Predicting women’s responses to contraceptive access messages: An application of the theory of planned behavior
Grace E. Moxley1,2, Stephanie Meier1,2, Andrea L. DeMaria2,3, Beth Sundstrom2,4
1Honors College, College of Charleston, Charleston, SC; 2Women’s Health Research Team, College of Charleston, Charleston, SC; 3Department of Health and Human Performance, College of Charleston, Charleston, SC; 4Department of Communication, College of Charleston, Charleston, SC

Background
Half of all pregnancies in the US remain unplanned, despite widespread use of the oral contraceptive pill (OCP). In 2012, the American College of Obstetricians and Gynecologists reported that Long Acting Reversible Contraceptive (LARC) methods (i.e., IUD, implant) are safe, appropriate, and highly effective for most women. Despite this, LARC methods remain underutilized. In order to develop persuasive messages for LARC methods, research must be conducted to better understand women’s attitudes and intentions regarding contraceptive choice using the Theory of Planned Behavior (TPB) as a theoretical framework. Prior studies have utilized the TPB to better understand sexual behavior, condom use, and the uptake of OCPs and emergency contraception. No studies, to date, have explored LARC uptake using the TPB.

Purpose
The purpose of this study was to: 1) describe and explain current and past LARC use; 2) test the TPB’s ability to accurately identify and predict LARC behaviors; and 3) test and confirm the efficacy of LARC campaign messages, among reproductive aged women.

Methods
• Participant Recruitment
  • Facebook, email, printed flyer, online participant recruitment
  • Charleston-area women aged 18 to 49
• Data Collection
  • June/July 2014
  • Web-based survey using Qualtrics, taking participants approximately 15 minutes
  • 547 completed surveys
• Data Analyses
  • Descriptive statistics to analyze participant characteristics and survey items
  • Structural equation modeling (SEM) to determine TPB model fit

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For more information contact the Women’s Health Research Team (whrt@cofc.edu)

Example Theory of Planned Behavior Gauges

Attitude
To me, obtaining an IUD or implant seems

Subjective Norm
The IUD and implant are good contraceptive methods for women like me.
Strongly Disapprove: 1:2:3:4:5:6:7: Strongly Agree

Perceived Behavioral Control
My health insurance would pay for an IUD or implant.

Intention
I intend to obtain an IUD/implant at some point during my reproductive years.

Conclusions
• Achieved greater understanding of Charleston women’s sexual and reproductive health behaviors
• Demonstrated attitude and subjective norm as strong indicators of intention to uptake LARC methods
• Health interventions should present LARC methods as safe, effective, and acceptable for most women
• Clinicians and practitioners can use results to further develop standard practices, patient education materials, programming, and campaigns related to LARC methods
• More information needed to understand PBC vs. actual control over obtaining a LARC method

Limitations
• Demographic and geographic constraints
• Recruitment and data collection efforts may have limited awareness and access
• Questionnaire content may have lead to participant interest, response bias, and dropout