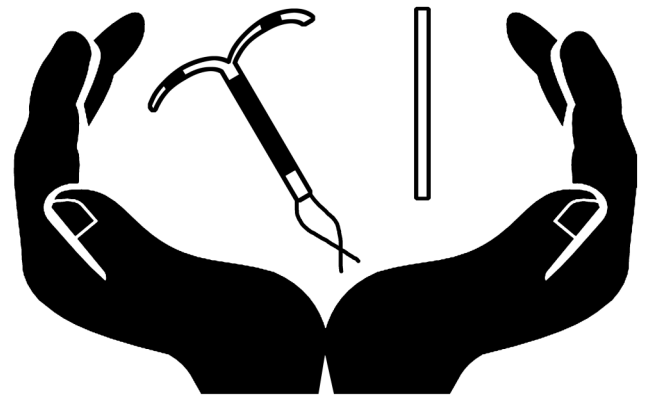


FINAL



I ♥ MY
L A R C

REPORT

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(includes work samples, references, and research documents)

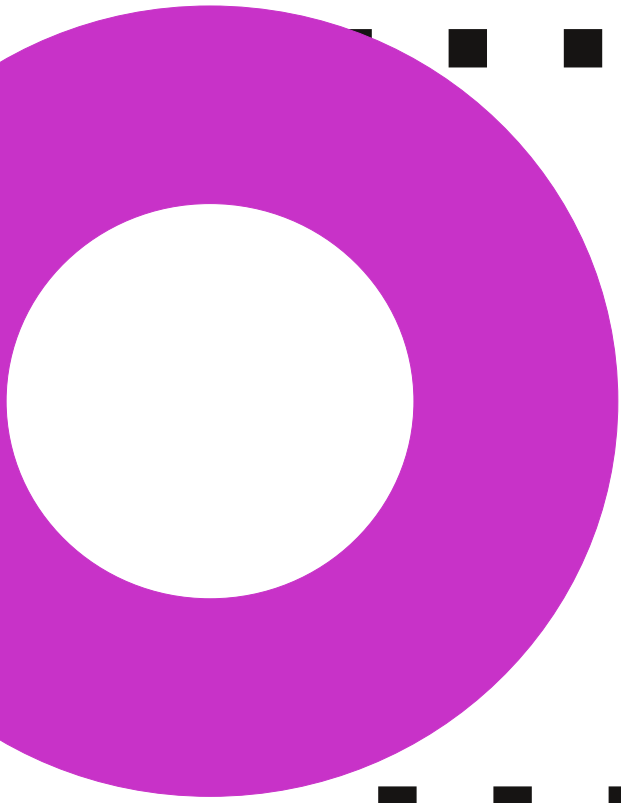


L to R (back): Kate Healey, Megan Severn, Natalie Cancel, Aurora Fegley **(front):** Whitney Martin, Erika LeGendre, Becca Davis, Elizabeth Saady, Jade Griffith

team photo

NEW MEDIA:
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account
executives



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EXECUTIVE SUMMARY



More than half of pregnancies in the United States are unintended. According to the Guttmacher Institute, of unintended pregnancies, 48% of couples were using some form of contraception. Unintended pregnancy leads to severe consequences for the individual, the community, and society as a whole. Long-acting reversible contraception (LARC), including the intrauterine device (IUD) and implant, are the most effective forms of contraception available.

Through an innovative academic/community partnership, researchers and students at the College of Charleston partnered with Advocates for Youth to design and pilot a new theory-based communication campaign: I <3 My LARC. The goal of the campaign is to raise awareness, increase knowledge and improve access to long-acting reversible contraceptive (LARC) methods among young women and men.

A College of Charleston grant for Innovative Teaching and Learning in the Liberal Arts and Sciences provided funding for formative and evaluative research and implementation of the campaign. Through a year-long capstone course, we planned and executed a health communication campaign with frequent involvement and feedback from Advocates for Youth.

The campaign included public relations, new media, and a Better Contraception Rally event to reach young women and men. Formative research, including focus groups and interviews, was conducted to develop campaign strategies, communication channels and messages, including “I <3 My LARC” and “Keep Calm and LARC On.” The campaign used traditional and social media platforms to reach young adults, including YouTube, Twitter, Facebook, and Instagram.

This report details the development, implementation, and evaluation of the I <3 My LARC campaign. The strengths and limitations of the campaign are discussed, in addition to recommendations for future utilization of the campaign.

research plan

I <3 My LARC is a research-based campaign. Our team conducted extensive primary research, including a content analysis, interviews, and focus groups to form the basis for the campaign. We also conducted secondary research on previous health communication campaigns related to long-acting reversible contraception, as well as peer-reviewed studies determining the effectiveness, satisfaction, and continuation for LARC methods.

Qualitative Content Analysis

After determining that a common source for health information for women ages 18-24 includes magazine articles, our team conducted a content analysis of magazine articles (n = 83). The magazines were chosen from a list of the most circulated magazines in the United States. All articles relevant to LARC published within the last five years were identified. A coding system was used to discover patterns and trends in the ways popular magazines persuade women how to think about long-acting reversible contraception.

Focus Groups

Our team led three focus groups (n = 19) to assess knowledge, attitudes, and behaviors related to LARC methods among young women, ages 19 - 22. We used a semi-structured interview protocol to determine current contraceptive behaviors, knowledge and opinions of LARC and other contraceptive methods, and information-seeking behaviors. We created a coding system for the transcripts of these focus groups and again discovered several common themes.

Interviews

Thirty-minute interviews with young women currently using LARC methods (n = 9) provided detailed, nuanced information related to knowledge, attitudes, and behaviors related to these contraceptive methods. The interviews were video recorded and posted on social networking sites. In addition, a photograph and quote from each interview was adapted for other campaign materials, such as posters.

Web-based Survey

An anonymous web-based survey was designed for the purpose of evaluating this health communication campaign. Qualtrics online survey software was used to disseminate the survey and collect data. 112 participants completed the survey.

SITUATIONAL ANALYSIS

Problem Statement

In South Carolina, 56% of all pregnancies are unintended and almost one half of pregnancies among women in their twenties are unintended. South Carolina ranks 11th for the highest teen birth rate in the United States with 72% of these teen births among women who are between 18-19 years old. The annual cost to South Carolina taxpayers for teen childbearing is \$197 million (Teen Pregnancy SC, 2013).

According to the Centers for Disease Control and Prevention (CDC) report, “U.S. Selected Practice Recommendations for Contraceptive Use, 2013,” approximately 50% of all pregnancies are unintended, with higher proportions among adolescent and young women, women who are racial/ethnic minorities, and women with lower levels of education and income. The high rate of unplanned pregnancy is associated with the lack of use of contraceptives or misuse of contraceptives. Strategies to prevent unintended pregnancy include helping women at risk of unintended pregnancy choose among contraceptive options and maintain use of these options consistently over time. The IUD and implant rank among the most effective methods of contraception with fewer than 1 woman out of 100 becoming pregnant during one year of use (CDC, 2013).

