



## Factors Influencing Mothers' Decisions to Choose Implant Contraception

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**Abstract** The choice of implant contraception is an important decision in reproductive health because it relates to the effectiveness of pregnancy prevention, the sustainability of contraceptive use, and women's autonomy. Although implants are a highly effective long-term contraceptive method, their use in Indonesia is still relatively low and is influenced by various individual and social factors. This study aims to analyze the factors that influence mothers' decisions in choosing implant contraception in the Dambalo Community Health Center Working Area. The study uses a quantitative approach with an observational analytical design and a cross-sectional design. The study sample consisted of 30 mothers of couples of childbearing age who were selected using purposive sampling techniques. The variables studied included age, education level, occupation, knowledge about contraception, and spousal support. Data were collected through questionnaires and family planning service registers, then analyzed univariately, bivariately, and multivariately using logistic regression. The results showed that there were no factors that had a statistically significant effect on mothers' decisions to choose implant contraception. However, the variables of education level and husband's support showed relatively high odds ratios, thus having clinical significance in contraceptive decision-making. The conclusion of this study indicates that mothers' decisions to choose implant contraception are influenced by the interaction of individual, social, and health service context factors. Therefore, a comprehensive, continuous, and needs- and preference-oriented family planning counseling approach is needed to increase the acceptance of implant contraception

**Keywords:** Determinants; Family Planning; Implant Contraception; Maternal Decision; Midwifery.

### 1. INTRODUCTION

Contraceptive choice is both a clinical and social decision that directly impacts women's reproductive health, birth spacing, and the prevention of unwanted pregnancies. Globally, the WHO reports that in 2021 there were approximately 1.9 billion women of reproductive age (15–49 years); 1.1 billion of whom had contraceptive needs, with 874 million using modern methods and approximately 164 million still experiencing *unmet need* (unmet contraceptive needs). (WHO, 2025). This situation confirms that access to and selection of appropriate contraceptive methods— ly tailored to women's needs and preferences—remains a global public health challenge. Comparative cross-country data curated by the United Nations also shows that indicators of modern contraceptive use and *unmet need* have remained a focus of reproductive health development monitoring in recent years. (UN DESA Population Division, 2024).

Within the spectrum of modern methods, implants belong to the *long-acting reversible contraception* (LARC) group, which is highly effective, does not depend on daily user compliance, and can be used long-term. Clinical guidelines indicate that the failure rate of etonogestrel implants in the first year is estimated to be around 0.05%, making it one of

the most effective methods in practice. (FSRH, 2021). Recent clinical reviews also confirm that implants are an important strategy for reducing unintended pregnancies due to their high effectiveness and long duration of protection. (Bahamondes et al., 2025). However, the choice of implants in the real world is not solely determined by biological effectiveness, but is influenced by perceptions of side effects (e.g., changes in bleeding patterns), social norms, partner/family support, access to services, and the quality of counseling. Longitudinal evidence and synthesis of findings show that side effects—particularly changes in bleeding—often trigger discomfort and can contribute to discontinuation or switching of methods if expectations are not managed well through counseling. (Zimmerman et al., 2021; Rothschild et al., 2022).

In the Indonesian context, the family planning agenda continues to move forward but still faces challenges in achieving its targets. Policy analysis and national review documents outline strategies to increase the prevalence of modern contraception and reduce *unmet need* in the 2020–2024 planning period. (BKKBN Strategic Plan 2020–2024, cited in Adnani et al., 2025). In terms of program estimation model indicators, the FP2030/Track20 summary sheet for Indonesia shows estimates of the modern contraceptive prevalence rate (mCPR) and *unmet need* for modern contraception that still require acceleration, while also showing the dynamics of achievements from year to year. (Track20/FP2030, 2025). In addition, the latest Indonesian population report describes that the mix of contraceptive methods is still dominated by short-term methods, while the proportion of implant use is in the range of a few percent and has not become the main choice. (Indonesian Population Report, 2023). This picture is important because strengthening the use of long-term methods such as implants has the potential to increase the sustainability of protection and reduce the risk of discontinuation due to compliance factors.

