

Best Practices for Conducting Public Awareness Campaigns on Long-Acting Reversible Contraception for Younger Audiences

In 2014, the American Academy of Pediatrics released a [policy statement](#) that recommended long-acting reversible contraception (LARC), such as intrauterine devices (IUDs) and Nexplanon implants, as first-line contraceptive choices for adolescents. LARCs are effective, safe, and foolproof, making them uniquely compatible with many teenagers' needs. Teenagers are more likely to struggle with using condoms or oral contraception properly.

However, teenagers are often unaware of LARCs or misinformed about them. A 2008 [survey](#) found that only 19 percent of respondents who were 14- to 18-years-old had heard of IUDs, and only 37.5 percent of those respondents had a positive opinion of them. In 2009, the National Campaign to Prevent Teen and Unplanned Pregnancy ("the National Campaign") [found](#) that older teens, ages 18- to 19-years-old, were generally more familiar with LARCs, though they still had misconceptions about them. Sixty-nine percent said they were familiar with IUDs, but 42 percent said that IUDs could give them infections and 53 percent reported that this belief made them less likely to get an IUD. Only 38 percent of 18- and 19-years-olds said they were familiar with the implant.

To bridge this awareness and knowledge gap, health departments can create awareness campaigns using lessons and best practices from innovators in the field, including the National Campaign, Colorado Department of Public Health and Environment (CDPHE), and New York City Department of Health and Mental Hygiene (NYC DOHMH).

The National Campaign's Findings on Outreach to Teens and Young Adults

In 2015, the National Campaign [conducted](#) a study of 70 women across the country, ranging from 18-29 years old, to determine best practices for creating a communications campaign to promote LARC among teens and young women. The study provided important insights into how public health can create effective LARC awareness campaign messages for teens and young women.

LARC advocates often emphasize that the devices are highly effective and long-acting. The National Campaign study found that these arguments don't particularly resonate with teens and young adults. This demographic already expects their birth control to be effective, and they are often unsure of their long-term plans for having children. Instead, the study participants were concerned about how LARC would feel when it was inserted and after, side effects, and how it would affect their partners.

The National Campaign concluded that effective outreach to teens and young women about LARC means discussing LARC's benefits beyond efficacy and longevity. In addition to providing basic education about what LARC is and discussing side effects, public health and healthcare professionals can share messages, such as:

- LARC is convenient. Study participants liked that LARC were low-maintenance compared to taking the pill every day, or frequently replacing the ring or patch.
- There is a non-hormonal LARC option with the copper IUD. Some women have experienced adverse reactions to hormonal birth control, which they want to avoid repeating.
- LARC can be inserted vaginally or subdermally. The study found that participants often had strong preferences between the two once they learned about them. For example, some found

IUDs invasive and favored the implant. Others wanted to address their reproductive systems directly and preferred IUDs.

Colorado's Beforeplay Campaign

In 2012, Colorado launched the [Beforeplay](#) public awareness campaign to complement the state's [renowned work](#) to increase access to LARC and encourage younger people to make healthy sexual decisions. According to the 2017 report [Taking the Unintended Out of Pregnancy: Colorado's Success with Long-Acting Reversible Contraception](#), "the purpose of the Beforeplay campaign was to normalize the statewide conversation about reproductive health and increase the visibility of Title X clinics and other health centers offering affordable reproductive health services."

CDPHE provided messaging and education for the campaign, as well as social media, blog, and website content. The campaign was coordinated by representatives of the private donor who was funded it, while a communications firm ran the campaign.

The campaign focused on people ranging from age 18 to their mid-twenties because this group has the [highest rate](#) of unintended pregnancies in Colorado. CDPHE reached out to this target age group throughout the state for feedback on how to craft a public awareness campaign that would resonate with them. Through this process, CDPHE learned five important lessons, which CDPHE Health Systems Manager Greta Klingler [shared](#) in a media interview:

- Younger audiences want reliable, easy-to-understand information that avoids jargon.
- They want information from a trustworthy source, and are wary of information that comes from a company trying to sell a product.
- They responded well to visual pieces in public awareness campaigns.
- They like humor and double entendres, and don't like being told what to do.
- They look for sexual health information online, often on their phones.

