

EXPERIENCE OF CONTRACEPTION DROP OUT IN WOMEN OF RELIABLE AGE

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ABSTRACT

Contraceptive drop out is a public health problem that has a negative effect on women's reproductive health outcomes. A high proportion of contraceptive dropouts without a woman's desire to become pregnant is associated with unwanted pregnancies, unwanted births and unsafe abortions. This scoping review aims to map the literature, identify knowledge gaps and examine scientific evidence regarding the experience of contraceptive drop out in women of childbearing age (WUS). This scoping review method uses the Arksey and O'Malley framework, which starts from identifying scoping review questions using the PEOS framework; identify relevant articles; search for articles using relevant databases namely PubMed, ScienceDirect, EBSCO, Wiley, and Google Scholar; the flow of the article search process is explained through the PRISMA flowchart; perform critical appraisals; perform data charting; compiling, summarizing and reporting results. The results, based on 21 selected articles, obtained 19 articles with grade A and 2 articles grade B. Three themes were found in this scoping review, namely perceptions of family planning, factors causing family planning drop out, and obstacles. It can be concluded that the low level of information dissemination and education related to contraception from health workers can be one of the causes of the low level of awareness and knowledge of WUS regarding contraception, as well as the existence of obstacles in contraceptive services that can be a barrier in reducing contraceptive drop out rates in various countries.

Introduction

The World Health Organization (WHO) defines the contraceptive prevalence rate as the percentage of women or couples of childbearing age who are currently using at least one contraceptive method, regardless of the method used (Thobani et al., 2019). Usually reported for women who are married or aged 15 to 49 years. Globally, contraceptive use has increased from 55% in 1990 to 64% in 2015. However, there are still

around 12% of women worldwide who wish to delay or avoid pregnancy but are not using any contraceptive method and this rate is much higher in low- and middle-income countries (UNDESA, 2016).

Contraceptive drop out is the phenomenon of starting a contraceptive method and then discontinuing it within one year of use. Nearly 20-50% users of modern reversible methods stop using a method during the first 12 months of use and another

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7-27% stop using a contraceptive method due to reasons related to quality of service, unavailability of their preferred contraceptive method, out of stock, and poor referral system. ineffective (Qiu et al., 2017).

Discontinuation of contraceptive methods is more common with methods that can be discontinued passively, such as condoms, injections, pills and traditional methods, compared to methods that require active discontinuation, such as implants and IUDs. In developing countries, discontinuation of contraception often leads to unwanted pregnancies and reduces the impact of family planning programs (UNDESA, 2016).

The main consequences of dropping out of contraception are unwanted pregnancies resulting in unsafe abortions, inadequate antenatal care, teenage pregnancies, and inequality. socioeconomic and health. These unwanted pregnancies are associated with high rates of mortality and morbidity among mothers, newborns or both (Ssebatta et al., 2021).

Analysis of data from 36 developing countries revealed that more than a third of unwanted pregnancies were caused by family planning acceptors who chose to drop out (Jain & Winfrey, 2017). Unwanted pregnancies have negative consequences on the health and well-being of women and their families as they can lead to maternal morbidity and even death. In addition, it was found that children born to unwanted pregnancies were less likely to be breastfed,

were more likely to experience delays, were at risk of lack of parental affection, a sense of irresponsibility on the part of parents for not wanting to have children, and were at risk for higher incidence of child mortality than children born of desired pregnancies (Ontiri et al., 2021). The purpose of this scoping review is to review the evidence regarding the experience of contraceptive drop out in WUS.

