
WHOOFS PROOF BIRTH CONTROL

*How to Reach Women and Increase Their Positive Regard
for the Most Effective Methods of Contraception*

The National Campaign
to Prevent Teen and Unplanned Pregnancy



SMART DESIGN



...old
...igh
...us wrong.
...ched our destiny's end
...roud to say we are...
CLASS OF 2010

INTRODUCTION

The use of highly effective, low-maintenance methods of birth control—IUDs and the Implant—is on the rise in the United States. According to new data from the Centers for Disease Control and Prevention (CDC), use of these two types of birth control among women who use contraception increased substantially between 2006 and 2013 (from 1.5% in 2002 to 7.2% in 2011-2013). Even so, awareness and use of these methods—sometimes called long-acting, reversible contraception or “LARCs”—are low compared to other methods; in addition, uptake in the United States is significantly less than in many other countries with lower rates of both teen pregnancy and unplanned pregnancy. At present in the U.S., about seven in 10 pregnancies among unmarried women in their 20s are described by women themselves as unplanned. Moreover, and despite historic declines in teen pregnancy overall, pregnancy rates remain quite high among those age 18-29. The simple reality is that many women

still struggle with timing and spacing pregnancy. Given their effectiveness and ease of use, IUDs and the Implant are critical to helping women plan their pregnancies—largely because, once in place, they change the default from having to take constant action to avoid an unplanned pregnancy (such as taking a pill every day) to having to take action to become pregnant (i.e., through removal of the device).

In an effort to build on the recent uptick in the use of these newer methods, The National Campaign to Prevent Teen and Unplanned Pregnancy decided to focus intensely on ways to increase the number of women who choose IUDs and the Implant as their method of contraception. One of our first steps in this direction was to develop messages and ideas that might “reposition” these methods in relevant and meaningful ways that young women would find appealing. In essence, we wanted to outline a “consumer-facing” campaign—that is, a communications

campaign that is firmly rooted in the views, feelings, experiences, and words of young women themselves.

We worked closely with Smart Design, a national leader in human-centered design and innovation. Smart Design probed in-depth what a variety of young women think about birth control in general and these newer methods in particular. Smart Design pinpointed numerous new and important ideas in this area and went on to define several actionable steps that could be immediately taken to increase women’s awareness of, and positive regard for, IUDs and the Implant. While the insights shared here were intended for use in communicating directly with young women, we thought that they could also be of interest to a larger provider audience—that is, for those who typically counsel and care for women in family planning settings and related health care environments.

APPROACH

Over a six month period, Smart Design met in-depth with a diverse group of 70 women age 18-29. All candidates were recruited to meet the following criteria: (1) sexually active in the last three months, (2) not seeking pregnancy in the next one to two years, and (3) unmarried. Special efforts were made to engage middle- to lower-income women and women of color. In addition, Smart Design reviewed relevant research and reports, and met with health care practitioners, media experts, and those who provide sex and relationship advice to young adults to gain broader and more diverse perspectives.





INSIGHTS

Smart Design's in-depth research suggests that improving communication about IUDs and the Implant—the words, the images, and the ideas—can have a significant positive impact on young women's perception of these methods. Given this basic finding—and given the relatively low uptake of IUDs and the Implant in the U.S. as compared with other countries—we believe a significant shift in communication approaches is needed to counter existing misinformation, misperceptions, and concerns about IUDs and the Implant.

Smart Design uncovered nine key insights and opportunities for communicating more effectively with young women about these forms of birth control. We hope these insights will help others communicate why IUDs and the Implant are relevant to young women, and strongly worth considering today.

do
What?

Cervical Cap

Sponge

Female Condom

Diaphragm

The Pill

THE PATCH

wd = im
implant-

Fertility Awareness

im ready.

Most women are unaware of the wide range of birth control options out there.



WHAT WE HEARD

“Initially it wasn’t really a choice. Originally, in high school, they were saying ‘use condoms or don’t have sex.’ So I was like, ok I will use condoms because I am having sex. When that wasn’t really working for me, I went to the doctor and he was like use a low dose pill. And that didn’t work so I stopped...”

“I was told that this is what you are going to get. The doctor gave me what he gave me.”



