‘Everyone’s talking Jadelle’: the experiences and attitudes of service providers regarding the use of the contraceptive implant, Jadelle in young people in New Zealand

Meghan Sandle, P Tuohy

ABSTRACT

AIMS: The contraceptive implant Jadelle, along with other types of long-acting reversible contraception, is thought to be an ideal choice for young people wanting to avoid pregnancy, however, uptake is low. This study aimed to explore the attitudes and experiences of health professionals regarding the use of Jadelle in teenagers.

METHODS: Semi-structured interviews were carried out with professionals providing contraceptive services to young people. Sampling was by identifying key informants and subsequent snowball sampling. Interviews were transcribed and main themes identified.

RESULTS: Ten interviews were done with service providers, including midwives, doctors and nurses. Five main themes were identified: characteristics of young people, contraceptive services, positive features of Jadelle, barriers to contraception and individual choice. Jadelle was seen as a good option due to its effectiveness, discreetness and user independence. Barriers for young people obtaining Jadelle included cost, access, fear of procedure and lack of appropriate services.

CONCLUSION: Health professionals had a range of experiences using the contraceptive implant Jadelle. Most felt that Jadelle was a good choice for young people. Improvements to access were identified, including reduced cost and more youth-friendly services, which may lead to increased Jadelle uptake and a subsequent reduction in unintended teenage pregnancies.

Teenage pregnancy can be associated with several adverse consequences, including poorer health for the mother and infant, social disadvantage and high financial costs. The majority of teenage pregnancies are unintended, and therefore there is a large unmet contraceptive need in this age group. Almost half of unintended pregnancies are the result of incorrect contraception use, and teenagers have been shown to have high rates of contraception non-use or misuse. New Zealand has high rates of teenage pregnancy, however, there has been a rapid reduction over recent years, and this trend has also been seen internationally. The availability of long-acting reversible contraception (LARC) is thought to have a role in this decline. Despite this reduction, teenage pregnancy rates in New Zealand remain comparatively high, second only to the US among developed nations.

LARC methods are fully reversible and require use less frequently than once a
month. They are thought to be ideal choices for teenagers as they are highly effective and user independent, yet rates of LARC uptake in young people has been low. In New Zealand, the contraceptive implant Jadelle was subsidised in 2010, becoming a more realistic option for teenagers.

Several barriers to young people obtaining LARC remain. Cost, education and service access are thought to be important barriers, and awareness and knowledge of LARC methods among young people appears to be low. It has also been shown that provision of LARC is not universal among health care providers. This may be due to a lack of awareness of LARC use in young people or limited workforce training opportunities. A survey of family planning providers in the US identified several misconceptions regarding the use of LARC in adolescents, and a survey of primary care physicians in New York found limited knowledge of the contraceptive implant.

International studies show that LARC uptake has been low among teenagers and that LARC provision varies by service, however, the New Zealand experience of LARC use in teenagers has not been previously investigated.

The aim of this study was to explore the attitudes and experiences of health professionals using the contraceptive implant Jadelle for young people. This is important as health professionals’ knowledge and attitudes may determine LARC provision and uptake by young women.

Methods

In order to examine the attitudes of service providers regarding the use of Jadelle for young people, health professionals currently providing contraceptive services to young people were interviewed. A qualitative methodology was used to allow full exploration of participants’ ideas and experiences, and to create a detailed insight into the use of Jadelle and the contraceptive services available to young people.

Sampling was achieved by a combination of purposive sampling, with the identification of key informants and subsequent snowball sampling. A range of health professionals from a variety of known services were contacted. Those that agreed to interview were selected. In some cases, health professionals suggested other relevant contacts who were then invited to participate.

Interviews were semi-structured as they were based around a flexible topic guide and used open questioning. This approach was chosen to enable the respondent to expand on ideas and explore areas that may have not been considered by the researcher.

Interviews were carried out over a three-week period. One interview was carried out face to face and the others were done via phone. Interviews lasted between 15 and 35 minutes.

Interviews were recorded and notes were taken. Each interview was transcribed verbatim. The interview transcripts were analysed and responses were coded into different subjects. Similar subjects were amalgamated to create main themes and subthemes.

Results

In total, interviews with 10 health professionals were carried out. Respondents were nurses, midwives and doctors working in obstetrics, paediatrics, sexual health and youth health. They were based in five district health boards around the North Island of New Zealand and worked in different primary and secondary care settings. All 10 respondents were female. Five main themes were identified from the interviews, including ideas regarding the characteristics of young people, contraceptive services, positive features of Jadelle, barriers to contraception and individual choice.

Figure 1: Main themes identified from interviews.
Developmental characteristics of young people

Adolescence is a time of rapid physical, cognitive and social development. Developmental characteristics of young people include risk taking, difficulties in complex decision making and need for peer acceptance. These traits and how they relate to contraceptive choices of young people were well described by the respondents.

The lifestyles of teenagers were viewed as busy and chaotic. Teenagers were thought to be poor planners and have a tendency to change their minds. Young people were felt to live in the moment, with short-term fulfilment being important.

“The idea being that young people, it’s all about them and it’s all about now.” (Respondent 9).