Research methods

The method that will be used is scoping review, where scoping review is a systematic review that can be used in interpreting the results based on existing evidence to map the concepts underlying the research area, sources of evidence, and the types of evidence available (Tricco et al., 2016). The purpose of the scoping review is to map the literature, explore information related to research activities on the topic under study and also investigate the existence of a problem or gap that exists in the research area to be studied. Based on the data extraction that has been carried out on the selected articles by categorizing the title, author, year, country, research objective, method, number of samples, and research results, the mapping is obtained as follows:

Based on the 21 articles that have been selected, using 11 articles of quantitative research, 7 articles of qualitative research, and 3 articles of mixed method. Furthermore, grouped based on the research method used, the results are as follows:

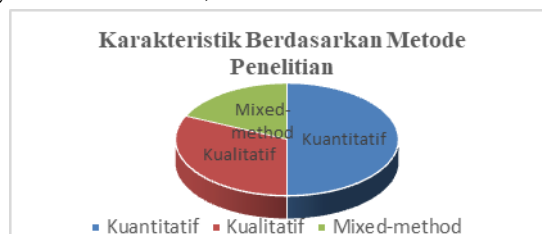


Figure 1
Characteristics Based on Research Method

The steps taken in this scoping review are as follows:

Step 1. Identify Scoping Review Questions
Identifying scoping review questions using a

specific framework or the framework used is the Population, Exposure, Outcome, Study (PEOS) framework.

Table 1
Framework PEOs

<i>Populati on</i>	<i>Expos ure</i>	<i>Outcom es or Themes</i>	<i>Study Design</i>
Women of childbearing age	Drop out kontrasepsi	Experience, perception, causal factors, obstacles	All research designs related to contraceptive drop out in WUS

Based on the PEOs framework above, the selected scoping review question is how was the contraceptive drop out experience at WUS?

Step 2. Identifying Relevant Articles
Identifying relevant articles in this scoping review by determining the inclusion and exclusion criteria.
Tabel 2. Kriteria Inklusi dan Eksklus.

exclusion criteria from the framework that has been made, while the inclusion and exclusion criteria in this scoping review are as follows:

Tabel 2
Inclusion and Exclusion Criteria

No.	Inclusion Criteria	Exclusion Criteria
1	Articles published in 2016 to 2021	Review articles (systematic review, literature review, etc.) and reports (eg WHO report)
2	Original research	Articles <i>opinion papers</i>
3	Articles published in English	Abstract in English but full text in other languages such as Spanish, Chinese and others
4	Articles with full text (full text)	Letters and book reviews
5	Types of primary research	Documents/reports/draft policies/guidelines from

	<i>(primary research)</i>		WHO/official government and certain formal institutions policies
6	Articles that discuss the contraceptive drop out experience		Publication manuscript
7	Articles that discuss perceptions, causative factors, and barriers to contraceptive drop out.		

Step 3. Literature Search (Google Scholar) using keywords that have been identified by researchers related to scoping topics in the search process. Article searches were conducted using 4 databases (PubMed, ScienceDirect, EBSCO and Wiley Online Library) and gray literature

**Tabel 3
Keyword**

<i>Population</i>	<i>Exposure</i>	<i>Outcomes or Themes</i>
<i>“Women of child-bearing age” OR “reproductive age women” OR women</i>	<i>“Contracepti* drop out” OR “contracepti* discontinuation” OR “discontinuation of family planning” OR “contracepti* stopping”</i>	<i>Experience OR perception OR factors associated OR barrier</i>

Step 4. Article Selection
Article selection through 4 databases and 1 gray literature obtained 827 articles from all searches, consisting of PubMed 588 articles, Data from 21 articles were charted to include key criteria such as research location, study population, research objectives, methodology, and significant findings or recommendations. The author independently recorded the

information and then compared the data found in the articles ScienceDirect 10 articles, EBSCO 25 articles, Wiley 30 articles, and Google Scholar 174 articles. These 827 articles were then imported into the Mendeley bibliography engine. The findings of the number of articles and the screening process will be discussed in the PRISMA flowchart as follows

Results and Discussion

Based on the data extraction that has been carried out on the selected articles by categorizing the title, author, year, country, research objective, method, number of samples, and research results, the mapping is obtained as follows:

Research methods

Based on the 21 articles that have been selected, using 11 articles of quantitative research, 7 articles of qualitative research, and 3 articles of mixed method. Furthermore, grouped based on the research method used, the results are as follows:

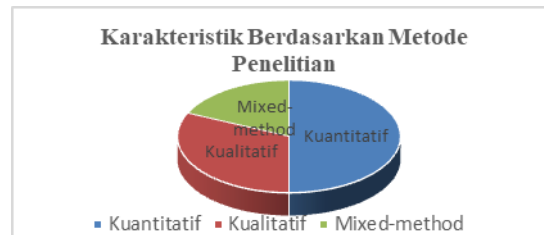


Figure 2
Characteristics Based on Research Methods

A. Country

The articles used for the scoping review were taken from developed and developing countries. From developed

countries there are 3 articles, while from developing countries there are 18 articles. Further grouped by the selected country, the results are as follows:

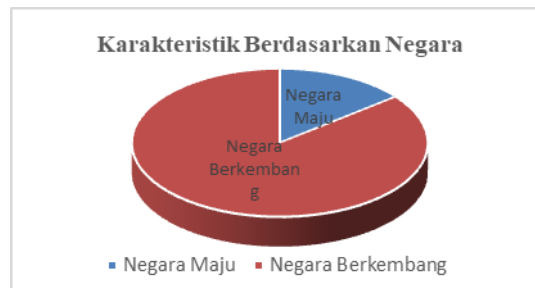


Figure 3
Characteristics by Country

B. Grade Critical Appraisal

Based on the results of a critical appraisal conducted using tools from the Mixed Methods Appraisal Toll (MMAT) it shows that of the 21 articles that have been

assessed, there are 19 articles with good quality (grade A), and 2 articles with fairly good quality (grade B). Furthermore, they are grouped based on the grade of the selected articles, the results are as follows:

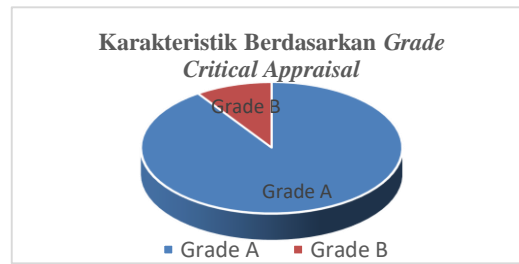


Figure 4
Characteristics Based on Grade Critical Appraisal

C. Publication Year

Articles based on year of publication show that 1 article was published in 2016, 1 article in 2017, 6 articles in 2018, 3 articles in 2019, 4 articles in 2020, and 6 articles in

2021. Furthermore, grouped by the year of publication selected, the results are as follows :



Figure 5
Characteristics by Year of Publication

D. Theme

The author grouped key concepts and there were 3 themes that emerged for the contraceptive drop out experience at WUS, In

namely perceptions about family planning, factors causing family planning drop out, and obstacles. In this mapping step, the author categorizes interesting study findings from the review of the article, namely:

Table 5
Grouping of Themes and Sub Themes

No.	Theme	Sub Theme/Reference
1.	Percepti on of Family	a. Side Effects of Contraceptive Methods (A2, A3, A5, A8, A11,

	Planning	A12, A15, A18, A20)
		b. How Methods Work Kontrasepsi (A1, A3, A8, A11, A18)
		c. Prosedur Penggunaan atau Pemasangan (A2, A3, A8, A17)
		d. Efektivitas (A9, A14)
2.	Factors Causing KB Drop Out	a. Efek Samping (A1, A3, A7, A8, A9, A14, A16, A17, A21)
		b. untuk Hamil (A1, A5, A6, A10, A17, A19)
		c. Ketidaksetujuan Pasangan (A3, A4, A5, A7, A9, A11, A16, A21)
		d. Konseling yang Tidak Memadai (A3, A5, A6, A7, A9, A10, A13, A19, A20)
3.	Obstacle	a. Biaya Layanan Kontrasepsi (A2, A9, A12, A17, A21)
		b. Lokasi Tempat Tinggal (A7, A8, A16, A19)

Note: he number is the article code in the charting data

E. Perception of Family Planning

Side Effects of Contraceptive Methods

There are different views on the perception of health risks associated with IUD use, which can lead to cancer, pelvic inflammatory disease (PID), ectopic pregnancy, sexually transmitted infections (STIs), infertility and uterine perforation (Gbagbo & Kayi, 2018). This finding is in accordance with a study conducted in Agarfa district which showed that there were misperceptions and bad rumors about the use of modern contraception, they considered it sinful, caused infertility, interfered with sexual satisfaction and many more which would lead to an increase in discontinuation rates (Belete et al. , 2018).