Theoretically, the decision to choose implants can be explained through a health behavior framework that places individuals as active decision-makers in their social context. *The Theory of Planned Behavior* emphasizes the role of attitudes toward behavior, subjective norms, and perceived self-control in shaping intentions and actual behavior (Ajzen, 2020). Meanwhile, *the Health Belief Model* (HBM) highlights perceptions of vulnerability and severity (e.g., risk of unplanned pregnancy), perceived benefits (effectiveness and convenience), and barriers (fear of side effects, myths, cost/access) as determinants of contraceptive decision-making. (Pitaloka et al., 2019). At the service level, the *shared decision-making* (SDM) model positions counseling as a collaborative process: women

convey their values, preferences, and reproductive plans, while health workers provide neutral, evidence-based information so that the decisions made are truly *informed choices*. (Dehlendorf et al., 2017). The SDM framework is increasingly relevant in modern family planning services because choosing the "most effective" method does not always mean the "most suitable" method if it does not match the user's preferences and tolerance for side effects.

Previous studies—both globally and in Indonesia—have identified a number of important determinants in the adoption or low utilization of implants: contraceptive knowledge and literacy, the role of health workers, spousal support, cultural norms, and ease of access to services. Studies in Indonesia report that the variables of knowledge, spousal support, and the role of health workers are related to the choice of implants among couples of reproductive age. (Rahmi et al., n.d.; Martyanti et al., 2024). On the other hand, studies on the quality of counseling information also show that there is still an information gap among users regarding modern contraceptive methods in Indonesia, which can affect satisfaction, sustainability, and method choice. (Budiharsana et al., 2022). These findings suggest that the decision to choose an implant is not only a matter of individual preference but also a reflection of the quality of clinical communication, social support, and the service system.

Although evidence regarding determining factors is quite extensive, research gaps are still apparent in several aspects. First, many studies combine all MKJP/LARC methods or assess the use of modern contraception in general, so that specific factors influencing the decision to choose implants (over other methods) are often not analyzed in detail. Second, *modifiable* variables in services—such as the quality of human resource-based counseling, the completeness of information on side effects, and constructive partner involvement—are often not evaluated in conjunction with sociodemographic characteristics (age, education, parity) and access factors. Third, the phenomenon of discontinuation related to side effects and unmanaged expectations highlights the need to map decision factors from the outset of selection, not just after use. (Akilimali et al., 2020; Zimmerman et al., 2021). In the Indonesian context—with the dominance of short-term methods and variations in achievement between regions—mapping the factors that influence the decision to choose implants is urgent in order to strengthen strategies to increase LARC adoption that uphold women's autonomy and the principle of *woman-centered care*.

Based on this background, this study is important to deepen understanding of the factors that influence mothers' decisions to choose implant contraception in the context of health services in Indonesia. The results of this study are expected to serve as a basis for midwives/health workers in improving their counseling approach, strengthening supportive involvement of partners, and designing educational interventions that target key barriers (e.g., concerns about side effects and misconceptions), so that contraceptive choices become more rational, comfortable, and sustainable. Thus, the objective of this study is to analyze the factors (sociodemographic, knowledge-attitude, husband/family support, access and quality of counseling/services) associated with mothers' decisions to choose implant contraception.

## **2. RESEARCH METHOD**

This study used a quantitative approach with an observational analytical design and a cross-sectional design. This design was chosen because the study aimed to analyze the relationship between various factors and mothers' decisions in choosing implant contraception, where all variables were measured at the same time without intervention. This approach was considered appropriate for identifying factors that influence decision-making in the selection of contraception methods at the primary care level.

The study was conducted in the Dambalo Community Health Center Working Area, which is a primary health care facility with a fairly extensive family planning service coverage. This location was chosen based on the availability of family planning acceptors, the diversity of contraceptive methods used, and adequate data support for research purposes. The population in this study consisted of all mothers of couples of childbearing age (PUS) who were family planning acceptors and were registered in the Dambalo Community Health Center Working Area during the study period. This population included mothers who chose implant contraception and mothers who chose non-implant contraceptive methods.

