



**Careful,  
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# **Tips** to Improve Contraceptive Use

by James Jaccard, Ph.D.



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# **Tips** to Improve Contraceptive Use

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**M**any practitioners and researchers recognize the value of effective client-centered communication about contraception, and the potential impact that this interchange can have on a client's use of contraception. Clients also often report that they want information about contraception from their healthcare providers.

The tips below provide suggestions on improving current contraceptive counseling—particularly for younger clients—and offer specific ways to help these clients reduce their risk of unplanned pregnancy. Although it is not usually possible to incorporate all of the tips suggested below into a single counseling session—especially given limited time with clients—we would encourage providers to at least address those that are of greatest priority for their clients. These tips are based on an extensive synthesis of literature on contraceptive behavior by Dr. James Jaccard. The full report is available online at: [http://www.thenationalcampaign.org/resources/pdf/pubs/Unlocking\\_Contraceptive.pdf](http://www.thenationalcampaign.org/resources/pdf/pubs/Unlocking_Contraceptive.pdf)

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## Quick Guide for Using These Tips:

If you don't have much time, be sure to address issues of most concern to the client and consider focusing on the tips below.

### Every time with every client:

> Cover tips 1, 5, 6, 8, 10, and 12

### If the client is interested in a new method:

> Cover tips 2, 3, 4, and 9

### If the client chooses a user-dependent method:

> Cover tips 7 and 11

*Note: the order in which these tips are taken up might vary depending on the client's circumstances and history as well as your own personal style.*



**TIP 1** Demonstrate the “key three” attributes of effective counselors—expertise, trustworthiness, and accessibility.

**Why You Need to Do It.** Research shows that clients who see their provider as accessible are more likely to contact that provider and are less likely to experience gaps in protection when switching methods. Research also shows that clients do not automatically think that counselors have expertise or are looking out for their client’s best interests. Counselors are more effective if they are seen as expert, trustworthy, and accessible.

**How You Might Do It.** Simple, informal comments to the client to underscore your expertise (“I have dealt with these issues a great deal”), trustworthiness (“let’s make sure we get this worked out in the best possible way for you”), and accessibility (“if something comes up, you can always call and I promise I will get back to you. I mean it.”) can make a difference.

**TIP 2** Use skills-based strategies to actively engage the client in learning and remembering important points such as how to use their method accurately.

**Why You Need to Do It.** People are more likely to remember important information when they actively process it as opposed to passively listen to it. For example, remembering how to accurately use the particular method a client has chosen is critically important (inaccurate use is a major source of disparity between “perfect use” and “typical use” failure rates, which can be considerable). Thus, active processing of information about how to use a method accurately is important.

**How You Might Do It.** Have clients repeat back to you in their own words the information you think is most critical for them to know. Make it informal and non-threatening. You might tell the client that

the topic at hand is so important (e.g., how to use the method correctly), that you would like the client to repeat in her own words her understanding of the topic. Consider all aspects of the topic that the client needs to remember, including how to use the method, how to refill the method, etc. Assume that your clients will *not* read package inserts or brochures you give them to take home.

**TIP 3** Address all four facets of contraception—method choice, correct use, consistent use, and method switching.

**Why You Need to Do It.** Using ineffective methods, using a method inaccurately or inconsistently, and gaps in protection that typically accompany a method switch all increase the risk of unplanned pregnancy. Unless you explicitly talk about these matters, women may choose less effective methods, use those methods inaccurately, use them inconsistently, or switch from a method—often with a significant gap in protection—without telling you. You should always think about the four facets of contraceptive behavior (choice, accuracy, consistency, and switching) and whether they need to be addressed with your client.

**How You Might Do It.** Whether a client is seeing you to choose an initial method, to switch to a new method, or to discuss medical issues or side effects with a current method, discuss the accurate and consistent use of the method she settles on and develop a specific “action plan” (see Tips #7 and #9 for more on action plans) for what to do if she becomes dissatisfied with that method.

