African Population and Health Research Center

Countdown to 2030
Women's Children's & Adolescent's Health

CONTRACEPTIVE DISCONTINUATION IN LIBERIA

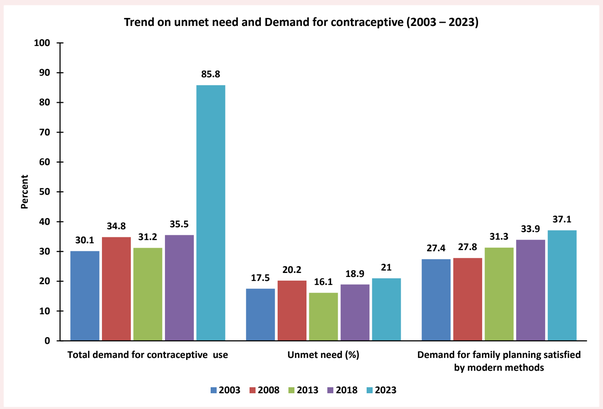
BACKGROUND

- Contraceptive use is dynamic across the Life Course
- People start, stop, and switch methods for many reasons throughout their reproductive lives.
- A young woman may start using contraception, stop to become pregnant, and resume using a different method afterward.
- Others may discontinue due to side effects, limited access,
- Some explore multiple methods before finding one that suits their needs.

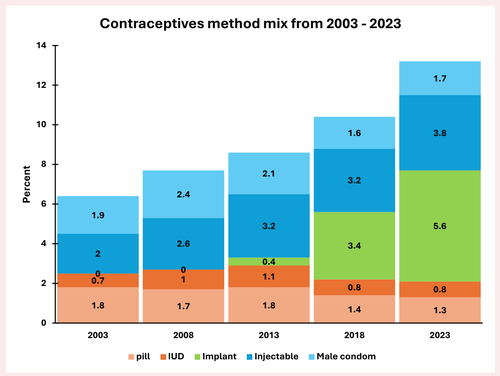
OBJECTIVES

The objectives of this analysis are to:

1. Measure and interpret contraceptive discontinuation patterns across diverse West and Central African contexts to identify which methods are most often discontinued and why.
2. Examine how discontinuation patterns relate to national method mix and program performance, highlighting opportunities to strengthen counseling, method choice, and quality of care.



- During the same time, the proportion of total demand for FP met by modern methods increased from 30.1% in 2003 to 85.8% in 2025, with fluctuating unmet need between 16.1% and 21% over the given years.
- Also, a gradual, but slow, increase in meeting the demand for FP from 27.4% in 2003 to 37.1% in 2023.