The research sample consisted of mothers of childbearing age who met the inclusion criteria, namely mothers who were using contraception, were registered as active acceptors at the Dambalo Community Health Center, were able to communicate well, and were willing to be respondents. The exclusion criteria included mothers who were unwilling to participate or had incomplete data. The sample size was determined based on total sampling or purposive sampling (adjusted to data availability), with the consideration that all data from

respondents who met the criteria would be used to make the analysis results more representative. The minimum sample size was adjusted to the rules of analytical research, namely  $\geq 30$  respondents, and could be increased according to the number of acceptors available.

The sampling technique used was purposive sampling, which is the selection of respondents based on certain criteria relevant to the research objectives. This technique was chosen because not all mothers in the Puskesmas working area were family planning acceptors or had characteristics that suited the research needs. The dependent variable in this study is the mother's decision to choose implant contraception, which is categorized into choosing implants and not choosing implants. The independent variables include factors that theoretically and empirically influence contraceptive choice, such as age, education level, parity, employment status, level of knowledge about contraception, spousal support, the role of health workers, and access to family planning information and services. All variables were measured using secondary data and/or structured questionnaires that had been adapted to the context of family planning services.

Data collection was conducted through secondary data retrieval from family planning service records at the Dambalo Community Health Center and/or primary data using questionnaires that had been tested for feasibility. The data collection process was carried out in accordance with research ethics principles, including respondent consent and data confidentiality. Data analysis was conducted in stages. Univariate analysis was used to describe the frequency distribution and percentage of each research variable, both independent and dependent variables. Next, bivariate analysis was conducted to determine the relationship between each factor and mothers' decisions in choosing implant contraception. The statistical tests used were adjusted to the data scale, namely the Chi-Square test if the requirements were met, or the Fisher Exact Test if there were cells with an expected value of less than five. The statistical significance value was set at  $\alpha = 0.05$ , where a p-value  $< 0.05$  indicated a statistically significant relationship.

If the study is developed further, the analysis can be continued with multivariate analysis using logistic regression to determine the dominant factors that most influence mothers' decisions in choosing implant contraception after controlling for other variables. However, the main analysis in this study focused on bivariate analysis in accordance with the research objectives. With this research method, it is hoped that a comprehensive picture of the factors that influence mothers' decisions in choosing implant contraception can be

obtained, so that the results of the study can be used as a basis for improving the quality of counseling and family planning services at the Dambalo Community Health Center.

### **3. RESULTS AND DISCUSSION**

Based on the results of a study of 30 respondents, most mothers were in the 20–35 age group, namely 23 people (76.7%). This age group is considered the safe reproductive age, which is biologically and psychologically considered the most optimal for making decisions related to reproductive health, including the selection of contraceptive methods. Respondents aged <20 years numbered 3 people (10.0%), while those aged >35 years numbered 4 people (13.3%), indicating that a small proportion of respondents were in the at-risk age group.

In terms of education level, most respondents had a high school education or equivalent, namely 11 people (36.7%). Respondents with elementary school education numbered 9 people (30.0%), followed by junior high school education with 8 people (26.7%), and only 2 people (6.7%) had attended college. This distribution shows that most respondents had a basic to secondary level of education, which could potentially affect their understanding and acceptance of information about long-term contraceptive methods such as implants.

Based on employment status, the majority of respondents were housewives, numbering 25 people (83.3%). One respondent (3.3%) worked as a teacher, while two respondents (6.7%) each worked as private employees and civil servants. The dominance of housewives indicates that most respondents have their main activities in the domestic environment, which can affect their access to information and their dependence on health workers and family in making contraceptive decisions.

#### **Husband's Knowledge and Support**

The respondents' level of knowledge about contraception shows that 15 people (50.0%) have good knowledge, 8 people (26.7%) have sufficient knowledge, and 7 people (23.3%) have limited knowledge. These findings indicate that although most respondents have good knowledge about contraception, there is still a proportion of respondents with limited knowledge, which can be an obstacle in choosing certain contraceptive methods. Based on spousal support, 16 people (53.3%) stated that they did not receive spousal support, while 17 people (46.7%) stated that they did receive spousal support. These results show that spousal support is not evenly distributed and remains an important factor that needs to be

considered in contraceptive decision-making, especially for long-term contraceptive methods.

