Discontinuation and Switching: *A Brief on Switching Definitions*

Monitoring contraceptive discontinuation is critical to understanding contraceptive use dynamics and ensuring that goals set out in family planning policies and programs meet the reproductive health needs of individuals.

WHAT IS CONTRACEPTIVE DISCONTINUATION AND SWITCHING?

People throughout their lives will start and stop using contraception for various reasons. A young woman might begin using contraception for the first time, stop in order to get pregnant, and then resume using contraception (perhaps with a different method) after the pregnancy. Another woman might stop using a method because of accessibility issues or side effects, or because she is no longer in need of contraception. Some people experiment with a variety of methods before they find one that suits their needs. Regardless of the reasons, people start, stop, or switch their method of contraception throughout their reproductive years. Two measures of these contraceptive use dynamics are contraceptive **discontinuation** and contraceptive **switching**.

Contraceptive discontinuation is defined as a person starting contraceptive use and then stopping for any reason. Some people who stop using a method start using another method; this is known as **contraceptive switching**.

WHY IS IT IMPORTANT?

As part of assessing family planning progress in a country, discontinuation rates can provide insights into whether certain methods are discontinued more often than others, the reasons for discontinuation (e.g., side effects or wanting to become pregnant), and how the overall rates of discontinuation affect contraceptive coverage. Not all discontinuations should be viewed negatively; some women discontinue because they might not need contraception, they would like to become pregnant, or are not sexually active. Others may be switching to another method.

Family Planning 2020 (FP2020) began reporting on contraceptive discontinuation with a December 2015[1] report on the phenomenon (coauthored with Population Council) and a special section on discontinuation in the 2016 Progress Report. In 2017, FP2020's Performance Monitoring and Evidence Working Group (PME WG)—an advisory group of family planning measurement experts—reassessed how FP2020 reported on discontinuation and made recommendations to improve the interpretability of the estimates. Since then, FP2020 (now FP2030) has reported the following metrics for each contraceptive method:

[1] https://popdesenvolvimento.org/images/imprensa/FP2020_ContraceptiveDiscontinuation_SinglePageRevise_12.16.15.pdf

- Total Discontinuation Rate: the percentage of women who discontinued the method within 12 months of beginning use, for any reason. This rate is disaggregated into:
    - Discontinuation rate ***while in need*** (the percentage of women who discontinued the method despite being at risk of unintended pregnancy); and
    - Discontinuation rate ***while not in need*** (the percentage of women who discontinued the method and whose risk of unintended pregnancy is low).
- Switching Rate: the percentage of women who discontinued the method but started using a different method.

Table 1 below outlines the different reasons associated with discontinuation "in need" and "not in need."

TABLE 1

Type of Discontinuation	Definition
In-need discontinuation	Discontinuation of a method for reasons such as: 1. Became pregnant while using 2. Husband disapproved 3. Side effects/Health concerns 4. Access/Availability 5. Wanted more effective method 6. Inconvenient to use 7. Cost 8. IUD expelled 9. Other
Not in-need discontinuation	Discontinuation of a method for reasons such as: 1. Wanted to become pregnant 2. Infrequent sex/Husband away 3. Fatalism 4. Difficult to get pregnant/Menopause 5. Marital Dissolution

The switching rate is reported separately from the discontinuation rate because method switching is not exclusive of other reasons for discontinuation. For example, if a woman stops using a method because of health concerns or side effects and immediately begins using a different method, this is counted as one episode of discontinuation and one episode of method switching. By reporting method switching as a different indicator. we avoid double counting in estimates for discontinuation.

