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Patterns and Drivers of Contraceptive Discontinuation Among Women of Reproductive Age in Sub-Saharan Africa: A Systematic Review

Elios Kwarteng Asare
Elioskwartengasare6@gmail.com

University of Ghana
Elsie Asantewaa Lartey
Ashesi University
Dennis Naminse Webadua
Ghana Ports and Harbours Authority (GPHA) Main Clinic
Lauren Jackson
Kaiser Permanente Bernard J. Tyson School of Medicine
Stephaine Asoh Asare
Kwame Nkrumah University of Science and Technology
Audrey Pearl Asimaniwaa Addo-Yobo
University of Ghana Medical Centre
Ericka Otubea Larbi
Kwame Nkrumah University of Science and Technology
Othniel Piesie Adasi
Manhyia District Hospital

Systematic Review

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Abstract

Background

Contraceptive discontinuation remains a major challenge to family planning programs in Sub-Saharan Africa, undermining progress toward reducing unintended pregnancies and improving reproductive health outcomes. Understanding the prevalence and reasons for discontinuation is essential for guiding interventions and policy. Therefore, this systematic review aimed to estimate the pooled prevalence of contraceptive discontinuation among women of reproductive age in sub-Saharan Africa and to identify the most reported reasons for discontinuation.

Methods

This systematic review was conducted in accordance with PRISMA guidelines and registered with PROSPERO (CRD420261388381). PubMed, Web of Science, Google Scholar, and the Cochrane Library were searched for studies published between January 2000 and December 2025. Eligible studies included women aged 15–49 years who had initiated and subsequently discontinued a contraceptive method. Data extraction was performed independently by two reviewers, and study quality was assessed using the Joanna Briggs Institute checklist for prevalence studies. Contraceptive discontinuation prevalence was calculated as the proportion of women who discontinued a contraceptive method among all contraceptive users in each study. Reported reasons for discontinuation were grouped into six categories: side effects, contraceptive failure, desire for a more effective method, partner opposition, pregnancy intention, and other reasons. Findings were synthesized descriptively.

Results

Seven studies conducted across five countries met the inclusion criteria, comprising a total sample of 22,636 women. Overall, 7,865 cases of contraceptive discontinuation were identified, yielding a pooled prevalence of 34.7%. Prevalence varied widely across studies, ranging from 25% to 71.9%, with nationally representative DHS datasets reporting consistent estimates between 32% and 36%. Six studies (n = 7,430 discontinuations) reported reasons for discontinuation. Side effects were the most frequently cited reason (21.8%), followed by desire for a more effective method (12.8%) and pregnancy-related intentions (8.2%). Partner opposition (6.9%) and contraceptive failure (3.7%) were less common, while other reasons such as inconvenience, access issues, and medical concerns were variably reported.

Conclusions

Contraceptive discontinuation is prevalent across Sub-Saharan Africa, with side effects and dissatisfaction with method effectiveness emerging as the leading drivers. These findings underscore the need for improved counseling, expanded method mix, and strengthened health system support to address discontinuation and enhance sustained contraceptive use.

Introduction

Contraceptive discontinuation refers to the initiation of a contraceptive method followed by cessation within the first year of use [1]. It remains a major public health concern, particularly in low- and middle-income countries, due to its adverse implications for reproductive outcomes [2]. Discontinuation becomes especially problematic when women stop using contraception despite being at risk of unintended pregnancy and do not switch to an alternative contraceptive method [3, 4]. Consequently, contraceptive discontinuation poses a challenge to the achievement of Sustainable Development Goals (SDGs) related to maternal and child health [5]. According to the World Health Organization (WHO), discontinuation for reasons other than the desire for pregnancy is strongly associated with unintended pregnancies, unsafe abortions, maternal

morbidity and mortality [6]. Globally, approximately 74 million unintended pregnancies occur annually in developing countries, many among women who are not using any contraceptive method in 2024 [7, 8]. Between 2015 and 2019, globally 121 million unintended pregnancies occurred annually [9]. An estimated 45% of pregnancies in high-income countries and 29% of pregnancies in Northern Europe are unplanned [10]. Women with unplanned pregnancies are less likely to use folic acid before pregnancy [2, 3], more likely to smoke[11], and more often use medications in the first trimester, including potentially teratogenic medications [12]. These findings underscore the far-reaching health consequences of unintended pregnancies and highlight the importance of sustained contraceptive use.

