

# Knowledge of and Interest in the Copper Intrauterine Device Among Women Seeking Emergency Contraception

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## Abstract

**Objective:** Emergency contraception (EC) includes hormonal pills (levonorgestrel or ulipristal acetate) and the copper IUD (Cu-IUD). The Cu-IUD is more effective for EC than hormonal pills but remains underused, possibly because of lack of knowledge or interest. The objective of this study was to examine knowledge of and interest in the Cu-IUD for EC among Canadian women seeking EC.

**Methods:** The study used a cross-sectional convenience survey of English-speaking women presenting for EC at two sexual health clinics in Toronto. The anonymous paper-based survey was completed in the waiting room. The main outcome measures were women's knowledge of and interest in the Cu-IUD for EC. Demographic and reproductive health data were also collected.

**Results:** Between January and December 2013, 124 surveys were completed. Mean age of respondents was 26 years (SD ± 6.9). Most were single (85%), and over one half had completed postsecondary education. Overall, 77% had heard of the Cu-IUD, but only 21% were aware of its use for EC. Over 50% were aware that the Cu-IUD is hormone-free and may be used for long-term contraception. Women were less familiar with the window of administration of the Cu-IUD for EC (26%) and its efficacy (6%). In total, 23% (28 of 124) of women were interested in the Cu-IUD, including eight women scheduled to receive one that day.

**Conclusion:** Women presenting for EC were unaware of the Cu-IUD but were moderately interested in it once informed. Public education and routine counselling about the Cu-IUD at EC visits may increase the uptake of this method.

## Résumé

**Objectif :** Les méthodes de contraception d'urgence (CU) courantes sont les comprimés d'hormones (lévonorgestrel ou acétate

d'ulipristal) et le DIU de cuivre. Cette dernière méthode est plus efficace que les hormones, mais demeure sous-utilisée, possiblement en raison d'un manque de connaissances ou d'intérêt. Cette étude visait donc à examiner les connaissances et l'intérêt entourant l'utilisation du DIU de cuivre comme CU chez les femmes canadiennes souhaitant obtenir une CU.

**Méthodologie :** Dans le cadre de l'étude, une enquête transversale a été menée auprès d'un échantillon de commodité constitué de femmes anglophones s'étant présentées dans deux cliniques de santé-sexualité de Toronto pour obtenir une CU. Les femmes ont répondu au questionnaire papier anonymement dans la salle d'attente. Les principaux résultats mesurés étaient les connaissances et l'intérêt relativement à l'utilisation du DIU de cuivre comme CU. Des données démographiques et de santé reproductive ont également été recueillies.

**Résultats :** Entre janvier et décembre 2013, 124 sondages ont été remplis. L'âge moyen des répondantes était de 26 ans (écart-type : 6,9). La plupart (85 %) étaient célibataires, et plus de la moitié avait fait des études postsecondaires. En tout, 77 % avaient entendu parler du DIU de cuivre, mais 21 % seulement étaient au courant qu'il s'utilise en CU. Plus de 50 % savaient qu'il s'agit d'une méthode de contraception sans hormone pouvant être utilisée à long terme. Les répondantes étaient moins nombreuses à connaître la fenêtre d'administration du DIU aux fins de CU (26 %) et son efficacité (6 %). Au total, 23 % des femmes (28 sur 124) s'intéressaient au DIU de cuivre, dont huit devaient s'en faire poser un le jour de leur visite.

**Conclusion :** Les femmes se présentant en clinique pour une CU en savaient peu sur le DIU de cuivre, mais manifestaient un intérêt modéré pour cette méthode une fois qu'elle leur avait été présentée. Il serait possible de faire augmenter l'utilisation de cette méthode si le public en était informé et si elle était abordée systématiquement aux consultations pour une CU.

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## INTRODUCTION

Several methods of emergency contraception (EC) are available in Canada. The two most commonly used methods are hormonal pills (levonorgestrel or ulipristal

**Key Words:** Emergency contraception, copper intrauterine device

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acetate) and the copper intrauterine device (Cu-IUD). The use of levonorgestrel pills has increased since becoming available in pharmacies without a physician's prescription.<sup>1</sup> Ulipristal acetate was approved by Health Canada for EC in 2015, but it requires a prescription.<sup>2</sup> Ulipristal acetate was not available at the time of the present study.

