



# FAMILY PLANNING DISCONTINUATION

## BACKGROUND

### Contraceptive use is dynamic across the Life Course

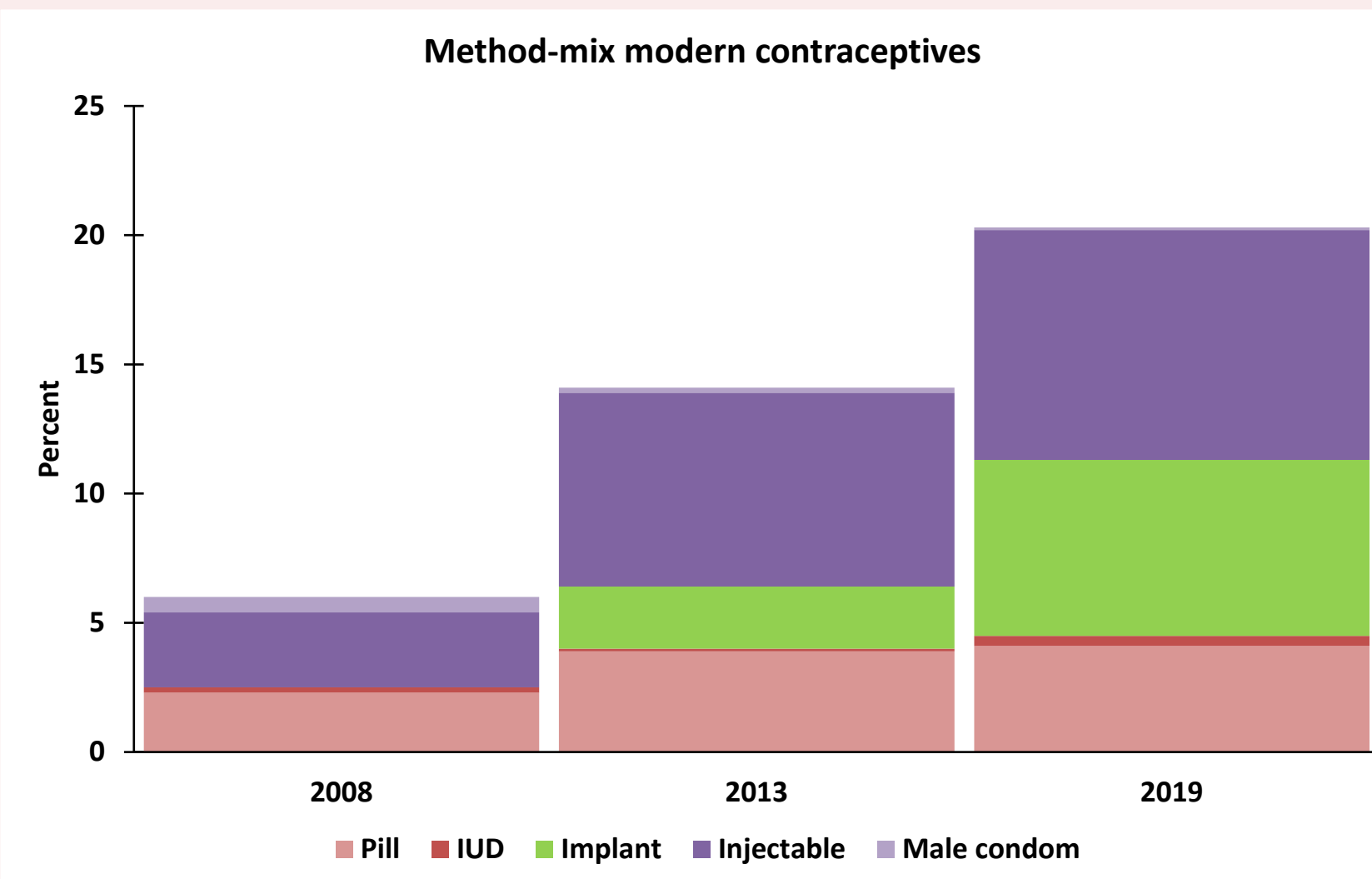
