltimore, INFO Project, Johns Hopkins Bloomberg School of Public Health, Mar. 2007.

Available online:  
<http://www.infoforhealth.org/inforeports/>



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*INFO Reports* is designed to provide an accurate and authoritative report on important developments in family planning and related health issues. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development (USAID) or Johns Hopkins University.

Published with support from USAID, Global, GH/PRH/PEC, under the terms of Grant No. GPH-A-00-02-00003-00.

# Comparative Data on Contraceptive Continuation

Women commonly change contraceptive methods over their lifetimes and also have periods of non-use, depending on their circumstances. The fact that women's contraceptive needs change—for a variety of personal, physical, and social reasons—contributes both to discontinuation and to method switching. Many studies examine all-method discontinuation rates because they take women's changing needs into account, and also because discontinuation without switching to another method carries a high risk of unintended pregnancy. Other studies on single-method discontinuation provide a closer look at when and why women discontinue specific methods.

Factors that determine contraceptive discontinuation are not always consistent across countries, or even across different groups of women. Nonetheless, several comparative studies from a range of countries provide insight into which factors are most important. User characteristics, method-specific characteristics, and service-specific issues are among the key factors that influence continuation of OCs and injectable contraceptives.

## Contraceptive discontinuation in six developing countries: A cause-specific analysis

**Author:** Ali, M., Cleland, J.

**Source:** International Family Planning Perspectives 21(3):92–97. Sep. 1995.

**Web site:** <http://www.guttmacher.org/pubs/journals/2109295.html>

**POPLINE Ordering Number:** 111681

*Note: This analysis of contraceptive continuation is based on Demographic and Health Survey (DHS) data collected in 1987 and 1988 from six countries with relatively high levels of overall contraceptive prevalence—Ecuador, Egypt, Indonesia, Morocco, Thailand, and Tunisia. Contraceptive prevalence in each of the countries ranged from 36% to 66% at the time of the surveys. OCs or copper intrauterine devices (IUDs) were the most popular method in four of the six countries. Male or female sterilization was most popular in the other two—Ecuador and Thailand.*

### Key points:

- **More than 85% of OC and injectable contraceptive users who discontinue do so for reasons other than to become pregnant.** In all six countries surveyed, 25% to 36% of OC and injectable contraceptive users discontinued within a year of starting. Hormonal method users cited side effects or other health concerns more frequently than any other reason. They rarely mentioned problems of availability and access as reasons for discontinuing.
- **Hormonal method users are more likely than copper IUD users to discontinue because of health concerns or side effects.** In all six countries between 6% and 23% of OC users stopped within the first year of use for these reasons, compared with 4% to 8% of copper IUD users.

- **These survey results reinforce recommendations that family planning programs offer a range of methods, to offer more choices and to help ensure continuation.** A substantial proportion of OC and injectable contraceptive discontinuers could have benefited from choosing an alternative contraceptive method because most discontinued for reasons other than to become pregnant. When many contraceptive methods are available, most clients who are dissatisfied with one method can switch easily to another and thus avoid the risk of an unintended pregnancy.

## Monitoring contraceptive continuation: Links to fertility outcomes and quality of care

**Author:** Blanc, A.K., Curtis, S.L., Croft, T.N.

**Source:** Studies in Family Planning 33(2): 127–140. Jun. 2002.

**POPLINE Ordering Number:** 303741

*Note: This study examines DHS data from 15 countries surveyed in the 1990s—Bangladesh, Bolivia, Brazil, Colombia, Dominican Republic, Egypt, Guatemala, Indonesia, Jordan, Morocco, Paraguay, Peru, the Philippines, Turkey, and Zimbabwe. This study confirms findings of the previous study and also addresses a broader list of questions about contraceptive continuation in general, including:*

- What are the fertility consequences of contraceptive discontinuation?
- To what extent does discontinuation vary with the service environment?

### Key points:

- **For family planning programs, addressing the causes of contraceptive discontinuation could help avoid unintended pregnancies and thus reduce fertility**



**rates.** In 14 of the 15 countries surveyed (all except Guatemala), more than half of unintended pregnancies were caused by either contraceptive failure or contraceptive discontinuation. Among the 15 countries, if births caused by contraceptive failure had not occurred, the total fertility rate (TFR) (the mean number of children that a woman would be expected to have during her lifetime given local age-specific fertility rates) would have been between 4% and 29% lower. If births attributed to discontinuation for all reasons other than a desire to become pregnant had not occurred, the TFR would have been between 20% and 48% lower.