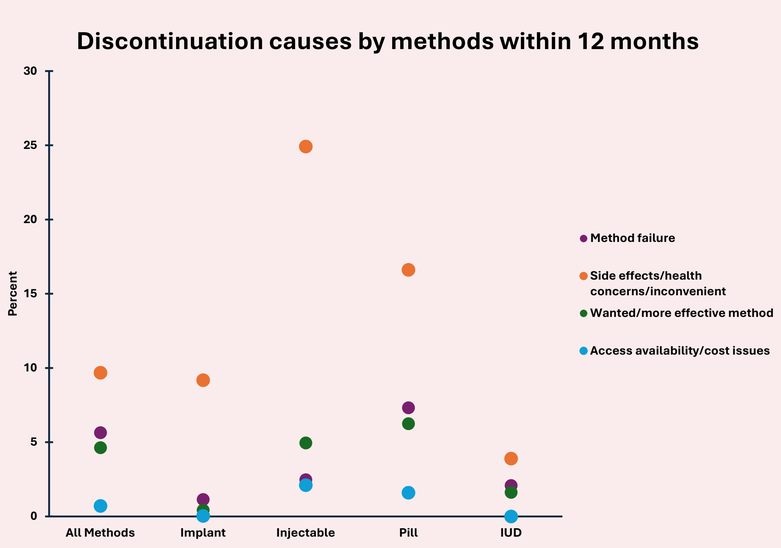


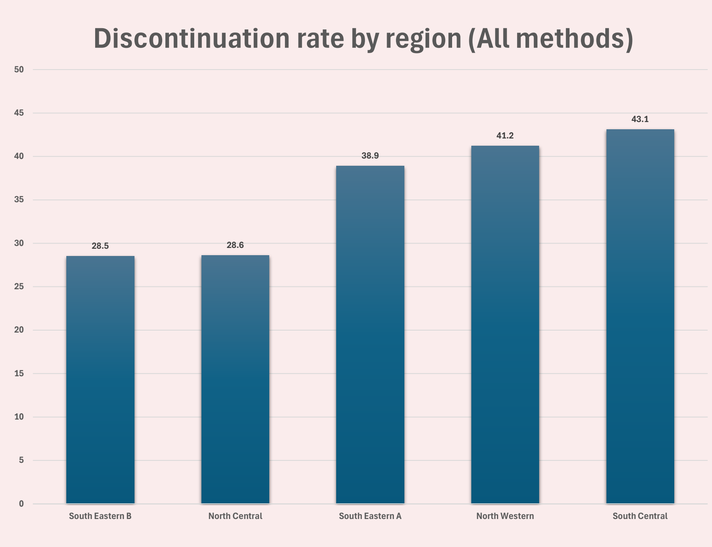
- The bar graph shows trends in the contraceptive method mix from 2003 to 2023. Overall, the method mix has changed over time from a more symmetric to a skewed method mix.
- In 2003, the mix was more balanced, with Pills (4%), Male Condoms (2.6%), and Injectables (2%) being prominent. By 2023, the mix has become highly skewed, predominantly featuring Implants (5.6%) and Injectables (3.8%), which together constitute the largest share of modern contraceptive use.

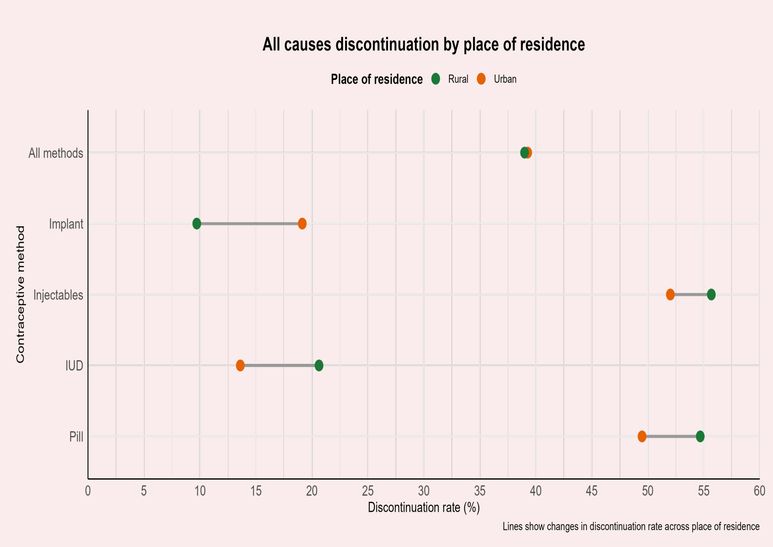
Policy context information related to family planning

- Liberia's FP services are primarily provided free of charge through the public health system, NGOs, and private facilities, offering diverse methods and integrated care.
- The overarching goal of FP policy is to improve reproductive health, with a specific 2018-2022 target of achieving a 39.7% modern contraceptive prevalence rate (mCPR) (CIP 2018-2022).
- Despite progress, the mCPR was around 24% in 2020, indicating ongoing efforts are needed to meet targets and avert significant unintended pregnancies and maternal deaths.
- All modern FP options, including short-acting methods, LARCs, permanent methods, and barrier methods, are freely provided in public health facilities as a consistent policy commitment(CIP 2018-2022).
- Over time, Liberia has focused on expanding method mix, particularly increasing LARC access through various initiatives, and strengthening supply chains to ensure commodity security (MOH 2022)
- Cultural and religious factors act as significant barriers to FP utilization, including high fertility preferences, restrictive gender roles, and widespread myths/misconceptions (CIP 2018-2022).
- Specific religious interpretations and the influence of religious leaders can further deter or promote FP uptake within communities.
- Conversely, evolving perspectives, engagement of religious leaders, emphasis on child spacing, community dialogue, and women's empowerment serve as crucial facilitators for FP service utilization.(MOH 2025).