Evidence also suggests that contraceptive discontinuation is influenced by a complex interplay of individual, interpersonal, and health system factors [13]. Individual-related factors such as age, parity, fertility intentions, and duration of contraceptive use have been associated with discontinuation [14, 15]. Interpersonal factors, including partner support and decision-making autonomy, also play a significant role in contraceptive continuation [2, 16]. In addition, health system factors such as inadequate counselling on family planning and contraceptive side effects, limited contraceptive options, and poor access to services have consistently been linked to higher discontinuation rates [17]. Socioeconomic factors like employment status, location (urban/rural), and communication within relationships also influence contraceptive discontinuation [18, 19]. Despite the growing body of research, much of the evidence on contraceptive discontinuation in Sub-Saharan Africa remains dispersed across countries and study designs. This makes it difficult to establish a coherent understanding of how often women discontinue contraceptive use and the reasons driving these decisions within the region. To address this gap, the present systematic review synthesizes available studies to provide a comprehensive overview of the prevalence of contraceptive discontinuation and the reasons reported across diverse settings in Sub-Saharan Africa. Such evidence is expected to inform family planning programs strengthen counselling strategies, and support policy efforts aimed at improving contraceptive continuation and reducing unintended pregnancies.

Method

Protocol and registration

This systematic review was carried out following Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines [20]. This systematic review was registered at PROSPERO (ID: CRD420261388381).

Data Sources and Search Strategy

We conducted comprehensive literature searches in PubMed, Web of Science, Google and the Cochrane Library from January 2000 to December 2025 to identify studies reporting contraceptive discontinuation in sub-Saharan Africain. Search terms were applied individually and in combination using Boolean operators (“AND”, “OR”). The keywords included: “contraceptive discontinuation”, “method discontinuation”, “reasons for discontinuation”, “prevalence”, “outcomes”, combined with the names of all countries in Sub-Saharan Africa. Only peer-reviewed articles published in English were considered.

Eligibility Criteria

This review included studies involving women of reproductive age (15–49 years) residing in sub-Saharan Africa who had initiated and subsequently discontinued a contraceptive method. The index condition was contraceptive discontinuation, defined as cessation of use after adoption of a method. The outcome measured was the prevalence of discontinuation and the reported reasons. The study designs included cross-sectional surveys, cohort studies, and nationally representative Demographic and Health Surveys (DHS). To maintain methodological rigor, studies were excluded if they did not provide sufficient data to estimate discontinuation prevalence or reasons, or if they were conducted outside Sub-Saharan Africa.

Data Extraction

Following the literature search and study selection, all retrieved records were exported into a reference management system for data management and subsequently imported into Rayyan for duplicate removal and screening. Title and abstract screening, as well as full-text assessment, were conducted independently by two reviewers according to the predefined eligibility criteria. Any disagreements were resolved through discussion, and where consensus could not be reached, a third reviewer was consulted. Full-text articles were retrieved and reviewed in Mendeley (version 2.218).

Eligible studies were independently reviewed by the two reviewers using a standardized data extraction form. Extracted information included author, year of publication, country, sample size, contraceptive discontinuation outcomes (counts and percentages), and reported reasons for discontinuation. Following extraction, the reviewers compared the extracted data against the original articles to ensure completeness and accuracy. Discrepancies were resolved through discussion and re-examination of the source article, with agreement reached before inclusion in the final dataset.