- **Family planning programs can help avoid unintended pregnancies if they pay more attention to**

**the continuing needs of current contraceptive users.** Many unintended pregnancies occur among women who were using contraception but discontinued for reasons other than to have a child.

- **In the countries surveyed, contraceptive discontinuation is often for reasons related to quality of care.** Within a year of starting a method, between 7% and 27% of women discontinued for reasons related to the quality of family planning services. The study considered quality-related reasons to include contraceptive failure, desire for a more effective method, side effects, health concerns, lack of access, cost, and inconvenience of using the method. Improving the quality of service delivery could encourage continuation, at least in part, by addressing such reasons.

## Relationship Between Service Delivery and Hormonal Method Continuation

Women in surveys rarely mention access as the main reason they discontinue hormonal methods. Nonetheless, country-specific studies demonstrate that lack of access and limited availability contribute substantially to discontinuation. Especially in rural areas of developing countries, many women lack transportation or money to travel to clinics or other outlets for new pill packets or repeat injections and thus cannot continue using these methods.

Evidence for a link between contraceptive continuation and quality of care—defined to include method choice, information for users, provider skills, client-provider interaction, continuity of care, and an appropriate array of services—has also been growing in recent years. While early studies examining this link often suffered from methodological weaknesses, recent studies have helped define the relationship between quality of care and contraceptive continuation.

### The impact of family planning service provision on contraceptive-use dynamics in Morocco

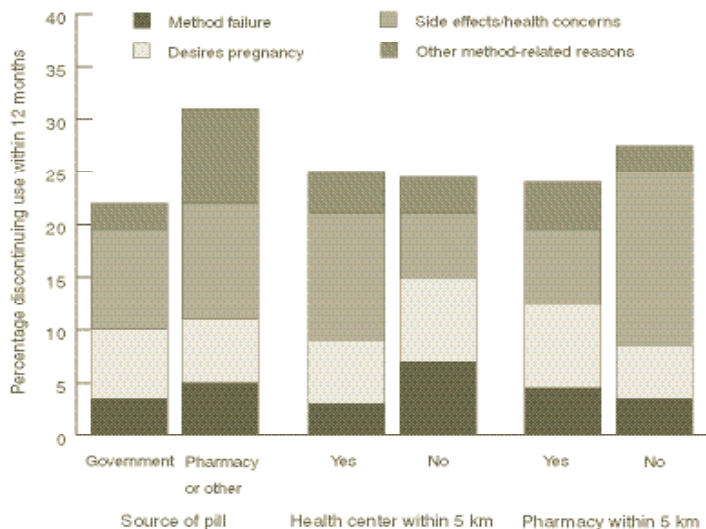
**Author:** Steele, F., Curtis, S. L., Choe, M.  
**Source:** Studies in Family Planning 30(1):28–42. Mar. 1999.  
**POPLINE Ordering number:** 141315

#### Key point:

**Both source of supply and access to contraceptives in general can significantly influence 12-month OC discontinuation rates.** This study linked Moroccan DHS calendar data from 1995 with service avail-

**Figure 1. Supply Source and Access Influence Continuation**

**Estimated Cumulative Net Percentage of Women Discontinuing Contraceptive Pill Use Within 12 Months, by Reason for Discontinuation and Service Environment, Morocco, 1992–95**



Source: Original graphic from Steele, F. et al. 1999.

ability data from 1992. It found that discontinuation rates were 8% higher among women who received their pills from a pharmacy or other private source than among women who received pills from a government source (see Figure 1). (The data did not allow determination of what factors influenced these differences by source of method.) Access to contraception appears to be a contributing factor. Discontinuation rates because of method failure were more than two times lower among women who lived near a government health center than among women who lived farther away. Similarly, discontinuation rates because of side effects or health concerns were 2.5 times lower among women who lived near a pharmacy than among those who lived farther away.