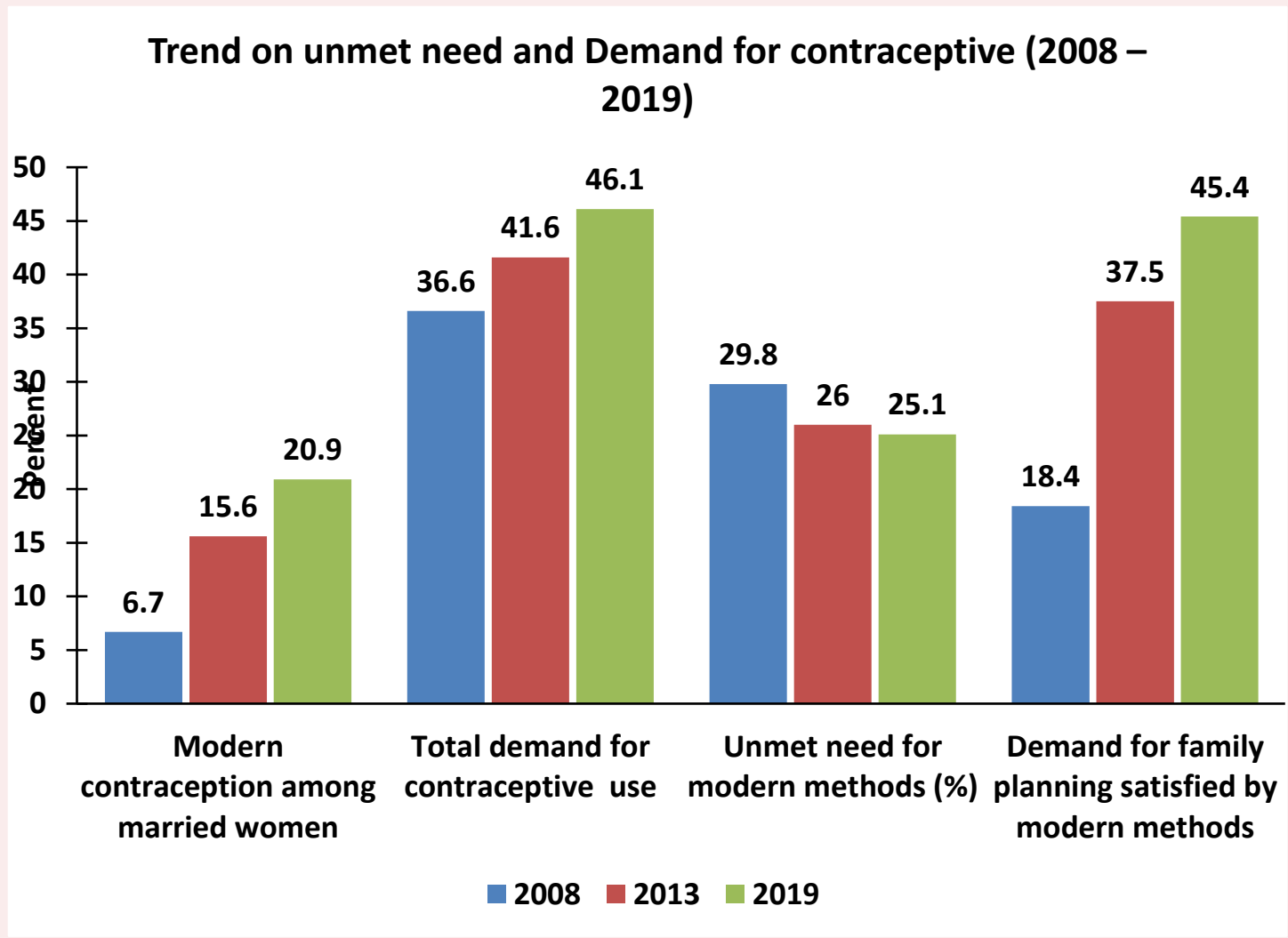
People start, stop, and switch methods for many reasons throughout their reproductive lives.