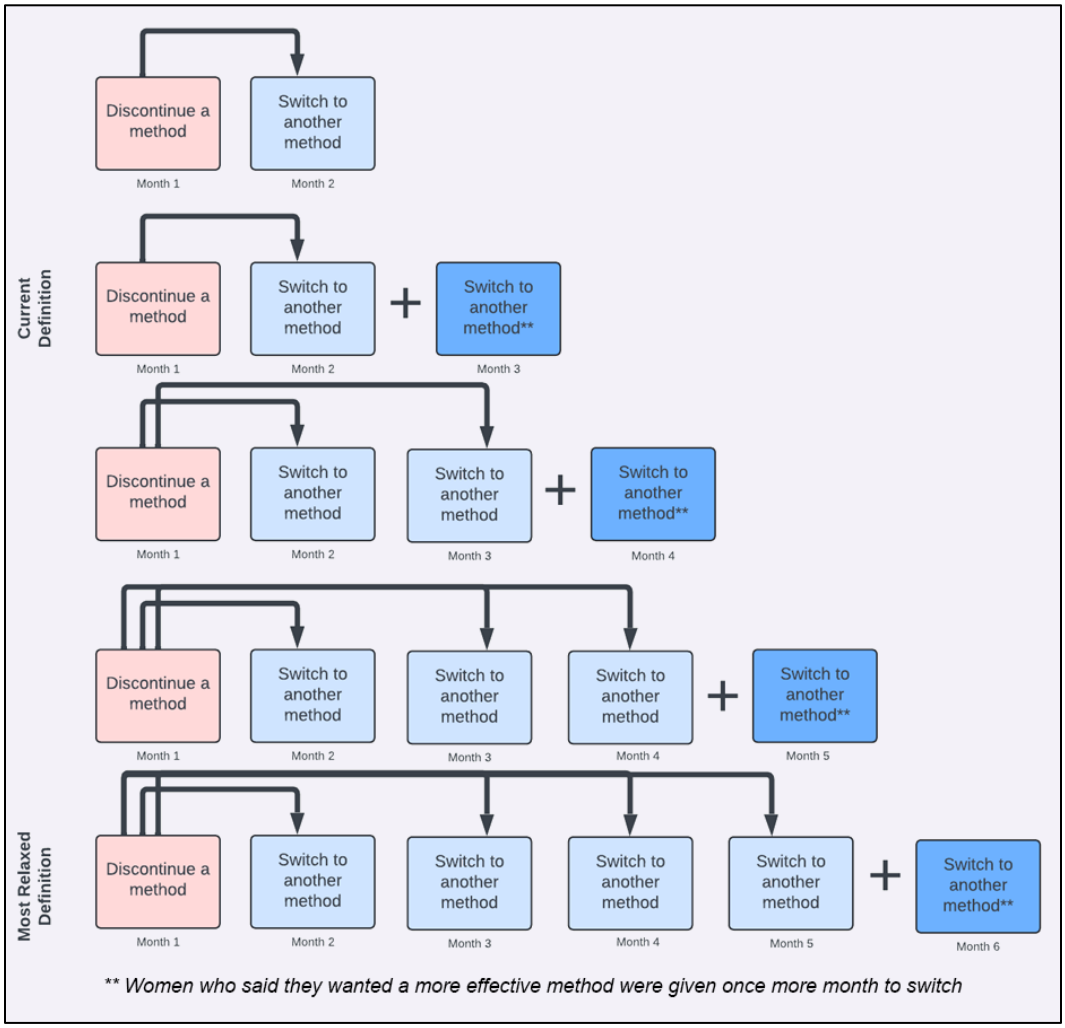
IS THE CURRENT SWITCHING DEFINITION TOO NARROW?

The current definition of switching used by FP2030 is based on the Demographic Health Survey definition, which states:

> *A woman is considered to have switched to another method if she used a different method in the month following discontinuation or if she gave "wanted a more effective method" as the reason for discontinuation and started another method within two months of discontinuation.*[2]

The PME WG urged FP2030 explored whether this window of one or two months for switching is too narrow. Some women might need more time to switch a method; they might have been unable to get the new method the day they were in the health clinic or might need additional time to decide. FP2030 assessed what would happen to switching rates if we relaxed the definition, allowing additional months between discontinuing a method and the start of using another one. See Figure 1 below for the current definition versus relaxed definitions that were reviewed.

FIGURE 1



[2] https://dhsprogram.com/data/Guide-to-DHS-Statistics/Contraceptive_Discontinuation.htm

WHAT HAPPENS WHEN THE DEFINITION OF SWITCHING IS RELAXED TO ALLOW MORE TIME?

We reviewed switching data for six countries with varied method mixes and high levels of "in-need" discontinuation: Burundi, India, Mali, Nepal, Uganda, and Zimbabwe.

In most countries and for most methods, switching rates did not significantly change. However, relaxing the definition of switching—allowing more time between discontinuing a method and starting another method—did increase switching rates. For most countries and methods, the rates increased by 5 percentage points at most. In other words, changing the definition of switching from the narrowest time window (only one month after discontinuation) to the most relaxed time window (up to five months after discontinuation) resulted in only 5 additional "switches" for every 100 episodes of discontinuation. Figure 2 illustrates switching rates for injections in Nepal based on the different switching definitions. Similarly, Figure 3 illustrates switching rates for pills in Zimbabwe based on the different switching definitions.

Relaxing the definition of switching could help programs more accurately assess contraceptive use dynamics and capture the real experiences of women who are switching methods as opposed to discontinuing contraception indefinitely. On the other hand, a longer window of time between discontinuation and switching (and specifically up to five months) introduces greater risk of unintended pregnancy, as method effectiveness might have waned.