### The link between quality of care and contraceptive use

**Author:** RamaRao, S., Lacuesta, M., Costello, M., Pangolibay, B., Jones, H.  
**Source:** International Family Planning Perspectives 29(2):76–83. Jun. 2003  
**Web site:** <http://www.guttmacher.org/pubs/journals/2907603.html>  
**POPLINE Ordering Number:** 180146

*Note: This study provides the first rigorous analysis establishing a link between quality of care and contraceptive continuation. The study, conducted by the Population Council and Ateneo de Davao University in the Philippines, is based on two rounds of interviews conducted between 1997 and 1999 among more than 1,400 new family planning clients from 80 service delivery points in the Philippines. New clients were defined as those who had never used a modern contraceptive method before, were switching methods, or were visiting a particular service delivery point for the first time. Nearly three-quarters of the clients interviewed were using OCs or injectable contraceptives. Given the many influences on contraceptive use, the fact that quality of care emerged in this study as a significant determinant of continuation suggests that programs can have a strong influence on women's contraceptive decisions.*

### Key point:

**Receiving high-quality care at the initiation of contraceptive use is positively associated with continued use.** In the study, continuation of modern contraceptive methods steadily increased as the level of quality of care increased. Continuation rates improved from 53% with low-quality care to 59% with medium-quality care, and to 65% with high-quality care. Women who had received medium-quality or high-quality care were 31% and 64% more likely, respectively, to continue use than were

women who had received low-quality care. In the study, levels of quality were based on interviews in which the clients gave scores for five different aspects of the care they had received. These five aspects were needs assessed, information received, method choice, interpersonal relations, and continuity of care.

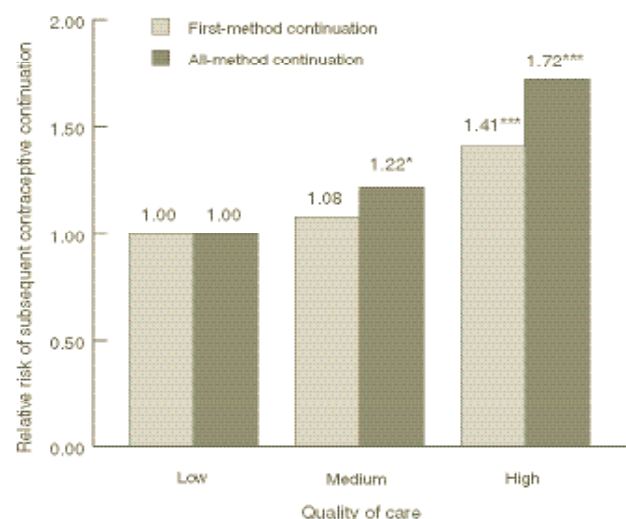
### The influence of quality of care upon contraceptive use in rural Bangladesh

**Author:** Koenig, M.A., Hossain, M.B., Whittaker, M.  
**Source:** Studies in Family Planning 28(4): 278–289. Dec. 1997.  
**POPLINE Ordering Number:** 130293

### Key point:

**Quality of care is important to contraceptive continuation not only during clinic visits but also during family planning outreach.** In a portion of this study, based on data collected between 1989 and 1991 from nearly 3,500 women in rural Bangladesh who were using temporary contraception, those who reported receiving high-quality care from female outreach workers were 72% more likely to continue using a contraceptive method than were those who reported receiving low-quality care (see Figure 2).

**Figure 2. Better Quality of Care Improves Continuation**  
**First- and All-Method Contraception Continuation by Field-Worker Quality-of-Care Index, Rural Bangladesh, 1989–91**



Significant at \*p<0.05; \*\*p<0.01; \*\*\*p<0.001.

Source: Original graphic from Koenig, M.A. et al. 1997.



Women who received medium-quality care were 22% more likely to continue use than were women who received low-quality care. Levels of quality were measured by a client survey on selected aspects of care including the choice of

methods offered, how clients and providers interacted, how much time outreach workers spent with clients, and how much information they provided. Women who were using OCs, injectable contraceptives, copper IUDs, condoms, or foam tablets were included in the analysis.

## Relationship Between Contraceptive Side Effects and Hormonal Method Continuation

A woman's experience of contraceptive side effects is one of the strongest factors affecting continuation. In particular, menstrual disturbances are the most commonly reported reason for discontinuing hormonal methods. Among OC and injectable contraceptive users, bleeding irregularities such as bleeding and spotting between menstrual periods, heavy and prolonged bleeding, and absence of monthly bleeding are frequent reasons given for discontinuing.