- 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.
3. Assess the implications of discontinuation for program efficiency and financial sustainability, by identifying how high discontinuation rates may increase service delivery costs, commodity wastage, and funding needs.
4. Inform national and regional dialogue on sustainable FP financing, by linking evidence on discontinuation to policy actions that can optimize resource use, improve continuation rates, and reduce reliance on external funding.

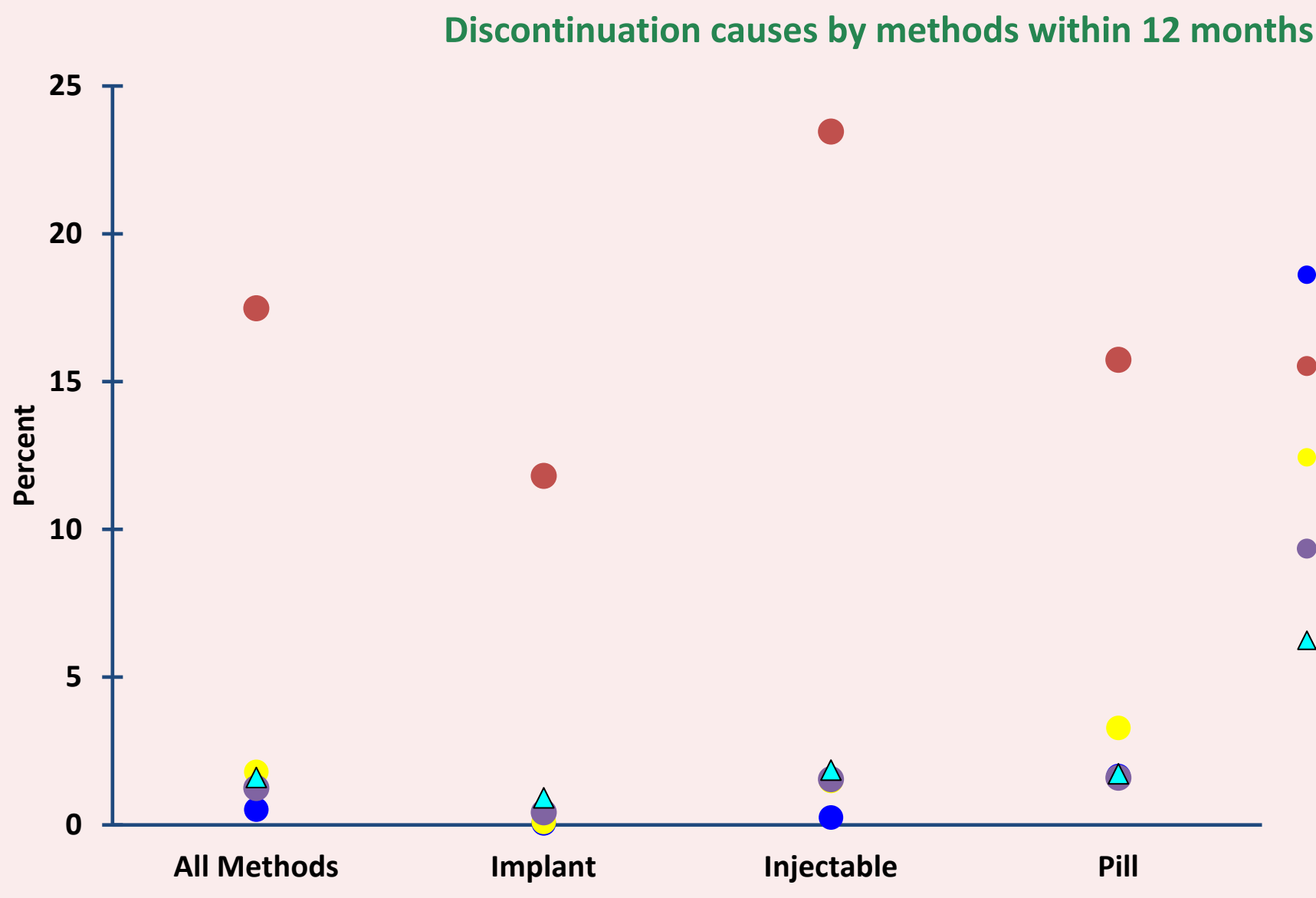


- The contraceptive method mix in Sierra Leone shifted from 2008 to 2019
- Overall, there is a slow progress in meeting the demand for FP and reducing the unmet need for FP.
- Balanced use** in 2008 to a **more skewed pattern** by 2019.
- 2008:** Common methods included **injectables, pills, IUDs, and male condoms.**
- 2019:** **Injectables, implants, and pills** dominated, accounting for **nearly 98%** of all contraceptive use.
- Future focus will be on these **most commonly used methods — pills, implants, and injectables**