WHY IT MATTERS

Despite the wide array of birth control methods available, women say that their health care providers rarely help them to learn about all of the contraceptive options now available (specifically, “newer” methods like IUDs and the Implant). Many women told stories of being presented with only one birth control option and only learned of other methods when the first offering was rejected or found to be ill-suited to a particular woman. This lack of up front contraceptive choice can lead women to choose a method by default that may not work well for them, or worse, stop using contraception in general because this default method doesn’t suit them.



HOW TO APPLY THIS INSIGHT

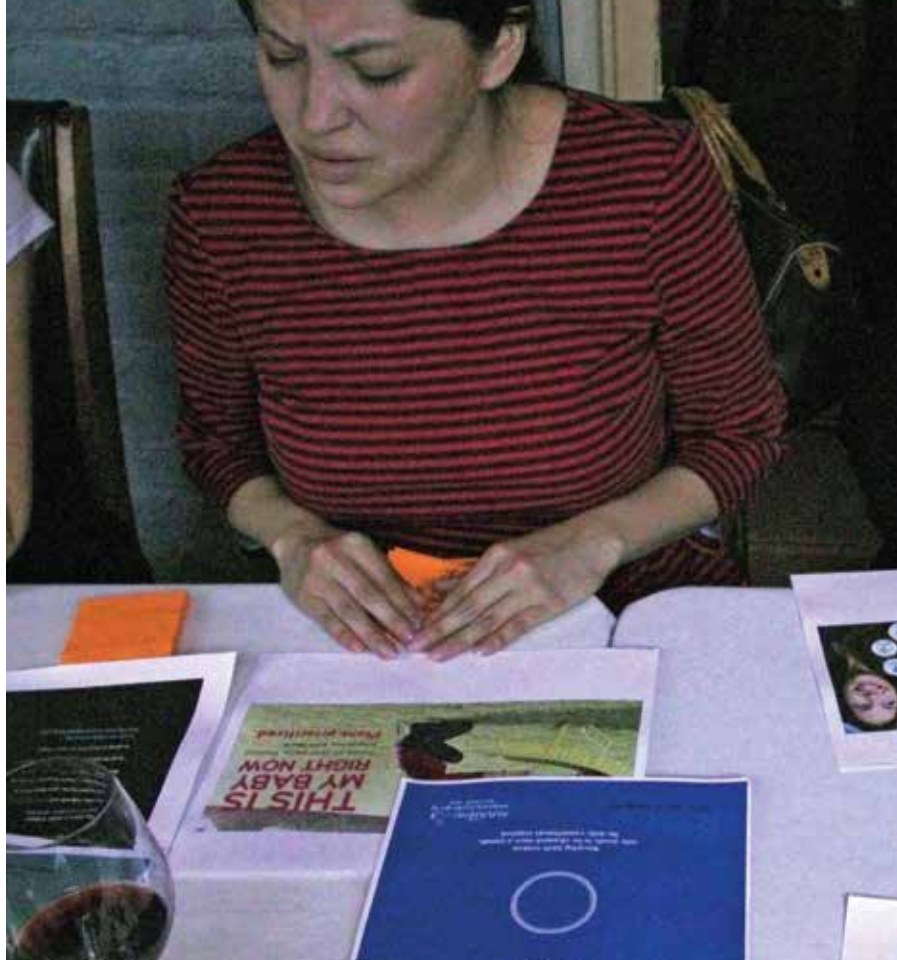
Offer IUDs and the Implant first— informing young women of these most effective methods, without overwhelming them with the wide array of options all at once.

THE IUD IS
99%
EFFECTIVE
AT PREVENTING PREGNANCY.
THAT'S, LIKE,
ALMOST ALL
THE PERCENTS.

MAYBE THE IUD IS
RIGHT FOR YOU.

www.MAYBETHEIUD.ORG

The IUD does not protect against STDs
or HIV. Always use a condom.



INSIGHT #2

Effectiveness is expected.



WHAT WE HEARD

“I kind of feel like most of the birth controls are over 90% effective....”

“Why would a clinic offer a method if it isn’t effective?”



WHY IT MATTERS

The effectiveness of birth control matters to women and they often say it is a top priority. However, it is often not the key attribute driving women when choosing between one method over another. Many young women believe that all methods of contraception are essentially equally effective, and they don’t see a few percentage points difference in failure rates as meaningful. As a result, effectiveness is important to many young women but it often isn’t the most important consideration when it comes to deciding on a method of birth control. Other attributes carry substantial weight and need to be included in the conversation.