Side effects of hormonal contraceptive use cannot be avoided. Nonetheless, providers can help clients prepare for these side effects and cope with them better. This section focuses primarily on how side effects are related to continuation, based on studies in Bangladesh, Bolivia, and Egypt. It also offers some general recommendations on how providers can help clients manage side effects. Later sections focus on more specific strategies that are being evaluated for their effects on improving continuation, through improving access to contraception (see p. 8) and improving quality of care (see p. 10).

### The impact of menstrual side effects on contraceptive discontinuation: Findings from a longitudinal study in Cairo, Egypt

**Author:** Tolley, E., Loza, S., Kafafi, L., Cummings, S.

**Source:** International Family Planning Perspectives 31(1):15–23. Mar. 2005.

**Web site:** <http://www.guttmacher.org/pubs/journals/3101505.html>

**POPLINE Ordering Number:** 280873

*Note: Family Health International and the Analysis and Administration Consultants in Cairo, Egypt, conducted this 18-month study between 1999 and 2001 among 259 new users of contraceptive implants, the copper IUD, and progestin-only injectable contraceptives. The study's goal in part was to determine how menstrual bleeding affects discontinuation.*

#### Key point:

**Bleeding duration is an important predictor of discontinuation of contraceptive methods.** Among contraceptive implant, copper IUD, and injectable contraceptive

users, each additional day of bleeding was associated, respectively, with a 2%, 3%, and 4% increase in discontinuation. Of the variables assessed, bleeding duration (the number of consecutive days that a woman bled during her last menstrual cycle) was the only one that significantly predicted discontinuation among injectable contraceptive users. The study did not assess how heavy the bleeding was, but even prolonged light bleeding may lead women to worry and to discontinue use. Other variables assessed but found not to be associated with discontinuation included clients' personal characteristics, spousal attitudes or knowledge, and whether the women had received counseling when they started their methods.

### Side effects and oral contraceptive discontinuation in rural Bangladesh

**Author:** Khan, M.A.

**Source:** Contraception 64(3):161–167. Sep. 2001.

**POPLINE Ordering Number:** 162124

*Note: This study, conducted by researchers at the University of Dhaka, is based on data from a survey of*

correct and consistent use of OCs between 1995 and 1996 among some 1,400 women in rural Bangladesh. Women in the study were using OCs six months before the survey began, and either were still using them at the time of the survey (current users) or had stopped using them (past users).

### Key points:

- **The experience of side effects during the first few months of OC use can have a substantial impact on a woman's decision to discontinue use.** Of the women in this study who discontinued OCs, 53% reported doing so because of side effects. Women who experienced side effects in the first three months of use were 1.4 times more likely to discontinue OCs than were women who did not experience side effects at this time.
- **Provider contact with clients, especially during the first few months of OC use, is vital for helping women continue using this method.** An important message that providers can share with new users is that some side effects are to be expected in the early months of OC use but that they usually lessen as a woman's body adjusts to the hormones in the OCs. Expecting side effects and knowing that they are normal and not harmful could help clients cope with them better if they occur and thus could help them continue OC use.
- **Providers should stress the need for continued use of OCs, even if side effects do occur.** Discontinuing OCs because of side effects leaves women at risk for unintended pregnancy. Providers can also suggest alternative contraceptive methods—especially condoms—if they suspect that clients may abruptly discontinue OCs. Family planning programs should offer a range of alternative contraceptive methods so that a woman who is dissatisfied with OCs can easily switch to another method and continue to be protected from unintended pregnancy.