"When we were developing Beforeplay.org, we heard again and again from young people that they wanted an easy-to-access, trustworthy place to go to get information about sexual health and well-being," [says](#) Klingler.

Consequently, the campaign uses mostly online and mobile tools. The Beforeplay website helps users find reproductive health services and emergency contraception, select birth control, and learn about healthcare insurance coverage. It has an [anonymous text line](#) that responds to sexual health questions.

Campaign materials included a variety of images and messages and were available in Spanish, which allowed local Title X clinics and other agencies in the state to [adapt](#) them to meet their communities' needs. Additionally, the Beforeplay campaign [conducted](#) in-person outreach throughout the state in places that its target audience frequents, such as college campuses and extreme sports events.

"With teen pregnancy campaigns, they very often have a feeling of 'this is bad' and 'this is wrong,'" [says](#) Klingler. "We didn't want that feeling. If someone experiences a pregnancy, whether intended or unintended, we don't want there to be judgment. We want to give them the tools to make sure they are as healthy as possible and they can make the decisions that are right for them."

New York City's Maybe the IUD Campaign

NYC DOHMH launched the [Maybe the IUD](#) campaign in 2015, basing it off of the National Institute for Reproductive Health's campaign of the same name, which the institute [developed](#) to raise awareness of LARCs among younger people. New York City's adaptation became the first phase of a five-year initiative to increase awareness, access, engagement, and utilization of sexual and reproductive health services.

NYC DOHMH [created](#) its Maybe the IUD campaign over the course of 15 months. After holding focus groups in June 2014, the department and its partners began working on the campaign in November. But a month later, some of their community partners raised concerns about the campaign in the context of the U.S. history of reproductive oppression, particularly against women of color. As a result, the campaign team decided to incorporate principles from the [Sexual and Reproductive Justice \(SRJ\) framework](#) into the campaign. The SRJ framework holds that every woman has the right to:

- "Decide if and when she will have a child and the conditions under which she will give birth."
- "Decide if she will not have a child and her options for preventing or ending a pregnancy."
- "Parent the child(ren) she has with the necessary social supports in safe environments and healthy communities, and without threat of violence."

Guided by the SRJ framework, campaign leaders wanted the campaign messages to help people choose the birth control method that is best for them, while avoiding messages that could potentially be coercive. For example, one campaign ad that reflected this approach [read](#): "You spent the night in Brooklyn. But you left your birth control in Staten Island. Maybe the IUD is right for you."

"What we like about it is the 'maybe,'" [says](#) Deborah Kaplan, assistant commissioner of NYC DOHMH's Bureau of Maternal, Infant, and Reproductive Health. "We know that the most effective contraception for any woman is the method that she chooses, that fits best with her lifestyle and any factors related to her health and her partner."

NYC DOHMH [disseminated](#) Maybe the IUD materials through subway and bus shelter ads, online ads, promotional items, campaign postcards and posters, and mailings to providers. The ads encouraged viewers to look up "maybe the IUD" on the city government website and social media, where the campaign launched the hashtag [#MaybethelIUD](#), which people could use to share stories and information about IUDs and ask questions.

The #MaybethelIUD social media campaign [garnered](#) about 1.2 million impressions on Facebook and 11.5 million impressions on Twitter. In a survey about the ads, 42 percent of 603 respondents reported that they saw the ads, 54 percent of that group said they learned something from the ads, and 61 percent reported that the ads made them think about their own birth control choices.

In an [ASTHO webinar](#), Alzen Whitten, NYC DOHMH's Director of the Sexual and Reproductive Health Unit, offered five lessons the department learned from the Maybe the IUD campaign:

1. "Acknowledge the history of and current sexual and reproductive oppression."
2. "Involve community partners from the beginning."
3. "Educate on a full range of birth control options."
4. "Encourage dialogue between patients and providers."
5. "It takes time to build trusting relationships with community partners."