



# Who uses long-acting reversible contraception? Profile of LARC users in the CUPID cohort



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## ABSTRACT

**Objective:** To explore the characteristics of long-acting reversible contraception (LARC) users in a nationally representative cohort of young Australian women aged 18–23.

**Methods:** Data from 3155 women who responded to a question about their contraceptive use in the previous six months at the baseline Contraceptive Use, Pregnancy Intention and Decisions (CUPID) survey were included.

**Results:** 726 (19.1%) women reported LARC use, with the Implanon being the most popular method ( $n = 478$ ; 65.8%). A history of pregnancy was strongly associated with increased odds of LARC use in the multivariate model ( $OR = 2.67$ , 95%  $CI = 2.11, 3.34$ ,  $p \leq 0.001$ ). Comparatively, using contraception for reasons other than pregnancy prevention was associated with decreased odds of LARC use in the multivariate model (period management:  $OR = 0.74$ , 95%  $CI = 0.60, 0.91$ ,  $p = 0.004$ , body management:  $OR = 0.53$ , 95%  $CI = 0.37, 0.77$ ,  $p = 0.001$ , medical condition:  $OR = 0.25$ , 95%  $CI = 0.09, 0.66$ ,  $p = 0.005$ ). Highest education and Medicare card status also contributed to the final multivariate model, and were associated with decreased odds of LARC use.

**Conclusion:** Reproductive history and reasons for contraceptive use are strong indications of method choice. Promoting LARC as highly effective may not be a sufficient incentive for young women to take up the method when pregnancy prevention may be equal or secondary to their desired non-contraceptive effects.

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## Introduction

Most women will use some form of contraception at some stage of their lives. In Australia, approximately 68.4% of women aged 15–49 who are married or in a heterosexual union (defined as “a man and a woman regularly cohabiting in a marriage-like relationship”) utilise some form of contraceptive method [1], a rate comparable to the United States (USA) where in 2011–2013, approximately 62% of 15–44 year old women reported using contraception [2]. Most commonly, the method of choice is the oral contraceptive pill [2,3]. Whilst this method is effective at preventing pregnancy when used perfectly, the reliance on user compliance means that its typical effectiveness rate is reduced [4].

Rates of unintended pregnancy vary from country to country; from 16.2% in the United Kingdom [5] to 45% in the USA [6]. The exact rate in Australia is unknown; one study suggests up to one third of Australian women experience an unintended pregnancy [7], whilst another suggests that as many as 50% of all pregnancies are unintended [8]. This has led to advocacy for increasing the uptake

of long-acting reversible contraception (LARC), both in Australia [9], and internationally [10]. LARC is characterised by its minimal user action and longevity, which translates to a high rate of efficacy given that potential user error is removed. These characteristics position LARC as a potentially ideal method of choice for those women wishing to use a convenient and highly effective method of pregnancy prevention. In Australia, four methods of LARC are available; a hormonal intrauterine device (IUD) (Mirena®), a copper IUD (Cu-IUD), a contraceptive implant (Implanon®), and a contraceptive injection (Depo-Provera®). All are subsidised by the Medicare Benefits Schedule (MBS) or Pharmaceutical Benefits Scheme (PBS) except for the copper IUD [9].

However, high efficacy may not be the only characteristic women take into consideration when choosing a contraceptive method [11]. In fact, it has been demonstrated that women take into account a myriad of factors when considering which contraceptive method is right for them, including perceived or real positive and negative side effects [12]. It is therefore necessary to explore contraceptive practices within the lives of the women using them, if we are to gain insight into their reasons for method choice. Much recent research in the field of LARC has focussed on women of reproductive age in general (for example see Refs. [13,14]). Although studies such as these provide valuable information about the contraceptive practices of reproductive aged women, and hence contraceptive practices

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across the life course, they are unable to explore the nuances of contraceptive use among specific age groups.

Although recently, the United Nations reports that long acting (namely IUDs and Implants) and permanent methods are on the rise [1], overall, rates of LARC use among Australian women using contraception remain low. In 2011 approximately 4.8% were using an IUD, 2.4% the contraceptive injection, and 5.4% the Implant [3]. Young women have been targeted as ideal candidates for LARC [15]; in part due to their increased risk of experiencing an unintended pregnancy [16], as well as their high rates of pill use (just under 60% of women aged 18–24 [3]). Nevertheless, rates of uptake among this group remain low and we know little about the motivators and disincentives to use LARC as compared to other methods.

An important first step to understanding these trends is to identify the sociodemographic and sexual and reproductive health characteristics of young women based on their contraceptive of choice. Hence, this paper aims to examine the characteristics of LARC users in a cohort of young Australian women, aged 18–23 who participated in the Contraceptive Use, Pregnancy Intention and Decisions Study (CUPID). In particular, we were interested in identifying factors that distinguish LARC users from non-LARC users.

