

## Acceptability of the vaginal contraceptive ring among adolescent women

By: Lekeisha R. Terrell, Devon J. Hensel, [Amanda E. Tanner](#), Margaret J. Blythe, and J. Dennis Fortenberry

L Terrell, DJ Hensel, A Tanner, M Blythe, JD Fortenberry. (2010). Acceptability of the vaginal contraceptive ring among adolescent women. *Journal of Pediatric and Adolescent Gynecology* 23 (2), e68.

Made available courtesy of Elsevier: <https://doi.org/10.1016/j.ipag.2010.01.018>



This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](#).

\*\*\*© 2010 North American Society for Pediatric and Adolescent Gynecology. Reprinted with permission. This version of the document is not the version of record. Figures and/or pictures may be missing from this format of the document. \*\*\*

### **Abstract:**

*Background:* Although highly effective, the vaginal contraceptive ring is used infrequently by adolescents. We examined adolescents' willingness to try the vaginal ring, and its association with method of insertion, genital comfort, and method characteristics.

**Keywords:** published abstract | vaginal ring | contraception | acceptability | genital comfort

### **Article:**

*Background:* Although highly effective, the vaginal contraceptive ring is used infrequently by adolescents. We examined adolescents' willingness to try the vaginal ring, and its association with method of insertion, genital comfort, and method characteristics.

*Methods:* Young women (N=107, 14-18 yrs) attending urban adolescent clinics completed a visual/audio computer-assisted self-administered (VACASI) questionnaire. Subjects received information on mechanism, use, side effects, benefits of the vaginal ring, and pictures demonstrating insertion. Acceptability was measured by a 4-point scale assessing willingness to try the vaginal ring. Questionnaire assessed: demographics, sexual and contraceptive history, preferences for method insertion/removal, importance of method characteristics (e.g. efficacy, side effects), and genital comfort (7 items). Descriptive statistics and chi-test tests are provided. Data collection is in progress.

*Results:* Mean age was 16.1 yrs, 88% African-American. One third agreed (35/107: 32.7%) they would be willing to try the vaginal ring; whereas a third were not willing to try (35/107). About half (48/107:45.3%) agreed they would change the way ring was inserted. About 35% (37/107) agreed they would try the vaginal ring if they could insert it with an applicator or use a rubber glove to insert it. Aspects of genital comfort were positively associated with willingness to try

the ring; including feeling positive about one's genitals ( $X^2 = 16.91$ ,  $p=.05$ ), being satisfied with genital appearance ( $X^2 = 21.71$ ,  $p=.01$ ), comfort with letting sexual partner look at one's genitals ( $X^2 = 22.1$ ,  $p=.01$ ), belief that one's genitals work the way they are supposed to ( $X^2 = 15.48$ ,  $p=.08$ ), and not being embarrassed about one's genitals ( $X^2 = 18.7$ ,  $p=.02$ ). There was also an association with those who were willing to try the ring and being comfortable inserting the ring with one's fingers (19/35;  $X^2 = 27.75$ ,  $p<.001$ ), comfort removing the ring (19/35;  $X^2 = 27.75$ ,  $p<.001$ ) and not feeling it once it was inserted ( $X^2 = 77.56$ ,  $p<.001$ ). Women willing to try the ring agreed they would use ring because it was effective in preventing pregnancy ( $X^2 = 35.71$ ,  $p<.001$ ), because there was no weight gain ( $X^2 = 46.86$ ,  $p<.001$ ), because there were lower side effects than other hormonal contraceptive methods ( $X^2 = 54.42$ ,  $p<.001$ ) and because it is used only once a month ( $X^2 = 46.86$ ,  $p<.001$ ). Willingness to try was not associated with age, grade in school, age of first sex, number of lifetime or recent sex partners, history of sexual activities or sexual activities at last sex.

*Conclusions:* Among adolescent women, willingness to try the vaginal ring is related to insertion methods, genital comfort, and information on positive benefits; regardless of age and sexual experiences. To improve acceptability of the ring, health providers can offer alternative insertion techniques; raise awareness, address concerns and questions about one's genitals; and educate about method benefits.