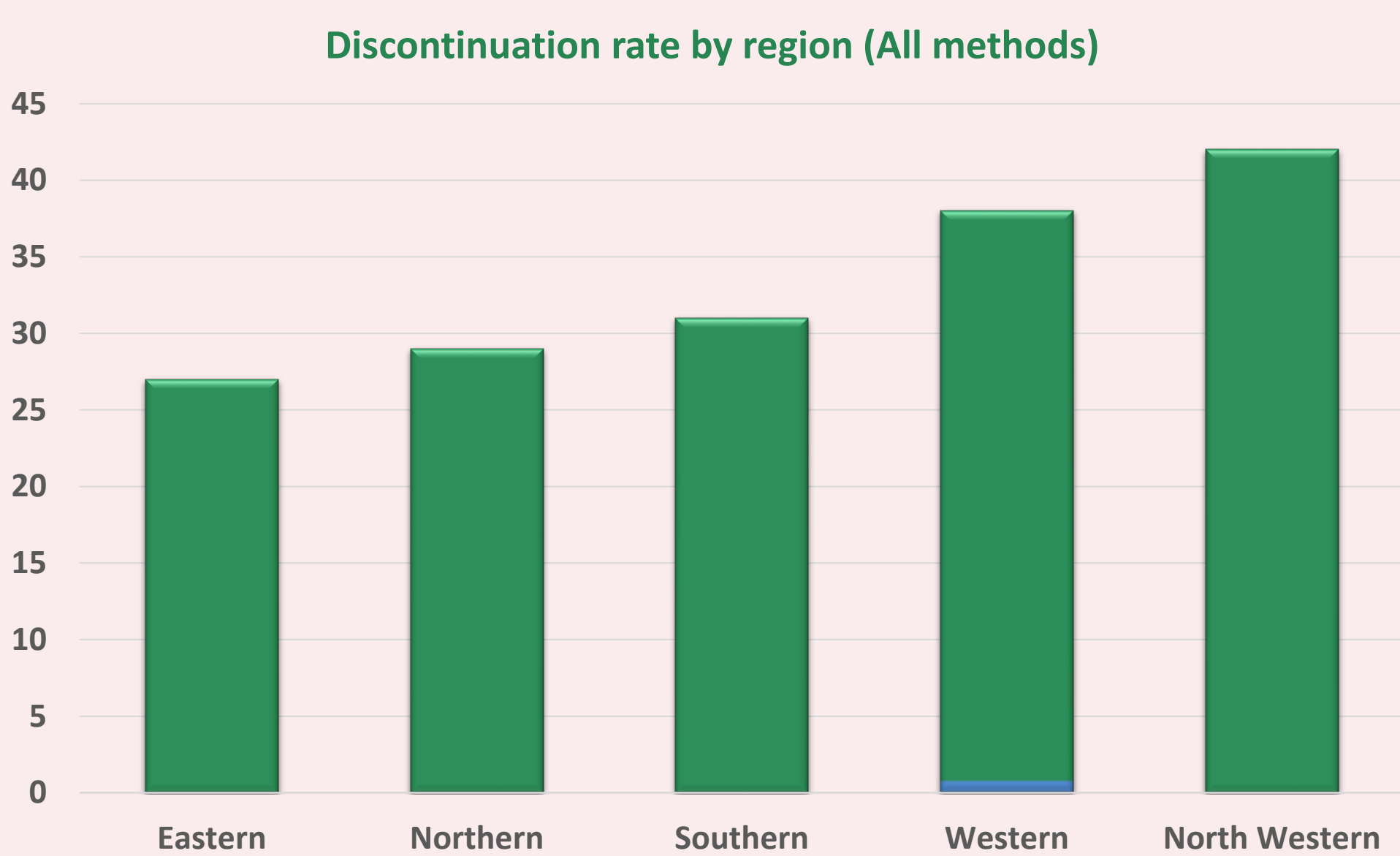
## Policy context information related to family planning

- **Family planning options** are provided free of charge in Sierra Leone.
- Delivered mainly through the **Free Health Care Initiative (launched in 2010).**
- Targets **pregnant women, lactating mothers, and children under five.**
- Supports **adolescent mothers and their children.**
- Government and **UNFPA** collaborate to ensure access to **various contraceptive methods**, including condoms.
- Strengthened **supply chains** for family planning commodities.
- **Expansion of FP services**, especially for adolescents.
  - Addressing **unmet needs**, especially among adolescents

