Informal sources of contraceptive information such as friends and family members may influence women’s use of contraception, including uptake of the most effective forms of nonpermanent birth control, the intrauterine device (IUD) and the contraceptive implant, known collectively as long-acting reversible contraceptives (LARC). Our study sought to quantify the proportion of women who have heard negative LARC stories (NLS), defined as the personal negative experience with LARC of a friend or family member, shared by that person with the study participant (Aim 1). We also intended to determine the impact of NLS on contraceptive decision-making (Aim 2); to determine if motivational interviewing (MI)-based counseling can decrease the impact of NLS on intention to use LARC post-abortion (Aim 3); and to explore the impact of NLS using qualitative methods (Aim 4). This project represented a prospective planned sub-study of an RCT examining the impact of an MI-based counseling intervention on uptake of highly effective contraception following induced abortion. As part of the parent study, we recruited 60 women presenting for induced abortion at the University of Chicago Medical Center (UCMC).

Our primary hypothesis for this project was descriptive – that 25% of participants would report shared negative LARC experiences. Secondary outcomes included initiation of LARC among those with NLS and those without NLS, patient-stated impact of NLS on contraceptive decision-making and qualitative data about how patients made contraceptive decisions, how NLS impacted these decisions and what moderated the impact of NLS.

All participants completed a baseline survey about prevalence and decision-making impact of shared negative LARC experiences. Participants were then randomized to an MI-based (intervention) or standard (control) contraceptive counseling session per the parent RCT protocol, followed by their abortion procedure. Follow-up telephone surveys at one and three months assessed whether the counseling session moderated the impact of shared negative LARC experiences. In addition, at the three-month survey, we also completed semi-structured qualitative interviews with a subset of patients from each RCT arm, all of whom had heard negative stories about LARC, to assess whether and how the session made a difference in the impact of such shared negative experiences on their interest in using LARC. A blinded researcher conducted semi-structured qualitative interviews with a subset of participants (n=9) at three months. Transcripts were coded and analyzed for salient themes using Atlas.ti.

With regard to the primary outcome of NLS prevalence, 26.7% (16/60) reported NLS. Of those with NLS, 25% (4/16) received a LARC method post-abortion, compared with 56.8% (25/44) of those without NLS (p=0.04). Moreover, 31.3% (5/16) of those with NLS started no method, compared with 15.9% (7/44) of those without NLS (p=0.27). This was consistent with patient-reported impact: among those with NLS, 56.3% (9/16) reported NLS made them “somewhat less” or “much less” likely to use LARC. Interviews substantiated NLS as strong deterrents to use. Friends and family were viewed as more trustworthy than partners and providers. Respondents disliked perceived coercion by providers toward use of specific methods and underscored the importance of counselors validating negative experiences and offering information about side effects; validation of NLS was perceived to moderate their impact. Interviewees also highlighted new themes which would not have arisen without the open-ended format of the qualitative interviews (concerns about fertility after coming off a birth control method; the idea that
while preventing pregnancy is important, the daily experience of birth control has more to do with side effects than with efficacy).

Our data confirm our hypothesis that NLS are common and negatively impact intention to use LARC methods – and possibly birth control in general. These findings are important because they draw attention to a major challenge for contraception counseling, namely, how to promote use of the most effective forms of birth control in the context of patient reluctance born out of anecdotal evidence which is not necessarily reliable. We found that empathetic, patient-centered counseling which validates patient experiences and those of the patient’s friends and family may moderate such resistance and is therefore an important tool for providers.