**TIP 4** Make choosing a method manageable, and give priority to more effective methods.

**Why You Need to Do It.** There are more than a dozen methods of birth control, and each method differs on about a dozen different dimensions. Therefore, in theory, clients must wade through at

least 150 pieces of information to make a choice, which is overwhelming. Research shows that when people are faced with information overload, they may use poor strategies to make choices or reach decisions. For example, they may jump around from one piece of information to another and make decisions based on what comes to mind at that particular moment, not on what is important. This means that when clients make a bad contraceptive choice, they may quickly become dissatisfied with the method and then either stop using it or switch to another method, substantially increasing the risk of a gap in protection.

**How You Might Do It.** Help clients simplify the process of choosing a method by first assessing medical conditions that will allow you to eliminate methods based on medical considerations (e.g., high blood pressure, smoking).

Second, discuss client perceptions and reactions to individual methods sequentially using the three category method-effectiveness chart below (note: the percents in the table are typical use failure rates for each method). Start with Category A methods, then go to Category B methods, and then to Category C methods until you find what seems to be a good match (you will need to use some judgment here as not all methods will be applicable to every client). Note your purpose is not to recite every fact you know about each method. Rather, your purpose is to hone in on features the client wants and couple that information with the importance of using very effective methods. Once she has selected a method, see Tip #5.

- Category A—highly effective and less dependent on adherence to a protocol to be effective;
- Category B—highly effective but more dependent on adherence to a protocol to be effective;
- Category C—less effective and highly dependent on adherence to a protocol to be effective.

**Category****A**

- > IUD (<1%)
- > Implants (<1%)
- > Depo-Provera (3%)
- > Sterilization (<1%)

**Category****B**

- > Pill (8%)
- > Patch (8%)
- > Vaginal Ring (8%)

**Category****C**

- > Male Condom (15%)
- > Diaphragm (16%)
- > Sponge (nulliparous only—16%)
- > Cervical Cap (including FemCap, 16%)
- > Female Condom (21%)
- > Fertility Awareness (25%)
- > Withdrawal (27%)
- > Spermicides (29%)

Source: More detailed information about these methods is available in Hatcher RA, Trussell J, Nelson AL, Cates W, Stewart FH, and Kowal D (2007). *Contraceptive Technology*, Nineteenth Revised Edition. New York, NY: Ardent Media.

It is not uncommon for a client to come to a clinic with a clear cut preference of which method(s) she wants or is considering. This raises the issue of whether you should just give the woman what she initially wants or discuss only those methods she initially indicates she is considering. As a general matter, the answer is no, because the client might be misinformed or uninformed. You should try to give a woman what she wants, but only after she is fully informed. Don't overwhelm her by telling her about every technicality about every method. A good compromise is to discuss methods sequentially until a good match is found, starting with Category A methods, then Category B methods, and then Category C methods. Think of the two of you as being a team sharing information with one another about lifestyles, wants, and methods. The final decision, of course, should be made by the client; just make sure it is an informed one.

**TIP 5** Consider how the method fits the lifestyle of the client by raising other key social-behavioral factors.

**Why You Need to Do It.** In addition to discussing the attributes of a given contraceptive method with a client, you also need to make sure that the chosen method fits with the lifestyle and life circumstances of the client more generally, including the nature of her relationship with her partner. In other words, it is not enough to just talk about effectiveness, side effects, and other method characteristics. A good choice considers broader considerations as well.

**How You Might Do It.** Once a method is tentatively chosen, review it with the client on each of the following criteria that decision theories suggest are relevant to the choices we make in life:

■ **Perceived advantages and disadvantages:**

Explore what the client sees as the advantages and disadvantages of the chosen method and make sure there are no significant perceived disadvantages that might undermine her using the method successfully.

■ **Emotional and affective reactions:** Make sure there are no strong negative emotions that could undermine successful use of the chosen method. For example, some women have a visceral dislike of touching their genitals—a feeling that could undermine their use of such methods as the diaphragm, ring, or female condom. Inter-menstrual bleeding and spotting or amenorrhea caused by some progestin-only contraceptives also elicits negative emotions in some women. Other women have a negative reaction to having a “foreign object” in their body—a feeling that could undermine their use of an IUD or implant.