**Menstrual disturbances are the most commonly reported reason for discontinuing hormonal methods.**

### Factors affecting continuation rates of DMPA

**Author:** Hubacher, D., Goco, N., Gonzalez, B., Taylor, D.  
**Source:** Contraception 60(6):345–351. Dec. 1999.  
**POPLINE Ordering Number:** 149069

*Note: Family Health International and CARE/Bolivia conducted this study in Bolivia between 1997 and 1998 in 30 government health centers among 430 new users of the progestin-only injectable contraceptive depot-medroxyprogesterone acetate (DMPA). New users were defined as those who had not received DMPA injections in the last three months. The purpose of the study was to document patterns of use, estimate continuation rates, and determine user, provider, and counseling factors associated with continuation.*

**Providers can help clients prepare for side effects and cope with them better.**

### Key point:

**Providing information about DMPA side effects and inviting clients to return to the clinic if they experience them can improve continuation rates.** In this study, women who were told that the absence of monthly bleeding was a possible side effect were more than twice as likely to receive a second DMPA injection as were women who were not given this information. Those who were told to return to the clinic for help managing side effects were nearly three times as likely as the other women to continue using the method for the entire one-year follow-up period. Even though a clinic visit may not be medically indicated, it allows providers to reassure DMPA users that their health is safe or to offer a different contraceptive if clients want to switch methods.



## Strategies to Increase Hormonal Method Continuation Through Improved Access

Several studies offer evidence that providing better access to contraception helps improve continuation. For example, community-based distribution (CBD)—providing contraceptive services via outlets other than conventional family planning clinics—is a promising strategy. Studies in diverse settings show that CBD leads to significant increases in contraceptive prevalence and that contraceptive continuation rates can be higher for CBD programs than for clinic-based family planning programs.

Distributing injectable contraceptives outside of clinics is relatively new compared with distributing OCs and condoms, which have been the main methods offered through CBD. Nonetheless, introductory studies in the developing world have shown that CBD programs have promise for increasing access to injectable contraceptives and improving hormonal method continuation rates. While community distribution of injectable contraceptives has grown in Latin America and Asia, it has been resisted until recently in Africa because of concerns about the safety of provision by nonmedical providers. Community distribution of injectable contraceptives is safe, and many reproductive health experts agree that it would benefit many people in Africa because levels of unmet need for family planning are high across the region, while the popularity of DMPA is rising.

A second strategy for increasing hormonal method continuation by improving access is Quick Start, an OC-initiation strategy in which women swallow their first pill at the clinic in the presence of a provider (in contrast to taking their pills home and starting them later). This strategy has been successful in improving short-term continuation rates in selected settings in the United States. Research has also been conducted in Nicaragua, but study results are not yet available.

### Community-based distribution and contraceptive usage in Iran

**Author:** Jahanfar, S., Ghodsi, M., Shahpoorian, F., Jamshidi, R.

**Source:** Journal of Family Planning and Reproductive Health Care 31(3):194–197. Jul. 2005.

**POPLINE Ordering Number:** 290205

*Note: This study was conducted in Iran by researchers from Iran University of Medical Science and Azad University of Hamedan among approximately 300 women to determine the effects of community distribution on contraceptive use. One-third of the women (the CBD group) received family planning services every two months at home via three visits from a midwife and two from a trained distribution agent. The other two-thirds (the control group) were visited twice by the same midwife but received their family planning services from local family planning centers. Women in the CBD group received information about OCs, injectable contraceptives, and condoms, and were given supplies or referred to family planning clinics for other methods of their choice. Women in the control group accessed information and methods, including OCs and injectable contraceptives, from the family planning centers.*

### Key point:

**CBD can improve clients' contraceptive knowledge, which can lead to more informed choices of contraception and better contraceptive continuation.** Compared with women in the control group, women in the CBD group had significantly better contraceptive knowledge, chose contraceptives that were suitable to their needs more often, and used their chosen methods correctly more often. After six months, women in the CBD group also had a significantly higher contraceptive continuation rate than did women in the control group (99% versus 84%). The increased number of educational visits, short interval between the visits, and use of a standard counseling strategy are the major characteristics of this program that the researchers believed contributed to its success.