F. How Contraception Methods Work

Women's perceptions of the IUD were also associated with myths and negative

reactions from friends about the IUD being stuck in the womb, and the potential health risks in later years. One respondent reported that his lack of knowledge about how the IUD works, and how it looks, scares him. The fact that "something" will be inserted into the uterus causes fear, as his understanding of the procedure is similar to undergoing dilation and curettage (D&C). However, the perception changed after explanation from the provider (Gbagbo & Kayi, 2018).

Having conceptual concerns and fears about a foreign body being placed in their uterus, fear of painful insertion due to lack of adequate counseling and information about IUDs from health care providers enables them to make

informed decisions (Schwandt et al., 2021).

G. Use or Installation Procedure

Respondents admitted that they were afraid when they first heard about IUDs. The insertion procedure caused fear among them so they did not choose the IUD as a family planning method. Fear about IUDs is related to myths and misconceptions, as well as fears that IUDs will affect their health in the long term (Gbagbo & Kayi, 2018).

Women tend to turn to contraceptive methods that are easy to use. The study found that family planning acceptors believed that non-long-term contraceptive methods, such as injections and pills, were easy to use. Research Parajuli et al. (2015), found similar results, concluding that oral contraceptive pills were found to be easier to use. Contraceptive methods that are considered not easy to use include those that require invasive or surgical intervention such as implants, and sterilization that creates fear among family planning acceptors (Amran et al., 2019).

H. Factors Causing KB Drop Out

Side effects

There are several side effects that are mentioned as the reason for the early elimination of MKJP, namely heavy and irregular menstruation, weight loss, dizziness, cramping abdominal pain, skin discoloration, itching, behavior changes, numbness, burning sensation when urinating. dark patches such as melasma on the face, headache, persistent neck pain, sleep disturbances, amenorrhea, delayed fertility, dysmenorrhea, frequent hunger, thirst, weakness, difficulty walking, and activity intolerance (Obsa et al., 2021) . Previous studies have shown that side effects and health problems have been the main cause of

discontinuation of contraception. The main side effect is an irregular bleeding pattern that presents as menorrhagia (heavy menstrual bleeding) or amenorrhea. This is particularly the case with the use of hormonal methods, and in particular injections and implants (Ontiri et al., 2021).

The types of side effects reported by women who experienced side effects from modern contraceptive methods were menstrual irregularities (41.60%), weight gain (34.70%), headache (33.40%), rapid emotional changes (31.20%), etc (16.70%) (Belete et al., 2018). The main reason for early implant removal was due to side effects which reached 174/207 (84.1%) which included 139/174 (54.5%) for menstrual disorders, 56/174 (20.4%) for headache, changes in weight 43/174 (15.6%), pain at the insertion site 21/174 (7.64%), acne and pruritus 9/174 (3.3%), and loss of sexual desire 1/7/174 (2, 6%) (Ssebatta et al., 2021).

I. Desire to get pregnant

In this study, wanting more children was recognized as one of the common reasons for early elimination of MKJP which is in agreement with other similar studies. Majority of women want two to three children while few of them.

J. Effectiveness

Ontraceptive efficacy is a concern that is mentioned mostly by married couples. Respondents reported method failure where the woman became pregnant unexpectedly while still using a contraceptive method. Some participants revealed that they decided to stop using contraception after learning of cases of method failure in women using similar methods (Nega et al., 2021). In some cases, inconsistent use of contraception, especially short-term methods resulting in pregnancy was reported as method

failure by some participants (Ontiri et al., 2021).

