

Urban Adolescents' and Young Adults' Decision-Making Process around Selection of Intrauterine Contraception



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ABSTRACT

Study Objective: To examine adolescent and young adults' priorities, values, and preferences affecting the choice to use an intrauterine contraceptive device (IUD).

Design: Qualitative exploratory study with analysis done using a modified grounded theory approach.

Setting: Outpatient adolescent medicine clinic located within an academic children's hospital in the Bronx, New York.

Participants: Twenty-seven women aged 16 to 25 years of age on the day of their IUD insertion.

Interventions and Main Outcome Measures: We conducted semistructured interviews exploring participant's decision making process around selecting an IUD. We were specifically interested in elucidating factors that could potentially improve IUD counseling.

Results: We identified 4 broad factors affecting choice: (1) personal; (2) IUD device-specific; (3) health care provider; and (4) social network. Most of the participants perceived an ease with a user-independent method and were attracted by the high efficacy of IUDs, potential longevity of use, and the option to remove the device before its expiration. Participants described their health care provider as being the most influential individual during the IUD decision-making process via provision of reliable, accurate contraceptive information and demonstration of an actual device. Of all people in their social network, mothers played the biggest role.

Conclusion: Adolescents and young women who choose an IUD appear to value the IUDs' efficacy and convenience, their relationship with and elements of clinicians' contraceptive counseling, and their mother's support. Our results suggest that during IUD counseling, clinicians should discuss these device-specific benefits, elicit patient questions and concerns, and use visual aids including the device itself. Incorporating the factors we found most salient into routine IUD counseling might increase the number of adolescents and young women who choose an IUD as a good fit for them.

Key Words: Adolescent, Contraception, Contraception decision-making, Counseling, Decision-making, Female, Intrauterine devices, Qualitative research, Reproductive health

Introduction

Although the United States adolescent pregnancy rate is decreasing overall,¹ the US rate is still among the highest in the developed world.² Annually over half a million US 15- to 19-year-olds become pregnant.³ More than 80% of adolescent pregnancies are unplanned.⁴ Issues around contraception access and utilization contribute to the unplanned pregnancy rate. Recent studies have found that the use of highly effective contraceptives such as intrauterine contraception (IUC) can decrease adolescent unplanned pregnancy.⁵⁻⁷ Although current professional guidelines recommend IUC as a potential first-line contraceptive for adolescents,⁸⁻¹⁰ only 5% of US women aged 15-24 who use contraception use IUC.¹¹

Adolescents and young women select a contraceptive on the basis of their priorities, values, and preferences.^{12,13} Understanding what an individual may value or prefer with regard to specific contraceptives can help clinicians

tailor their contraceptive counseling and support informed contraception choice. Several studies have examined adolescents' knowledge, beliefs, and interest in IUC from the perspective of non-IUC users.¹⁴⁻¹⁷ There are limited data about the experiences of adolescents or young women who actually use IUC. In a qualitative study out of St Louis, adolescents and young women who were relatively new IUC users reported that they chose IUC because of the device's effectiveness, potential long duration of use, and convenience.¹⁸ Brown et al interviewed adolescents 1-24 months after initiating IUC to examine their IUC adoption process. When weighing whether to choose IUC, these adolescents described a process of IUC awareness, reaction, information-gathering, adoption, and adjustment in which the clinician played a significant role.¹⁹ In another study, postpartum adolescent IUC users said that supportive clinicians or family members and perceived reproductive autonomy facilitated their IUC use.²⁰ We found no published studies that involved adolescents and young adults conducted contemporaneously with their initiation of IUC use. Exploration of factors that affect IUC choice concurrent with method of initiation reduces recall bias and thus results in a more accurate description of the most salient factors that influenced the choice. Therefore, we designed an

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exploratory qualitative interview study with adolescents and young women on the day of their scheduled IUC device insertion. Our objective was to examine their priorities, values, preferences, and key factors that affected their choice to use IUC. We were specifically interested in elucidating factors that could potentially improve IUC counseling.

Materials and Methods

This study was approved by the Albert Einstein College of Medicine institutional review board.