Modern contraceptive discontinuation

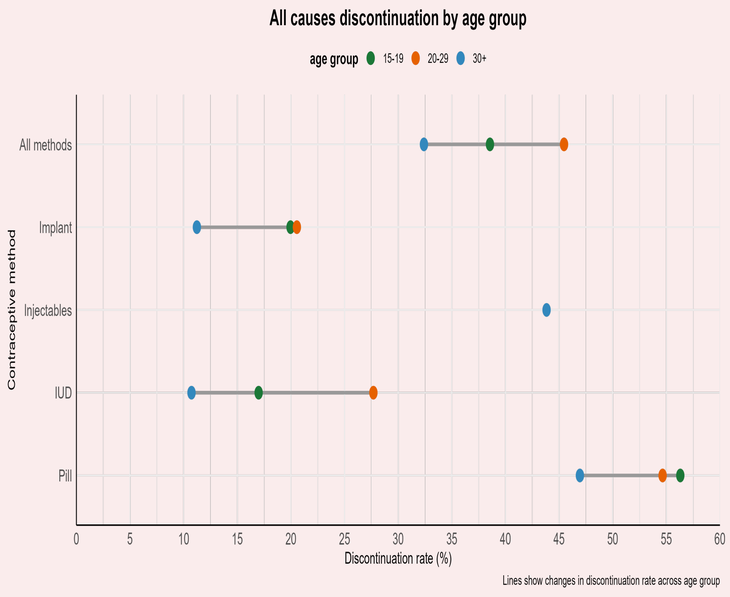


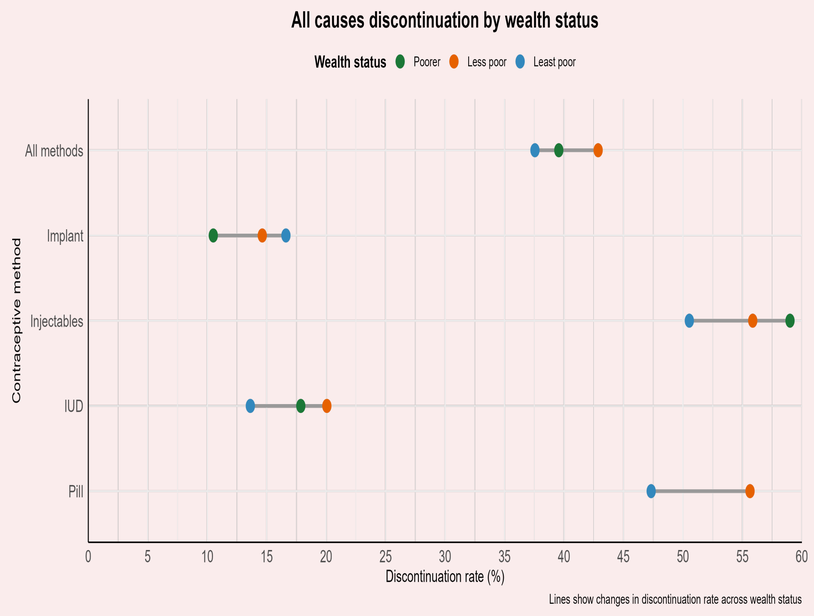


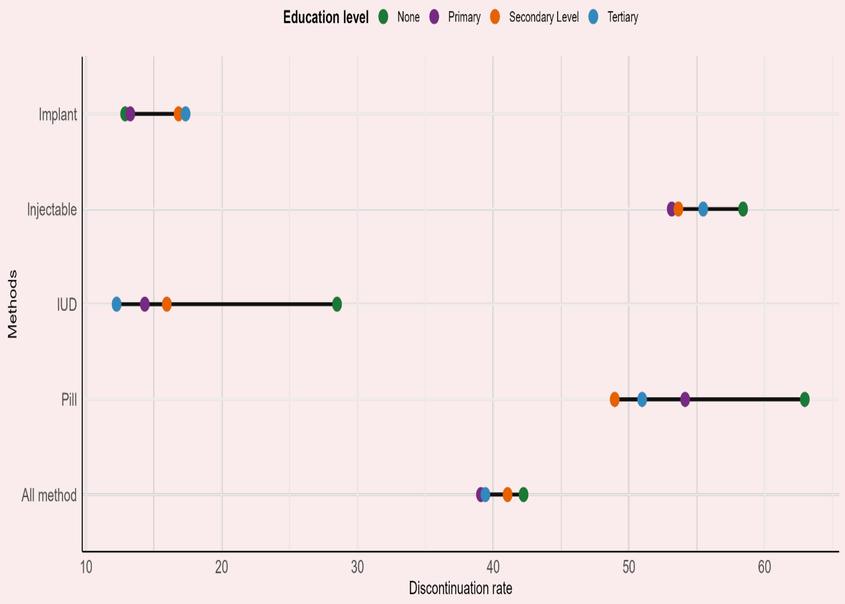


- The scatter plot illustrates reasons for family planning discontinuation. Side effects, health concerns, or inconvenience are the leading causes of contraceptive discontinuation within the first 12 months for All Methods (around 10%).
- Injectables (around 25%) and Pills (around 17%) are the methods most frequently discontinued due to side effects/inconvenience.
- Furthermore, 1 in 10 women discontinued implant due to side effect or medical inconveniences.
- Access or availability and cost issues were never the reasons for discontinuation

- The graph shows that discontinuation rates are slightly higher in Urban areas (around 42%) compared to Rural areas (around 38%), indicating an overall gap of approximately 4%.
- Injectables show the largest discontinuation gap between urban and rural settings (approximately 8%), with urban areas experiencing higher discontinuation.







- Contraceptive discontinuation rates exhibit a clear age-based gap, with the youngest age group (15-19) showing the highest rates, older individuals (30+) having the lowest, and those aged 20-29 falling in between.
- The Pill (PII) demonstrates the highest discontinuation gap across age groups, with a substantial 10-15 % difference between the 15-19 age group (~55%) and the 30+ age group (~40-45%), while other methods show much smaller variations.

