

The False Choice: A Qualitative Analysis of Long-Acting Reversible Contraception

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Implant

Inserted into the upper arm to prevent pregnancy. Can be removed at any time by a medical professional. Over 99% effective with typical use. Can last up to three years.

Intrauterine Device (IUD)

Device placed in uterus to prevent pregnancy. Can be removed at any time by a medical professional. Over 99% effective with typical use. Can last up to twelve years.

Purpose

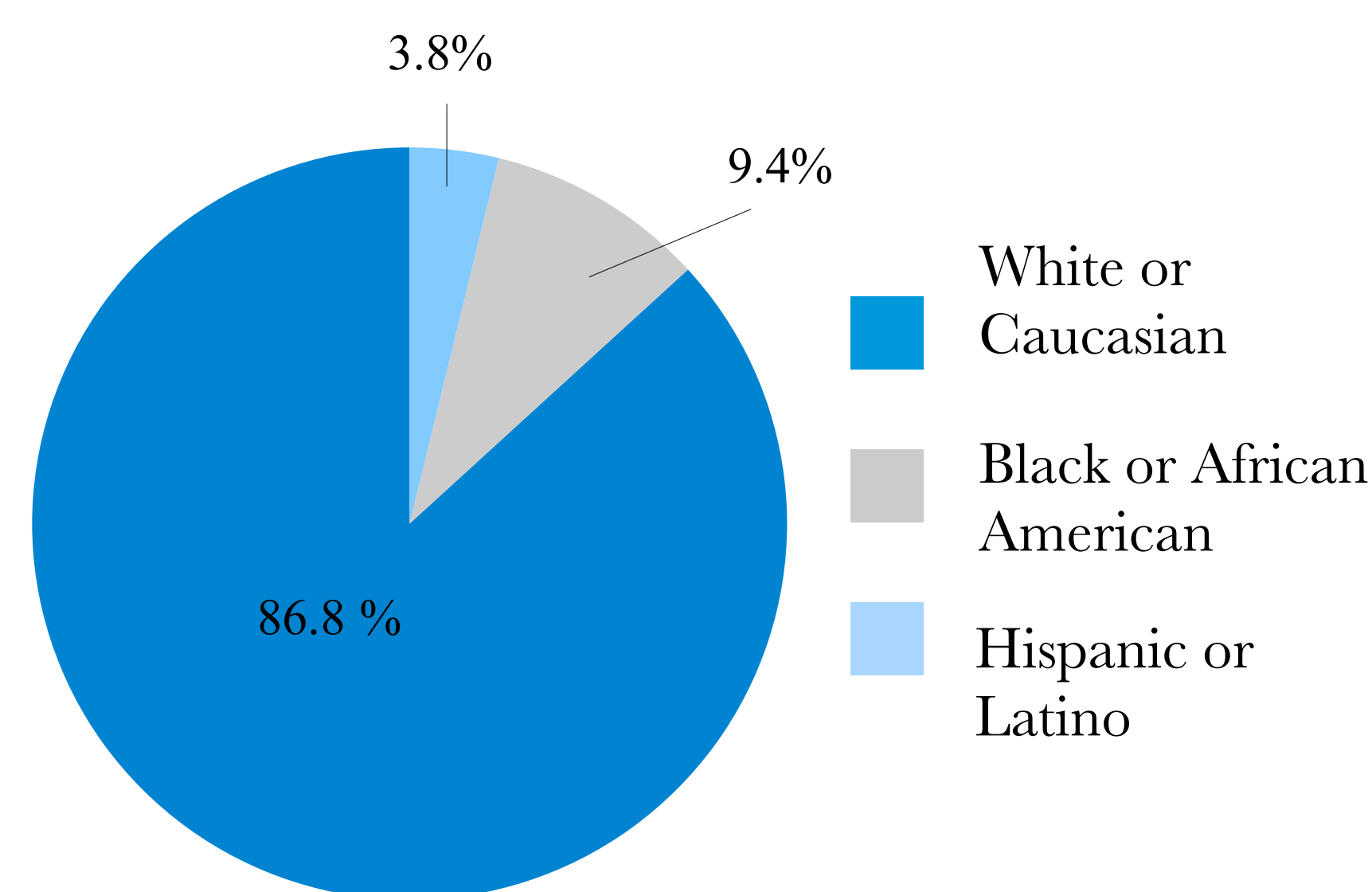
The purpose of this study was to gain insight on college-age women's perceptions of long-acting reversible contraception (LARC). This knowledge helps researchers and practitioners understand what possible barriers exist for the use of these methods and to determine what young women's contraceptive needs are. Understanding these perceptions and needs is crucial to lowering the rate of unintended pregnancies in the United States.

Qualitative Methods

- 53 In-depth interviews
- Average length of 47 minutes
- Guided, open-ended interview style
- Purposive sampling used to recruit participants

Participant Demographics

- All participants were enrolled in a mid-sized urban university located in the Southeast region of the United States
- Ages ranged from 18-24, with an average age of 20.2 years old



Data Analysis

- Interviews audio-recorded, transcribed and coded using HyperRESEARCH 3.5.2 software
- Grounded Theory Approach (Glaser and Strauss, 1967)
- Constant Comparative Method



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Abstract

Objectives: This study investigates the perceptions and attitudes of college-age women toward long-acting reversible contraception (LARC). This knowledge could help health communicators and campaign planners reduce the high burden of unintended pregnancies in the United States.

Study Design: A total of fifty-three in-depth qualitative interviews were conducted and analyzed using the grounded theory approach and constant comparative method.

Results: Social norms and misconceptions regarding LARC methods emerged as barriers to more effective contraception. Participants described "the pill" as the norm and feared that LARC posed higher risks for their safety and fertility, as well as interfering with a desire for control over their contraception.

Implications: Findings suggest possible strategies and insight for health advocates and providers to increase distribution of satisfactory and effective contraception for young women.

Conclusions

Outreach should expand education and reduce the misconceptions surrounding LARC methods. Messages should focus on the effectiveness of these methods. Campaigns should emphasize convenience without a loss of control. Interpersonal communication between patients and health care professionals should seek to normalize LARC methods, suggesting them as realistic options for young women and providing women with all the information they need to make a decision.

Results

The False Choice The benefit of side-effects	"Acne prevention is one of the reasons my friends started to use [birth control]. And then they kept it around, because they're having sex."
"The pill" as the norm	"Just the fact that the people I know take a pill, it seems to be more common and would almost be more comfortable, because I know that's what everyone else is doing even though that may not be the healthiest option, like side effect wise."
Restricted access	"My friends all say that they went in and the doctors didn't really talk to them about anything else [except the pill]."
The impact of the Affordable Care Act	"It doesn't matter how much you want contraception, if you can't get it because your parents won't let you, you can't afford it or you live in a place where they're like 'no contraception'... you know."
Rumors and Misunderstandings Fertility	"I guess it's because the IUD is inserted vaginally. And I don't know, I just, having that in there would make feel like it was unsafe or make me become infertile."
Barriers	"I feel like it would be uncomfortable and the IUD, I mean I know that it's like all the way up but I feel like I don't know. When I use my tampons I feel like I'd like pull it out with my tampon."
Timing and Control Being responsible	"I like knowing that it is under my control, because I'm pretty good about taking it at the same time every day and that makes me feel good about the birth control working effectively."
Timing	"The IUD just seems too permanent for me, like I don't know where I'm going to be in five years and stuff. So you can always get them removed, but for me it just seems like almost too permanent of a solution."

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