

## **Choosing a preventive method: Using health behaviour modification models to predict efficacy of contraceptive choices and contraceptive behaviour**

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The process of choosing a contraceptive method is often seen as something a woman does alone. Subjective norms and values of the individual are used to predict whether or not a woman is going to use some form of contraception. To understand and select the determinants of preventive behaviour, one has to use some sort of health related decision model. The most commonly used models are the Theory of planned behaviour (Aizen) and the Health belief model (Becker). Unfortunately, with these models only an indication of the intention of the individual to use a contraceptive method can be given due to the fact that they focus on individual subjective norms, values and risk perceptions. There is no way to include interactional and/ or situational problems in the process of choosing and using a prevention method. In this respect important questions remain unanswered:

- Will the intention lead to the actual use of the contraceptive method?
- Can and will the chosen method be used in an effective way?
- Can and will the individual continue to use the chosen method ?
- Is the chosen method the optimal choice regarding individual personal circumstances?

Without answers to these questions it is very difficult to assess what information is needed by the individual to be able to choose a method that is most suitable in her and/ or his situation. It is the objective of this presentation to express our thoughts on these questions. We also want to indicate that we think that at least two factors, other than the subjective norms and values of the individual, are of great importance in trying to predict preventive behaviour.

These factors are:

- 1) Interaction (with the partner) on the topic of contraception and STD prevention Using a contraceptive method that the partner does not approve of is, in our view, a situation that can lead to discontinuation or improper use of the method.
- 2) Situational influences. If a method is too expensive or is simply not readily accessible to the public, someone will have to resort to other means of prevention that may not be as effective as the method he or she would have chosen if it was available. Negative publicity may also cause someone to decide not to use a method that in the individual situation would be the most suitable.

Also, these current models have no way of investigating individual, interactional and situational problems that are inherent to the different contraceptive methods. For instance the choice of oral contraceptives is greatly influenced by the individuals, subjective ideas on health related risks, whereas condom use has more interactive problems. It is important to realise that that the motivation to promote or discourage the use of a specific method is different for each factor. Where it would make sense for government agencies (situational influence) to promote condom use because of cost effectiveness and its ability to prevent unwanted pregnancies and STD's, this method may be discouraged by the partner (Interaction) because of subjective ideas about possible negative effects on the sexual experience.

Using a specific type of contraception does not mean that the user has no doubts on the chosen method. When this is the case, an ambivalent situation arises and it is likely that this has negative effects on the efficacy of contraceptive use. For instance, women who regularly

"forget" to take their oral contraceptive most likely have more concerns about this method. Some preliminary data on this topic from a pilot project using health behaviour modification models will be presented.