According to the American College of Obstetricians and Gynecologists (ACOG), LARC methods should be first-line recommendations for all women and adolescents. In addition to 99% effectiveness at preventing pregnancy, ACOG summarizes the benefits of choosing an IUD, including ease of use, does not interfere with sex or daily activities, easily removable to become pregnant, and the hormonal IUD may decrease menstrual pain and heavy bleeding (American Congress of Obstetricians and Gynecologists, 2013).

The New York Times article, “Birth Control Doesn’t Have to Mean the Pill,” highlights the IUD as a highly effective and safe alternative to the birth control pill (Andrews, 2010). This article emphasizes that about half of unplanned pregnancies are among women using birth control. The high rate of pregnancies while using birth control can be largely attributed to user error. Choosing a birth control that works well for an individual’s lifestyle involves a number of decisions. This article argues that women choose their birth control for a variety of reasons, including reliability, convenience, and familiarity.

To eliminate the user error that women face with daily birth control methods, long-acting reversible contraception options can provide women with little hassle and a lot of protection. A LARC contraceptive method can be used in three main forms; copper intrauterine devices, progestin-only intrauterine systems, and progestin-only sub-dermal implants.

SWOT: advocates for youth

Strengths

- Success of South Carolina Contraceptive Access Initiative
- Success of Sext text messaging line
- New Morning Foundation

Weaknesses

- Online presence (website, Twitter, Facebook, Instagram) should be integrated with a similar organizational voice and style
- At present, social media sites are difficult to locate
- Social media platforms are not highlighted on the website

Opportunities

- Ability to lead a grassroots approach to address myths and misconceptions about LARC
- Partnership with College of Charleston and opportunities to develop partnerships with Planned Parenthood and Medical University of South Carolina (MUSC)
- Lack of large-scale programs in the state focused on raising awareness and access to long-acting reversible contraception

Threats

- Social norms that equate birth control with “the pill” among target audience
- Stigma and misinformation surrounding LARC methods
- Resistance from religious and conservative individuals and groups
- Challenges with roll-out of contraceptive coverage through Affordable Care Act (ACA)

SITUATIONAL ANALYSIS

Secondary Research

The National Campaign to Prevent Teen and Unplanned Pregnancy completed a study, “Contraception Calling” that examined why a large percentage of young women do not actively try to prevent unplanned pregnancy despite the variety of birth control options available. Based on a series of surveys, the study concluded that contraception is not a completely foreign topic, but the audience is not up-to-date with the newest and most effective forms. “Contraception Calling” follows up with the recommendation of educating the target audience of what “not trying to get pregnant” actually means. Using contraception occasionally is not enough. The study’s recommendations stress the importance of “perfect use” and suggests long-acting reversible contraception as the easiest form of birth control to have perfect use. The study also stresses the important role that health-care providers play in educating women about the variety of birth control methods available.

There are various campaigns that reflect the need for increased knowledge about contraception and safe sex practices, such as the Bedsider campaign. Bedsider.org (Bedsider) is an online birth control support network for women 18-29 operated by The National Campaign to Prevent Teen and Unplanned Pregnancy, a private non-profit organization. Bedsider provides users with to-the-point information about sex and contraceptives, as well as making the experience of visiting the site enjoyable. Bedsider does this by including videos of both men and women’s experiences with the IUD, funny videos involving the topic of sex, as well as presenting their information in an informal, yet accurate manner. Bedsider.org offers information about various forms of birth control, where to get it, feature stories, and includes a commonly asked question section.

Pregnant Pause: Getting Bloggy about Teen and Unplanned Pregnancy (The National Campaign to Prevent Teen and Unplanned Pregnancy) is a website that shares information and stories about birth control, policies surrounding teen pregnancy, relationships and much more, all in blog form. The site features postcards about birth control, including the hashtag #ThxBirthControl. This site shares the strengths of other sexual health campaigns by utilizing social media to get the word out about using contraception and practicing safe sex. Messages on the postcard include, “Doing the 9-5 thing for my career before I do the 24-7 thing for a baby” and “9 months from now the only thing I’m expecting to be is more awesome,” all with the #ThxBirthControl hashtag at the bottom. This is a simple idea that has a lot of impact, because it appeals to a young adult audience, and increases the organization’s social media presence.

positioning statement:

We want young women to believe that long-acting reversible contraceptive (LARC) methods are safe and effective at preventing pregnancy and are more beneficial than concerns about LARC as foreign objects.

SECONDARY RESEARCH:

The primary public for the I <3 My LARC campaign includes young women between the ages of 18-24 in the Lowcountry. Secondary and tertiary publics include 18-24 year old men and the mothers of young women, and their health care providers. According to the Centers for Disease Control, South Carolina has the 11th highest teen birth rate in the United States, demonstrating an immediate need for attention (2010).

According to the Guttmacher Institute, two thirds of unintended teen pregnancies occur in older teens, proving the need to target “college-aged” women, ages 18-24. In 2011, Charleston County had 32.7 teen births per 1,000 births, which is higher than the national average of 31.3 teen births per 1,000 births (SC DHEC, 2012). These statistics illustrate that young women in South Carolina are a vulnerable population. Individuals who see themselves as more susceptible to unintended pregnancy are more likely to use more effective forms of contraception (Herold, 1983). Many members of the target audience use daily birth control methods with a high risk for user error, a risk that is virtually eliminated with LARC methods. A report in the Journal of Pediatric and Adolescent Gynecology indicates that adolescents demonstrate higher birth control continuation and lower rates of unintended pregnancy while using methods without daily adherence (Zibners et al, 1999). LARC methods are the most effective methods of preventing unintended pregnancy in the target population.

The target audience is primed for education, and responsive to learning. According to a study conducted at the University of California San Francisco, after a brief educational intervention, 53.5% of participants reported a positive attitude toward the IUD, versus 37.5% before the intervention (Fleming, 2010). This demonstrates the value of proper education to changing health attitudes. Most young women were unaware of IUDs but were likely to think positively about IUDs after being educated about them and having rumors dispelled (Whitaker et al., 2008). There is huge potential to increase LARC method use in the target population. Over the last 10 years, LARC use in teens has been on the rise. In 2002, only 0.3% of female teen contraceptive users chose the implant and IUD, as opposed to 4.5% in 2009 (Finer et al, 2012). Due to the Affordable Care Act, LARC methods are now available to people who could not previously afford them, further increasing the size of our target audience.

Our target audience is a subset of the “millennial” generation, the most socially connected generation to date, due to their use of and presence on social media. According to Pew Research, 89% of Millennials, ages 18-29, use social networking sites such as Facebook, Twitter, and Instagram (Brenner & Smith, 2013). Our campaign team used social media as an effective channel for our messages to reach our target audience.

Our campaign’s secondary audience includes physicians and gynecologists because they are a key element to helping LARC become more accessible to young women today. A woman’s doctor can be a prominent influence on the way she makes decisions about sexual health. If doctors talked more frequently about LARC methods and explained how they are effective and hassle-free, women would begin to see LARC methods as a more accessible option.

AUDIENCE ANALYSIS

Campaign research was approved by the College of Charleston Institutional Review Board (IRB). The health belief model and the diffusion of innovations theory served as a theoretical framework throughout data collection and analysis.