Quality Assessment

The quality of each study was evaluated using the Joanna Briggs Institute (JBI) Critical Appraisal. Tools Checklist for prevalence studies [21]. The checklist comprised nine questions, with each question receiving a score of 1 for a "yes" response and 0 for a "no" or "unclear" response, yielding a maximum score of 9. Studies scoring 7–9 were considered high quality, 4–6 moderate quality, and 0–3 low quality (Supplementary Table 1).

Data Analysis

Data from the included studies were organized into tables summarizing study characteristics, prevalence of contraceptive discontinuation, and reported reasons. Discontinuation prevalence was calculated as the proportion of women who discontinued relative to the total number of contraceptive users in each study. Reported reasons were extracted and presented in tabular form as absolute counts with percentages. Reasons were grouped into standardized categories, including side effects, contraceptive failure, desire for a more effective method, partner opposition, pregnancy intention, and other reasons.mn

Results

Study Selection

The electronic data sources and study selection processes are presented in Fig. 1. Initially, a total of 213 records were identified from PubMed, Web of Science, Google scholar, and Cochrane databases. After removing 35 duplicate records, the remaining 178 studies were screened based on their titles and abstracts. An additional 136 records were excluded due wrong population, reviews, full text unavailable, publications in languages other than English and those outside of SSA. Following this, 42 studies were subjected to full-text screening. During full-text review, 35 studies were excluded for the following reasons: 14 studies did not report contraceptive discontinuation as an outcome, 11 studies focused solely on contraceptive use without addressing discontinuation, and 10 studies examined associated factors without discontinuation as an outcome. Ultimately, 7 studies met the eligibility criteria and were included in both the qualitative and quantitative synthesis.

Characteristics of Included Studies

The seven studies included in this review were conducted across five Sub-Saharan African countries: Ethiopia (n = 2, 28.6%), Nigeria (n = 2, 28.6%), and one study each from Kenya, Ghana, and Tanzania (each n = 1, 14.3%). The studies included data from Demographic and Health Surveys (n = 3, 42.9%), community-based surveys (n = 2, 28.6%), and facility-based studies (n

= 2, 28.6%). Sample sizes varied widely, ranging from 400 participants in a hospital-based study to 10,871 women in a nationally representative DHS dataset. Across studies, varied reasons for contraceptive discontinuation were also noted (Table 1).

Table 1
Characteristics of Studies.

Study	Country	Setting	Population	Discontinuation n (%)	Reason for Discontinuation (%)
Maina et al. [22]	Kenya	Hospital	400	243 (60.8)	Adverse effects (65.4), inconvenience (20.3), contraceptive failure (3.1), doctor's advice (0.35).
Mekonnen et.al [5]	Ethiopia	DHS	10.871	3,500 (32.2)	Side effects (25.2), wanted more effective method (20.6), desire for pregnancy (17.1), husband disapproval (12.0), infrequent sex (5.1), access issues (6.0)
Kupoluyi et al. [2]	Nigeria	DHS	3,353	1,202 (35.8)	Wanted more effective method (19.1), side effects/health concerns (14.1), contraceptive failure (13.4), husband disapproval (3.0)
Compton et al. [16]	Ghana	Clinic	440	110 (25)	Non-pregnancy-related (85.5), pregnancy desire (11.8)
Ayele et al. [23]	Ethiopia	CBS	500	176 (35.2)	Side effects (24.7), medical problems (18.2), Religious opposition (7.4), Husband opposition (9.7)
Abdulfathi et al. [1]	Nigeria	CBS	605	435 (71.9)	Not Reported
Fente et al. [17]	Tanzania	DHS	6,467	2,199 (34)	Side effects (19.3), menstrual changes (12.7), contraceptive failure (4.8), husband disapproval (1.9), access issues (2.8)

Key: DHS and CHS means Demographic and Health Survey and Community based Survey respectively.

Overall Prevalence of Contraceptive Discontinuation

Seven studies reported prevalence data from five Sub-Saharan African countries, with a combined sample of 22,636 women. In total, 7,865 cases of contraceptive discontinuation were identified, resulting in an overall pooled prevalence of 34.7%. However, marked heterogeneity was observed across studies, with reported prevalence ranging from 25% to 71.9%. (Table 2).