K. Factors Causing KB Drop Out

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recognized as one of the common reasons for early elimination of MKJP which is in agreement with other similar studies. The majority of women want two to three children while some of them want more than five children. Similarly, another study conducted in Southern Nigeria showed that wanting more children leads to a high rate of early implanon release (Obsa et al., 2021).

L. Spouse Disapproval

Results of the research by Gbagbo & Kayi (2018) show that another reason that causes respondents to remove the IUD is the partner's disagreement with the use of family planning methods. One respondent explained that his partner did not agree with family planning so he was afraid that even though he was using the IUD, his partner might pay attention to the IUD and might have problems with it. This is also in line with the research of Belete et al. (2018) which stated that the absence of husband's support was found to be significantly associated with discontinuation of modern contraception. This finding is in line with a study in Bangladesh in which women who did not receive their husband's support in their use of oral contraceptive pills had twice the risk of discontinuing oral contraceptive use compared to their peers.

M. Inadequate Counseling

Women who were not informed about contraceptive side effects were about 2 times more likely to discontinue contraceptive use (AOR=2.01, 95% C.I 1.59, 2.52) compared to women who were counseled by health workers about contraceptive side effects (Mekonnen & Wubneh, 2020).

Women who are not counseled are more likely to have their implants removed earlier. This is because when women are informed about the possible

side effects of the methods used, they will tolerate the side effects, but those who are not informed will seek release of the method. Acceptance and awareness of implantable contraceptives will be increased by involving partners during counseling sessions (Ssebatta et al., 2021). Appropriate counseling for clients and their partners is very important to promote the continuation of the use of modern contraceptive methods because users are made aware of the mechanism of contraceptive action, possible side effects, and what to do when they experience side effects (Ontiri et al., 2021).

N. Obstacle

Contraceptive Service Fee

Cost is touted as a barrier to sustainable use. Respondents indicated that the direct and indirect costs associated with using contraceptive services hindered their intention to use. The cost constraint is particularly noted for the short term method which requires frequent re-supply at the facility. Therefore, women have to make several visits to the facility. MKJP has proven to be more cost-effective and does not require frequent visits to health facilities. Some concerns were also raised regarding the removal of contraceptives or implants after experiencing side effects. An important issue highlighted by the participants was the cost involved in eliminating a method, which caused women to be afraid of choosing another method if they experienced side effects with that method (Ontiri et al., 2021).

O. Residence Location

Place of residence appears to be one of the factors associated with premature

removal of implants. The study showed that women living in urban areas were less likely to have their implants discontinued earlier than those living in rural areas. These differences can be attributed to employment status. It is possible that women living in rural areas are housewives and may discontinue implants earlier to have more children than their urban counterparts who have different occupations. Women in urban areas may have attained higher levels of education who often seek early health care whenever there is a disturbance from normal physiology (Sebatta et al., 2021).

Longer distance to a health facility that provides contraception is positively associated with the risk of discontinuing injections, while negatively associated with discontinuation of condoms and rhythm methods. There are differences in the effect of distance to health facilities on contraception discontinuation. The further the distance to a health facility, the more likely respondents are to discontinue modern methods such as injections. On the other hand, the longer the distance to a health facility, the lower the likelihood of discontinuing non-hormonal methods such as condoms and rhythm methods, which do not require a visit to a health facility or can be obtained easily from drugstores or pharmacies. These results imply that, when physical access to some contraceptives is not easy, there is a greater likelihood of relying on methods that do not require a clinic visit (Sato et al., 2020).

Conclusion

The use of contraceptives has been proven to reduce the incidence of unwanted

pregnancies and also maternal and infant mortality. One indicator of the success of

family planning services is the percentage of contraceptive drop outs. If the contraceptive Drop out rate increases, it can result in an increase in the number of people in a place due to the large number of pregnancies that occur as a result of dropping out of contraceptives. However, the lack of dissemination of information and education related to contraception from health workers can be one of the causes of the low level of awareness and knowledge of WUS regarding contraception, as well as the existence of obstacles in contraceptive services that can be a barrier in reducing contraceptive drop out rates in various countries.

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