Qualitative Content Analysis

In order to prepare our campaign team for primary research in focus groups, secondary research was conducted in the form of a content analysis. The top 25 single-copy sales of magazines in the U.S. were identified, which included magazines such as Cosmopolitan and Vogue. All articles about contraception from the last five years were identified. The purpose of this analysis was to evaluate the ways popular women's magazines cover contraception and persuade women how to think about these subjects. Specifically, we asked: "what specific types of contraception are discussed most frequently?" "how accurate is the information included in popular women's magazines?" and "what health beliefs about contraception are discussed?" A total of 83 articles were analyzed based on a codebook created by the campaign team.

The content analysis revealed that the IUD was discussed more frequently than the implant, and a majority of these articles addressed myths and rumors surrounding LARC methods, often describing the IUD as "the perfect low-maintenance birth control." Statistics concerning effectiveness of the methods were used to dispel false beliefs about LARC methods.

Focus Groups

Our team led three focus groups (n = 19) to assess knowledge, attitudes, and behaviors related to LARC methods among young women, ages 19 - 22. We used a semi-structured focus group guide to determine current contraceptive behaviors, knowledge and opinions of contraception, and information-seeking behaviors. With participants' permission, all focus groups were recorded for accuracy. Digital sound files were transcribed in order to analyze the focus groups in detail. The health belief model and the diffusion of innovations theory served as a theoretical framework throughout data collection and analysis.

Several themes emerged regarding the target audience's perceptions of LARC methods. Among these participants, family, especially mothers, played an important role in making decisions about contraceptive methods.

The Importance of Effectiveness

Effectiveness emerged as the most important aspect of choosing a method of birth control. Participants described a general awareness of long-acting reversible contraceptive methods, however, they were unaware of more specific facts about the effectiveness, mechanisms of preventing pregnancy, side effects, price, etc. Many participants said, "I'd have to research it more."

AUDIENCE ANALYSIS

The 'Ick' Factor

Participants reacted negatively to the idea of a “foreign object,” such as an IUD or implant in their bodies to prevent pregnancy. One participant noted, “I don’t really like the idea of a foreign object floating around.” Another young woman said “I don’t like the idea of plastic all up in my uterus, just thinking of that makes me hurt.”

Physician Resistance

According to participants, physicians lacked knowledge about LARC and/or resisted prescribing long-acting reversible contraception (LARC). One participant said, “I just talked with my doctor and let her prescribe [the pill]. I figured she would know more than I did.” The majority of our focus group participants talked about trusting their doctor with their sexual health more than any other source of information.

The Paradox of Inertia

Although participants described major disadvantages of the pill (including forgetting to take it on time), as well as identified the benefits of LARC, even acknowledging LARC as a better option, they resisted switching to a long-acting reversible contraceptive method. According to one participant: “People always take pills, it just seems so much more normal than having something put inside you.”

Use of New Media for Information about LARC

Participants reported hearing about LARC in various forms of traditional media, including television and magazines. However, participants described using online resources from general, broad sites such as WebMD to more specifically tailored sites such as bedsider.org to find out information about contraception. Social media emerged as a particularly appropriate platform to reach the audience. Participants were open to receiving contraceptive information through social media platforms, such as Twitter.

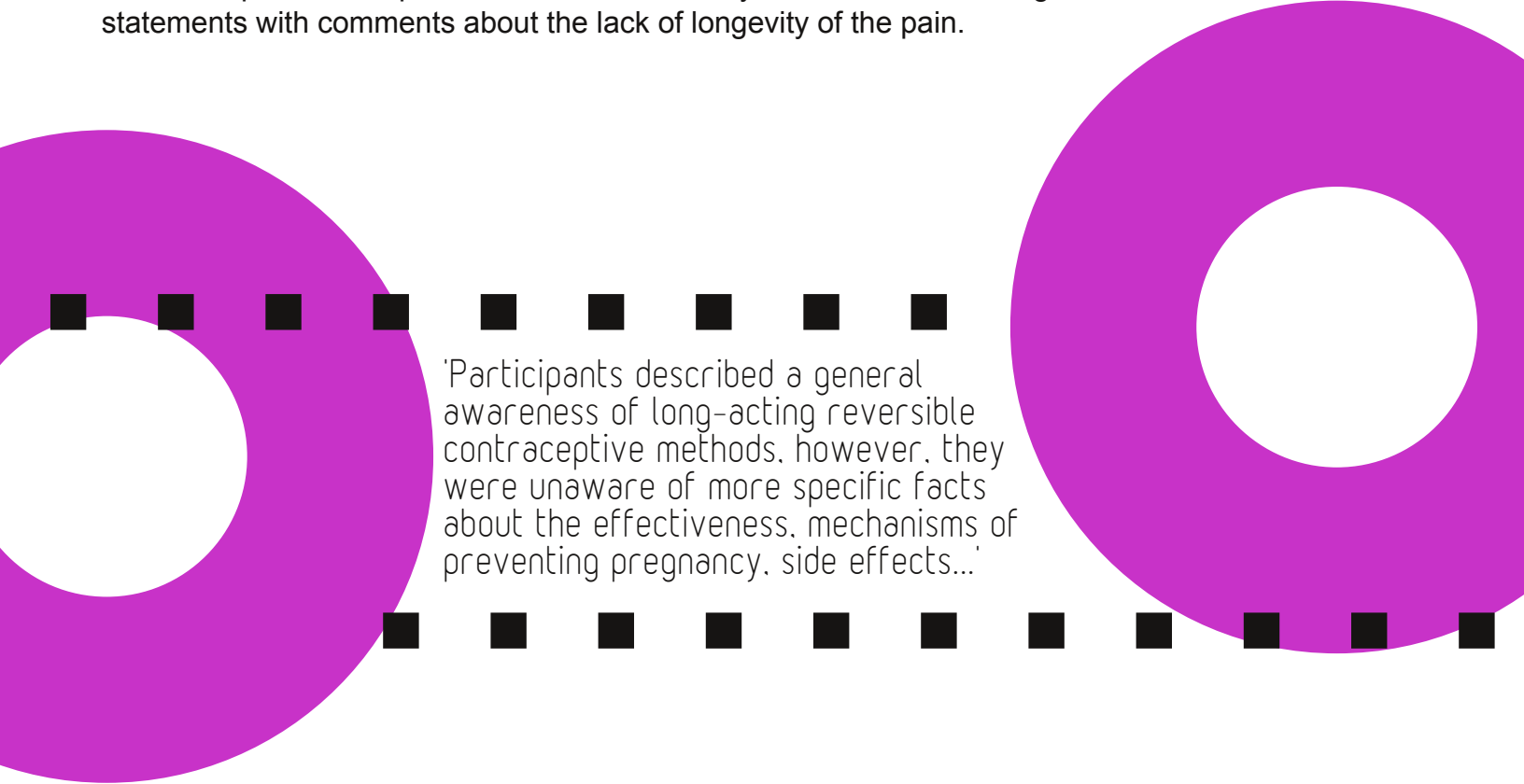
Interviews

Thirty-minute interviews with young women currently using LARC methods (n = 9) provided detailed, nuanced information related to knowledge, attitudes, and behaviors related to these contraceptive methods. The interview was video recorded and posted on social networking sites in the form of a video blog or vlog. In addition, a photograph and quotes from the interview were adapted for other campaign materials, such as posters.