The Cu-IUD offers several advantages over hormonal EC methods. It has a reported efficacy of 99% compared with 60% to 80% for hormonal EC pills.<sup>3–7</sup> The efficacy of the Cu-IUD for EC is maintained in overweight and obese women, whereas there is evidence that hormonal EC pills are less effective in women with BMI greater than 25 kg/m<sup>2</sup>.<sup>8,9</sup> The Cu-IUD can be used for up to 7 days<sup>10</sup> after unprotected intercourse, compared with a 5-day limit for hormonal pills.<sup>7,11</sup> Finally, the Cu-IUD provides highly effective ongoing contraception for up to 10 years. Most women who receive a Cu-IUD for EC have been shown to continue to use it long term.<sup>4,12</sup>

Despite these advantages, the Cu-IUD is seldom used for EC. Many health care providers are unaware of the Cu-IUD for EC,<sup>13–15</sup> and many have a misconception that it is unsuitable for young, nulliparous women.<sup>16</sup> The public is also unfamiliar with the Cu-IUD for EC.<sup>17</sup> American studies of women presenting for EC or pregnancy testing found that knowledge of the Cu-IUD for EC was poor, but 12% to 15% of women were interested in it after receiving information about it.<sup>18,19</sup> In Canada, women's views about the Cu-IUD for EC are unknown. The objective of this study was to assess knowledge of and interest in the Cu-IUD for EC among Canadian women seeking EC.

## **METHODS**

### **Selection and Description of Participants**

This cross-sectional survey study was conducted at two sexual health clinics in Toronto that offered comprehensive sexual and reproductive health care for women, including EC. The hospital-affiliated sexual health clinic provided Cu-IUD insertions for regular contraception and for EC, although it did not routinely offer the Cu-IUD for EC to all women at the time of this study. The community-based sexual health clinic did not provide IUD insertions and instead referred patients to the hospital-affiliated clinic for this procedure. Both clinics counselled about the Cu-IUD for EC when women presented after 72 hours or specifically asked about this option.

This study used a convenience sample of English-speaking women requesting EC or whose need for EC was identified clinically between January and December 2013. This sample included women making a general request for EC, women

specifically requesting EC pills ("Plan B" or "the morning after pill") or a Cu-IUD for EC, and women whose need for EC was identified only during the visit. Paper-based surveys were distributed by administrative and clinical staff to eligible women, who completed the surveys in the waiting room. The study was approved by the Women's College Hospital Research Ethics Board (approval no. 2012-0067-E). An information sheet on the study was provided to eligible women before undertaking the survey, and consent was implied by completion of the survey.

### **Technical Information**

The survey ([Appendix A](#)) was adapted from Turok et al.<sup>18</sup> and Schwarz et al.,<sup>19</sup> who conducted similar studies at health clinics in the United States. Part I of the survey collected demographic data. Part II collected information on sexual and reproductive history, current contraceptive use, and reason for seeking EC. Part III collected information on knowledge and attitude towards the IUD for EC. A brief fact sheet ([Appendix B](#)) on the Cu-IUD was embedded in the survey to provide information to participants before determining their interest in the Cu-IUD for EC. The survey was pilot tested with a sample of young women and revised to improve comprehension and flow. The primary outcome was interest in the Cu-IUD for EC, determined by responding "yes" or "I'm scheduled to get an IUD today" to the question "If you could have an IUD inserted today, would you want to?"

### **Statistics**

Data were entered into Microsoft Excel 2003 (C.E.). Approximately one third of entries were double-checked for accuracy (D.P.). Descriptive statistics were used to describe the study population, sexual and reproductive health characteristics, and knowledge of and interest in the Cu-IUD for EC. Bivariate analyses using chi-square tests were performed to assess between-group differences in demographics, sexual history, and contraceptive history. All statistical analyses were performed using SAS 9.4 (SAS Institute, Cary, NC) and  $P < 0.05$  was considered statistically significant.

## **RESULTS**

In total, 124 women completed the survey. Demographic and sexual histories are presented in [Table 1](#). The mean age of women was 26 years (SD  $\pm$  6.9). Most women were born in Canada and were single. Over one half had received a postsecondary education.

The most common reasons for needing EC were condom breakage (39%; 46 of 118) and not using birth control

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