CONCLUSIONS

The PME WG raised important questions regarding discontinuation and switching measurement and definitions. As such, FP2030 conducted this analysis to determine if additional changes to measures would assist country programs and partners to better understand contraceptive dynamics in their countries. Since switching rates did not vary significantly when the definition was relaxed and because method effectiveness could wane if additional time is allowed between switching, FP2030 and the PME Working Group determined that no additional changes are currently warranted. As a result, FP2030 will continue to report on switching rates based on the DHS definition and method of calculation.

Additional analysis should explore if "wanting a more effective method" should be removed from the switching calculation as a criterion. There are many reasons why women might switch their method of contraception, including needing a longer-acting method or a different method for menstrual suppression. Regardless of the reason for switching, women should have the ability to exercise their choices fully and freely.

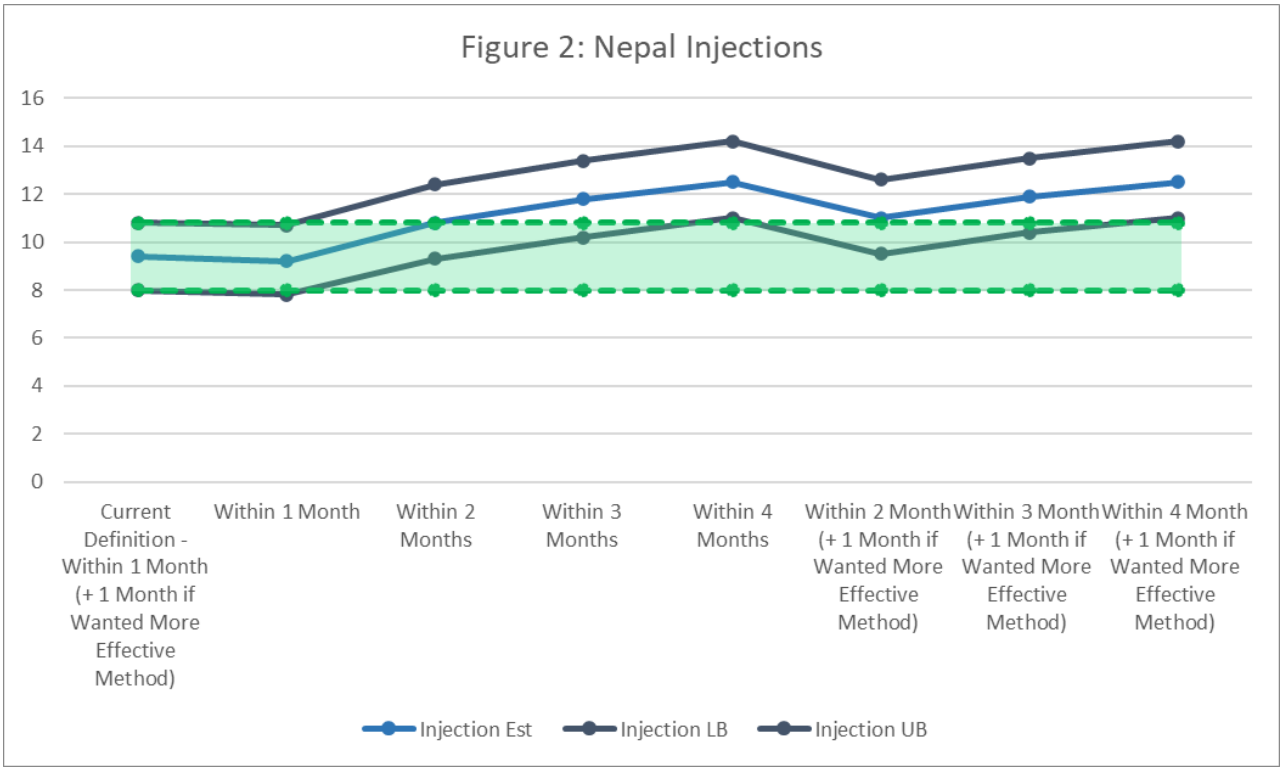


Figure 2: Nepal Injections
16
14
12
10
8
6
4
2
0
Current Definition - Within 1 Month (+ 1 Month if Wanted More Effective Method)
Within 1 Month
Within 2 Months
Within 3 Months
Within 4 Months
Within 2 Month (+ 1 Month if Wanted More Effective Method)
Within 3 Month (+ 1 Month if Wanted More Effective Method)
Within 4 Month (+ 1 Month if Wanted More Effective Method)
Injection Est
Injection LB
Injection UB