Table 2
Prevalence of Contraceptive Discontinuation in Sub-Saharan.

Study	Population (n)	Discontinuation n (%)
Maina et al. [22]	400	243 (60.8)
Mekonnen et al. [5]	10.871	3,500 (32.2)
Kupoluyi et al. [2]	3,353	1,202 (35.8)
Compton et al. [16]	440	110 (25)
Ayele et al. [23]	500	176 (35.2)
Abdulfathi et al. [1]	605	435 (71.9)
Fente et al. [17]	6,467	2,199 (34)
Overall	22,636	7,865 (34.7)

Overall Reported Reasons for Contraceptive Discontinuation

Of the seven studies included, six reported reasons, comprising a total of 7,430 women who discontinued contraception. Across the included studies, side effects were the most reported reason for contraceptive discontinuation (21.8%), followed by the desire for a more effective method (12.8%) and pregnancy-related intentions (8.2%). Partner opposition was (6.9%) and contraceptive failure (3.7%) were less frequently reported. Other reasons, including menstrual changes, inconvenience, access issues, infrequent sex and medical concerns, were variably reported across

studies (Table 3).

Table 3
Reported reasons for contraceptive discontinuation

Study	Discontinuation (n)	Side effects n (%)	Contraceptive failure n (%)	More effective method n (%)	Pather opposition n (%)	Pregnancy intention n (%)	Other reports (%)
Maina et al. [22]	243	159 (65.4)	8 (3.1)	0 (0)	0 (0)	0 (0)	Inconvenience (20.3), doctor's advice (0.35%)
Mekonnen et al. [5]	3,500	822 (25.2)	0 (0)	721(20.6)	420 (12)	598 (17.1%)	Infrequent sex (5.1), access issues (6)
Kupoluyi et al. [2]	1,202	170 (14.1)	161 (13.4)	229 (19.1)	36 (3)	0 (0)	Not reported
Compton et al. [16]	110	0 (0)	0 (0)	0 (0)	0 (0)	13 (11.8%)	94 (85.5) Non pregnancy related
Ayele et al. [23]	176	43 (24.7)	0 (0)	0 (0)	17(9.7)	0 (0)	medical problems (18.2), religious (7.4)
Fente et al. [17]	2,199	425(19.3)	106 (4.8)	0 (0)	42(1.9)	0 (0)	menstrual changes (12.7)
Overall	7,430	1,619 (21.8)	275 (3.7)	950 (12.8)	515 (6.9)	611 (8.2)	

Discussion

The discontinuation of contraceptives has been reported as significantly more common in sub-Saharan Africa (SSA) [24, 25]. In our review, the overall prevalence of discontinuation was high, with pooled estimates of 34.7% among married women of reproductive age. This aligns with global evidence, such as the WHO analysis of DHS data from 60 countries in 2012, which reported discontinuation rates of 38%, 55%, and 64% within the first, second, and third years of use, respectively [26]. Within SSA, discontinuation prevalence ranged widely from 25% to 71.9%, reflecting differences in study design, sample size, and follow-up duration. Educational attainment may also be a key determinant. Women with no formal education were two times more likely to discontinue contraceptives [27, 28]. The reason might be that women with no formal have been deprived of autonomy to make decisions on reproductive health issues including when to use contraceptives [29, 30].

According to the studies included, side effects were the most frequently reported reason for contraceptive discontinuation, accounting for 21.8% of cases. This finding is consistent with previous studies from low and middle-income countries, where menstrual irregularities, headaches, weight changes, and perceived health concerns commonly contribute to poor contraceptive continuation [17, 22, 23]. We suggest that the prominence of side effects in this review may reflect gaps in counselling and inadequate preparation of women regarding expected physiological changes following contraceptive initiation. Women who are insufficiently informed about possible side effects may perceive normal changes as harmful, thereby increasing the likelihood of discontinuation. This highlights the importance of comprehensive counselling and follow-up services in improving continuation rates and contraceptive satisfaction.