### CBD of injectables: Studies, pilot programs evaluate effectiveness, safety of approach

**Author:** Shears, K.H.

**Source:** Network 22(3):12–16. Research Triangle Park, North Carolina, Family Health International. 2003.

**Web site:** [http://www.fhi.org/en/RH/Pubs/Network/v22\\_3/NWvol23-3CDInject.htm](http://www.fhi.org/en/RH/Pubs/Network/v22_3/NWvol23-3CDInject.htm)

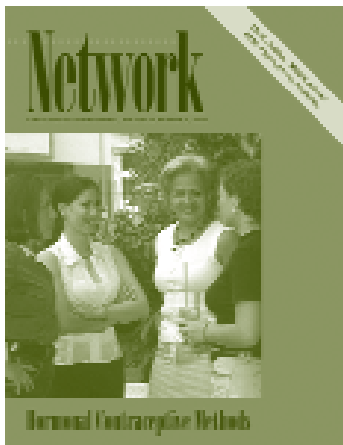
**POPLINE Ordering Number:** 178655

## Key points:

- **Continuation rates for injectable contraceptives are at least as high—and sometimes higher—within community-based programs than within clinic-based programs.** Several studies on the introduction of injectable contraceptives into CBD programs in Latin America support this finding. For instance, a Mexican study about introducing the monthly combined injectable contraceptive Cyclofem® found that one-year continuation rates for injectable contraceptives were higher among 640 women who received them from

CBD agents than among 2,817 women who received them from health centers (37% versus 24%), although the study did not indicate whether this difference was statistically significant.

In Bolivia a small acceptability study of community-based injectable contraceptive services also found high continuation rates among DMPA acceptors (approximately 90%), although the study was not comparative.



- **Technical, logistical, and safety concerns remain challenges to CBD of injectable contraceptives.** Education and training can help address some of the challenges of distributing injectable contraceptives in communities. For example, Family Health International has developed a checklist that providers can use to screen clients who have chosen to use progestin-only injectable contraceptives (see <http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/dmpachecklists/index.htm>). Use of the checklist can help CBD workers recognize medical conditions that would prevent the safe use of this method. In addition, disposable syringes that automatically become disabled after a single use are becoming increasingly available for the administration of DMPA. Such syringes promote injection safety in both CBD and clinic-based programs.

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**Several studies offer evidence that providing better access to contraception helps improve continuation.**

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## Quick Start: A novel oral contraceptive initiation method

**Author:** Westhoff, C., Kerns, J., Morroni, C., Cushman, L.F., Tiezzi, L., Murphy, P.A.

**Source:** Contraception 66(3):141–145. Sep. 2002.

**POPLINE Ordering Number:** 172177

*Note: This study was conducted in 2000 among 250 family planning clients in New York City to compare the OC continuation experience of women taking their first pill in the clinic with that of women who initiated use later, after leaving the clinic. In the study, women began their OCs after taking a sensitive pregnancy test showing that they were not pregnant. For settings where pregnancy tests are not available, Family Health International has developed a checklist that providers can use to be reasonably sure that a client is not pregnant before providing her contraceptive method of choice (see <http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/pregnancy/index.htm>). OC use early in pregnancy has been shown not to be harmful, but ruling out pregnancy before OC initiation can prevent unnecessary exposure of pregnant women to contraceptive hormones.*

## Key points:

- **Directly observed OC initiation during the clinic visit, regardless of menstrual cycle day, has potential to increase OC continuation, at least in the short term, without adding to health care costs.** Women who initiated OCs using the Quick Start approach (taking the first pill at the clinic in the presence of a provider) were nearly three times more likely to start their second pack of pills than were women who initiated OCs after they left the clinic. The study did not evaluate Quick Start's effects on longer-term continuation. Many women discontinue OCs in the first few months of use, however.
- **Patients and clinicians alike may need reassurance that no medical reason exists for waiting until menstruation to initiate OCs.** Current practice often requires waiting for menses to rule out pregnancy before starting OCs. Results of this study, however, support initiating OCs at any time during a woman's menstrual cycle, as long as the provider is reasonably sure that she is not pregnant.



## Strategies to Increase Hormonal Method Continuation Through Improved Quality of Care

Studies have demonstrated that quality of care is associated with contraceptive continuation, but demonstrating whether and how improvements in different aspects of care contribute to continuation has been more elusive. For example, many evaluations have found that efforts to improve client-provider interaction successfully improve overall quality of care. Most, however, have found either no differences in contraceptive continuation rates between intervention and control groups, or only small improvements that are not statistically significant.

Nevertheless, studies point to some strategies that appear promising in achieving better continuation. Studies of counseling about method-specific side effects have shown the most encouraging results. Other selected counseling tools and job aids designed to improve the method-selection process also show promise.