Setting

We recruited women aged 16 years and older who had an IUC device insertion appointment at an outpatient adolescent medicine clinic located within an academic children's hospital in the Bronx, New York. The adolescent medicine clinic has an IUC device insertion service that is staffed by A.M.J., an adolescent medicine specialist. Patients do not need a referral to attend this clinic, nor do they need to be a patient within the hospital system. However, most patients who access the adolescent clinic for IUC device insertion are either referred from a provider within the hospital system or by a friend who had an IUC device inserted in the clinic. Seventy percent of the patients who schedule an IUC device insertion appointment arrive for their appointment.

Recruitment

Potential participants were approached by a research assistant after checking in for their appointment but before they saw the clinician for counseling and device insertion. If the patient expressed interest in participating in the study, she was taken to a private room to discuss the project in more detail. If she agreed to participate, an institutional review board-approved oral informed consent script was read; the participant provided oral consent. There was no incentive for participation.

Interview Guide

Because little is known about our topic, S.E.R. and A.M.J. designed an exploratory qualitative interview study.²¹ S.E.R. and A.M.J. developed an interview guide informed by the existing literature and in consultation with experts in adolescent's and their reproductive health decision making. The guide included open-ended questions with probes on the following broad categories: contraceptive experience, contraceptive priorities, reason for selection of IUC now, interaction with clinician, social network influence, knowledge of female reproductive anatomy, knowledge of IUC mechanism of action, and pregnancy desires.

Data Collection

S.E.R., an experienced qualitative researcher, trained F.K. and M.F. in interview technique. Willing participants were consented and interviewed by either F.K. or M.F. in a private

space. Interviews were conducted in English, lasted 15–25 minutes, were recorded, and later transcribed. S.E.R. and F.K. reviewed interviews as they were completed and initially made minor refinements to the interview guide.²² To supplement our qualitative data, we extracted deidentified electronic medical record data routinely collected during the IUC device insertion visit including participant demographic characteristics, and pregnancy and contraception use history.

Data Analyses

Thematic Analyses and Coding Scheme Development

We used a modified grounded theory analysis approach overall.²¹ Using an iterative process of analysis starting with initiation of data collection, S.E.R. and F.K. reviewed transcripts within a week of data collection to assess the interview guide's effectiveness, to identify emerging themes, develop a preliminary explanatory model, and assess for saturation. We interviewed until saturation was reached. S.E.R. and M.F. conducted the final analysis via an independent reading of every transcript, identification of themes, review of transcripts excerpt by excerpt to refine a coding template, and development of an explicit codebook.

Achievement of Reliability

After completion of the codebook, S.E.R. and M.F. independently coded all of the data and worked together until conceptual coherence of the coding attributes were reached. A.M.J. coded a subset of the data and was consulted when S.E.R. and M.F. had discordant results. An explicit effort was made to search for disconfirming cases. Transcripts were entered in Dedoose qualitative software (www.dedoose.com) and codes were applied.

Results

During the 13 clinical sessions in which interviews were conducted (spanning July 2013–July 2014), 36 patients presented for intrauterine device (IUD) insertions. Because of clinic flow issues, we were only able to invite 27 patients to be interviewed. All 27 agreed to be interviewed and completed their interview.

Before their insertion appointment, 9 participants received contraceptive counseling with A.M.J., 8 with other adolescent medicine providers, and 10 were referred from other general pediatric providers. For those 10, their IUD insertion appointment was their first contact with the adolescent medicine clinic.

Participants' median age was 19 years, 15 of the 27 (56%) were Latina, 6 (22%) had ever been pregnant, and 18 (67%) had Medicaid insurance. All but 1 of our 27 participants had used at least 1 contraceptive method before the IUD. Most had tried multiple methods. The most common previous methods were condoms (used by 24 of the 27 participants; 92%), followed by oral contraception (15 participants; 58%). The 1 participant who had never used contraception had never been sexually active. She wanted an IUD to treat dysmenorrhea. Six (22%) participants had a chronic medical condition that limited their contraceptive options or made

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