HOW TO APPLY THIS INSIGHT

Emphasize *not only* effectiveness, but *more importantly*, other attributes and benefits of IUDs and the Implant.

OW

NAME:

Mackenzie

ABOUT IUDs

ABOUT IMPLANTS

||

1. ||

||

pain?
% of women

2. ~~migrate~~
migrate

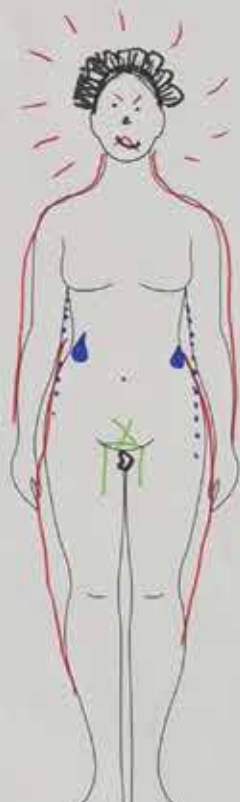
removal

3. risks?
side effects?
% of women?

NAME:

Mackenzie

ring
Pill
condom



INSIGHT #3

Side effects can be more important to young women than effectiveness.



WHAT WE HEARD

“It may be effective, but do [other women] like it? Did they stop using it for a reason?”

“I gave it 9 months. I gained 15 lbs., got really apathetic. I felt like it was deregulating my mood. My boyfriend said that was my bitchy phase. So I stopped taking it...”

“When I was on birth control I was breaking out. Having those body changes really messes with your self-esteem generally. Oh and I’m doing this for sex... sacrificing how I look for sex?!”



WHY IT MATTERS

When it comes to choosing a method of birth control, women are highly concerned about avoiding undesirable side effects. Even side effects that health care providers might consider mild or difficult to attribute to a particular method (i.e. perceived weight gain, breaking out, headaches, mood swings, or lower sex drive) are often reasons enough for women to discontinue or otherwise reject effective methods of pregnancy prevention.



HOW TO APPLY THIS INSIGHT

Explain how IUDs and the Implant are made to work with young women’s bodies—by highlighting both low and no hormone IUD options, and the hormonal benefits associated with the Implant.