The majority of respondents highlighted difficulties young people may face remembering to take a pill every day or using condoms reliably. Young people were felt to be poor at attending appointments and often did not return for follow up.

“Because most of them will admit, they don’t remember to take the pill. You know they will say they are on the pill, but they have run out of it, or they went away for a couple of days or they just didn’t take it. Or that they are using condoms, but they don’t remember to actually take them out of the packet and put them on.” (Respondent 4).

During adolescence, the role of peers becomes increasingly important. Respondents in this study perceived young people as being influenced by their peers, with decisions about contraception affected by the experiences of others.

“Now that [Jadelle] is much more common, we’ve got so many of them in our community, they just come in and say I want one, my mate’s got one and it’s all good, can I have one please.” (Respondent 3).

Barriers to obtaining Jadelle were viewed in terms of potential difficulties specific to young people. Most respondents thought that teenagers would be averse to the insertion of an intrauterine device, with young people described as ‘the self-swab generation’ (Respondent 4). Cost was identified as an important factor for young people accessing contraception, who were thought to be more likely to try things that were free.

Contraception services: accessible, opportunistic, youth friendly and informing

Most respondents identified access to services as important in addressing unintended pregnancy in young people, but acknowledged that access varied by geographical location. Structured appointment systems were thought to be a potential barrier for young people, with drop in services being more appropriate. Some respondents thought training more people in Jadelle insertion could help with its opportunistic use.

“So one of the reasons why we have looked at training nurses is to make it easier for them because if they get someone that’s a good candidate for a Jadelle, who is suitable for it to be inserted that day, then they can just insert one, so we have a few in the clinic so if somebody is there, and it’s the right time and the right thing, then they can just put it in.” (Respondent 4).

The need for good counselling was apparent in many interviews. Respondents saw the success of Jadelle for a young person as dependent on the counselling and information they received.

“The issue with the Jadelle is the retention rate is dependent purely on counselling...with good robust counselling the retention rate is higher.” (Respondent 2).

“It’s so effective and it’s so easy.” (Respondent 4).

All respondents talked about the positive attributes of Jadelle. Jadelle was described as an effective, reliable and easy form of contraception. Not having to take a pill every day was seen as major advantage of Jadelle for young people.

“The Jadelle is just there, and they don’t have to do anything else with it.” (Respondent 4).

Jadelle was described as being discreet. One respondent stated that a non-visible method was important for some young people, as “it can be unsafe for families to know they are on contraception.” (Respondent 1). The five-year contraceptive cover that Jadelle provided was also viewed as a positive feature.

Jadelle was thought to be acceptable to young people, and was seen as ‘the norm’. This highlights the importance of the
influence of others, with young people more willing to obtain Jadelle if it has become normal within their peer group. Jadelle was viewed as having several advantages over other methods of contraception for young people.

“In comparison to the Depo-Provera, they get a lot less side effects with Jadelle then they get with depo, it’s a smaller amount of hormone released more consistently. I think it is a lot better tolerated than a lot of other hormone-based contraception.” (Respondent 5).

Most respondents felt that increased use of Jadelle in young people has had a significant impact on reductions in teenage birth and abortion rates.

“It’s not just nationally within New Zealand, but also internationally they find that [teenage pregnancy rates] are dropping. I think it’s because you know, because of the introduction of LARCs have made a significant difference.” (Respondent 8).

Barriers to obtaining Jadelle: too expensive and too hard

It was thought that Jadelle use in young people was increasing, however, all respondents acknowledged there were barriers to young people obtaining effective contraception. Cost was thought to be a factor influencing uptake of Jadelle, with several respondents identifying this as the most important barrier. It was felt that any cost could be a problem for some young people.

Most respondents felt that reducing the financial barrier was important in increasing Jadelle uptake and some advocated for a completely free service, with no fees for prescription, insertion and removal of Jadelle. In addition to cost, other barriers to accessing services included difficulties with transport, a lack of confidence of young people to engage with health care providers and a feeling that getting to clinic is too difficult.

“In other places where young people don’t have confidence in having those conversations, or where the doctor or nurse doesn’t have the skill in having those conversations with young people, or if the services are difficult to get to or were expensive, then those would definitely be barriers.” (Respondent 3).

Some respondents felt that the barriers in their service had been eliminated, however, they agreed that they still existed in other places.

“I mean out there in the community, I’m sure there are lots of barriers. Like in terms of funding and transport and various issues with young people, but in our organisation, once they come in here, all our consults are free.” (Respondent 2).

Choice and control

The importance of contraceptive choice was highlighted. It was felt that no contraception method is ideal and therefore choices should be individualised and based on the preferences of the young person.

“I don’t think there is any perfect contraception at all. I mean, women often say to you which method do you think is better, and it’s the individual woman’s choice. I mean, I think the most important thing is the woman herself feels comfortable using the method that, you know, she has hopefully chosen to use, and does not get pushed into using a method that someone else thinks would be good for her.” (Respondent 7).

“Like, you can’t, you can’t insist everyone has [Jadelle], it’s social engineering. Yeah, they have options you know.” (Respondent 1).