■ **Normative considerations:** Client satisfaction with her chosen method may depend on how others view her choice. Will the client’s partner(s) be on board with the choice? Will the

client tell any of her friends about what she is using and how will they react? Who else's opinions might matter? Assure the client that many other women also use the method, and find out if a partner or other person of significance might object. Make sure this will not undermine the choice and successful use of the method.

■ **Image implications:** Sometimes a method does not fit the image a client has of herself. For example, a client may see herself as natural/organic and the thought of putting hormones into her body just does not fit with her self-image. Make sure the chosen method is consonant with a woman's image of herself.

■ **Self efficacy:** Sometimes women are unsure of their ability to use a method correctly and consistently. Ascertain if they have confidence in their abilities to use the method and offer specific encouragement and support if needed.

**TIP 6** If the client is at risk of contracting a sexually transmitted infection (STI), recommend dual protection—condoms plus a more effective contraceptive method.

**Why You Need to Do It.** Some STIs (e.g., herpes) are untreatable, incurable, and very easily transmitted, and others, like HIV, can be deadly. It is important to remind women of ways to protect themselves from STIs since methods other than condoms do not provide protection from STIs.

**How You Might Do It.** Ask the client about the number of different sexual partners she has over the last three- to six-months, if she tends to engage in sex without condoms, if she has ever had an STI, if any of her partners have ever had an STI, or if they are likely to have an STI. Because clients may be reluctant to disclose such sensitive information, listen for any clues that suggest a need for condom use. For example, if she has

multiple partners and any of them has a history of an STI, or if she has had an STI in the past few years, encourage dual protection/use. Stress the importance of “dual” (preventing both unplanned pregnancy and STIs) in “dual use.”

**TIP 7** Give the client practical strategies to ensure accurate and consistent use of the chosen method of contraception.

**Why You Need to Do It.** A common reason for not using a method accurately or consistently is that the client thinks she can get away without doing so “just this once.” The problem is that the “just this once” phenomenon often occurs many times, and multiple instances of inaccurate or inconsistent use can dramatically increase the chances of becoming pregnant. This “just this once” logic, for example, contributes to the pill being *eight times less effective* than it would be if it were used accurately. Research shows that if people have made a plan ahead of time—and thought about what to do when encountering obstacles—they are more likely to overcome those obstacles. Also if you effectively address reasons people give for not using birth control, they will be less likely to fall back on those reasons for not using contraception consistently and carefully.

**How You Might Do It.** Help clients develop “action plans” for what to do if they encounter a problem or an obstacle to using their method correctly and consistently. For example, tell your client what specific steps she should take if she misses one pill or two or more pills in a row. Help clients anticipate reasons why they might not use a method accurately or consistently and develop strategies to deal with these reasons. For users of coital-dependent methods, like male and female condoms, review with clients basic information about the withdrawal method and avoiding intercourse around the time of ovulation, as these techniques might be used if a barrier method is not

available at a given instance of sexual intercourse. If appropriate, also tell them about emergency contraception; make sure they know how to obtain it and/or provide them with at least one dose.

As an example, Box 1 presents the most common reasons that pill users report for missing a birth control pill. If a client chooses to use the pill, review the reasons users often give for missing a pill and talk with the client about those situations that are most relevant for her. For example, to overcome forgetting to take the pill, you can encourage the client to consciously link taking the pill with a routine activity that she does everyday (brushing one’s hair in the morning when getting dressed, for example). The appendix to this report gives reasons commonly given for inaccurate and inconsistent use for other commonly used contraceptive methods.

### **Box 1: Reasons for Missing a Pill**

Reason	Percent Giving Reason
Away from home without pills	13
Forgot	13
Didn’t re-fill prescription	11
Was doing something else	10
Travel	9
Work pressures (job transition; irregular schedule)	8
Other disruptions to routine (family crisis, etc.)	5
School pressures (final exams got in the way)	4
Sleep disturbances (exhausted; fell asleep and forgot)	4
Health issues (had the flu; throwing up)	2
Side effects (had bleeding, so waited)	1

## **TIP 8** Address the issue of side effects ahead of time.

**Why You Need to Do It.** Concerns about side effects are one of the most common reasons clients give for being dissatisfied with a particular method and switching to less effective methods. And switching methods is often associated with gaps in protection or switches to less effective methods.