## Methods

### *The Contraceptive Use, Pregnancy Intention and Decisions Study (CUPID)*

The Contraceptive Use, Pregnancy Intention and Decisions Study (CUPID) is an online longitudinal population based cohort study of young Australian women, aged 18–23 years. The aim of the study was to identify the factors which influence contraceptive use and unintended pregnancy among young Australian women. Three waves of online self-report surveys were conducted at approximately six monthly intervals and collected information about sociodemographic characteristics, knowledge and attitudes towards contraception, sexual and reproductive health histories and health service use. Most questions were quantitative, with some opportunities for elaboration in open ended questions. Online and offline recruitment strategies were employed, including Facebook advertising, press releases, and face-to-face recruitment at events relevant to the study population. Details about the recruitment methods have been published elsewhere [17].

A total of 3795 women aged 18–23 years were recruited into the study from September 2012 to September 2013. Of these, 3731 (98.3%) completed at least one survey item and 3509 (92.5%) completed the entire survey. Towards the end stages of recruitment, the participant population was monitored against the 2011 Australian Bureau of Statistics census data to achieve a demographically representative sample of this age group, as compared to the broader Australian population. As such, the cohort was found to be largely representative of young Australian women in terms of demographic profile, with the exception of an over-representation of high school completers [17]. The study received ethical approval from two university and one non-government organisation human ethics committees.

### *Participants*

This analysis focused on women who responded to a question about their contraceptive use in the previous six months at the baseline CUPID survey (N = 3338). Women who reported using only using emergency contraception (n = 9), only permanent forms of contraception (n = 3) and only breast feeding (n = 1), or who indicated they did not use any contraception (n = 170) were excluded from the analysis. The final sample for the analysis was 3155 women.

### *LARC use (outcome variable)*

Participants were asked to respond to the following question, “Thinking about the last 6 months, did you use any of the following at any time?” and given a list of options including space to report a method not listed. Women who reported using hormonal intra-uterine device (Mirena IUD), Copper IUD, contraceptive implant (Implanon) or Depo-Provera injection were classified as LARC users, whilst women who reported use the pill, mini-pill, condoms, Vaginal Ring (Nuva Ring), diaphragm, Natural Family Planning and withdrawal were classified as non-LARC users.

### *Explanatory variables*

#### *Sociodemographic factors*

A number of sociodemographic variables were included in the analysis. These included age (based on date of birth and reported in years; 18–23), area of residence based on ARIA+ status [18] (major city, regional, remote), highest education (year 12 or below, certificate/diploma, university) and relationship status (single, boyfriend/girlfriend, cohabitating, engaged/married). After examining the specific patterns of study and work, employment status was collapsed into 4 categories: unemployed/not working (i.e. those who indicated they were unemployed and those who indicated they were not working or looking for work including stay at home mothers and women on maternity leave), studying (i.e. exclusively studying either part or full time), working (i.e. those who were exclusively working either part or full time) and working and studying (i.e. working and studying in any combination of casual, part or full time).

#### *Health service use*

Participants were asked to provide the distance from their home to their nearest doctor or medical clinic. Responses were dichotomised into  $\leq 30$  km and  $> 30$  km. Likewise, level of difficulty gaining transport to health services was categorised as difficult (which included the responses always difficult and sometimes difficult) and easy (including the responses usually easy and always easy). Medicare card holder status was dichotomised into own/have copy and don't own/don't have copy.

#### *Sexual and reproductive health factors*

Pregnancy and abortion histories were based on participant reports of a previous, or current (i.e. at the time of completing the survey) pregnancy (no or yes) or previous abortion (no or yes). Participants were also asked for their reasons for using contraception and responses were categorised as follows: period management (i.e. period regulation, pain reduction etc.), body management (i.e. management of migraines, weight gain, headaches etc.), medical condition (i.e. management of conditions such as Polycystic Ovary Syndrome (PCOS)) and contraception. Participants also responded to a question regarding the relationship with the last person they had sex with, which was collapsed into the following: no relationship (i.e. single, one night stand etc.), in a relationship (i.e. monogamous or polygamous relationships but not living with that person/people), cohabitating (i.e. in a relationship and living with that person) and engaged/married. For some women, their relationship status was not congruent with their reported relationship with the last person they had sex with, and for this reason we decided to include this variable to encapsulate this complexity.

### *Statistical analysis*

Bivariate analyses were conducted using chi square tests for categorical variables and t-tests for continuous variables to assess the relationship between LARC use and the sociodemographic and

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