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Identifying Counseling Needs of Nulliparous Adolescent Intrauterine Contraceptive Users: A Qualitative Approach

Margot K. Brown[a,*], Colette Auerswald, M.D., M.S.[a,b], Stephen L. Eyre, Ph.D.[a,b], Julianna Deardorff, Ph.D.[c], and Christine Dehlendorf, M.D., M.A.S.[d]

[a] *Division of Community Health and Human Development, University of California Berkeley–University of California San Francisco, Joint Medical Program, Berkeley, California*
[b] *Division of Adolescent Medicine, Department of Pediatrics, University of California San Francisco, San Francisco, California*
[c] *Division of Community Health and Human Development, School of Public Health, University of California Berkeley, Berkeley, California*
[d] *Department of Family and Community Medicine, University of California San Francisco, San Francisco, California*

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A B S T R A C T

Purpose: To describe the intrauterine contraception (IUC) adoption process among nulliparous adolescents and to identify the role of the medical provider in this trajectory.
Methods: We conducted semistructured interviews with a clinic-based sample of 20 nulliparous adolescents (aged 15–24 years) with a history of IUC use. Interviews were analyzed using modified grounded theory and cross-case analysis to reveal a process model for IUC adoption, with a focus on the role of the medical provider.
Results: The model includes the following stages: first awareness, initial reaction, information gathering, adoption, and adjustment and reassessment. It is influenced by personal preferences and experiences, friends, family, sexual partner(s), and medical providers. Interactions with medical providers that study participants found helpful in navigating the adoption process included the use of visuals; tailored counseling to address specific contraceptive needs; assurance that IUC discontinuation was an option; information on a wide range of side effects; medical provider self-disclosure regarding use of IUC; and addressing and validating concerns, both before and after IUC insertion.
Conclusions: Nulliparous adolescents in this study described a complex IUC adoption process in which the medical provider plays a substantial supportive role. Findings from this study may be used to counsel and support future nulliparous adolescents regarding IUC use.

IMPLICATIONS AND CONTRIBUTION

Little is known about nulliparous adolescent use of IUC and the counseling needs of this population. This study offers counseling suggestions for medical providers that they may use to support nulliparous adolescents as they make decisions about IUC use.

Unintended pregnancy disproportionately impacts adolescents—particularly those from racial/ethnic minority backgrounds—and is a major public health problem in the United States [1,2]. A significant contributor to unintended pregnancy in this age-group is the incorrect or inconsistent use of contraception [3]. Therefore, long-acting reversible contraceptives, such as intrauterine contraception (IUC), may play an important role in meeting the public health imperative to reduce unintended pregnancy among adolescents, as they are highly effective and have a low risk of user misuse [4].

Two forms of IUC are available for use in the United States: the hormonal levonorgestrel intrauterine system (LNG-IUS) (Bayer HealthCare Pharmaceuticals, Inc., Wayne, NJ), which offers up to 5 years of pregnancy prevention, and the nonhormonal Copper T380A (Copper-T) (TEVA Pharmaceuticals USA, Inc., Sellersville, PA), which offers up to 10 years. However, only 1% of 15–19 year olds and 3.2% of 20–24 year olds use IUC [5]. This is likely because

* Address correspondence to: Margot K. Brown, c/o Christine Dehlendorf, University of California San Francisco, 995 Potrero Avenue, San Francisco, CA 94110.
E-mail address: Margot.Brown@ucsf.edu (M.K. Brown).
A poster presentation of this research was given at the 2011 ARHP Annual Conference and also at the 2012 Society of Adolescent Health and Medicine Annual Conference. Abstracts associated with these poster presentations were published in special edition versions of *Contraception* and *Journal of Adolescent Health*, respectively.

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of unsubstantiated concerns about infertility associated with IUC [6], adolescents' lack of awareness regarding the method's availability [7,8], and provider hesitancy to insert IUC based on inaccurate knowledge of the method [9–12]. Many of these issues are amplified for nulliparous adolescents despite the fact that the World Health Organization and American College of Obstetrics and Gynecologists recommend IUC for both adolescents and nulliparous women [13–15].

