GYNECOLOGY

The role of contraceptive attributes in women's contraceptive decision making

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OBJECTIVE: Contraceptive methods have differing attributes. Women's preferences for these attributes may influence contraceptive decision making. Our objective was to identify women's contraceptive preferences among women initiating a new contraceptive method.

STUDY DESIGN: We conducted a cross-sectional, self-administered survey of women's contraceptive preferences at the time of enrollment into the Contraceptive CHOICE Project. Participants were asked to rank the importance of 15 contraceptive attributes on a 3-point scale (1 = not at all important, 2 = somewhat important, and 3 = very important) and then to rank the 3 attributes that were the most important when choosing a contraceptive method. The survey also contained questions about prior contraceptive experience and barriers to contraceptive use. Information about demographic and reproductive characteristics was collected through the CHOICE Project baseline survey.

RESULTS: There were 2590 women who completed the survey. Our sample was racially and socioeconomically diverse. Method attributes with the highest importance score (mean score [SD]) were effectiveness (2.97 [0.18]), safety (2.96 [0.22]), affordability (2.61 [0.61]), whether the method is long lasting (2.58 [0.61]), and whether the method is "forgettable" (2.54 [0.66]). The attributes most likely to be ranked by respondents among the top 3 attributes included effectiveness (84.2%), safety (67.8%), and side effects of the method (44.6%).

CONCLUSION: Multiple contraceptive attributes influence decision making and no single attribute drives most women's decisions. Tailoring communication and helping women make complex tradeoffs between attributes can better support their contraceptive decisions and may assist them in making value-consistent choices. This process could improve continuation and satisfaction.

Key words: contraceptive attributes, contraceptive decision making, contraceptive implant, intrauterine device, preference-sensitive decision

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Contraceptive use is widespread in the United States with 62% of reproductive-aged women currently using a contraceptive method.[1] Like many preference-sensitive health care decisions, contraceptive methods have both desirable and undesirable attributes that require the patient to make tradeoffs between potential benefits and disadvantages of options. However, many women lack knowledge or support for contraceptive decision making or have unrealistic expectations, unclear values, or social pressures that can complicate decisions.[2] For example, multiple prior studies have shown that effectiveness is an important attribute to women when choosing contraception.[3-7] Yet many women remain uninformed about highly effective contraceptive methods such as intrauterine devices (IUDs) and implants, and use remains low compared to oral contraceptive pills (OCPs) and condoms, methods that have lower rates of effectiveness.[1,8] Contraceptive decision making is complex, and women who select methods inconsistent with their preferences may be less likely to adhere or continue the method. Effective contraceptive counseling should assist women in identifying important method attributes. This, in turn, can help women choose the contraceptive method most consistent with her preferences, which

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TABLE 1
Baseline demographic and reproductive characteristics of survey respondents (n = 2590)

Characteristic	n	%
Age (y), mean (SD)	25.6 (5.9)	
Race (missing, n = 6)		
Black	1349	52.1
White	1044	40.3
Other	191	7.4
Hispanic ethnicity (missing, n = 1)	135	5.2
Education		
≤High school	801	30.9
Some college	1122	43.3
≥College	667	25.8
Insurance (missing, n = 6)		
None	1011	39.0
Commercial	1068	41.2
Public	505	19.5
Marital status (missing, n = 1)		
Single	1495	57.7
Married/living with partner	909	35.1
Separated/divorced/widowed	185	7.1
Low SES[a]	1596	61.6
Any prior pregnancy	1786	69.0
Prior unintended pregnancy	1546	56.7
Contraceptive method	At time of enrollment,[b] n (%)	Chosen at enrollment,[b] n (%)
None	784 (30.3)	0
LNG-IUS	32 (1.2)	1215 (46.9)
Copper IUD	7 (0.3)	378 (14.6)
Implant	27 (1.0)	505 (19.5)
DMPA	135 (5.2)	194 (7.5)
OCP	458 (17.7)	173 (6.7)
Ring	109 (4.2)	97 (3.8)
Patch	18 (0.7)	28 (1.1)
Condoms	890 (34.4)	0
Other barrier	6 (0.2)	0
Withdrawal	68 (2.6)	0
Natural family planning	3 (0.1)	0
Abstinence	53 (2.0)	0

DMPA, depot medroxyprogesterone acetate; *IUD*, intrauterine device; *LNG-IUS*, levonorgestrel intrauterine system; *OCP*, oral contraceptive pills; *SES*, socioeconomic status.

[a] Defined as receipt of public assistance or reported difficulty paying for transportation, housing, medical expenses, or food in past 12 mo; [b] Reported contraceptive method use at time of enrollment into Contraceptive CHOICE Project—if respondents reported using >1 method, most effective method is listed.

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may lead to improved continuation and satisfaction.

Given that contraceptive decision making is a highly personal process, our primary objective in this analysis was to evaluate the importance of specific contraceptive attributes among participants of the Contraceptive CHOICE Project who were choosing a new contraceptive method. We also explored associations between contraceptive preferences and women's choice of method as well as women's past experiences with contraception.

Materials and Methods

This study was a cross-sectional survey of a subset of women enrolling into the Contraceptive CHOICE Project, which was a prospective cohort study of 9256 women designed to promote the use of long-acting reversible contraception and remove financial and access barriers to contraception.[9] Participants were recruited through referral from word-of-mouth, community-based medical providers, and study flyers. Participants underwent comprehensive contraceptive counseling[10] and were provided with their reversible contraceptive method of choice at no cost. We developed a self-administered written survey that asked about prior contraceptive experience, including prior contraceptive use, experience of side effects with a prior method, and barriers to using contraception. Women were eligible to participate in the CHOICE Project if they were between 14-45 years of age, English or Spanish speaking, at risk of unintended pregnancy (ie, no prior tubal sterilization or hysterectomy), currently sexual active or planning to become sexually active with a male partner in the next 6 months, and willing to start a new contraceptive method. There were no additional eligibility requirements for this study. The survey was administered to all CHOICE participants who enrolled from January 2010 through March 2011. Approval was obtained from the human research protection office prior to administration of the survey.

The survey included the following contraceptive method attributes potentially important to women when