How can we help people to choose a method of contraception? The case for contraceptive decision aids

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Background

Contraceptive decision-making is a complex process. In an ideal world, individuals would choose the best method of contraception for them by systematically weighing up its 'pros and cons', based on the importance they attach to criteria such as efficacy, safety and ease of use, the extent to which the available contraceptive options are able to meet these criteria, and accurate and reliable information on both. In practice, this is rarely the case. Methods tend to be chosen according to personal beliefs and preconceptions, with concerns about side effects and health risks, for example, often overestimated.¹ 'Medical intervention' can also affect people's decision-making. For example, the attitudes and beliefs of health care workers can influence the contraceptive options clients are presented with.

Few would disagree that women and men need a better understanding of the risks and benefits associated with different methods to make an informed choice. A choice well made is not only more likely to lead to correct and consistent use, but also to higher continuation rates. This has potential benefits for the individual, and also for public health more broadly. Analysing the impact of contraceptive discontinuation in 15 developing or transitional countries, Blanc and colleagues report that within a year of starting a new contraceptive method, 7–15% of women stopped using contraception for quality-related reasons.² Preventing unplanned births consequent on discontinuation of contraception would have reduced the total fertility rate by an estimated 28–64%. The case for developing interventions to improve sustained and correct use of methods acceptable to women (and men) is therefore strong.

Role of decision aids

To date, strategies to improve adherence and acceptability of contraceptives have met with little success.³ Inadequate understanding of the contraceptive decision-making process has been cited as one reason for the failure to develop effective interventions to reduce unplanned pregnancy and the spread of sexually transmitted infections (STIs).⁴ Decision aids may have a valuable role in this respect. Though they are increasingly used in the context of health care decision-making, they are rarely used in contraceptive settings. Decision aids are tools that provide a structured framework to systematically analyse the

available options and their possible outcomes to help the decision maker select the option that best takes account of their individual needs and values.⁵ Aids can adopt different approaches, from scenario planning to more structured approaches, such as decision analysis. They differ from health education material, such as information leaflets, in that they not only provide information, but also focus on the way in which it is received and processed by the individual and identify the costs and benefits attached to the decision. The decision maker is asked to consider the values they themselves associate with the costs and benefits, for example "How important is it that you don't get pregnant now?" or "How important is it to you that your method is free from side effects?". Individual beliefs and values surrounding sexual health vary enormously and generalising behavioural interventions across different populations can be problematic. A great benefit of decision aids is that they consider the individual user's preferences and priorities in their current circumstances, in relation to attributes of the different methods. They can be designed to take into account different levels of risk that may affect the 'best' contraceptive option for the user, for example, the chance of an 18-year-old woman with multiple partners acquiring an STI will be higher than a 35-year-old woman in a monogamous relationship.

Case for decision aids

The case for decision aids in helping people with their contraceptive decision-making can be made on a number of grounds.

- Most people are faced with decisions around fertility control and STI avoidance at some time in their life.
- For the individual, the repercussions of 'poor' contraceptive decisions can be long lasting and can have negative consequences on both health and social outcomes. At a societal level, 'poor' contraception decisions can have public health and cost implications.
- Traditional ways of delivering contraceptive care have had limited success in reducing poor sexual outcomes, particularly amongst young people.
- People often have insufficient knowledge about the range of contraceptive methods and their risks and benefits to be able to make an informed decision.
- People seeking contraception are generally 'healthy' so that a personal and social approach to care is more appropriate than adoption of a purely medical model.

Where decision aids have been used within contraceptive services there has been a positive effect on communication and decision-making. Studies have found that when used in consultations, decision aids are acceptable to users, clients are more involved in the decision-making process, and there is greater client/provider interaction and more information sharing.^{6–9} However, the evidence on the impact of these aids on long-term knowledge, contraceptive use and sexual health outcomes has not yet been established.^{6,10} None of the contraceptive decision aid studies have used randomised controlled trials.

Future research on decision aids

The interest in decision aids has risen in tandem with the move away from paternalistic medicine to a more

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consumer-focused approach to health care.⁶ Consumer priorities are important influences on the success of decision aids, and may differ from those of the provider. In the few studies there are on the use of decision aids in the contraceptive context, the aid has been introduced during the consultation, a setting which may be identified as potentially problematic because of constraints on time and pressure for productivity.¹¹ More time may be available before the clinical consultation; decision aids have as yet unexploited potential as pre-consultation tools. Alternately, there may be benefits to their use quite separately from the health care setting, and in this context the use of decision aids on Internet sites merits further exploration. Web-based decision tools are interactive, easily updated and able to hold individualised data. Field-testing is crucial to address contextual issues, in particular how decision aids can best be adapted and used in different cultural or service delivery settings. Well-designed studies on the impact decision aids have on initiation of contraceptive methods and on their sustained and correct use are needed.

Sex and decision theory are not obvious partners. Sex is for the most part not a time for 'rational' decision-making. Yet though sex may not be planned, contraceptive choice can be, and the role of decision aids in improving effective use of acceptable contraceptive methods warrants further investigation.

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choices for patients abortion

Dr Kate Worsley
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