Participants were satisfied with their choice of birth control, citing ease of use and effectiveness as their favorite aspects of LARC methods. Interviewees often compared the ease of use of their method with that of the pill, stating, “I don’t have to remember to take a pill at the same time every day,” and “I don’t even have

AUDIENCE ANALYSIS

to think about it.” Interviewees also acknowledged their methods as the “most effective form of birth control.” The interviews revealed that doctors, family, and the Internet were all important in making a decision about birth control. The main complaint about LARC methods was pain, specifically of IUD insertion and ParaGard monthly cramps. Interviewees likened the feeling of IUD insertion to “the worst period cramps ever,” and “it felt like my insides were bleeding,” but amended these statements with comments about the lack of longevity of the pain.



'Participants described a general awareness of long-acting reversible contraceptive methods, however, they were unaware of more specific facts about the effectiveness, mechanisms of preventing pregnancy, side effects...'

AUDIENCE ANALYSIS

Knowing the **habits and preferences** of the target audience helps to focus the health campaign to their needs and understand how they receive their current health information. The more you know about your primary audience, women between the ages of 18-24, the better you can reach them with messages, activities and policies. Understanding the **needs and wants** of the target audience on a more personal level, as well as their motivations and lifestyles can help to truly engage them as well as influence their behavior.

These composite profiles **analyze and provide insight** into our target audience in order to more effectively communicate with them to influence their behavior:

First Year Student, Liberal Arts College in the Southeast

Age: 18

*"I have started to have sex since I came to college, and I know I need to start protecting myself. I am **unsure** if I want to start to use hormonal birth control or to always just use condoms. I am scared to ask my parents what to do, but I know that I do not want to get pregnant for a long time."*

- Introverted, somewhat sexually active, single
- Does not have an open relationship with parents, does not talk about personal issues with family.
- Has never used a form of hormonal birth control.
- Has not previously been in a long-term relationship.
- Only familiar with the pill and condoms as forms of birth control.

april washington
(the freshman decider)



audience insights



victoria moore
(the recent graduate)

Working Professional in the Southeast
Age: 22

*"Taking the pill has really become useless. I **barely remember** to take it, but I am just too unsure about other methods, such as the IUD. Some say it is safe for women who have not had a kid, but I have also heard that it is not safe. I just wish I could find an option that is carefree and protects me for as long as I want."*

- Extroverted, regularly sexually active, in a long-term relationship.
- Family openly communicates about sexual health and contraception.
- Took the pill during college, but forgets to take it due to her busy work schedule.
- Believes that the IUD may not be safe for women who have not had a child.
- Wants to focus on her career and does not want to have children until her late 20's.

Single working mother in the Southeast
Age: 24

*"I wish there were a birth control method that would **protect me** without having to worry about the hassle of an everyday pill. I love my baby but would like to make sure I do not get pregnant again for a few years."*

- Extroverted, somewhat sexually active, single & casually dating.
- Only has experience taking the pill, lacks information about other methods.
- Wants to go back to school to earn a degree in order to support her child.
- Does not want to get pregnant again until she is in a steady relationship and has a good job.
- Wants a long-acting birth control method that will allow her to continue breastfeeding.

nancy o'neill
(the new mother)



audience insights

goals & objectives

Our goals are drawn from the insight provided by our formative research. We established goals that strive for both an increase in awareness and behavior change. Attainable yet ambitious objectives are listed following each goal to guide the campaign progress.

To change young women's perceptions about long-acting reversible contraception (LARC), our campaign promotes each woman's ability to prevent pregnancy through increased awareness and access to contraception. Our campaign strives to increase knowledge and dispel rumors about about these methods in the target population, as well as emphasize the advantages of these methods.

Goal 1: To increase positive perceptions of LARC methods among young women in Charleston.

Objective 1: Increase accurate knowledge of LARC methods by creating and managing new media platforms to educate and engage the target audience (e.g., Twitter, Facebook, and Instagram).

Objective 2: Interview 9 young women who use LARC methods to create video blog (vlog) posts.

Objective 3: Create "buzz" in the Charleston area by distributing 200 buttons at local and campus events.

Goal 2: To increase discussions about LARC among young women and physicians in Charleston through the I <3 My LARC campaign concept.

Objective 1: Develop and host a "Better Contraceptive Rally" featuring free counseling and information from health care providers and current LARC users.

Objective 2: Create and distribute promotional materials, including infographics.

Objective 3: Develop and disseminate a media kit to media sources and physicians.



STRATEGIES & MESSAGES

MESSAGES



This campaign strived to help women make decisions about contraception. Messages emphasized that women should be happy and satisfied with the option they choose. The campaign slogans included “I <3 my LARC” and “Keep Calm and LARC On,” using popular phrases intended to spark conversation or questions. We wanted to show women they have options in choosing contraception and give them the ability to control their health decisions.

“I <3 My LARC”

The primary message of this campaign includes the benefits of LARC. This is connected to the benefits construct of the Health Belief Model. From the standpoint of the diffusion of innovations theory and the transtheoretical model, this message aimed to push the target audience from a pre-contemplation to a contemplation stage. The ease of use message was present in magazine articles. Focus groups discussed this benefit as well. This is where the contemplation and internal questioning occurred.

This message also aimed to get our audience to ask questions. The goal of this message was to give the audience the knowledge and tools needed to make the change to LARC methods. This is connected to the cues to action and self-efficacy constructs of the HBM and the diffusion of an innovation. The goal was to encourage the audience to switch to a LARC method. This is underscored by the pattern of lack of knowledge and awareness of LARC methods in the target audience based on the focus group research conducted.

“Keep Calm and LARC On”

The message, Keep Calm and LARC On is a play on the motivational poster, Keep Calm and Carry On, which was developed by the British government to raise morale during World War II, but was never publicly displayed. The message gained popularity in 2000 and has been reappropriated by many companies and campaigns. Our campaign used this well-known message to raise awareness of the comparative effectiveness of various contraceptive methods. We wanted to educate women with the facts of LARC that most people do not know.

Theoretically, this message relates to the target audience’s perceived susceptibility and perceived severity—two constructs of the health belief model. From the standpoint of diffusion of innovations theory and the transtheoretical model, the audience at this point will be in the pre-contemplation stage (Pro-Change, 2013). According to the focus group analysis, this is due to a lack of awareness about LARC effectiveness versus OCP effectiveness. This campaign emphasized statistics that display the high effectiveness rates of LARC methods and the relatively lower rates of the more popular oral contraceptive pill method.



TACTICS

New media was incorporated into the I <3 My LARC campaign by providing informative and evidence-based sexual and reproductive health information. We wanted to allow young women to not only learn about reproductive health news, but even feel comfortable posting their experiences and asking questions. By providing information and access to these women, campaigners hoped to get young women 18-24 years old to begin to contemplate the birth control that they currently use, and seriously consider a long-acting reversible contraceptive (LARC) method, so that they are better protected from unplanned pregnancies. To accomplish this, I <3 My LARC rolled out a multifaceted social media campaign to raise awareness, promote affordability through the Affordable Care Act, and link women with local health centers that can assist them with their needs.