### Interest in Implant Contraception

The results of the study show that most respondents are interested in implant contraception, namely 20 people (66.7%), while 10 people (33.3%) stated that they are not interested in using implant contraception. The high proportion of respondents interested in implants indicates a potential for good acceptance of this contraceptive method, although there are still some mothers who are not interested, possibly due to factors such as knowledge, spousal support, education, or perceptions of side effects.

Overall, the characteristics of the respondents show that the majority of mothers are of safe reproductive age, have a primary to secondary education, are housewives, have relatively good knowledge, but do not all have the support of their husbands. These conditions provide an important initial picture for understanding the factors that influence mothers' interest and decisions in choosing implant contraception in the study area.

**Table 1.** Demographic data.

Var		n	F (%)
<b>Age</b>	< 20 years old	3	10
	20-35 years old	23	76.7
	>35 years old	4	13.3
<b>Education</b>	Elementary school	9	30
	Junior high school	8	26.7
	High School	11	36.7
	College/university	2	6.7
<b>Occupation</b>	Housewife	25	83.3
	Teacher	1	3.3
	Private employee	2	6.7
	Government employee	2	6.7
<b>Knowledge</b>	Poor	7	23.3
	Fair	8	26.7
	Good	15	50.0
<b>Husband support</b>	No	16	53.3
	Yes	17	46.7
<b>Implant contraception Interest</b>	No	10	33.3
	Yes	20	66.7
<b>Total</b>		<b>30</b>	<b>100</b>

(source: primary data, 2025).

**Table 2.** Logistic regression analysis for implant contraception interest.

Independent variable	B	SE	Wald	P value	OR(Exp(B))
Age	21.320	13742.130	.000	.999	181,646,182.735
Education	1,492	.787	3,594	.058	4,444
Occupation	-1,679	.921	3,326	.068	.187
Knowledge	-.627	1,229	.260	.610	.534
Husband support	1,614	2,172	.553	.457	5,024

\*significant

(source: primary data, 2025).

Multivariate analysis using logistic regression was performed to determine the factors that simultaneously influence mothers' decisions in choosing implant contraception. The variables analyzed included age, education level, occupation, knowledge, and spousal support. The analysis results show that the age variable has a regression coefficient (B) value of 21.320 with a p-value of 0.999 and an odds ratio (OR) of 1,816,461,821.735. The very large standard error value indicates instability in the model estimation, possibly due to an unbalanced data distribution or a limited sample size. With a p-value much greater than 0.05, age is not proven to have a significant effect on mothers' decisions in choosing implant contraception.

The education level variable has a B value of 1.492 with an OR of 4.444 and a p value of 0.058. Although statistically it has not reached the level of significance ( $p > 0.05$ ), the OR value indicates that mothers with higher education levels are approximately 4.4 times more likely to choose implant contraception than mothers with lower education levels. These findings indicate that education tends to play a supporting role in contraceptive decision-making, although in this study the effect was not statistically significant.

For the employment variable, a B value of -1.679 was obtained with an OR of 0.187 and a p value of 0.068. These results indicate that working mothers are less likely to choose implant contraception than non-working mothers, but the relationship is not statistically significant. An OR value of less than 1 indicates a protective effect, although it is not strong enough to draw a definitive conclusion.

The knowledge variable showed a B value of -0.627 with an OR of 0.534 and a p value of 0.610. These results indicate that mothers' level of knowledge did not significantly influence their decision to choose implant contraception in the multivariate model. These findings indicate that knowledge alone is not sufficient to encourage the choice of implants without the support of other factors such as family support or quality counseling.

Meanwhile, spousal support had a B value of 1.614 with an OR of 5.024 and a p value of 0.457. Although not statistically significant, the OR value indicates that mothers who receive spousal support are approximately five times more likely to choose implant contraception than mothers who do not receive support. This indicates that spousal support is a potentially important factor clinically and socially, although it was not statistically significant in this study due to sample size limitations.

Overall, the results of multivariate analysis show that there are no variables that have a statistically significant effect on mothers' decisions in choosing implant contraception. This condition is likely influenced by the relatively small sample size, uneven data distribution, and correlations between independent variables. However, the variables of education, occupation, and spousal support show fairly large OR values, so they still have clinical significance and practical relevance in family planning services.

