Aligning Contraceptive Care with the Needs of Adolescents

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Abstract

Background
In the past five years, adolescent contraceptive behaviour in the Netherlands has shifted: hormonal contraception use has declined, abortion rates have risen, and social media has become a major source of contraceptive information. These trends raise concerns about the adequacy of current contraceptive care. Guidelines emphasize the importance of care tailored to individual needs and preferences. This study explores how healthcare professionals can effectively align with the contraceptive care needs of adolescents under the age of 20.

Methods
This qualitative study employed semi-structured interviews with healthcare professionals involved in adolescent contraceptive care in the Netherlands. Participants were purposively selected to ensure diversity in roles and settings. Interview data were transcribed and thematically analysed using Braun and Clarke's six-step approach.

Results
Thematic analysis of interviews with thirteen healthcare professionals shows that adolescents' contraceptive choices are influenced by professional preferences, cultural background, social media, and parental involvement. Healthcare professionals reported challenges in reaching vulnerable adolescents, misinformation from social media, fragmented referral pathways, and limited engaging resources. Identified needs included enhanced communication skills and improved access to engaging and reliable contraceptive information through online platforms.

Discussion
The findings of this study underscore the importance of individualized and culturally sensitive counselling that considers adolescents' diverse needs. Awareness of personal biases, addressing misinformation from social media, and encouraging positive parental involvement can enhance the effectiveness of counselling. Systemic and social improvements, including coordinated referral pathways and integration of healthcare professionals into reliable online platforms, may further support informed contraceptive care choices.

List of Acronyms and Abbreviations

GGD	Public Health Services
GPs	General Practitioners
HCPs	Healthcare Professionals
IUDs	Intrauterine devices

Introduction

Adolescents represent a vulnerable group within reproductive healthcare, characterized by specific needs and challenges. Their vulnerability arises from a combination of factors, including ongoing physical and emotional development and exposure to societal norms and expectations that may influence their health behaviours. These factors are reflected in recent developments in adolescent reproductive health.

Recent data from the Health and Youth Care Inspectorate in the Netherlands show an increase in the number of abortions among adolescents up to and including 19 years old. After a period of decline, the number of abortions began to rise in 2019, with this upward trend persisting through 2023 [1]. Additionally, there has been a shift in contraception use among adolescents in the Netherlands in recent years. Adolescents presenting at abortion clinics are increasingly relying on natural contraceptive methods, often due to the negative perception of hormonal contraception [2]. The use of the contraceptive pill among sexually active adolescent girls declined from 76% in 2012 to 46% in 2023. While the use of intrauterine devices (IUDs) increased during the same period, the proportion of adolescents not using any form of contraception increased from 9% to 20%. Among sexually experienced girls not using contraception, a majority report avoiding hormonal methods as a reason [3].

These changing patterns in contraception use are influenced by the growing role of online platforms as sources of information about sexual and reproductive health. Despite the inclusion of formal sexuality education in the Dutch school curriculum, a significant proportion of adolescents perceive it as inadequate in meeting their informational needs. Approximately half of adolescents rate the sexuality education they received in school as insufficient, with one in five reporting that they received no formal instruction on the subject. The lessons are frequently described as minimal, uncomfortable, or even potentially harmful. Female adolescents report a lack of education on topics such as menstruation and bodily awareness. As a result, many adolescents increasingly turn to social media platforms such as YouTube and TikTok as alternative sources of information [4]. However, the reliability and accuracy of the content found on these platforms may be uncertain. A recent study identified various misleading claims about contraception on social media and other platforms, including unverified medical advice, promotion of alternative treatments, and inaccurate information about risks [5]. Common myths circulating on social media include claims that hormonal contraception causes infertility, leads to cancer, or severely disrupts mood and natural hormone balance. These claims are contributing to a growing number of adolescents discontinuing hormonal contraception without medical consultation [6]. At the same time, influencers increasingly promote natural alternatives, such as cycle tracking apps, often with unverified claims about their safety and effectiveness [7]. These claims are not supported by scientific evidence and may discourage the use of evidence-based interventions.

This underscores the importance of comprehensive counselling to support adolescents in making informed contraceptive choices. Medical guidelines, such as the NHG-Standard Anticonception, recommend tailoring contraceptive counselling to patients' preferences and individual needs [8]. Considering recent shifts in adolescents' contraceptive behaviour, this study aims to answer the following research question: How can healthcare professionals (HCPs) in the Netherlands effectively align with the contraceptive care needs of adolescents under the age of 20?
Sub questions:

- What barriers do HCPs encounter when providing contraceptive care to adolescents?
- How does the diversity among adolescents influence contraceptive care?
- What do HCPs need to better tailor contraceptive care to the needs of adolescents?

