



Whitaker Institute Policy Brief Series

Policy Brief No.: 1

November 2015

Cluster: Health and Wellbeing

Theme: Sustainable and Inclusive Societies

Further Reading:

1. Molloy GJ, Sweeney L, et al., (2015). Prescription contraception use: A cross-sectional population study of psychosocial determinants. *BMJ Open* 5(8):e007794. doi: 10.1136/bmjopen-2015-007794

2. Sweeney L, Molloy GJ, et al., (2015). A qualitative study of prescription contraception use: The perspectives of users, general practitioners and pharmacists. *PLoS ONE* 10(12): e0144074. doi: 10.1371/journal.pone.014407

The above two studies were funded by a project grant from the Health Service Executive Crisis Pregnancy Programme and administered by the Irish Research Council.

3. McBride O, Morgan K, McGee H. (2012). Irish contraception and crisis pregnancy study 2010 (ICCP- 2010): A survey of the General Population. Dublin: Crisis Pregnancy Programme.

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Read More About: The [Health and Wellbeing Cluster](#) in the Whitaker Institute for Innovation and Societal Change and [The Crisis Pregnancy Programme](#)

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Prescription contraception: determinants of uptake and adherence in the Republic of Ireland

Prescription contraception

Prescription contraceptives e.g. oral contraceptives and long acting reversible contraceptives (LARCs) such as intrauterine devices and contraceptive implants, are the most effective methods of contraception. LARCs are the most effective and cost-effective method of prescription contraception, however there are significant financial barriers in the Republic of Ireland compared with other jurisdictions. Prescription contraceptives are most often accessed through general practice (GP) and pharmacy services in the community. There are a complex range of psychological, social and healthcare provider factors that are likely to influence both prescription contraceptive choices and patterns of use.

Key findings

The research found that prescription contraception use is socio-demographically patterned according to age and income. LARCs are more commonly used among those with General Medical Services (GMS), i.e. those who do not have to pay for LARCs and the related GP consultation. Concerns and misconceptions about the safety of prescription contraception remain relatively common and this influences contraceptive choices. These concerns and misconceptions appear to vary according to age. Community-led information and support is likely to influence contraceptive choices and use, as this is often the primary source of information. Financial support for the insertion and removal of LARCs in GP is a barrier for the provision of LARCs service by GPs. Adherence to oral contraceptives is often poor, but assumed to be good by health care providers. Non-adherence is rarely discussed in consultations with health care providers. Pharmacists have an important but currently restricted role in the provision of contraceptive services. Currently, pharmacists have an important bridging role between GP and the prescription contraceptive user given their greater accessibility.

Recommendations

There are a number of recommendations that stem from the research. First financial barriers should be removed, as the upfront costs of LARCs are likely to be unfeasible for large sections of the population. Second, ongoing and enhanced age-appropriate public health campaigns about contraception should continue to be developed. Third, future work should investigate how promotion of contraception can be led by peers in the community. Fourth, financial support for LARCs' insertion and removal in GP should be increased. Fifth, adherence should be discussed at initiation and follow-up of oral contraceptive use. Where barriers to adherence are identified, appropriate supports or alternative contraceptive methods should be discussed. Sixth, future development of contraceptive services should consider the pharmacist's role to ensure the public's access to prescription contraception is optimised.