**How You Might Do It.** Help ensure that clients are not caught off guard by side effects. Enable them to anticipate what side effects might occur and how they might respond. Discuss what the specific side effects might be for the chosen method and explain, as appropriate, that these side effects are not necessarily unusual. Also, help them appreciate, as appropriate, that some side effects dissipate or disappear with time and that sometimes small changes in their lives can help offset side-effects. For example, the bleeding and spotting that tends to accompany progestin-only methods or implants often go away with time. Try to give clients specific examples and discuss the use of social support. Encourage the woman to weigh the costs of coping with minor side effects against the costs of a significant increased risk of an unplanned pregnancy. If possible, identify what side effects would make the method unacceptable to her and encourage her to call you or your staff right away if she experiences these. Be prepared to discuss myths about side effects—there are quite a few—and don't be afraid to mention positive side effects of some methods (e.g., levonorgestrel IUDs protecting against endometrial cancer).

**TIP 9** If a client decides to change her method of birth control, encourage her to switch to an equally or more effective method and try to ensure that there are no gaps in protection.

**Why You Need to Do It.** Switching to a less effective method increases the risk of an unplanned pregnancy, sometimes substantially so. As noted previously, research shows that if people have “action plans” ahead of time for what to do when encountering unexpected and difficult situations (such as an unanticipated side effect), they are more likely to cope with and resolve those situations effectively—in this case, by not having a gap in protection.

**How You Might Do It.** Plan with a client a specific set of steps she should pursue as part of a contingency plan if she decides to switch. This might involve speaking with you or another staff member over the phone/via email about other potential methods. Help her understand the relative effectiveness of various methods, and encourage switching to a method that is at least as or more effective than her current pregnancy prevention method. When you help the client select a new method she will switch to, begin sequentially with consideration of Category A methods first, then Category B methods, then Category C methods, as needed and appropriate. For example, if the client is dissatisfied with the pill, ask her to consider either a Category A method or another variant of the pill such as the patch or ring. For users of coital-dependent methods, review basic information about the withdrawal method and avoiding intercourse when ovulation is likely, as these techniques might be used if protection is not available; and, again encourage her to switch to a better method.

Also, make sure your client knows about emergency contraception if she does experience a gap in use before selecting a new method. Make sure that she knows how to obtain it and/or provide her with at least one dose.

**TIP 10** Be sure you or a staff member follows-up with the client to see how things are going.

**Why You Need to Do It.** A follow-up call can be used to inquire about initial difficulties the client is having during the time she is learning to use the new method of birth control. It also will reinforce the perceived trustworthiness and accessibility of the counselor. Follow-up is particularly important with young clients.

**How You Might Do It.** Mention during the visit that you'll be checking to see how things are going and ask for the best way to contact the client. Then make a follow-up call or send a follow-up e-mail (containing no personal or confidential information) to make sure there are no unanticipated issues during the learning period. If you do not have the time to do this, consider having support staff help you with it. The call can be at the end of the day and can be quick and to the point.

**TIP 11** Use quick start options for any method that has such an option.

**Why You Need to Do It.** Research suggests that for some birth control methods, women who start a method on the day of the clinic visit instead of waiting for the next menstrual cycle are more likely to start the method, and may be more likely to use it correctly and continue to use the method. For the pill, a quick start method can prevent unplanned pregnancy during what would normally be the waiting period, when women might be using a less effective method or no method at all.

A common reason for waiting until menses to start some forms of birth control is to ensure that the woman is not pregnant. But research shows that there is no known harm to the woman, the course of her pregnancy, or the fetus if combined oral contraceptives, Depo-Provera, the contraceptive patch, or ring are accidentally used

during pregnancy. IUDs, however, should never be inserted into a pregnant woman. Pregnancy tests can help to rule out pregnancy, and Family Health International ([www.fhi.org](http://www.fhi.org)) publishes a “pregnancy checklist” of six questions to help determine if a woman is likely to be pregnant without giving a pregnancy test.