Methods

Study design

This study employed a qualitative interpretive approach, using semi-structured interviews with a range of HCPs involved in providing contraceptive care to adolescents in the Netherlands. The aim was to gain insight into HCPs' experiences and to identify the barriers and needs in aligning care with the specific needs of this age group. The chosen design enabled a detailed understanding of HCPs' experiences in their roles. As part of the methodological framework, this study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ), a 32-item checklist for guiding qualitative research reporting, to ensure methodological transparency and quality [9].

Study Population

The study focused on HCPs involved in providing contraceptive care to adolescents under the age of 20 in the Netherlands. Participants were selected based on their experience with contraceptive care and their direct contact with adolescents. The sample was purposively selected to ensure variation in professional roles, backgrounds, and practice settings. Participants were recruited from different general practices across various neighbourhoods, as well as from multiple regional public health services (GGD). In total, 13 HCPs participated, including general practitioners (GPs) and doctors' assistants, gynaecologists, a gynaecology resident, a physician in infectious disease control working in sexual health services, public health nurses from the GGD, and a pharmacist. An overview of the professional and demographic characteristics of the participants is presented in Table 1. Participants were recruited through a combination of purposive and convenience sampling, based on their relevant experience and accessibility. Various outreach methods were employed, including contact through the supervisors' professional networks, social media, and direct outreach to HCPs via general practices and GGD. Most participants were invited via email and were provided with the study information and consent forms. In some cases, study details were explained in person, and written consent was obtained on paper; in other cases, consent was obtained digitally via email. Interviews were scheduled at a time convenient for each participant.

Table 1. Characteristics of Participating Healthcare Professionals

Healthcare Professionals Characteristics		**Frequency (N)**
Age	20-29 yrs	3
	30-39 yrs	4
	40-49 yrs	3
	> 50 yrs	3
Gender	Male	0
	Female	13
Profession	Doctor's assistant and women's health clinic support	1
	General practitioner	4
	Gynaecologist	2
	Gynaecologist resident	1
	Pharmacist	1
	Physician in infectious disease control	1
	Primary care nurse, specialized in somatic care	1
	Public health nurse and coordinator contraceptive counseling	1
	Youth health nurse and coordinator contraceptive care program	1
Years of Practice	0 - 5 yrs	4
	6 - 10 yrs	5
	11 - 15 yrs	1
	16 - 20 yrs	2
	> 20 yrs	1
Practice Location	Elisabeth- Tweesteden Hospital Tilburg	2
	General Practices Tilburg	6
	GGD Hart voor Brabant	1
	GGD regio Utrecht	1
	GGD West-Brabant	1
	Isala Hospital Zwolle	1
	Pharmacy Berkel-Enschot	1

Data collection

Literature search

Prior to conducting the interviews, a literature search was conducted on PubMed to gain a comprehensive understanding of existing knowledge about contraceptive use among adolescents, including their behaviours and practices. Search terms included: adolescent contraceptive use, contraceptive counselling adolescents, barriers to contraceptive care, and contraceptive decision-making. The search was limited to articles published in English and Dutch within the last five years. Titles and abstracts were screened for relevance, focusing on studies related to adolescent contraceptive care and HCPs' roles.

Interview procedures

A semi-structured interview guide was developed based on relevant literature. The interview guide covered topics including personal views, counselling, influences, challenges, and needs for improvement in contraceptive care. The guide ensured consistency while allowing flexibility to explore additional questions and gain deeper insights [10]. Interviews were conducted in person at the participants' workplace, by telephone, or online via Microsoft Teams or Zoom. All interviews were conducted by the primary researcher. Open-ended questions were used to encourage detailed responses and promote deeper insights [11]. All interviews were audio-recorded with participants' consent and transcribed verbatim in Dutch for analysis.

Data analysis

The interview recordings were transcribed verbatim using Microsoft Word, forming the foundation of the data analysis. To ensure confidentiality while maintaining the ability to reference individual contributions, participants were assigned consequent numerical codes starting with P1. The anonymized transcripts served as the basis for a thematic analysis, conducted according to the six-phase approach outlined by Braun and Clarke [12]. Transcripts were imported into ATLAS.ti (version 25.0.1), a qualitative data analysis software, to support systematic coding and organization [13]. An inductive coding process was applied to relevant text segments, which were then clustered into categories and refined into overarching themes. The analysis was conducted in the original language of the interviews (Dutch) to preserve contextual nuance. Throughout the analysis, a reflexive approach was maintained to remain aware of potential researcher bias and to ensure that the themes were grounded in the participants' narratives rather than preconceived assumptions. Identified themes were reviewed and refined to develop a coherent interpretation of the findings. A coding tree outlining the analytical process is provided in Appendix 1.