The desire for a more effective contraceptive method was the second most reported reason for discontinuation, accounting for 12.8% of cases. This reveals women's active evaluation of contraceptive efficacy and their willingness to switch when current methods are perceived as unreliable. Pregnancy-related intentions also accounted for 8.2% of discontinuation cases. This finding shows that intentional discontinuation is associated with changing fertility preferences, desired family size, marital status, and sociocultural expectations surrounding childbearing [31, 32]. The influence of interpersonal relationships on contraceptive continuation was further reflected in the proportion of women who discontinued contraception because of partner opposition (6.9%). Studies from Nigeria and Uganda have demonstrated that male disapproval remains a significant barrier to continuation, often rooted in cultural norms and perceptions of contraception as undermining male authority [33, 34]. Evidence further indicates that poor spousal communication and fear of partner conflict are associated with higher contraceptive discontinuation, suggesting that discontinuation may indirectly reflect underlying gender power imbalances within relationships [35, 36]. Although contraceptive failure accounted for a relatively smaller proportion of discontinuation cases (3.7%), it remains an important concern because unintended pregnancy during contraceptive use may substantially reduce women's confidence in modern contraceptive methods and contribute to future discontinuation behaviors [37, 38]. In SSA, contraceptive failure may also reflect inconsistent or incorrect method use, and limited follow-up support, especially among users of short-acting methods that require strict adherence [26]. Other reported reasons identified across the included studies are inconvenience, infrequent sexual activity, access-related barriers, religious opposition, and medical concerns. Although these reasons were inconsistently reported, they collectively demonstrate that contraceptive discontinuation is often influenced by multiple overlapping factors rather than a single isolated cause.

Notably, the most frequently reported reasons for contraceptive discontinuation in this review were not necessarily related to access, availability, or awareness of contraception, but rather to women's experiences after contraceptive uptake. This suggests that the challenge facing family planning programs in Sub-Saharan Africa may no longer be limited to expanding access to contraception, but also to understanding how women interact with contraceptive methods over time. In this regard, discontinuation should not be viewed solely as the termination of contraceptive use, but also as an expression of women's ongoing evaluation of contraceptive suitability, effectiveness, and acceptability. Appreciating this dynamic nature of contraceptive use may provide a more nuanced understanding of reproductive decision-making and contribute to the development of family planning programs that are responsive to women's changing needs across the reproductive life course.

Conclusion

This systematic review demonstrates that contraceptive discontinuation remains a substantial reproductive health challenge across Sub-Saharan Africa. The evidence indicates that discontinuation is shaped by diverse and interconnected influences, reflecting the complexity of contraceptive decision-making among women of reproductive age. Rather than representing a uniform phenomenon, contraceptive discontinuation occurs within varied social, biological, and reproductive contexts that differ across individuals and settings. These findings highlight the need to consider contraceptive use within the broader continuum of reproductive health and provide a consolidated evidence base for informing future family planning efforts in the region.

Supplementary files

Supplementary tables

Table S1

Quality assessment criteria for study inclusion

Declarations

Ethics approval and consent to participate:

Not applicable

Consent for publication:

Not applicable

Competing interests:

The authors declare no competing interests.

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Author Contribution

EKA, EAL and OPA conceived and designed the study, developed the protocol, conducted the literature search, screened studies, extracted and analyzed the data, interpreted the findings, drafted the manuscript, and coordinated all stages of the review. EOL, DNW, APAA-Y, LJ and SAA contributed to study screening, data verification, critical review of the manuscript, and interpretation of the findings. All authors reviewed, revised, and approved the final manuscript.

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Data Availability

All data generated or analyzed during this study are included in this published article and its additional files.