**How You Might Do It.** Depending on the method they have chosen, instruct clients to start their method the day of the clinic visit.

## **TIP 12** Address issues of “pregnancy ambivalence” with clients.

**Why You Need to Do It.** Research shows that pregnancy ambivalence—including but not limited to those who want to leave the prospect of having a baby to “chance”—is associated with gaps in protection, less accurate and consistent use of birth control, more method switching, and extended periods without using contraception.

**How You Might Do It.** Many clients in their twenties have ambivalent feelings about becoming pregnant and having a child; for example, some say that they do not wish to be pregnant now but also say they would be at least somewhat happy if they found out they were pregnant. Explore with the client how these feelings affect contraceptive behavior. You do not need to turn this into an extended counseling session on childbearing, but you should inform clients that research shows that doubts about not having a child at this time in one’s life creates “lapses” in the use of contraception. During these lapses, women use birth control less consistently, less accurately, and are more apt to have gaps in protection. The result can be an ill-timed or unplanned pregnancy that the woman is not clearly and unambiguously seeking.

## Enhancing the Clinic Experience

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In addition to the tips presented above, consider the following suggestions for improving the overall clinic experience of your clients.

- Streamline the process of getting contraception—including emergency contraception—as much as possible. Try to make it standard practice to explore with clients obstacles to acquisition (note that this will vary by insurer). The process of refilling prescriptions should also be streamlined when possible. Consider on-line options and other convenient, time saving alternatives. If possible, provide refill reminders. Call women who miss appointments or who do not obtain a refill, if this can be done. Consider dispensing “starter kits” with initial pill prescriptions that include reminder devices such as a timer or a calendar.
- Convenient clinic hours, accessible locations, and flexibility about appointments can all contribute to greater access to contraception for young adults. Similarly, low cost or free contraception, available as part of a single visit, increases access.
- If possible, use modern communication strategies to reach clients, especially teens and young adults. Texting, e-mail, and/or cell phones are low cost ways that service providers can reach clients.
- Distribute condoms in both open (e.g., in a basket on the reception desk) and discreet ways (e.g., in a basket on the sink in the bathroom).
- Have posters and reminders visible for choosing and using effective methods of birth control in your office. These function as cues-to-action.

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- Provide materials which supplement package inserts and may better address the needs of your clientele. Avoid jargon.
  - Use standard approaches identified in the medical literature for gaining patient compliance, including:
    - a. emphasizing important instructions
    - b. pacing the flow of information so as to avoid information overload
    - c. using simple, understandable language without jargon
    - d. reinforcing essential points through review or summary
    - e. asking clients to repeat essential elements of the message
    - f. providing written instructions for reinforcement and home practice
    - g. ensuring that information is consistent across practitioners (where teams of practitioners are involved)
    - h. asking the client questions about any dissatisfaction with the treatment regimen and the reasons why the client is dissatisfied
    - i. explaining the rationale for recommendations
    - j. discussing the costs and benefits of alternative treatment regimens
    - k. adopting a friendly and relaxed yet professional manner
    - l. linking medication consumption to habitual events in the client's life where possible

## Appendix

### Inaccurate condom use— common mistakes and problems

Using a sharp instrument to open condom packages (could put a hole in the condom)

Storing condoms in a wallet for more than one month (some condoms deteriorate)

Completely unrolling the condom before putting it on

Putting the condom on inside out, then flipping it over to use correctly

Failing to hold onto the base of condom when pulling out (condom fell off)

Re-using a condom (e.g., for a second orgasm or if one does not have an orgasm)

Losing an erection and having the condom fall off

Note: Whether men or women put a condom on the man, they both are about as likely to make the above errors.

### Inconsistent condom use—common reasons

Didn't have a condom available

Didn't want to interrupt the heat of the moment to put a condom on

Couldn't put it on correctly so didn't bother to use it

Was under the influence—didn't want to bother with a condom or did not think of it

Wishful thinking—thought they could get away with it just this once

Lack of refusal/communication skills to insist on condom use or refuse having sex

Losing an erection and having the condom fall off

Note: many of the reasons listed above apply to other barrier methods as well (e.g., diaphragm, female condom).

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