When getting pregnant
isn't part of your

3 YEAR PLAN



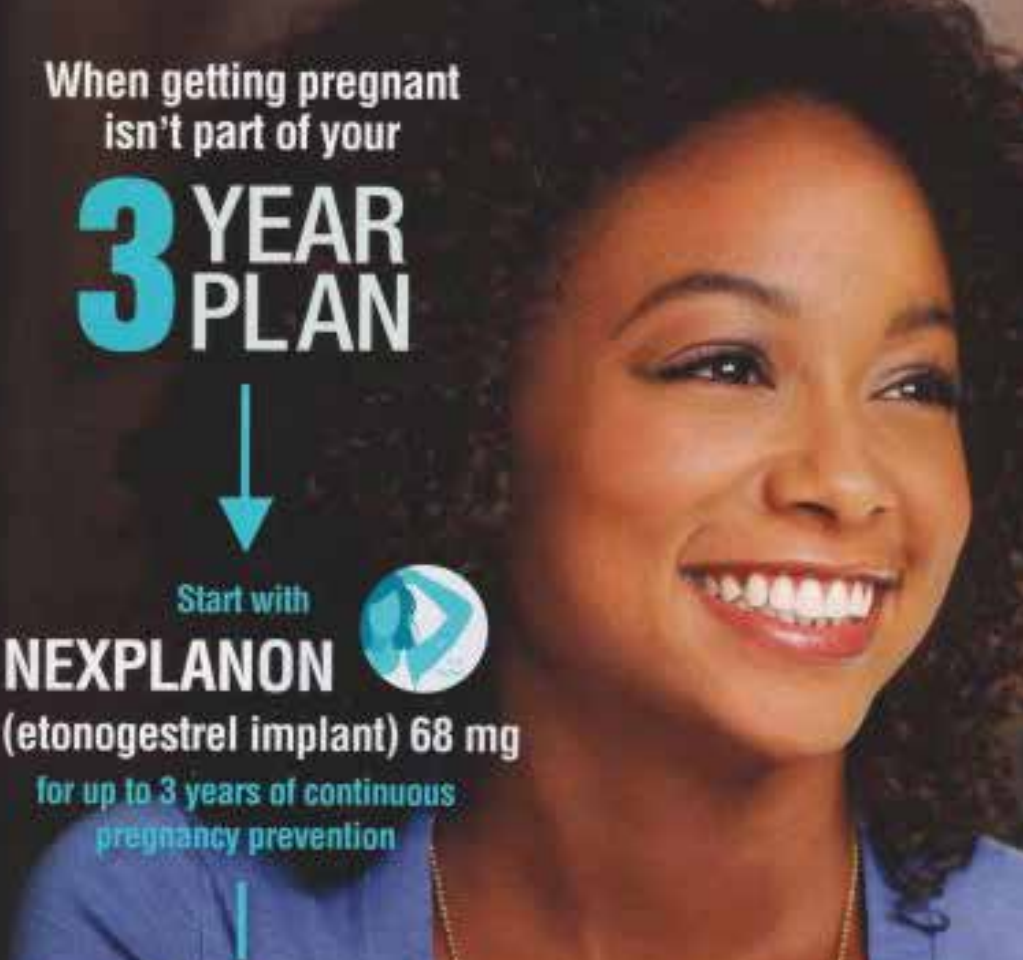
Start with

NEXPLANON



(etonogestrel implant) 68 mg

for up to 3 years of continuous
pregnancy prevention



The concept of “long-acting” as a desirable attribute of IUDs and the Implant does not resonate with young women.



WHAT WE HEARD

“If I’m not in a long-term relationship, why should I have a long-acting method of birth control?”

“I don’t like this [ad] because it calls out a 3 year plan. What if I don’t have a 3 year plan? What if I don’t have a tomorrow plan? What if I don’t know what I’m doing this weekend?”

“When I first heard about long term types, I learned it was for women that already had kids and didn’t want another...”



WHY IT MATTERS

The “long-acting” part of “long-acting, reversible contraceptive methods” (that is, LARCs) is daunting and a barrier to adoption for many. When providers say ‘long-acting’ women often hear ‘long term’ and the idea of reversibility tends to get lost. Even though providers often add that IUDs and the Implant can be removed at any time, many young women feel that in choosing such a device, they are committing to a method of birth control for several years. Long term anything seems to take away the “now” generation’s freedom and flexibility. The idea of commitment often does not fit in with who they are or where they are in their lives. At the same time, they don’t like to think of themselves

as explicitly anti-commitment, so finding a middle ground is key. This is one of the reasons why “LARCs” as a birth control category can lead to confusion and actually hinder young women’s ability to make an informed choice about birth control.



HOW TO APPLY THIS INSIGHT

Describe IUDs and the Implant as “*low maintenance*” methods made to fit this “*now*” generation of young women vs. using the term “LARCs.”

Implant

difference?

IUD

IUD = implant

Implant = ~~implant~~
ouch

Male Condom

Emergency
Contraception

Awareness

Women confuse IUDs and the Implant, but there are differences and strong personal preferences attached to each.



WHY IT MATTERS

These two methods of birth control are often confused with one another, in part because women are less familiar with them and because they have odd, non-memorable names. To some women in the study, the implant often suggested things like breast implants or a sci-fi “cyborg” whereas others thought of the IUD as an Implant because it is indeed “implanted” in the uterus. Moreover, the name “IUD” is non-intuitive and difficult to recall for many women. One woman even called it an “IED.” Unlike most other forms of birth control, the acronym or phrase does not connote either a physical shape (i.e. the ring) or a mode of

administration (i.e. the shot).

While the invasiveness of these methods is a significant barrier for some women—that is, both are foreign objects in one’s body and both require an insertion and removal procedure in a medical setting—young women often perceive one method as more invasive than the other. Based on their own perception, women express strong personal preferences for one method or the other. Many women who are okay with the idea of having something in their uterus are turned off by the idea of having something in their arm and vice versa. In addition, women who have

concerns about possible damage to their bodies and/or effects on fertility tend to focus on the difference between IUDs and the Implant if something goes wrong.