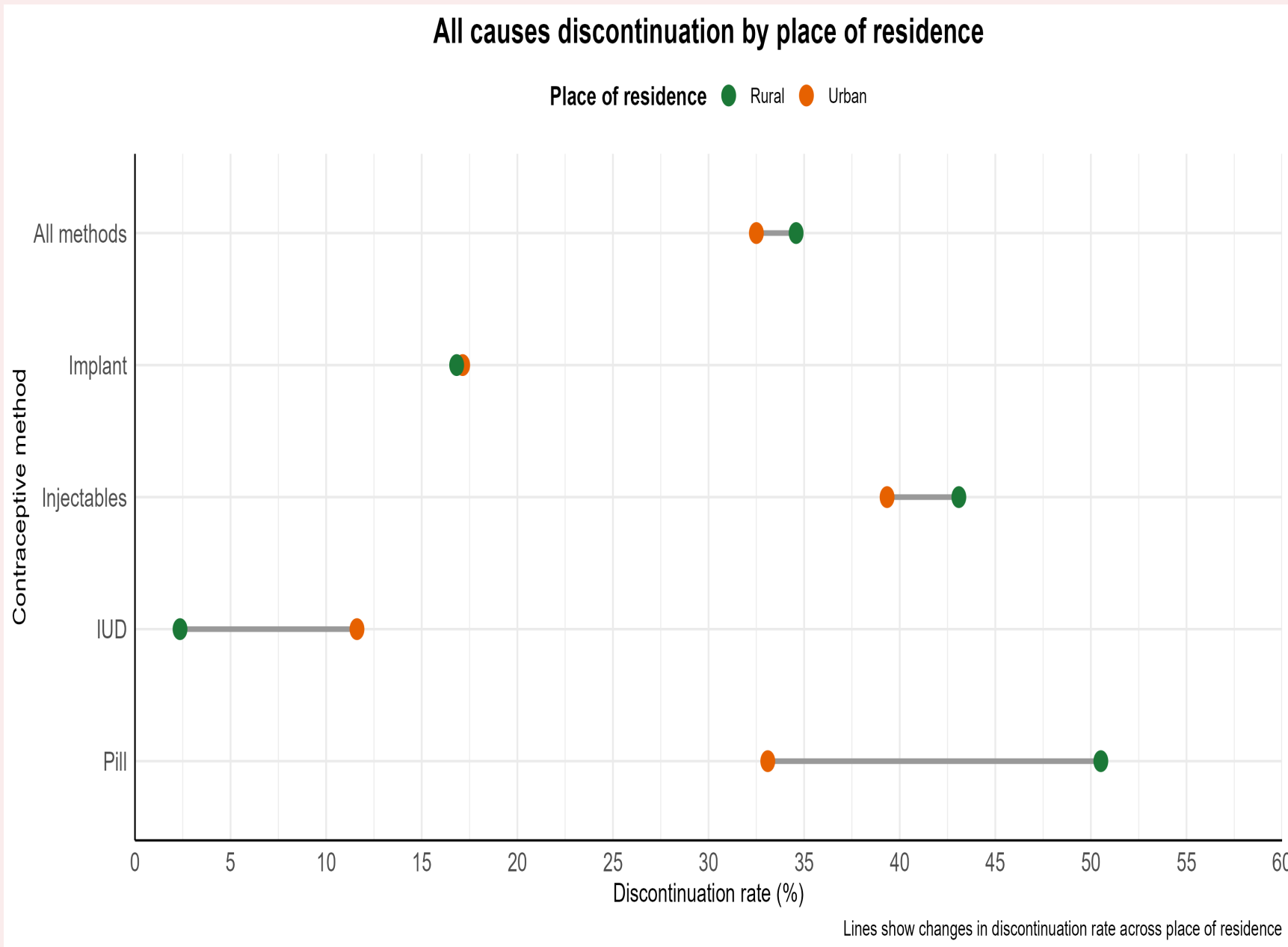
## Modern contraceptive discontinuation



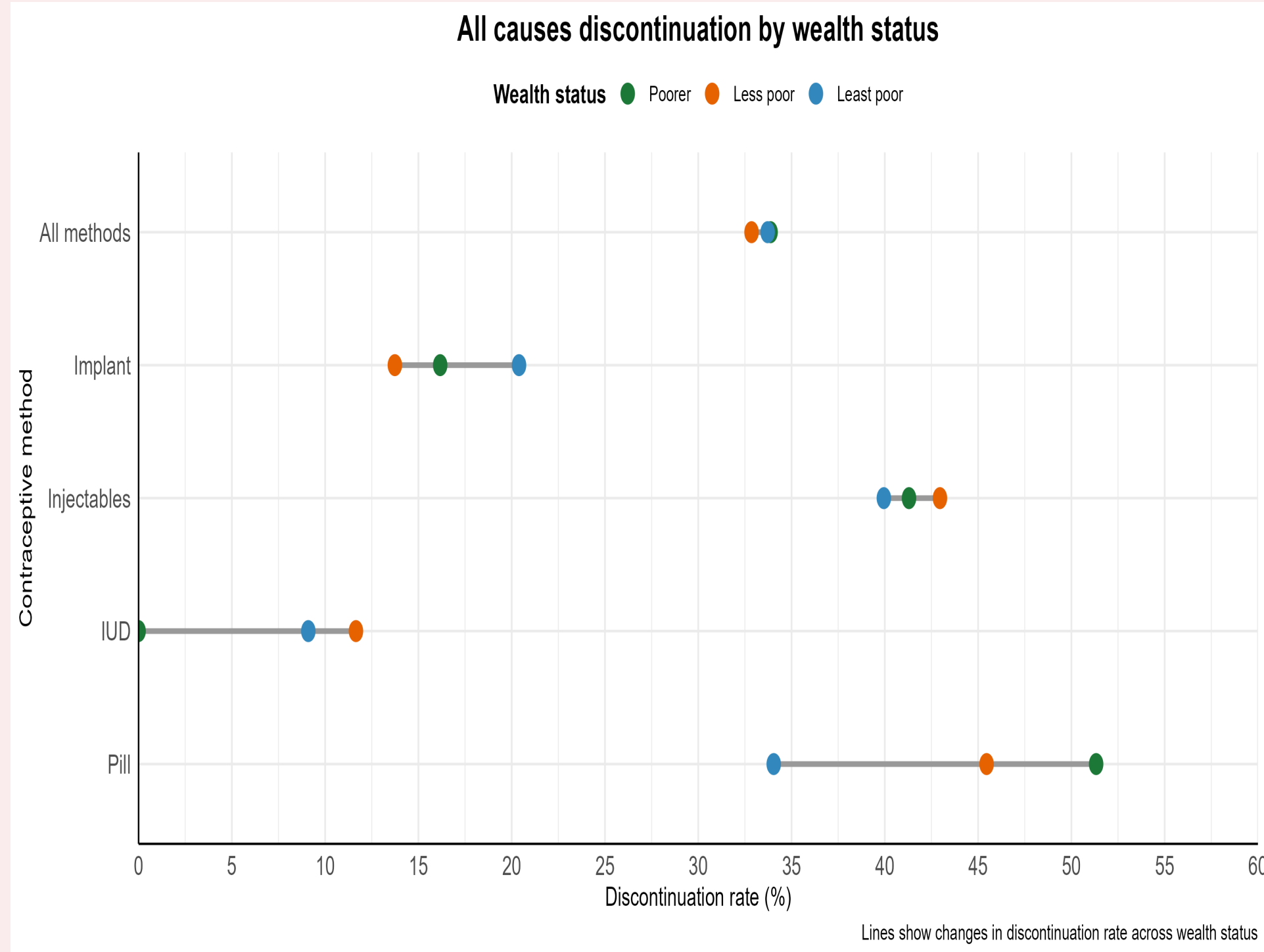
- Overall, the causes of discontinuation were due to side effect or methods inconveniences.
- Injectable was the most method discontinued due to side effects, followed by pills.
- Furthermore, 1 in 10 women discontinued implant due to side effect or method inconveniences.
- Access or availability and cost issues were also another reasons for discontinuation