In order to create awareness for the campaign and to increase the term of “LARC”, there were a few hashtags that were seen often in the media posts. “#LARCon” was used on nearly every Twitter update in order to keep with the slogan on the pins “Keep Calm and LARC On”. The hashtags were especially common on the Instagram site in order to attract the most views by having the pictures seen on many hashtags. Common hashtags for Instagram were “#ChooseWell”, “#WomensHealth”, “#AreYouSatisfied”, “#IUD”, “#implant”, “#WhyIHeartMyLARC”. These were used in nearly every post to raise awareness of the LARCs and keep a common theme among the photos.

Three specific outcomes described what the new media team worked toward during the implementation phase:

Outcome 1: Created and managed new media platforms to engage with the target audience, young women ages 18-24. The new media team engaged with the key public by utilizing social media platforms including Twitter, Instagram, and Facebook.

Twitter

For the I <3 My LARC campaign, we used the Twitter account (<http://twitter.com/thescyan>) already established by the client. Parameters for utilizing this social media platform included: 2-3 tweets per day by new media team and 2-3 retweets per day for outreach to other campaigns, programs, and organizations on Twitter. The outcome for our Twitter presence was the recruitment of 31 appropriate followers, the generating of 10 favorites, and the inspiration of 25 retweets.

Instagram

For the I <3 My LARC campaign, we used the Instagram ([@choose_well](https://www.instagram.com/choose_well)) account that was already established by the client. Parameters for utilizing this social media platform included: 2 pictures per day by the new media team and 2 likes per day for outreach to other campaigns, programs, and organizations on Instagram. The outcome for our Instagram presence over the duration of the campaign was the recruitment of 25 appropriate followers, generating 25 likes from others, and the inspiration of 25 comments.

Facebook

For the I <3 My LARC campaign, we used the Facebook (<http://facebook.com/sexted>) account that was already established by the client. Parameters for utilizing this social media platform included: 2-3 posts per day by new media team, as well as 2-3 likes per day for outreach to other campaigns, programs, and organizations on Facebook. The actual outcome for our Facebook presence over the duration of this initiative included the recruitment of 3 appropriate "friends," generating 40 likes, and the inspiration of 16 shares.

Outcome 2: Engaged and connected with the target audience through video blogs and piloted an interactive Instagram Video contest that asked: 'Why do you <3 LARC?'

Video Blogs: Additionally, the new media aspect of this campaign was responsible for the creation and dissemination of 9 YouTube videos that showcased interviews with LARC users. The videos highlighted the most intriguing points of the thirty-minute interviews. These interview videos ranged from 2-6 minutes, and were posted on social media sites once a day leading up to the event. Altogether, the videos gained over 60 views.

Contest Publicity & Prize: In order to engage users with the pilot contest, a video was made describing the contest, the prizes and instructions to submit. The video was added to the Instagram page and the hashtags that accompanied it linked directly to the contest. It received 40+ views. The videos would then be judged and a final winner chosen and announced at the Better Contraceptive Rally. The winner of the video submissions would win a 16GB iPod Nano engraved with the campaign details: I <3 My LARC SC Contraceptive Access Initiative. This prize was selected because it is something our target audience would enjoy since music and technology is so popular among this age range. The engraving will then continue to solicit attention about the campaign.

Solicitation of Submissions: Goal was to have 40-60 video submissions for the contest and we got two. We publicized the contest on all media platforms and through word of mouth. Each time the campaign buttons "Keep Calm and LARC On" were distributed, the recipient was told about the contest and urged to submit a video.

Outcome 3: Developed and disseminated Infographics and Video Blogs.

Infographics: The development of appropriate infographics for the I <3 My LARC campaign was a key focus throughout the implementation of our initiative. The infographics are a perfect tool to educate and visually display information to our college-aged audience. The first infographic is solely about the implant and the second is dedicated to the IUD. The infographics were designed to catch our audiences attention with the use of a bright pink color which is being used throughout all of the campaign materials. The infographics provide easy-to-

understand graphics, such as large percentages and fonts that compare the effectiveness to that of the pill. The graphics communicate our research and statistics to our audience in an easy to understand format. These infographics give our audience all the necessary information that they need to know about the IUD and implant, while also including links to Bedsider.org, if they are interested in learning more about contraception methods. These infographics were created and designed to be socially shareable for online use.

NEW MEDIA



31 appropriate followers
10 favorites
25 retweets



45 appropriate followers
233 likes
24 comments



3 appropriate "friends"
40 likes
16 shares

The outreach and promotion portion of our campaign entailed two parts, creating and disseminating materials to the local community, and developing key relationships with the community to better promote the campaign. We created a media kit, including a press release, brochure, feature release and a health education presentation. We created a list of local media outlets and doctors that we reached out to, as well as local vendors who are participating in our campaign by donating prizes for the Instagram video contest.

The media kit includes a press release and a brochure. The press release described the campaign and highlights the Better Contraceptive Rally. It also provided details about the contest, including the grand prize of a 16GB iPod Nano. The press release was promoted by the College of Charleston's Media Relations Team and News at CofC, as well as numerous social media handles. The brochure included information about LARC methods. The brochure was passed out at the event, to local participating vendors, in local doctor's offices, and on campus.

Another valuable resource created was the feature release, which was published on the HerCampus website (<http://www.hercampus.com/school/c-c>). Her Campus: "A Collegiate's Guide to Life,"™ is the #1 online and offline community for college women. HerCampus.com features national content supplemented by local content from 230+ campus chapters nationwide and in seven countries.

The feature release provided readers with general information about the campaign, LARC methods, as well as links to more information about LARCs, why LARCs are better for young people, what birth control is right for you, and how to talk to your child about LARC options. The feature release highlighted research describing why LARC methods are recommended for young women. However, not all birth control methods are right for everyone which is why we included the part about what birth control is right for you, which gives the readers other resources, so that they can determine if LARC is the right choice.

We created two outreach lists, one of local doctors, and the other of local media outlets. Each list is comprised of approximately 25 contacts. We received permission to use about 10 physicians as resources for our campaign and invited them to the event. We chose the media outlets based on those that reach our target audiences, such as the campus magazine, magazines provided on campus or at frequently visited places on campus (Starbucks), as well as, parent magazines, and magazines that were related to women's health. We chose the doctors based on locally visited practices, such as Access Health Care, Planned Parenthood, and the Medical University of South Carolina (MUSC), as well as other practices in Mt. Pleasant, James Island, and North Charleston.

Outreach also included local vendors participating in the campaign by either donating prizes for the Instagram winners and/or displaying some of our written materials. Charleston Beer Works and Red Ice House were the first two vendors to sign up to help the campaign and have offered a few gift cards as prizes to the Instagram contest.

Lastly, the team distributed approximately 200 "Keep Calm and LARC On" buttons to classmates, friends, various departments and organizations on campus. We also partnered with several events on campus, including the "Singing for Sex" event and the Body Image Rally to distribute buttons and spread awareness. This was a great opportunity to spread more awareness about the campaign and educate the community.

EVENT

Our event addressed three main issues: (1) lack of awareness, (2) lack of accurate information, and (3) fear/feeling uncomfortable about LARC. We planned to host a booth at the Marion Square Charleston Farmer's Market Saturday, April 19th from 8am-2pm, however, the event was rained out. Instead, we set up a table in Cougar Mall on CofC campus the following Wednesday (April 23) from 11am-1pm. We provided a venue for individuals to come up to our table and ask us about LARC and pass out campaign materials. We also used this event to announce our vlog winner and award our prize, an iPod Nano.

