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**CONTRACEPTIVE SWITCHING AND DISCONTINUATION BASED ON KEY
DEMOGRAPHIC CHARACTERISTICS AND SIDE EFFECT REPORTING AMONG
WOMEN WHO RECEIVED NO COST CONTRACEPTION**

**Sydney Friesen (Claudia Geist)
Department of Sociology**

Unintended pregnancies are a major issue in the United States, and they are partially due to contraceptive switching and discontinuation that cause women to have a period of time when they are not using any method to prevent pregnancy, yet they are still sexually active. This study looked at the 3704 women aged 18-45 who participated in the HER Salt Lake Contraceptive Initiative and either switched or discontinued the method of contraception they received through this program. This study found that despite receiving no cost birth control, 22.3% of women switched or discontinued their contraceptive method.

This study further looked at group differences in switching and discontinuation based on language, education, and income, and how these related to side effect reporting. The study found that English speakers are more likely to report mood symptoms than Spanish speakers regardless of the contraceptive method used ($p=0.044$). Those with more than a high school education are more likely to report mood symptoms ($p=0.009$) and a positive pregnancy test ($p=0.013$), and less likely to report wanting to get pregnant ($p=0.020$) when compared to those with a high school education or less regardless of the contraceptive method used. Group differences did not exist when participants were group based on income level.

These findings indicated that group differences do exist in the rates of switching and discontinuation of a person's contraceptive method. Furthermore, there are group differences in the reported side effects and how these side effects impact a person's decision to switch or discontinue their method. The existence of group differences suggests that cultural and social backgrounds play a role in the life experiences of patients. Providers should understand that there is a variation in the willingness and ability of individuals to report negative experiences. More research should be conducted in the field to understand how marginalization shapes experiences with medication, doctor's visits, and contraception.