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Figures

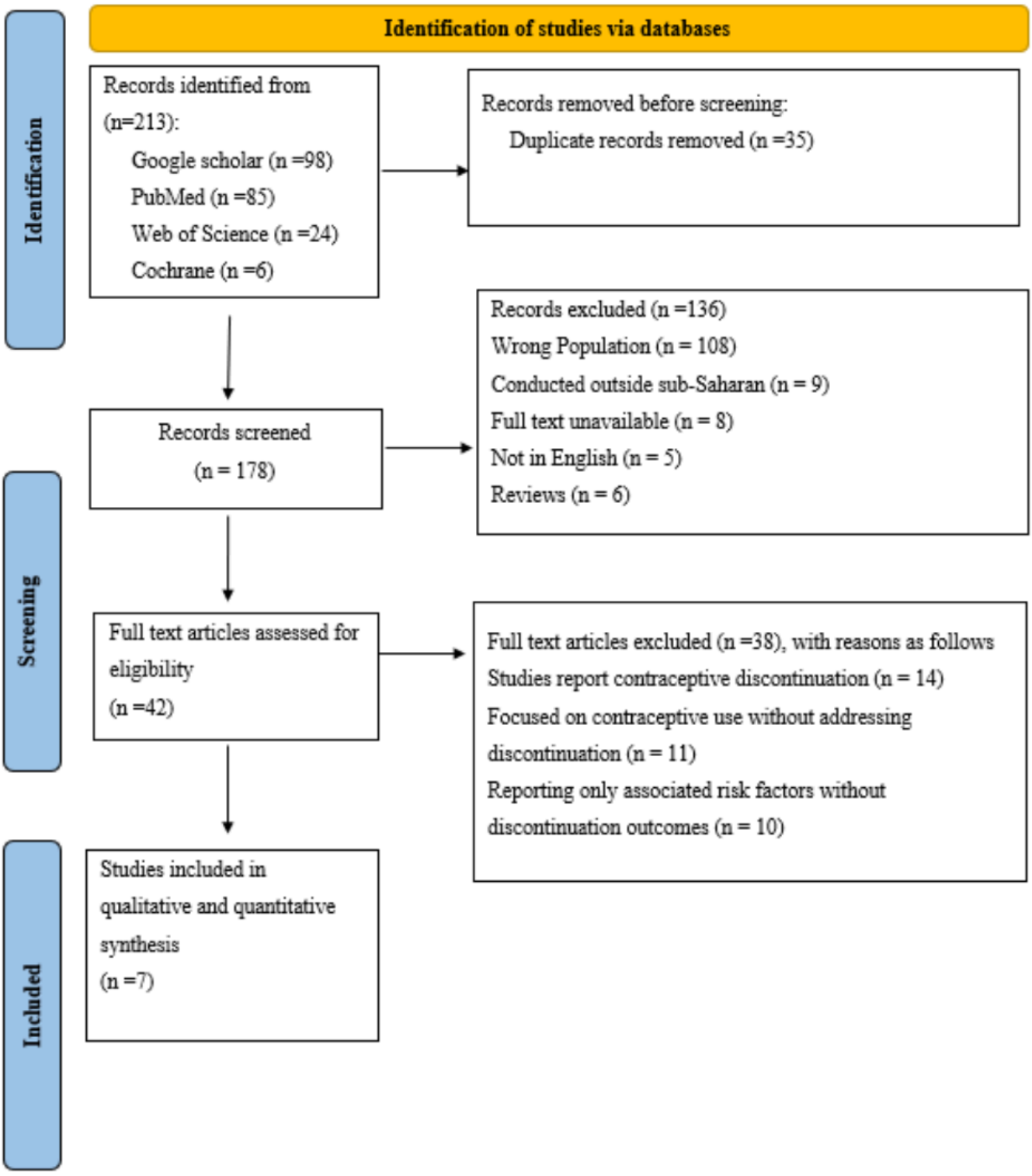


Figure 1

Flow diagram showing studies selection process implemented for this analysis

Supplementary Files

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- Supplementarymaterial.docx