### Effect of pretreatment counseling on discontinuation rates in Chinese women given depo-medroxyprogesterone acetate for contraception

**Author:** Lei, Z.W., Wu, S.C., Garceau, R.J., Jiang, S., Yang, Q.Z., Wang, W.L., Vander Meulen, T.C.  
**Source:** *Contraception* 53(6):357–361. Jun. 1996.  
**POPLINE Ordering Number:** 114475

*Note: This study to determine the effect of structured pretreatment counseling on one-year DMPA continuation rates was conducted at four family planning centers in China among 421 women who chose to initiate DMPA use. At two of the centers women received structured pre-*

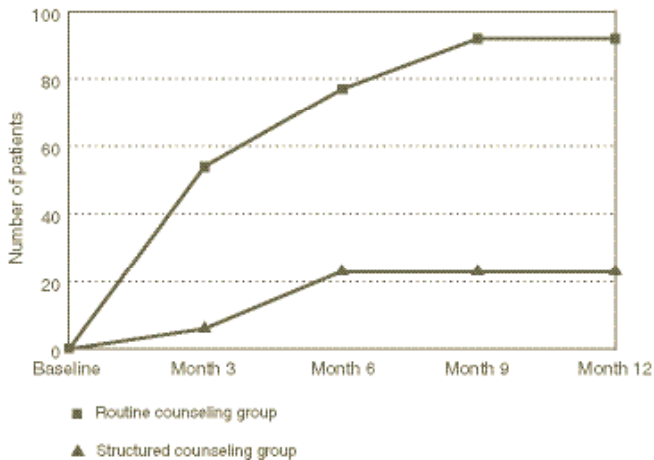
*treatment counseling on how DMPA prevents pregnancy and on common and expected side effects. At the other two centers women received only routine counseling that did not include information on side effects, unless the women requested such information. (The publication of this study did not provide the dates of the actual research.)*

#### Key point:

**Structured pretreatment counseling about side effects can have a positive effect on DMPA continuation rates.** Women who received structured pretreatment counseling were nearly four times less likely to discontinue DMPA in the first year of use than were women who received only routine counseling. Among the 421 DMPA users included in the study, 23 (11%) of 204 who received structured pretreatment counseling discontinued DMPA by 12 months compared with 92 (42%) of 217 who received routine counseling (see Figure 3).

**Figure 3: Structured Counseling Improves Continuation**

Number of Patients Who Discontinued DMPA at Each Visit, China



Source: Original graphic from Lei, Z.W. et al. 1996.

### Effect of counseling to improve compliance in Mexican women receiving depot-medroxyprogesterone acetate

**Author:** Canto De Cetina, T.E., Canto, P., Luna, M.O.  
**Source:** *Contraception* 63(3):143–146. Mar. 2001.  
**POPLINE Ordering Number:** 157776

*Note: This study was conducted in 2001 in a family planning clinic in rural Yucatan, Mexico, by researchers from the Universidad Autónoma de Yucatán. The objective was to determine how offering detailed, structured pretreatment counseling on DMPA side effects influences continuation. In the study a random sample of 175 DMPA users received structured counseling, while a control group of 175 other DMPA users received routine counseling. Structured counseling stressed a variety of information*

about DMPA use—the mechanism of action of DMPA; common side effects, including bleeding irregularities; that these side effects were not harmful; and that women could return to the clinic if they had concerns about effects of the method. Routine counseling for the control group included only general information on expected side effects of DMPA.

### Key points:

- **Counseling on expected side effects and other information before initiation of DMPA can greatly increase continuation rates.** By 12 months, 76 women (43%) in the routine counseling group (the control group) had discontinued use compared with 30 women (17%) in the structured counseling group. Among the discontinuers, the percentage who discontinued because of menstrual side effects was more than three times higher in the routine counseling group than in the structured counseling group.
- **The findings from Mexico, which confirm those of a similar study in China (see p. 10), may have worldwide implications.** Because the two studies took place in different countries among women who differ widely in culture, their similar results suggest that cultural beliefs and national setting are not barriers to DMPA continuation, as long as women receive structured pre-treatment counseling when they begin using DMPA.