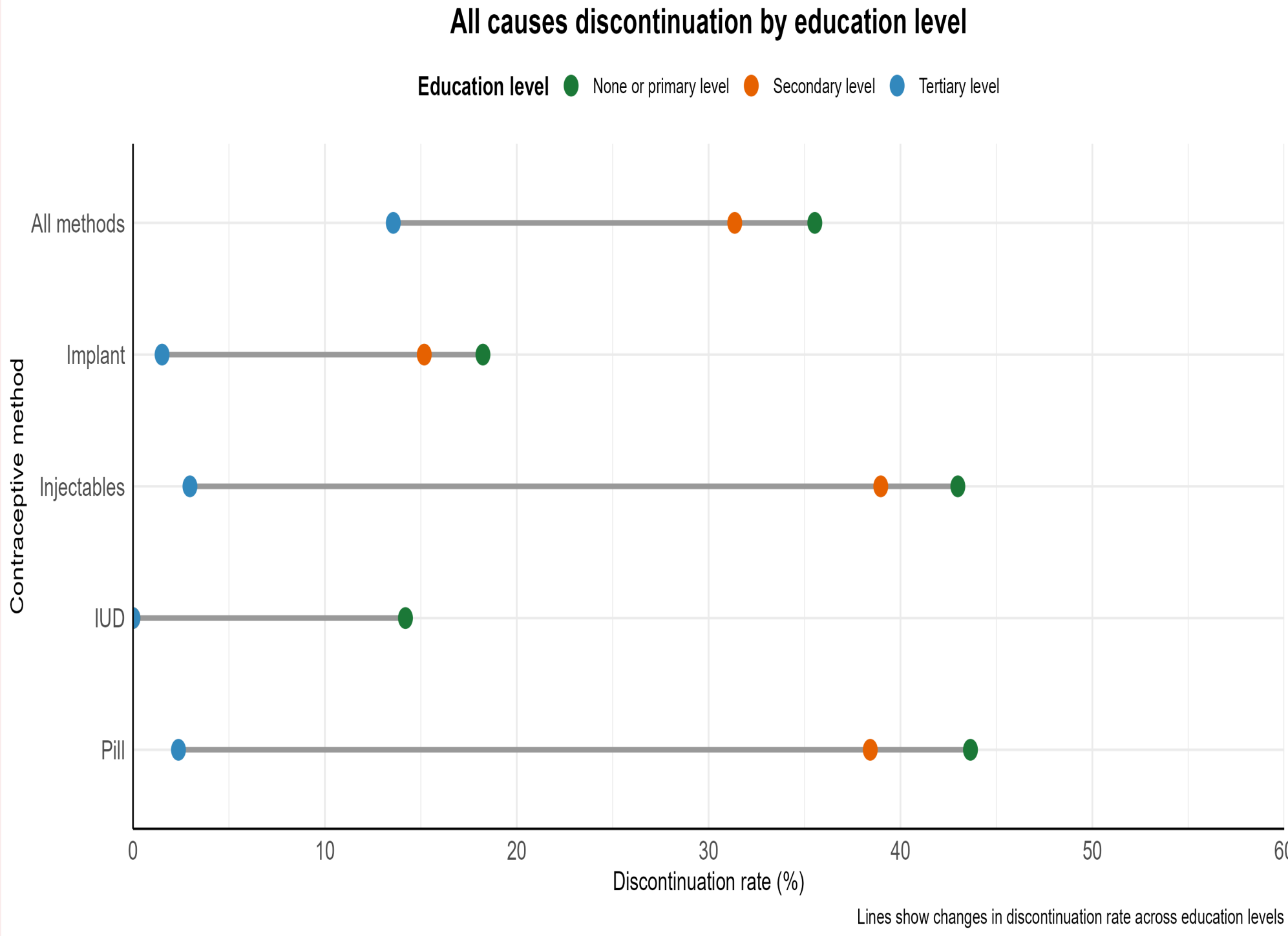
- There is more discontinuation rate in the Northwestern region than the other regions, however, you have more women being exposed of FP use in the Eastern and Northern regions than any other region
- The Northwestern region has the highest discontinuation rate of FP use
- The region with lowest discontinuation rate is the Eastern region