To promote our initial event, the Event team created a poster, which was shared on social media and disseminated on campus and around the city. We used the vlog video contest to promote this event by announcing our winner and giving out the prize at the event. The Event and Outreach teams created a press release, which was sent to local media outlets to increase publicity and exposure of our event.

At the Farmer's Market, LARC users would have been present at the event to answer questions and share experiences. Also, we would have had at least one provider present for the main time frame of the event. Offering different types of LARC supporters at this event would have provided our audience a diverse and complete understanding of LARC from different points of view.

At Cougar Mall, men and women of all ages were welcomed to our table in order to spread awareness about LARC. However, we focused on college-age women—our target audience. A table decorated with our campaign name, color scheme, and social media was set up at the non-profit booth in the Farmer's Market. We also provided materials specific to our campaign, including a laminated infographic, buttons to hand out, and brochures. We also had materials from the "SEXT" campaign from the S.C. Contraceptive Access Campaign, as well as materials from the Bedsider campaign and Planned Parenthood. Candy was also given away as an incentive to visit the table.

Prior to the inclement weather cancellation, the Farmer's Market manager expressed some concern over our cause—he did not want it to look like the City of Charleston was endorsing promiscuous behavior, as they have dealt with negative feedback from similar situations in the past. At the market manager's request, we were going to include some health materials not specific to contraception or sexual behavior, which focus on general health for college aged women. Not only were concerns expressed about our message, but also about the type of products we would be handing out. For example, there are health laws prohibiting us to make food or baked goods. After talking with the farmers market manager over email, phone, and in person, we agreed that we were going to change some of our plans in order to eliminate their concerns.

We also had electronic tablets (e.g., iPads) available to display our vlogs, and to pull up the S.C. Contraceptive Access Campaign website, our social media profiles, or any other relevant sites, like our evaluation survey. We also announced the winner of the vlog contest and awarded the iPod nano. We reached over 60 young women and men. We distributed 30 "Keep Calm and LARC On" buttons.





event photos

IMPLEMENTATION

Tactic	Description	Cost
Brochures	Library Printer	Free
Campaign Buttons	Zazzle.com	250 X \$1.90 ea. = \$475 + tax/shipping = \$505
Formative Research Three Focus Groups	Nominal Participant Incentive (Pizza and Soda)	\$100
Grand-Prize	16GB iPod Nano in Pink Free laser-engraved message: I <3 My LARC S.C. Contraceptive Access Campaign	\$149 + tax/shipping = \$165
Event Flyers	Library Printer	Free
	TOTAL	\$770.00

budget

Activity	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.
Campaign Buttons						■	■	■
Facebook						■	■	■
Formative Research	■	■	■					
Flyers							■	■
Instagram						■	■	■
Media Kit	■	■	■	■	■	■	■	
Survey								■
Twitter						■	■	■

timeline

CHALLENGES

Throughout this campaign, there were many challenges that were faced not only as an overall campaign, but within our specialty teams. Many of these challenges allowed the team to re-strategize and solve the problem with an appropriate outcome. A challenge for the overall campaign was to make sure we were developing professional products. The interdependency of the teams was challenging. For example, the Outreach and Promotion team had difficulties finalizing and releasing items of the media kit until the event details were finalized. The Outreach and Promotion team also faced the challenge of reaching doctors who were comfortable allowing the campaign to use their name as a contact doctor.

The Event Planning team faced one of the biggest challenges of our campaign negotiating the event at the Charleston Farmer's Market. While the Charleston Farmer's Market offers a non-profit table each Saturday, we were assigned April 19th, which was later than our preferred timeline. It took several weeks with multiple e-mails back and forth with the director to secure a date for our event. The decision was not made until mid-March, leaving little time to prepare for the April event. Another obstacle that the Event Planning and Evaluation team wanted to clear up with the director was that our campaign was not to promote sex, but to promote contraceptive options, including LARC. Finally, when the Farmer's Market was closed due to inclement weather on Saturday, April 19th, we had limited time to reschedule the event.

When it came to promoting the campaign through social media, our New Media Team faced the challenge of a siloed online presence (website, Twitter, Facebook, Instagram), which may have been a source of confusion for the target audience and limited opportunities for a consistent organizational voice and style. In addition, the social media sites were difficult for the target audience to locate. Finally, social media platforms are not highlighted on the website.

"Another obstacle that the Event Planning and Evaluation team wanted to clear up with the director was that our campaign was not to promote sex, but to promote contraceptive options, including LARC"

results

Web-based survey methodology

In order to test the effectiveness of our campaign, we designed a web-based survey using the Qualtrics software program. The survey was disseminated through social media and in-person on iPads at the Better Contraceptive Rally. The 25 question survey is anonymous and asks the participant yes or no questions, whether a statement is true or false, and to check all phrases that apply to them.

Question 1 asks whether the participant has heard of the I <3 My LARC Campaign. This question helps to assess the reach of the campaign and how effective the strategies were in promoting it. The next two questions ask the participant if they have ever heard of contraception or birth control and if so, what types they have heard of. The participant is given a list to check off which types they have heard. Over-the-counter methods are listed as well as prescription methods. Popular brand names of certain types are provided to help the participant recognize a type they may know of. Having the participant specify what methods of birth control they have heard about helps assess whether or not the I <3 My LARC campaign was effective in informing the public of long-acting reversible contraception methods.

The next set of questions asks the participant to identify where they have heard about long-acting reversible contraception methods. A list of options is provided and participants check off which ones apply. The participant is also asked if they have heard or seen any of the campaign slogans (I <3 My LARC, Keep Calm and LARC On, or I Love My LARC) and where they have heard or saw them. These questions help identify which campaign strategies were most effective in relaying the message. Question 7 asks if the participant took action in response to any of the campaign messages they saw. This includes discussing long-acting reversible contraception with friends and family, researching the IUD or implant, contacting their health-care provider about LARC, or making an appointment to have IUD or implant inserted.

The next 10 questions ask the participant whether or not they believe the statement regarding birth control methods is true or false. Answers to these questions assess whether the campaign effectively dispelled any myths regarding birth control. The last sections of questions ask the participant to provide demographic information as well as information regarding their personal birth control usage. These answers will show whether or not the campaign reached the targeted public.

Measurement and Evaluation

Overall, 112 completed surveys were collected. To minimize multiple attempts during the duration of the data collection period, each IP address was limited to one submission. Participants were recruited through new media, including email and social media platforms. Of the participants, 94% were female and ages ranged from 18-60 years old with an average

results

age of 24.8. The majority of participants self-identified as white (90%) and 8% as black.

Almost all of the participants (97%) had heard of contraception or birth control. Participants primarily heard about long-acting reversible contraception from friends and relatives (55%), television or radio (42%), health care providers (36%), the Internet (33%), and social networking sites (27%). Among participants who had heard about contraception, 99% reported hearing about the oral contraceptive pill while only 81% knew about the IUD and 62% knew about the arm implant. The oral contraceptive pill was the most widely used method of birth control among participants (71%) followed by male condoms (65%). Almost 25% of the sample had used withdrawal as a method of birth control. Other methods ranged from the IUD (17%), the ring (16%), emergency contraception (15%), the implant (6%), the patch (6%), and the shot (5%).