These results confirm that a mother's decision to choose implant contraception is a complex and multidimensional process, influenced not only by a single factor, but by the interaction between individual characteristics, social support, and the healthcare context.

This study aims to analyze the factors that influence mothers' decisions in choosing implant contraception in the Dambalo Community Health Center Working Area. The results of the multivariate analysis show that there are no variables that have a statistically significant effect on the decision to choose implant contraception. However, several variables such as education level, occupation, and spousal support show a fairly large *odds ratio*, so they still have clinical significance and practical relevance in family planning services.

Age did not show a significant effect on the decision to choose implant contraception. This finding is consistent with research stating that age is not a major determinant in the selection of long-term contraceptive methods, especially when information and access to services are evenly distributed (Choi et al., 2019). This indicates that in the context of primary care, mothers' decisions are more influenced by cognitive and social factors than age alone.

The level of education shows a positive trend towards choosing implant contraception, although it is not yet statistically significant. The relatively high *odds ratio* indicates that mothers with higher education are more likely to choose implant contraception. These findings are consistent with previous studies reporting that education plays a role in improving mothers' ability to understand contraceptive information and weigh the benefits

and risks of long-term methods (Alemayehu et al., 2020). Higher education enables mothers to be more critical of health information and more open to modern contraceptive methods.

Employment status also showed a tendency to be associated with the decision to choose implant contraception, although not significantly. Working mothers tended to be less likely to choose implants than non-working mothers. This may be related to a preference for methods that are considered more flexible or concerns about side effects that could interfere with work activities. Other studies show that working women often choose contraceptive methods that are considered practical and minimally disruptive to their daily routines, even though long-term methods are clinically more effective (Sedgh et al., 2016).

Knowledge about contraception in this study did not significantly influence the decision to choose implants. These findings indicate that good knowledge does not necessarily lead to the selection of a particular method of contraception. This condition can be explained through the concept of *the knowledge-behavior gap*, where knowledge is not always translated into behavior without strong social support and self-confidence (Kohler et al., 2018). In other words, mothers may be aware of the benefits of implants, but still hesitate due to concerns about side effects or the influence of their social environment.

Spousal support showed a fairly large *odds ratio*, although it was not statistically significant. These findings confirm that spousal support plays an important clinical and social role in contraceptive decision-making. Research in various developing countries shows that spousal consent and support are often key factors in women's choice of long-term contraceptive methods (Blackstone & Iwelunmor, 2017). The statistical insignificance of the results in this study is likely due to the relatively small sample size, which meant that the test power was not optimal.

From a clinical theory perspective, the results of this study can be explained through *the Theory of Planned Behavior*, which states that health behavior is influenced by attitudes, subjective norms, and perceptions of self-control. In the context of choosing implant contraception, subjective norms such as the views of husbands and families, as well as perceptions of control over side effects, play a major role in shaping mothers' decisions (Ajzen, 2020). Additionally, *the Health Belief Model* explains that perceived barriers, particularly fears about side effects and myths surrounding implants, can hinder the adoption of long-term contraceptive methods even when their benefits are understood (Jones et al., 2015).

The clinical implications of this study emphasize the importance of a more comprehensive and *woman-centered* approach to counseling. Midwives and health workers need to provide counseling that not only focuses on knowledge, but also accommodates emotional concerns, personal values, and relationship dynamics. Spousal involvement in family planning counseling is an important strategy for strengthening social support and increasing acceptance of implant contraception.

Overall, although no statistically significant factors were found in the multivariate analysis, this study provides an overview that the decision to choose implant contraception is influenced by a combination of individual, social, and service context factors. A holistic and sustainable approach to family planning services is needed so that the choice of contraception truly reflects the needs and preferences of mothers and supports the continued use of safe and effective methods.

#### **4. CONCLUSION**

This study shows that there are no statistically significant factors influencing mothers' decisions to choose implant contraception in the Dambalo Community Health Center Working Area. However, several variables such as education level, employment status, and spousal support show a clinically significant influence. These findings indicate that the decision to choose implant contraception is a complex process influenced by the interaction of various individual, social, and health service context factors. Therefore, efforts to increase the use of implant contraception should not only focus on increasing knowledge, but also require a comprehensive, sustainable counseling approach that is oriented towards the needs and preferences of mothers. A family planning service approach that involves couples and emphasizes the principle of *woman-centered care* is expected to support more rational and sustainable contraceptive decision-making.