### Increasing patient participation in reproductive health consultations: An evaluation of “Smart Patient” coaching in Indonesia

**Author:** Kim, Y.M., Putjuk, F., Basuki, E., Kols, A.  
**Source:** Patient Education and Counseling 50(2):113–122. Jun. 2003.  
**POPLINE Ordering Number:** 180127

*Note: This study, conducted by the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, was designed to test whether individual coaching could give new Indonesian family planning clients the confidence and communication skills to communicate more openly and assertively with providers. It also evaluated the effects of individual coaching on continuation of contraceptive methods, including hormonal methods. (In the study 65% of clients chose to begin using OCs or injectable contraceptives.) The study was conducted among 768 female clients from 64 family planning clinics, of whom half received Smart Patient coaching and the other half did not. In Smart Patient coaching, the women met with educators in clinic waiting rooms and were coached on openly and assertively asking questions, expressing concerns, and seeking clarification from providers.*

### Key point:

**Smart Patient coaching may help improve contraceptive continuation.** Eight months after receiving Smart Patient coaching, contraceptive users in the study group had contraceptive discontinuation rates that were half the rates among clients who had not been coached, although the difference was not statistically significant—3.9% compared with 7.8%. Women who had received Smart Patient coaching also participated more actively, asking more questions and expressing more of their concerns than women who had not been coached.

### Enhancing quality for clients: The balanced counseling strategy

**Author:** León, F.R., Ríos, A., Zumarán, A., de la Cruz, M., Brambila, C., Bratt, J.H.  
**Source:** Washington, D.C., Population Council, Frontiers in Reproductive Health, Jul. 2003. 11 p. (Frontiers in Reproductive Health Program Brief No. 3)  
**Web site:** <http://www.popcouncil.org/frontiers/briefs/fpbriefs3.html>  
**POPLINE Ordering Number:** 183257

*Note: Designed by the Population Council, the “balanced counseling strategy” is a simple, direct, and interactive way for providers to respond to the individual contraceptive needs of clients. Briefly, it involves greeting clients, assessing their needs and eliminating unsuitable methods, discussing available methods and asking clients to choose one, providing detailed information on the chosen method, and providing instructions on how to continue using the method at home. Two job aids accompany the strategy. The strategy and job aids were tested among regional health directorates in Peru and among health centers and rural health posts in Guatemala between 2000 and 2002. While testing has been limited, some reproductive health experts consider the strategy and job aids promising based on the findings from Peru and Guatemala.*

### Key point:

**The balanced counseling strategy improves the quality of family planning counseling when providers use the job aids.** In both Peru and Guatemala, quality of care was about 80% higher among clients in the study when the





balanced counseling strategy and job aids were used than when the strategy was not used at all. This positive relationship was similar in the two countries, while gains in quality were larger in Guatemala. In Peru, the largest improvements in quality were among users of hormonal methods and the copper IUD.<sup>2</sup> Quality of care was measured based on eight factors—including how providers interacted with clients, how well client needs were diagnosed, and what type of information was provided about the methods and their use.

<sup>2</sup> Although this resource does not address the effect of balanced counseling on contraceptive continuation itself, in Peru the research found slightly higher contraceptive continuation rates among clients who were exposed to the strategy and job aids than among women who were not (see <http://www.popcouncil.org/frontiers/orsummaries/ors38.html>). The difference, however, was not statistically significant.

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### A Final Note

Overall, the program strategies reviewed here appear to improve service delivery factors that studies have found to be associated with hormonal method continuation. Yet, because a strong causal relationship between specific service delivery factors and contraceptive continuation itself has not been established for OCs and injectable contraceptives, improvements in service delivery may not necessarily result in consistently higher continuation rates. Strategies are needed that reflect the complexity of hormonal method continuation—that is, strategies that combine a variety of approaches, including improving access, quality of care, and other factors related to contraceptive continuation.

More information on improving contraceptive continuation is available in the meeting proceedings from a 2005 expert consultation organized by Family Health International and the ACQUIRE Project. The purpose of the meeting of experts was to discuss contraceptive continuation, with a focus on OCs and injectable contraceptives. Included in the proceedings are overviews of current knowledge on contraceptive continuation, gaps in knowledge, and how best to address these gaps. To view the proceedings, see [http://www.fhi.org/en/RH/Pubs/booksReports/Improving\\_Continuation.htm](http://www.fhi.org/en/RH/Pubs/booksReports/Improving_Continuation.htm).

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