- There is a clear discontinuation gap related to wealth status, with the "Poorer" group consistently showing the highest overall family planning discontinuation rates (around 45-50%), significantly more than the "Least poor" and "More poor" groups (30-40%), indicating a considerable disparity based on socioeconomic status.
- Based on this observation, the Pill had the highest overall discontinuation gap (15-20%) across wealth statuses, showing the largest difference in discontinuation rates between the "Poorer" group and the other wealth groups.

- Overall, contraceptive discontinuation rates show a clear trend of increasing with higher education levels, from approximately 38% for those with no education to about 45% for the tertiary group, possibly reflecting greater awareness or less tolerance for method issues among more educated women.
- Among various contraceptive methods, Injectables show the highest discontinuation rate gap across education levels, with approximately 9% difference between tertiary (59%) and no education (50%), followed by Implants (8%), and Pills and IUDs (both about 7%)

RECOMMENDATIONS

- Enhance counseling, access to information, and addressing side effects and misconceptions to ensure method continuation for all those in need regardless of socio-economic status, place of residence, education and age
- Improving the availability of long-acting reversable methods to diversify contraceptive method mix
- Enhancing the quality of FP programs, providing comprehensive counseling on methods, and ensuring access to a variety of options.
- Provide training for healthcare providers on counseling techniques, side effect management, and method switching
- Engage communities and address potential barriers to access and continuation of FP