Ethical Considerations

Before participation, all participants were informed about the study's purpose, procedures, and estimated duration. They were asked whether they had reviewed the information letter and if any clarification was needed. Participation was entirely voluntary, and participants were informed of their right to withdraw from the study at any time without consequences. Written informed consent was obtained from all participants, including consent for audio-recording and transcription of the interviews. Participants were assured that all data would be kept confidential and anonymized to protect their identities. At the end of each interview, participants were given the opportunity to ask further questions or provide additional information. Although the study did not fall under the scope of the Medical Research Involving Human Subjects Act (WMO), a non-WMO declaration was obtained to ensure adherence to ethical standards [14].

Results

Thirteen HCPs participated in the study, with interviews lasting between 28 and 43 minutes and an average duration of 35 minutes. Data saturation was reached for most themes after nine interviews, and inductive reflexive thematic analysis identified three main themes: HCPs' experiences, influences on clinical encounters, and identified needs.

Healthcare Professionals' Experiences

Counselling and Supporting Adolescents

HCPs emphasized the importance of tailoring contraceptive counselling to each adolescent's existing knowledge, preferences, and questions. They often begin by exploring what the adolescent already knows and what questions they have, rather than delivering standard information (see quotes in Table 2). This approach helps to engage adolescents more effectively and respects their autonomy. HCPs manage to discuss relevant methods and adapt explanations to the adolescent's level of understanding. Demonstration tools, like anatomical models, are used to enhance clarity, especially for younger adolescents with limited knowledge of their bodies. Supporting adolescents often involves encouraging them to take time to make decisions, with the option of follow-up consultations or telephone contacts. HCPs recognize that many adolescents need multiple contacts to feel confident in their choices. There is also acknowledgment that vulnerable groups may require more proactive follow-up, as they might not initiate contact themselves. HCPs strive to give adolescents space to reflect and offer reliable resources such as anticonceptie.nl or thuisarts.nl for further information.

Challenges and Barriers

HCPs reported difficulties in reaching vulnerable adolescents, particularly those without clear help-seeking behaviour or who avoid discussing contraception. Contraceptive care is often reactive rather than preventive. Many seek care only after becoming sexually active, increasing the risk of unintended pregnancies. Myths and misinformation circulating on social media further complicate counselling, while formal healthcare channels have limited direct engagement on these platforms (see quotes in Table 2). These limitations reduce opportunities to deliver reliable information through the channels most frequently accessed by adolescents. The final barrier is structural, such as limited funding and coordination between providers such as the GGD and GPs, which can result in gaps in continuity and adherence (see quotes in Table 2).

Perceived Changes Over Time

HCPs have noticed that contraceptive counselling for adolescents has changed from the HCP deciding what is best to having more open conversations and making decisions together. HCPs emphasized that adolescents come better informed, often arriving with preformed opinions about contraceptive methods, which challenges traditional counselling dynamics. Counselling now frequently involves negotiating patient preferences rather than simply prescribing the "best" method (see quotes in Table 2). This shift is partly attributed to increased access to information via the internet and social media, bringing both empowerment and challenges, including misinformation and heightened concerns about side effects. Several respondents described an increase in vague or non-specific side effect complaints that were not common in previous years, possibly influenced by social media narratives. This has led to more frequent discontinuation of hormonal methods, especially implants and IUDs, and greater reliance on less reliable options like condoms or natural alternatives, such as cycle tracking.

Influences on Clinical Encounters

Personal Preferences of Healthcare Professionals

HCPs aim to provide contraceptive counselling that respects adolescents' individual needs and choices, seeking to remain neutral and limit the impact of their own biases. They are generally aware of these biases and attempt to minimize their influence. Nevertheless, personal experiences and opinions can still shape the advice they give, for example by placing less emphasis on methods they perceive as less favourable due to side effects or user dependence, such as the copper IUD, contraceptive patch, or vaginal ring (see quotes in Table 2). Some HCPs share personal experiences to

clarify contraceptive options and build trust while remaining careful to ensure that decisions are based on the adolescent's preference.

