

# **REQUESTS FOR AND RESISTANCE TO EARLY LARC REMOVAL: A QUALITATIVE STUDY EXAMINING THE EXPERIENCES OF AUSTRALIAN WOMEN.**

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## **Background:**

Long-acting reversible contraception (LARC) are highly effective contraceptive methods and are promoted as a key strategy to reduce rates of unintended pregnancy. Unlike other contraceptives, removal or discontinuation of LARC requires compliance of healthcare providers (HCPs). Twelve-month discontinuation rates are estimated at 16-30% and are predominately attributed to intolerable side effects. The objective of this study was to explore young women's experiences when they request early removal (within 12 months of insertion) of their LARC from a HCP.

## **Methods:**

Individual semi-structured telephone interviews were conducted with women aged 18-32 years, who were living in Victoria Australia, and who requested or discussed early LARC removal with a HCP within the past five years. Recruitment occurred via physical and online advertising flyers. Interviews were audio-recorded and transcribed, and data was thematically analysed.

## **Results:**

Fifteen largely university educated, nulliparous Australian women participated in an interview. The experience of unacceptable side effects prompted requests for early LARC removal in all cases. Prior to LARC insertion participants did not consider the non-autonomous nature of LARC and reported confidence in their ability to access LARC removal. Although satisfaction was reported when LARC was removed on request, participants reported negative feelings towards their HCP when there was perceived pressure to continue with LARC for longer than desired. This had implications for the doctor-patient relationship and future contraceptive choices. Significant resistance to removal was experienced as a challenge to bodily autonomy and resulted in a loss of trust in health services.

## **Conclusion:**

Just as increasing availability and accessibility of LARC remains an important public health initiative, ensuring ease of removal and supportive removal services should be emphasised for women who request early removal. Resistance to removal can

damage the doctor-patient relationship, impact future contraceptive choices and be experienced as a challenge to women's autonomy and reproductive rights.

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