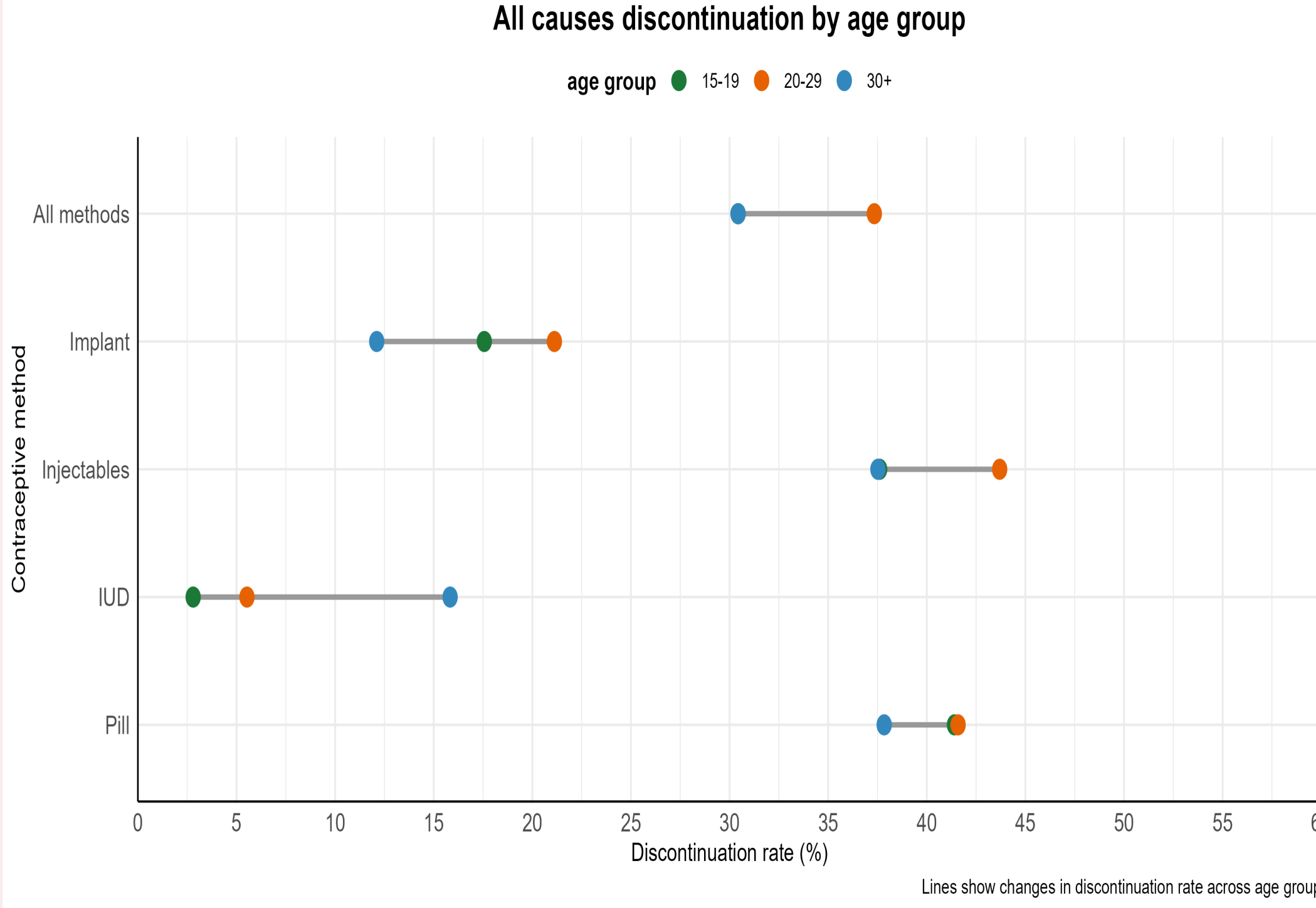
- There's a notable disparity in modern contraceptive use between rural and urban areas. This gap is influenced by factors like education, marital status, age, and access to healthcare facilities etc.
- Implants has the lowest gap
- It could be seen that there is huge gap of Pills intake in rural and urban followed by IUD.



- The data shows that poorer women are more likely to stop using contraception than their wealthier counterparts. This suggests that economic disadvantage plays a key role in whether women can continue using family planning methods.
- The impact is greater for methods that require frequent use or follow-up, like pills, where ongoing costs and access are more of a barrier.
- Pills method has the highest gap which could be attributed, recurring cost, difficulty accessing refills regularly etc



- There is high discontinuation rate with level of education amongst women and adolescent girls using injectables and pills. This is primarily attributed to the method-related to side effects and other health concerns
- Pills method has the highest gap closely followed by injectables.



- The high discontinuation rate is primarily attributed to method-related side effects and other health concerns in age group 20 – 29 and 30+
- IUD method has the highest gap

## RECOMMENDATIONS

To address high rates of family planning (FP) discontinuation, the following are the recommendations:

- Concentrate on improving counseling, access to information, and addressing side effects and misconceptions.
- Focus on the first-year use
- Help educated women to stay on a method
- Use digital reminders and tools
- Make sure services are fair for all
- Keep supplies flowing
- The strategies should include enhancing the quality of FP programs, providing comprehensive counseling on methods, and ensuring access to a variety of options, which can encourage switching to more suitable methods rather than complete discontinuation

- Strengthen health systems to support FP programs, including data collection and monitoring of discontinuation rates.
- Provide training for healthcare providers on counseling techniques, side effect management, and method switching
- Provide detailed information about potential side effects, addressing misconceptions and offering support for managing them
- Recognize that social and cultural norms can influence contraceptive use.
- Engage communities and address potential barriers to access and continuation of FP.
- Promote open communication about FP within families and communities
- Also don't forget to certify the participants as it is done in Track20