In a somewhat similar vein, bundling IUDs and the Implant under the LARC term is not intuitive. Women tend to view the contraceptive landscape as a series of discrete methods. “Long-acting,” and “effectiveness” were not attributes or groupings that came up regularly to describe or distinguish between methods. Instead, attributes such as “hormonal,” “non-hormonal,” “common,” “invasive,” “not for me,” “male/female,” and “DIY” were more frequently mentioned.



INSIGHT #5 CONT'D



WHAT WE HEARD

PRO-IMPLANT

"I'd rather put something in my arm than in my vagina. I feel like the vagina is more fragile. You could lose your arm and that would be fine, but if you lose your vagina..."

"I don't ever want that [IUD] inside of me. It's scary. I don't want anything inside of me, ever."

PRO-IUD

"Anything that has to do with pregnancy, I want it to deal with the area that is for pregnancy. Not my arm. Deal with the vagina straight on."

"I watched a video on the Implant and got freaked out. I have tattoos, but I wouldn't do that."



HOW TO APPLY THIS INSIGHT

Highlight the distinct attributes, placement, and benefits of IUDs and the Implant individually to guide women at pivotal points in their decision making process.

Things I want to know

NAME: Karon

ABOUT BIRTH CONTROL

ABOUT IUDs

ABOUT IMPLANTS

- | | | |
|---|--------------------------------|------------------------------|
| 1. How much weight would I gain? | 1. would it hurt? | 1. Dose it sting? |
| 2. How long will it last? | 2. What dose IUD stand for? | 2. Implant ^{what} ? |
| 3. Will it ever be a Birth Control that's 100% instead of 99.9 percent? | 3. How long has this been out? | 3. What are the affects? |

Communicating *how it will feel* for both women and their partners is vital.



WHAT WE HEARD

“What the doctor tells you is clinical, but not how it feels.”

“[You or your partner can’t feel it] I like that. I don’t want to be grossed out. We both can’t feel it, that’s a main concern for me. I don’t want him to feel it either because I know how he is.”

“[Getting it feels like having a bad cramp]. I want to know how I am supposed to feel when they put it in. I know how a really bad cramp feels. It’s going to make me feel that much more comfortable.”



WHY IT MATTERS

In addition to concerns about the invasiveness of these methods, women have significant worries and anxiety about how IUDs and the Implant will feel. They wonder about pain at the time of the initial insertion; how it will feel while they have it inside them; during sex; having it removed; as well as how they will feel in the weeks and months ahead. They also care about how it will feel to their partners. Women’s need for this type of information and their common experience of not getting it from medical professionals can be a barrier. Overly clinical information, without familiar physical and sensorial reference points

(i.e. this might cause a strong but brief cramp; the Implant is about the size of a matchstick, etc.) can scare women away from these effective methods. They prefer communication that is direct and clear but also lighthearted and reassuring.



HOW TO APPLY THIS INSIGHT

Engage women in an honest conversation about *how it will feel* during the entire experience—for both themselves and their partners.



Women want to hear from other women.



WHAT WE HEARD

“Before I got an IUD, I was searching for women who had one.”

“I look it up and then go to the doctor and say ‘well, people are saying this, what is your opinion?’”

“This [ad] is almost like a review. I look for reviews for everything.”



WHY IT MATTERS

Women’s need for information on such topics as how the insertion of an IUD or the Implant might feel—and the common experience of not getting it from medical professionals—is part of the reason why women often dismiss the provider point of view as necessary but not sufficient. Many say that they want to hear from other women about their experiences with these two methods—in part because they may feel that health care providers are not enough like them to see or feel things quite the same way. For a generation used to reading product reviews before making a purchase, seeking out other women’s experiences (good and bad) about a birth control

method feels intuitive and expected. Women said they found comfort hearing from others even if they know that their experiences might be unique or different.



HOW TO APPLY THIS INSIGHT

Share experiences that other women have had with these methods—the good and the bad—using everyday language to provide them with the confidence and comfort they’re seeking.