Professional organizations and researchers agree that counseling by medical providers can play a role in supporting the use of IUC, when appropriate, among nulliparous adolescents [7,14,16]. However, little is known about the type of information and interactions nulliparous adolescents value from their medical providers when making decisions about IUC use. Because the health care provider is just one of the many influences on adolescent contraceptive decision making [17], counseling efforts may be more effective if providers are informed regarding the role they can play in adolescents' decision to adopt IUC. Nulliparous adolescents with a history of IUC use are uniquely qualified to provide this information. In the current qualitative study, 20 nulliparous adolescents who had a history of IUC use and who were patients in a clinic serving a predominantly Latino and African American population described their IUC adoption process. In particular, they identified the role of their medical provider in navigating this trajectory.

Methods

Participants

A sample of 20 study participants was recruited between November 2010 and June 2011 from an adolescent family planning clinic in San Francisco. The clinic clients were eligible to participate if they were between 15 and 24 years of age, female, nulliparous, spoke English, and were a current or past user of IUC (LNG-IUS or Copper T) for at least 1 month within the previous 2 years. Most participants were recruited by provider referral. Several participants contacted the study's lead investigator directly after reading flyers in the clinic. Participants received a $30 gift certificate on completion of the study. Study procedures were approved by the Institutional Review Boards at the University of California, San Francisco and the University of California, Berkeley.

Approximately one-half of those who were eligible for and contacted to be in the study ultimately participated. Those who did not participate primarily declined owing to logistical barriers, such as transportation difficulties and scheduling conflicts. We did not collect data from those who declined participation.

Procedures

A qualitative approach was chosen because little is known about nulliparous adolescent IUC use or the context in which the method is adopted [18,19]. Participants gave written informed consent, participated in a 1-hour in-person semistructured interview with the lead author, and completed a brief demographic survey. The interview guide covered topics such as decision making regarding IUC use (Why did you get IUC?) and clinical counseling experiences during this process (What role did your provider play in helping you make your decision?). Participants were also asked to provide counseling suggestions (How should providers talk to young women about IUC?). The interview guide is available upon request.

Analysis occurred in parallel with data collection, leading to iterative modification of the interview guide over time. Data collection ended when the study team felt they had reached saturation of dominant themes [20].

Data analysis

Facilitated by Atlas-TI software (GmbH, Berlin, Germany), the lead author used modified grounded theory to analyze the interviews [20]. Through open coding (close reading of small segments of the first five transcripts), analytic categories were developed from which a preliminary codebook was made. Modifications to the codebook reflected emerging and changing codes that arose from the data. The development of the coding scheme was iterative and collaborative, with frequent meetings with the study team to review the interviews and coding structure and to discuss emerging categories. Summary memos regarding relationships between categories were drafted.

At the conclusion of the preliminary analysis, a model to describe the process of IUC adoption emerged, with a focus on the role of the medical provider. This preliminary model was derived primarily from participants' experiences with IUC adoption and was also informed by Roger's Diffusion of Innovations Model [21]. The model was then tested using cross-case analysis, for which experiences described in individual interviews were compared with the provisional model [22]. This comparison method allowed a general understanding of the processes that occurred across cases while addressing the circumstances of each individual case [22]. The process model is presented in the Results section. Participants' counseling recommendations are also reported.

Results

Demographic data

All participants used IUC primarily for contraception (Table 1 and Figure 1).

Qualitative findings

Process model. The process model for IUC adoption (Figure 2) includes the following stages: (1) first awareness, (2) initial reaction, (3) information gathering, (4) adoption, and (5) adjustment and reassessment.

First awareness. Most participants first became aware of IUC after a conversation with their health care provider. Others heard about the method from a friend or family member, with a small minority being exposed to IUC from a media source. Many described a delayed awareness of the method. For example, providers rarely mentioned IUC during medical visits, friends and family members "never really talked about it" (Participant 4; 24-year-old LNG-IUS user), and the rare media source that advertised IUC presented it as inappropriate for nulliparous young women:

> *I think that it is a lack of media influence, and lack of information in these clinics that I was going to . . . My gynecologist at that time was not really encouraging or giving me information about*