

Helping women understand contraceptive effectiveness

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Key points

- Clinicians play an important role in ensuring that women understand the concept of effectiveness – a key element of informed choice.
- Women are able to understand the relative effectiveness of contraceptive methods more easily than the absolute effectiveness of a particular method.
- A new chart that places the methods on a continuum from least to most effective can help health professionals better communicate about contraceptive effectiveness.

When a woman chooses a contraceptive method, effectiveness is often the most important characteristic she considers. Knowing the risks and benefits of each method, including its effectiveness, is necessary for a woman to make a truly informed decision. Yet, many women do not understand how well various methods protect against pregnancy.

Health professionals usually explain effectiveness by informing women of the expected pregnancy rates for each method during perfect use (when the method is used consistently and correctly) and during more typical use (such as when a woman forgets to take all of her pills). However, the World Health Organization (WHO) has recently endorsed a simple evidence-based chart that healthcare providers can use to help women understand the *relative* effectiveness of different methods – a concept that is much easier for most people to grasp.

Testing strategies

For at least two decades, scientists have been studying the different ways healthcare providers can explain contraceptive effectiveness to their patients. A recent review of the literature evaluated several well-designed clinical trials that compared some of these approaches.¹ Three of the trials specifically measured the effects of these approaches on a woman's understanding of contraceptive effectiveness.

In one trial, a group of 100 Nigerian women were randomised to receive contraceptive information through a pamphlet, an audiovisual presentation, an oral presentation from a healthcare provider, or various combinations of these approaches.² Results showed that the women learned significantly more about contraceptive methods and their effectiveness from the audiovisual presentations than from the oral presentations.

A second trial, conducted by Family Health International

(FHI), showed that detailed explanations of effectiveness were confusing to many of the 461 US women who participated in the trial.³ The trial showed that a woman's knowledge of a method's effectiveness was significantly better when the information was presented in a simple chart that describes different contraceptive methods as 'more effective,' 'less effective,' or simply 'effective.' The trial's participants did not understand the information as well when it was presented in two other charts that instead state the pregnancy rates associated with the methods.

In a follow-up study, FHI researchers worked with colleagues from WHO and the INFO Project at the Johns Hopkins Bloomberg School of Public Health to refine the simplified effectiveness chart. This working group developed three charts depicting the relative effectiveness of contraceptive methods in different ways.

FHI then compared the three charts in a trial among 450 women in India and 450 women in Jamaica.⁴ The women in each country were randomly assigned to view one of the three charts. Each woman was asked two key questions before and after looking at one of the charts. One question asked whether pills or condoms were more effective, and the other asked whether injectable contraceptives or intrauterine devices were more effective.

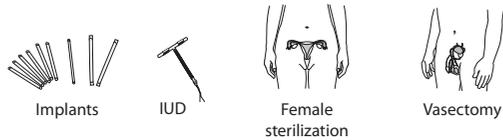


Women, such as these young mothers from Nigeria, need to understand contraceptive effectiveness to make informed family planning decisions.

Comparing Effectiveness of Family Planning Methods

More effective

Less than 1 pregnancy per 100 women in 1 year



How to make your method more effective

Implants, IUD, female sterilization: After procedure, little or nothing to do or remember

Vasectomy: Use another method for first 3 months

Injectables: Get repeat injections on time

Lactational amenorrhea method, LAM (for 6 months): Breastfeed often, day and night

Pills: Take a pill each day

Patch, ring: Keep in place, change on time

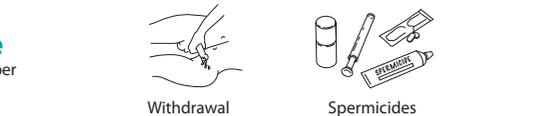
Condoms, diaphragm: Use correctly every time you have sex

Fertility awareness methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.

Withdrawal, spermicides: Use correctly every time you have sex

Less effective

About 30 pregnancies per 100 women in 1 year



Sources:

Steiner MJ, Trussell J, Mehta N, Condon S, Subramaniam S, Bourne D. Communicating contraceptive effectiveness: a randomized controlled trial to inform a World Health Organization family planning handbook. *Am J Obstet Gynecol* 2006;195(1):85–91.

World Health Organization/Department of Reproductive Health and Research (WHO/RHR), Johns Hopkins Bloomberg School of Public Health (JHSPH)/Center for Communication Programs (CCP). *Family Planning: A Global Handbook for Providers*. Baltimore, MD and Geneva: CCP and WHO, 2007.

Trussell J. Choosing a contraceptive: efficacy, safety, and personal considerations. In: Hatcher RA, Trussell J, Stewart F, Nelson AL, Cates W Jr., Guest F, Kowal D, eds. *Contraceptive Technology, Nineteenth Revised Edition*. New York: Ardent Media, Inc., in press.

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In both India and Jamaica, more than half of the study participants said that their most important reason for choosing a contraceptive was how well it prevents pregnancy. Even so, they had little knowledge of contraceptive effectiveness. For example, before they viewed the charts only 35% of the Indian women knew that oral contraceptives are more effective than male condoms.

Each of the three charts helped the participants answer the two questions about relative effectiveness. In both countries, the proportion of women who answered at least one question correctly rose substantially – with increases ranging from 24 to 32% – after viewing any one of the three charts.

No chart improved knowledge significantly more than another, but the women said they found the simplest chart – one that placed the contraceptive methods on a continuum from least to most effective – slightly easier to understand than the others.

Finalising the chart

The chart showing a continuum of effectiveness was finalised at a WHO expert working group meeting in June 2005 (see above). It now appears on the back cover of *Family Planning: A Global Handbook for Providers*, which

was recently published by WHO, the Johns Hopkins Bloomberg School of Public Health, and the US Agency for International Development. The chart is also published in the 19th edition of *Contraceptive Technology*, a standard reference book for family planning providers. Electronic copies can be downloaded at <http://www.fhi.org/nr/shared/enFHI/Resources/EffectivenessChart.pdf>.

References

1. Lopez LM, Steiner M, Grimes DA, et al. Strategies for communicating contraceptive effectiveness. *Cochrane Database Syst Rev* 2008; (2): CD006964.
2. Marshall WR, Rothenberger LA, Bunnell SL. The efficacy of personalized audiovisual patient-education materials. *J Fam Pract* 1984; 19: 659–63.
3. Steiner MJ, Dalebout S, Condon S, et al. Understanding risks: a randomized clinical trial of communicating contraceptive effectiveness. *Obstet Gynecol* 2003; 102: 709–17.
4. Steiner MJ, Trussell J, Mehta N, et al. Communicating contraceptive effectiveness: a randomized controlled trial to inform a World Health Organization family planning book. *Am J Obstet Gynecol* 2006; 195: 85–91.



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