Cultural Factors
Cultural factors were identified as important influences on contraceptive decision-making and use among adolescents. Several HCPs noted that in some cultures, contraception is closely associated with sexual activity, which can make discussing it taboo, particularly when cultural norms emphasize premarital virginity. Illustrative quotes are provided in Table 2. As a result, certain methods, such as IUDs, may be refused, and gynaecological examinations avoided. In addition, language barriers and communication challenges can further hinder effective counselling. HCPs emphasized the importance of culturally sensitive communication and educational strategies that present contraception as a tool for menstrual regulation rather than solely for pregnancy prevention, thereby improving acceptance among adolescents.

Social Media
Social media is a major influence on adolescents' contraceptive perceptions, often contributing to fear and hesitancy (see quotes in Table 2). These findings highlight social media's dual role as a potential educational tool and a source of misinformation. Most HCPs find it challenging to address these misconceptions. HCPs emphasize the importance of patient-centred counselling, including careful listening, and personalized discussions about contraceptive types, side effects, and non-contraceptive benefits such as menstrual regulation. These approaches aim to counter misinformation while respecting adolescents' preferences.

Parental Role
HCPs recognize the influence parents, particularly mothers, have during clinical encounters with adolescents regarding contraceptive counselling. While parental involvement can provide valuable support, especially in helping adolescents manage contraceptive use, it also presents challenges. Some parents hold strong opinions that may discourage adolescents from openly discussing contraception options, which may hinder effective counselling (see quotes in Table 2). HCPs emphasize the importance of prioritizing the adolescent's autonomy, especially when parental opinions conflict with the young person's preferences. In such cases, HCPs attempt to facilitate a balanced dialogue or sometimes limit parental involvement to protect the adolescent's confidentiality (see quotes in Table 2).

Identified Needs
Healthcare Professional Level
Some HCPs highlighted the need for enhanced training and education, particularly in communication skills such as motivational interviewing, to better meet adolescents' individual needs. This was considered especially important given the challenges HCPs face in countering persistent myths and misinformation about contraception, which require sensitive and effective counselling.

Systemic and Organizational Level
Several HCPs identified systemic and organizational challenges affecting adolescent contraceptive care. HCPs emphasized a need to enhance the visibility and accessibility of contraceptive care within communities, noting that many adolescents remain unaware of or underutilize available healthcare resources. Those working within the GGD emphasized the importance of GPs being aware of and utilizing referral pathways to the GGD for adolescent contraceptive care. They highlighted that the GGD has more time and specialized expertise to address adolescents' needs effectively (see quotes in Table 2). However, limited awareness among GPs about these services was seen as a barrier underscoring the need for better education and communication within primary care. HCPs expressed that governmental involvement through public campaigns and school-based education could support broader reach and address misinformation spread via social media. Integrating HCPs into school sexual education and promoting transparent, accessible information were seen as crucial organizational improvements to meet adolescents' needs more effectively. Financial accessibility was also highlighted as an important factor in adolescent contraceptive use, with full reimbursement of

contraceptives by health insurers up to the age of 23 considered essential to reduce possible financial barriers.

Societal Level

At the societal level, a recurring theme was the need to update and adapt educational materials and communication channels to better engage adolescents. HCPs emphasized the importance of bridging the gap between traditional information sources and contemporary platforms popular among adolescents to make medical information more relatable and accessible (see quotes in Table 2). In the absence of such engaging and reliable platforms, adolescents frequently turn to social media to access contraceptive information. Accordingly, HCPs highlighted the need for more diverse educational materials, including the strategic use of social media and online influencers, as adolescents frequently place greater trust in social media personalities than in HCPs (see quotes in Table 2).

Table 2. Quotes from Participants

Theme	Quote
Healthcare Professionals' Experiences	*"We always try to tailor the information to what the teenager already knows or wants to know. It's about connecting with their knowledge and needs, not just giving a standard spiel."*
	"Now you have girls who already know what options there are and have often ruled out several of them before even coming in. It requires a different kind of counseling."
	"I think 10 years ago contraceptives were accepted more easily and there was less doubt, and I think that shift happened because of social media hype."
	"I think the pattern of side effects in recent years does not match what I experienced in the previous 10 years for the same contraceptive method. This shift is possibly related to the growing social media hype."
Influences on Clinical Encounters	*"My preferences do weigh in somewhat, but I try to align with what the patient wants."*
	"I tend not to advise the copper IUD much because I often hear from women that their periods become heavier and more painful."
	"In some cultures, there is a reluctance to use contraception because it implies sexual activity, even when it is needed for non-contraceptive reasons such as treating heavy menstrual bleeding."
	"Many myths circulate, such as the belief that contraception causes infertility, which can create barriers to acceptance, especially in certain cultural groups."
	"We try to approach consultations by focusing on menstrual regulation rather than sexual activity, which helps reduce the taboo around contraception and facilitates better communication."
	"Social media also have their advantages, as I have gained knowledge through them. And yes, there is sometimes misinformation, but also good information."
	"I recently heard someone say they saw on TikTok that the uterus came out with the removal of the IUD. If you see such things, it can be scary, and that causes people to form opinions that are incorrect."
	"If a mother says 'no' to a contraceptive method, the adolescent may not dare to express her true interest."
	"I try to keep the parent at a distance during the consultation but involve them in supporting the adolescent afterwards."
Identified Needs	*"We have 45 minutes, but a general practitioner has 7 minutes, so you can't expect them to have a full conversation about what exactly you want. The thing we need to do is reach as many GPs as possible so they can refer to us."*
	"There needs to be more reliable knowledge for adolescents, but it has to be engaging and not boring."
	"People no longer trust professionals as much; they trust someone they look up to, whether or not that person is an expert."