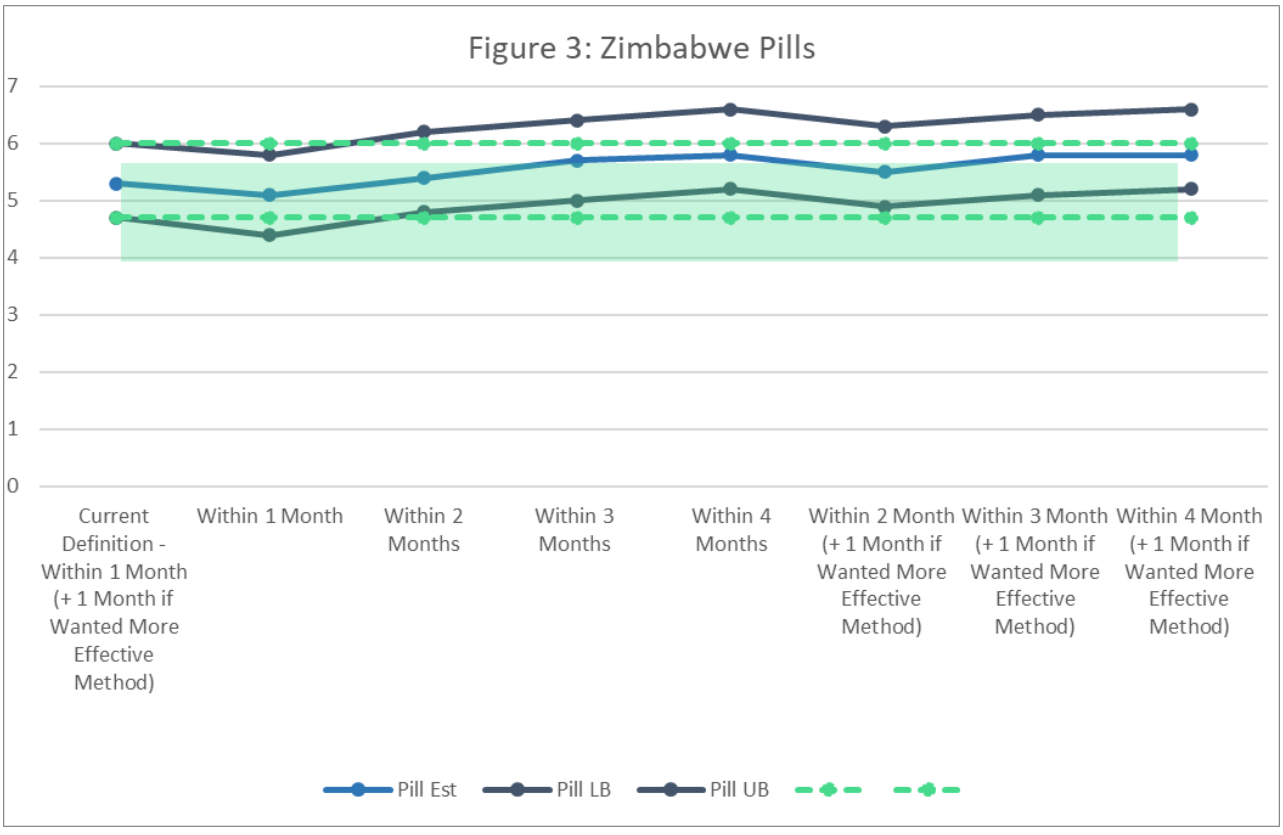


Figure 3: Zimbabwe Pills
7
6
5
4
3
2
1
0
Current Definition - Within 1 Month (+ 1 Month if Wanted More Effective Method)
Within 1 Month
Within 2 Months
Within 3 Months
Within 4 Months
Within 2 Month (+ 1 Month if Wanted More Effective Method)
Within 3 Month (+ 1 Month if Wanted More Effective Method)
Within 4 Month (+ 1 Month if Wanted More Effective Method)
Pill Est
Pill LB
Pill UB

KEY TAKEAWAYS

- Switching increases when we relax definition on what is considered a “switch” (e.g. when the definition allows additional months between episodes of contraceptive use to be considered as switches).
- Switching estimates based on different definitions are not statistically different for most methods and in most countries in this analysis.
- Even when different switching definition are statistically different, programmatically it may not make sense to consider a larger gap between episode of contraceptive use to be a switch because method effectiveness may have waned.
- FP2030 will continue to report on the DHS definition of switching to ensure alignment across data sources rather than developing a new definition of switching.