Of the participants, 38% had heard of the I <3 My LARC Campaign or Keep Calm and LARC On and 19% had heard of the SEXT text messaging line. Participants primarily saw these campaign messages on Instagram (62%), Facebook (49%), and Twitter (46%). Based on campaign messages, almost half of participants (49%) indicated that they gave some thought to using the IUD or implant, 40% discussed the IUD or implant with friends or family members, and 19% reported obtaining an IUD or implant.

Over 80% of participants believed that if you are sexually active, using condoms and another method of birth control is the most effective way to prevent both pregnancy and HIV/STIs. Participants evidenced limited knowledge of the IUD and implant. Almost 60% of respondents were not sure if the ParaGard IUD can prevent pregnancy for up to 10 years and 32% were not sure if a woman can obtain an IUD if she has never had any children. Over 36% of participants were not sure if the arm implant was a single implant inserted into a woman's upper arm that is effective for three years.

ADVICE FOR
IMPLEMENTING
A CAMPAIGN
ON CAMPUS

The online presence of the campaign needs to be integrated across all sites. The usernames for Twitter, Facebook and Instagram were all different. Once a name of the campaign has been established, all media needs to be under that username. For example, Twitter was “TheSCYan,” Instagram was “Choose_Well” and Facebook was “SextEd.” None of these social media handles were related to contraceptive access or awareness. There would be no association between the organization, contraception, and these names based upon the handle. It would be very simple to put one just the name of the campaign and then the three symbols of the social media sites. This makes it less confusing for the audience to find the campaign.

The College of Charleston is located very close to Marion Square, which is a popular hub on weekends for locals and visitors alike. The main event of our campaign was set for a Saturday morning during the very successful Farmer’s Market in Marion Square. This location was selected due to the accessibility to campus, but also due to the high foot traffic of the general population. If another school was to implement this campaign on their campus, choosing a location that the public is already going to is a great way to get exposure to a large audience. Preferably, the venue should also be close to campus so that students would have an easy way to get to the location. Other ideas of places for the venue depending upon the location of the college could be: county fairs, community health events or parades.

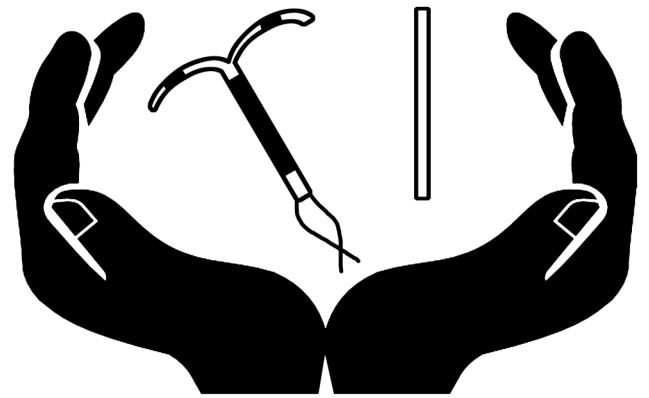
Whichever venue is selected, ensure that the contact person for the venue is the decision maker. If the venue selected is a seasonal venue, provide enough time in advance to book the venue and account for down time where the contact may not be available.

Another way that the campaign could really impact the local community would be to reach out to women’s shelters. There is a high demand for information and birth control among these vulnerable populations. Having a connection with these establishments would allow the women who use their services to know about other birth control options that they may not be aware of.

We piloted an Instagram video contest and were unable to solicit submissions from outside our team. A recommendation would be using a site that users can upload video submissions without having it tied to their own personal Instagram accounts. Findings are that while some people are inspired by the contest, they don’t want all of their Instagram followers to see the video they make about birth control. Instead of Instagram, if there is a site that would allow users to post and watch other videos without linking directly to their own page, there would be more submissions. Even if someone posts to the hashtag and doesn’t show their face in the video, their username is still public. Some users might be comfortable showing their identities on the video in the context of sharing with the other viewers of the video, but might not want their own followers to know it.

“It would be very simple to put one just the name of the campaign....”

RECOMMENDATIONS



I ♥ MY
L A R C

APPENDIX



WORK SAMPLES



The infographics were designed to catch our audiences attention with the use of a bright pink color which is being used throughout all of the campaign materials. The infographics provide easy-to-understand graphics, such as large percentages and fonts that compare the effectiveness to that of the pill.