My Birth Control Experience

Started
May 2010

Pills:
I started with
the daily pills
I would forget to take it

Condoms: in that time
I was using condoms with my
partner

August 2013
I gave birth

Decided to put the
shot so it worked but it hurts. so the next one
was in three

Abstinence because I wasn't
having a partner anytime soon

February 2012

March 2013

Patch: I used it and
it actually works and I actually
got to remember to change it
because it was visible to
me

August 2011 - February 2012
Soon after that I used the
IUD Mirena. It was not so
bad didn't have cramping or anything
until July 2012 I found out I was
pregnant & they did an emergency
C-section. Worst had an ectopic pregnancy
January 2013

I was pregnant
and wasn't using
condoms but I still
having intercourse.

Now I'm thinking of
or continue to use the patch

Now

Birth control is a journey full of troubleshooting.



WHAT WE HEARD

“The pill worked out until it didn’t.”

“My birth control experience has been the worst because none of them worked for me. I used pills because I was too scared to use anything else.”

“I don’t think women are learning about birth control. They just want to find something that works. When they do research, it’s because something is not working.”



WHY IT MATTERS

Birth control is a journey that is more about troubleshooting than anything else. With very few exceptions, the women in our study had bounced around between methods with frequent pauses in between. Not surprisingly, the wish to avoid undesirable side effects and difficulties adhering to birth control are the key reasons cited by young women for switching methods of birth control or reporting gaps in protection.

Acknowledging and empathizing with the complex and highly personal nature of this birth control journey—with its side effects, adherence issues, and more—goes a long way to effectively communicating about birth control.



HOW TO APPLY THIS INSIGHT

Frame the birth control conversation on what matters most to each individual woman’s needs, concerns and preferences—from side effects to adherence issues.

THIS IS MY BABY RIGHT NOW
Skyla. Up to 3 years of continuous birth control.
Plans prioritized.

No way are we getting pregnant!

Don't decide they use Depo-Provera. Depo-Provera is an injection you get from your doctor or nurse every three months. When taken, it's 99% effective. So it's one of the most reliable contraceptive options.

GIVING BIRTH IS LIKE TORTURE

Always seem *forget* to the pill?

Depo-Provera
 Contraceptive Injection
contraceptive injection

Take a break from daily birth control!

With depo-[®]inQ you've got 106, you won't have to remember your birth control every day. Why? Because you get depo-[®]inQ you've got 104 only 4 times a year, so you can say goodbye to daily birth control hassles.

Health 1000.com

It's not birth control versus pregnancy.



WHAT WE HEARD

"I love kids so much. I always wanted kids one day, just not now."

"I don't want to think that I have negative feelings towards babies."

"I want to have kids some day..."



WHY IT MATTERS

Avoiding pregnancy drives women to consider birth control; but avoiding pregnancy in general does not drive women to any particular method of contraception over another. In addition, birth control is definitely not about "no babies." In fact, birth control messages and communications that even hint at negative portrayals of babies or childbearing are a strong turnoff. Most importantly, pregnancy is a future aspiration that most women have and juxtaposing pregnancy against birth control does nothing to make contraception more appealing.



HOW TO APPLY THIS INSIGHT

Speak to women's future aspirations about having children by explaining how IUDs and the Implant are safe for young women and their future fertility.

RECAP: 9 WAYS TO SHIFT THE CONVERSATION

1

Offer IUDs and the Implant first—informing young women of these most effective methods, without overwhelming them with the wide array of options all at once.

2

Emphasize *not only* effectiveness, but *more importantly*, other attributes and benefits of IUDs and the Implant.

3

Explain how IUDs and the Implant are made to work with young women's bodies—by highlighting both low and no hormone IUD options, and the hormonal-associated benefits of the Implant.

4

Describe IUDs and the Implant as “*low maintenance*” methods made to fit this “now” generation of young women vs. using the term “LARCs.”

5

Highlight the distinct attributes, placement, and benefits of IUDs and the Implant individually to guide women at pivotal points in their decision making process.

6

Engage women in an honest conversation about *how it will feel* during the entire experience—for both themselves and their partners.

7

Share experiences that other women have had with these methods—the good and the bad—using everyday language to provide them with the confidence and comfort they're seeking.

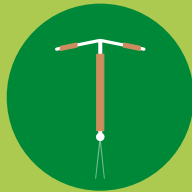
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Frame the birth control conversation on what matters most to each individual woman's needs, concerns and preferences—from side effects to adherence issues.

9

Speak to women's future aspirations about having children by explaining how IUDs and the Implant are safe for young women and their future fertility.





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