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## REFERENCES

- Adnani, Q. E. S., et al. (2025). Determinant factors in the use of modern contraception in urban and rural areas in Western Indonesia. *BMC Public Health*. <https://doi.org/10.1186/s12889-025-23299-7>
- Ajzen, I. (2020). The theory of planned behavior: Frequently asked questions. *Human Behavior and Emerging Technologies*, 2(4), 314–324. <https://doi.org/10.1002/hbe2.195>
- Akilimali, P. Z., et al. (2020). Incidence and determinants of Implanon discontinuation: Findings from a prospective cohort study. *PLOS ONE*, 15(5), e0232582. <https://doi.org/10.1371/journal.pone.0232582>
- Alemayehu, M., Belachew, T., & Tilahun, T. (2020). Factors associated with utilization of long-acting reversible contraceptive methods among women of reproductive age. *BMC Women's Health*, 20(1), 1–9.
- Bahamondes, L., et al. (2025). Subdermal contraceptive implants. *Best Practice & Research Clinical Obstetrics & Gynaecology*. <https://doi.org/10.1016/j.bpobgyn.2025.102604>
- Blackstone, S. R., & Iwelunmor, J. (2017). Determinants of contraceptive use among Nigerian women: Evidence from the national demographic and health survey. *International Journal of Women's Health*, 9, 99–108.
- Budiharsana, M. P., et al. (2022). The use of Method Information Index (MII) to monitor quality of family planning counseling in Indonesia. *BMC Health Services Research*.
- Choi, Y., Fabric, M. S., & Adetunji, J. (2019). Measuring access to family planning: Conceptual and measurement challenges. *Studies in Family Planning*, 50(3), 233–247.
- Dehlendorf, C., et al. (2017). Shared decision making in contraceptive counseling. *Contraception*, 95(5), 452–455. <https://doi.org/10.1016/j.contraception.2016.12.010>
- Faculty of Sexual & Reproductive Healthcare. (2021). *FSRH guideline: Progestogen-only implant*.
- Indonesian Population Report. (2023). *Indonesian population report 2023: Contraceptive use indicators and method mix*.
- Jones, R. K., Tapales, A., Lindberg, L. D., & Frost, J. (2015). Using the Health Belief Model to understand contraceptive use in women. *Contraception*, 92(5), 447–454.
- Kohler, H. P., Behrman, J. R., & Watkins, S. C. (2018). Social networks and family planning. *Population Studies*, 72(1), 1–16.
- Martyanti, N. P. W. S., et al. (2024). Predictor factors affecting the use of implant contraception. *Media Kesehatan Indonesia*, 7(4), 313–319. <https://doi.org/10.26714/mki.7.4.2024.313-319>
- Pitaloka, A. D., et al. (2019). Application of the Health Belief Model on factors influencing long-term contraceptive method use. *Journal of Health Promotion and Behavior*, 4(1), 49–56. <https://doi.org/10.26911/thejhpb.2019.04.01.06>
- Rothschild, C. W., et al. (2022). Contributions of side effects to contraceptive discontinuation: A longitudinal analysis. *BJOG: An International Journal of Obstetrics & Gynaecology*. <https://doi.org/10.1111/1471-0528.17032>

Sedgh, G., Ashford, L. S., & Hussain, R. (2016). *Unmet need for contraception in developing countries*. Guttmacher Institute.

Track20/FP2030. (2025). *Indonesia 2025 summary brief and handout (FPET estimates)*.

United Nations, Department of Economic and Social Affairs, Population Division. (2024). *World contraceptive use 2024: Family planning indicators*.

World Health Organization. (2019). *Family planning evidence brief*. WHO Press.

World Health Organization. (2025). *Family planning/contraception methods*.

Zimmerman, L. A., et al. (2021). Association between experience of specific side effects and contraceptive discontinuation and switching. *Contraception*.