INCREASING USE OF LONG-ACTING REVERSIBLE CONTRACEPTION

New research exploring women’s attitudes to contraception suggests some ways to boost the uptake of long-acting reversible methods. Nerys Hairon finds out more

Many women are worried about the effects of contraceptives on future fertility (Glasier et al, 2008). This research, which aimed to inform a campaign to increase the use of long-acting reversible contraception (LARC), suggested that practitioners should stop describing these methods as ‘long-acting’ and stress their lasting protection instead.

The study, published in the Journal of Family Planning and Reproductive Health Care, found concerns about side-effects such as weight gain deterred women, outweighing even the fear of unwanted pregnancy.

In spite of NICE (2005) guidance on the use of LARC, its uptake in the UK is low. The study authors conclude that, while some barriers to its use cannot be overcome, giving more information on ease of use, reversibility, effects on weight and other women’s positive experiences may help improve acceptability.

BACKGROUND

The term LARC encompasses intrauterine devices/intrauterine system (IUDs/IUS), implants and injectables. In 2005–2006, only 10% of women aged 16–49 years in the UK had used any LARC in the previous year, compared with 23% who had used oral contraception and 21% condoms (Taylor et al, 2006).

Glasier et al (2008) say increasing uptake of LARC is one measure being used to monitor implementation of the national sexual health strategy in Scotland.

The Department of Health (2008) launched an initiative to promote LARC use and improve access to contraception for young people (Hairon, 2008). The DH says that 11% of sexually active women do not use any form of contraception. It pledged that local health teams would be given extra money to work with women of all ages to promote all methods of contraception, including LARC.

STUDY METHOD

Glasier et al (2008) aimed to improve the understanding of attitudes to contraception and unintended pregnancy, the reasons for choosing the popular methods, and knowledge of and potential interest in LARC.

Eight focus groups were held with 55 women in two cities in Scotland. The researchers recruited women with lifestyles that might increase the desirability of long-term contraception (students, young mothers and those who did not want more children). Discussions covered unintended pregnancy and contraception in general, condoms and contraceptive pills in particular, and attitudes towards healthcare professionals giving advice. Attitudes to LARC were discussed before and after women were given detailed information about these methods.

KEY FINDINGS

The researchers found that contraceptive choice was based on perceptions of safety, efficacy and reliability of protection against pregnancy and disease, ease of use, side-effects, reversibility and accessibility.

All women stressed the importance of contraception. Despite strong belief in the need for it, all participants indicated they had taken or were prepared to take risks.

In discussions about healthcare professionals, many women wanted to avoid seeing a doctor, citing embarrassment, concern about confidentiality and difficult/inconvenient access as reasons. They expressed a preference for consulting female healthcare professionals but had limited awareness of nurses’ role. While they praised GPs in managing contraceptive
However, women acknowledged that pills effective and less ‘messy’ than condoms.

Different methods

Participants perceived contraceptive pills and condoms to be effective and protective, and considered them ‘normal’.

Pills were perceived as effective, known, convenient and easy to ask for, to result in lighter, more regular periods; and more convenient and easy to ask for; to result in pills and condoms to be effective and

in an open manner.

As a result, they preferred the idea of

about duration of action and were unhappy with the term ‘long-acting’, with its implications of a possible negative effect on return of fertility. As a result, they preferred the idea of methods being ‘lasting’. Participants also had concerns regarding insertion and removal. When asked directly, 25% – particularly university students and young mothers – said they might be interested in LARC in the future.

The authors argue that, to increase consideration of LARC methods, women want help from healthcare professionals to make informed choices.

problems or side-effects, there was an overall perception that primary care consultations by GPs failed to provide the education and information on which to base decisions. The focus groups revealed that women disliked starting discussions about contraception with healthcare professionals.

The authors argue that women want to be offered contraceptive choices and to feel they have sufficient knowledge to make informed decisions. Participants felt healthcare staff should ask the right questions, be proactive and questioning, avoid assumptions and present information in an open manner.

The need for invasive procedures/vaginal examination deters women from choosing LARC methods.

Changing the focus of information on LARC, to put an emphasis on their lasting protection, reversibility and, for implants and IUDs/IUS, their lack of effect on weight, may make them more acceptable.

Source: Glasier et al (2008)