Most respondents talked about the discontinuation of Jadelle due to breakthrough bleeding. This seemed to be an important issue, especially younger girls who were thought to be less accepting of this side effect. Many respondents, however, felt that effective counselling and access to timely follow-up could help young people manage side effects.

The long acting contraception provided by Jadelle was seen by some respondents as a way of keeping young people safe and allowing young people to complete education without becoming pregnant.

“Because [Jadelle] gives you, the young person that really long period of time, for a lot of them knowing that, even if they start at fifteen, to know they can get through secondary school and still not be pregnant is huge.” (Respondent six).

One respondent raised the issue of acknowledging one’s own beliefs when providing options for young people, and that for some young women, teenage pregnancy can be a positive outcome.
Discussion

These interviews highlight that health professionals have a range of ideas and experiences of using the contraceptive implant Jadelle. There were common themes identified and these centred around the characteristics of young people, positive features of Jadelle, access to services, importance of counselling and potential barriers to obtaining long-acting reversible contraception.

Youth friendliness of contraceptive services has been associated with increased LARC provision to young people. In this study, respondents described a gap between the developmental characteristics of young people and the way in which many contraceptive services are delivered. It was felt that contraception should be offered opportunistically and with flexible appointment structure.

Jadelle was thought to have many advantages for young people, including effectiveness, discreetness and ease of use. A survey of health professionals and adolescents about the use of LARC found that the high efficacy and non-visible nature of LARC were seen as important advantages for young people.

Many respondents felt that increased availability of Jadelle had contributed to recent reductions in teenage abortion and birth rates. A study in England demonstrated a significant association between increased LARC use and decreased teenage pregnancy rates, whereas another study showed that LARC only had a small impact. In this study, most respondents recognised the potential of increased LARC use to reduce unintended teenage pregnancy, but it was felt that the uptake of Jadelle in young people remains relatively low.

Barriers to young people obtaining LARC are well described in the contraception and reproductive health literature. Previous studies have found that cost, concerns about side effects, fear of procedures and lack of trained providers can be challenges to young people obtaining LARC, and this study also identified these factors as barriers.

Cost is thought to play an important role in young people's decisions to access LARC. In this study, some respondents found it the most important barrier. A prospective study from the US showed that providing LARC to teenagers at no cost increased LARC uptake and was associated with a reduction in teenage pregnancy rates. Many respondents in this study felt that LARC should be provided to young people for free, and that a small prescription charge for Jadelle can be a deterrent.

Some respondents felt that they had removed most of the barriers at their services. These respondents tended to work within services that provided Jadelle as no cost and opportunistic insertion of Jadelle.

The narratives from the interviews created a sense of tension between individual choice and the health care professional wanting to keep young people safe. Only one respondent talked about the need of recognising personal beliefs when providing contraceptive to young people. In keeping with the existing literature, breakthrough bleeding was the most likely cause of Jadelle discontinuation, but health professionals report trying to manage side effects and encourage retention of the implant. This could potentially be a cause of conflict between young people and service providers, and was demonstrated in one study exploring young women's experiences of the side effects of contraceptive implants.

This study gives an insight into health professional's experiences in using Jadelle in young people in New Zealand, and provides suggestions for service improvement. Respondents included different professionals working sexual and youth health in order to provide a breadth of experience.

The limitations to this study include that the sample was obtained by purposive and snowballing sampling and therefore may not be representative of all providers of contraceptive services to young people. The sample was relatively small and included only females and those working on the North Island of New Zealand, whereas male providers or those in different areas may have provided a different perspective. Respondents were all currently working in services which provided Jadelle to young people. Interviews did not capture the experiences of providers less familiar with
Jadelle who may have unmet training and education needs. Increased training of providers could increase access to LARC methods for young people and therefore identifying these gaps would be useful.

This study focused on the attitudes and experiences of health care providers, and not those of young people. A previous study showed that the long-term contraceptive cover provided by LARC was viewed as a positive attribute by providers but seen negatively by some clients. A study of New Zealand women regarding Jadelle use demonstrated high rates of satisfaction, however, excluded under-16-year-olds, and used standardised questions to identify their experiences. Work should be carried out to further explore attitudes and experiences of young people in New Zealand with regard to the use of Jadelle and other LARC methods.

Health care professionals in New Zealand have positive experiences using Jadelle, but felt that there were significant barriers to young people obtaining this type of contraception. Jadelle was seen as an acceptable option for young people. It was thought that access to LARC could be improved with a reduction in cost and provision of more youth friendly services, and this may lead to increased uptake of Jadelle, which could reduce rates of unintended teenage pregnancies.

This paper does not constitute an endorsement of Jadelle by the Ministry of Health or represent Government policy.

Competing interests: Nil.

Author information:
Meghan Sandle, Child Health, Capital and Coast Health Board, Wellington; P Tuohy, Office of the Clinical Medical Officer, Ministry of Health, Wellington.

Corresponding author:
Dr Meghan Sandle, Child Health, Capital and Coast Health Board, Riddiford Street, Wellington 6021. meghan.sandle@ccdhb.org.nz

REFERENCES:
12. Rubin S, Davis K, McKee M. New York Physicians view of providing LARC