Discussion

This study identified persistent influences and challenges in adolescent contraceptive care. Findings highlight how adolescents' preferences and exposure to online information shape contraceptive choices. Compared with previous generations, many adolescents actively participate in decision-making, arriving well-informed with preformed opinions, expressing concerns about side effects, and favouring non-hormonal methods, indicating the importance of considering generational perspectives. This aligns with recent literature showing that adolescents' preferences are increasingly shaped by generational factors and that generation-specific approaches may enhance engagement and satisfaction with contraceptive care [15].
Several HCPs noted that adolescents typically sought contraceptive care only to prevent pregnancy, with little attention to broader reproductive health needs. This aligns with previous research showing that patient-centred contraceptive care is often constrained by the clinical goal of pregnancy prevention [16] and highlights the need to address adolescents' broader preferences and concerns. Some HCPs recognized that their personal preferences and experiences may shape the emphasis they place on specific contraceptive methods, a finding consistent with research indicating that female obstetricians and gynaecologists' own experiences with side effects can influence their prescribing decisions [17]. Reaching vulnerable adolescents remains challenging, emphasizing the importance of proactive engagement and tailored counselling. Our findings indicate that adolescents frequently discontinue hormonal methods, including implants and IUDs. A study suggests that quality counselling and alignment of methods with individual preferences are key enablers for adoption and continuation of contraceptive use [18], thereby underscoring the need for guidance that is personalized and responsive to adolescents' needs.

This study has several strengths, providing valuable insights into HCPs' perspectives on adolescent contraceptive care. The inclusion of participants from different healthcare settings and regions provided a wide range of experiences, leading to a better understanding of the topic [10]. Furthermore, the use of in-depth, semi-structured interviews provided detailed data, allowing the identification of key themes for improving contraceptive care. The inductive reflexive thematic analysis ensured a comprehensive interpretation of the data. The use of illustrative quotations enhanced the transparency of the findings.

This study has several limitations that should be acknowledged. First, patient interviews were not included, which may limit the understanding of contraceptive care from the patient's perspective. However, the primary aim of the study was to explore the perspectives and experiences of HPCs, and the absence of patient perspectives aligns with this focus. Second, data saturation was not achieved for all themes; cultural influences were identified as a theme for which additional data could have provided deeper insights. Finally, all participants in this study were women, and no male HCPs were included, which may have limited the diversity of perspectives.

Based on the findings of this study, several recommendations can be considered to effectively align with the contraceptive care needs of adolescents. First, HCPs should provide individualized and culturally sensitive counselling that allows adolescents time to reflect and make informed decisions. Second, communication skills, such as motivational interviewing, should be strengthened to address questions and misconceptions effectively. This also aligns with recent recommendations to improve guidelines, decision aids, and professional training regarding natural and fertility awareness-based contraceptive methods [19]. Third, referral pathways should be well-coordinated to ensure continuity of care. Finally, integrating HCPs into school-based education and using online platforms can improve adolescents' access to reliable information.

Future research is recommended to explore adolescents' perspectives on contraceptive care, particularly regarding the influence of social media. Additionally, further exploration of cultural influences is needed to provide deeper insight into the factors affecting contraceptive counselling.

Conclusion

This study highlights critical factors influencing the accessibility and quality of contraceptive care for adolescents across professional, systemic, and societal levels. Culturally sensitive and individualized counselling that considers adolescents' diverse needs is essential. Optimal care requires awareness of personal biases, addressing misinformation from social media, and encouraging positive parental involvement. Systemic and social improvements, including well-coordinated referral pathways, and integration of HCPs into reliable online platforms can improve access to accurate information and support adolescents in making informed choices about their reproductive health.

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Appendices

Appendix 1. Overview of Thematic Code Tree

Code Tree