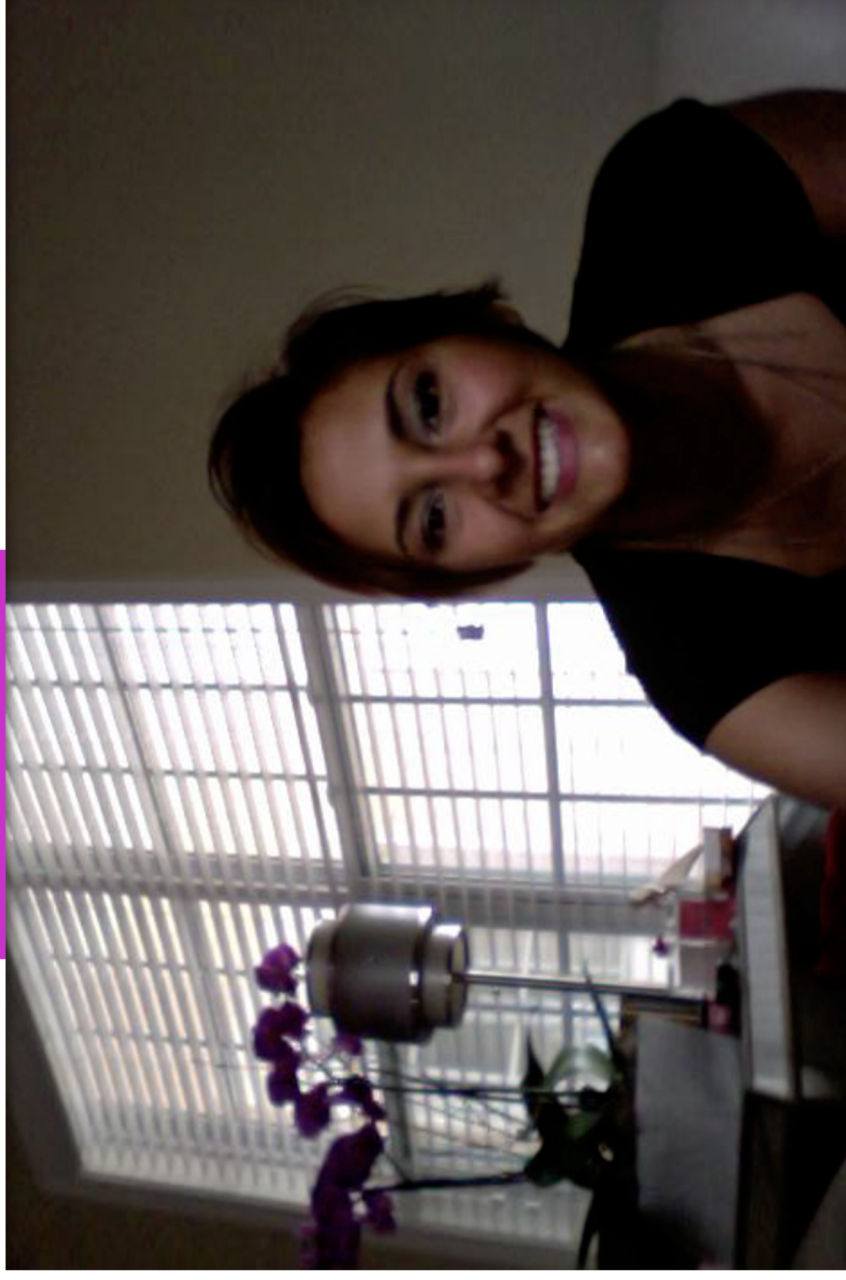
infographics

200 "Keep Calm and LARC ON" buttons were distributed to spread more awareness and educate the community. The message is a play on the motivation poster. "Keep Calm and Carry On" which was developed by the Birtish governement to raise morale. Our campaign used this well-known message to raise awareness of the comparative effectiveness of various contraceptive methods.



buttons

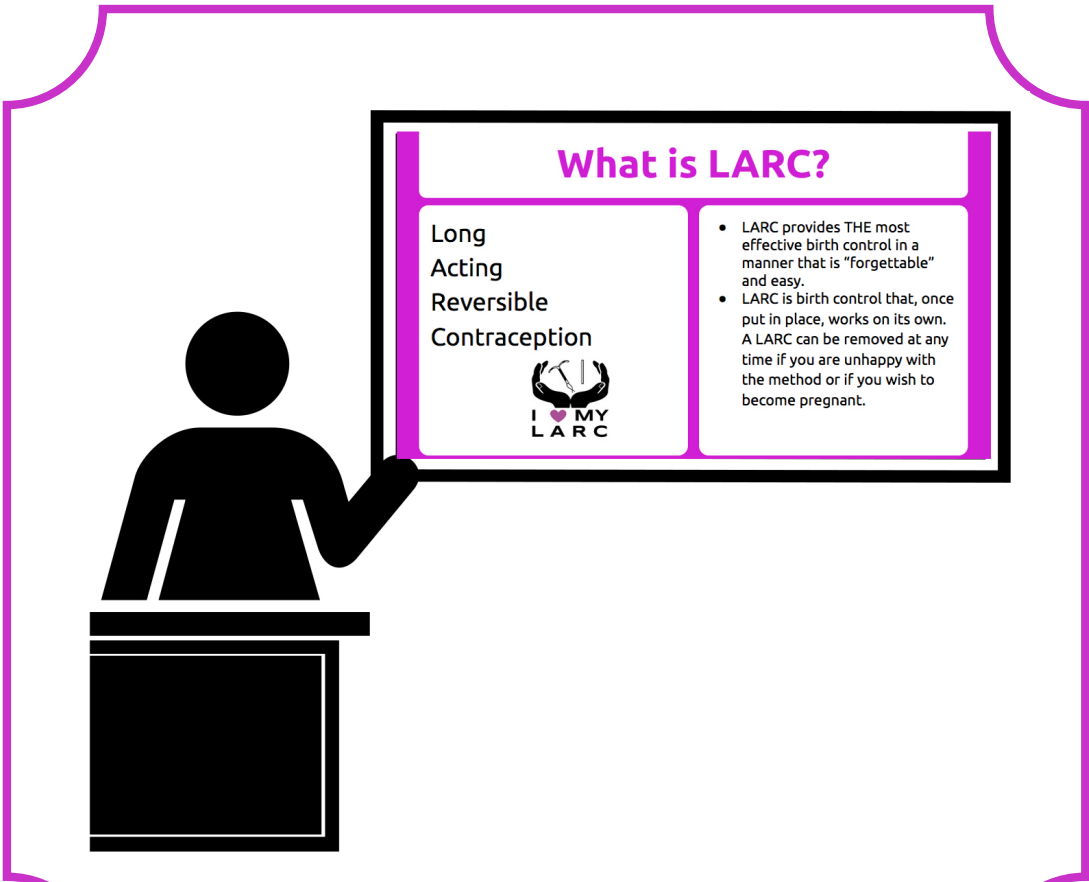
WHY DO YOU HEART YOUR LARC?



"I love that it's a very **discrete** and **powerful** birth control without having to take a daily pill."

Posters based on the thirty-minute interviews were created using a photo of the current LARC user, and a notable quote that answers the question. "Why do you heart your LARC?" Two variations for the design were made (light & dark), with our campaign logo visible on both versions.

interview posters



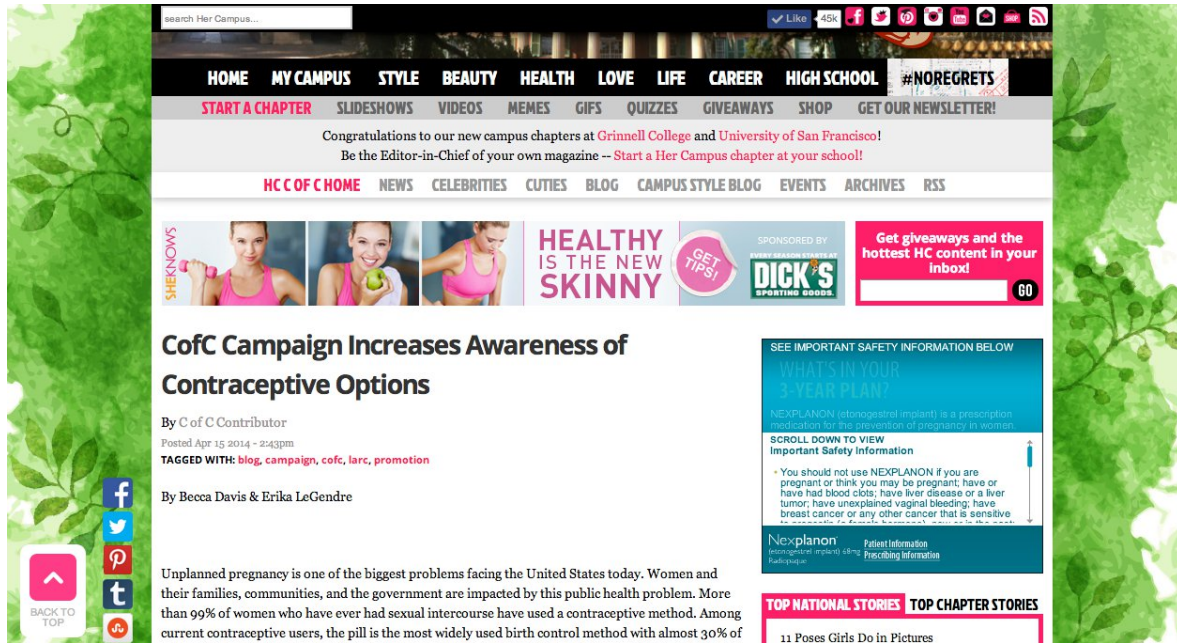
One product used for outreach was a presentation that's purpose was to educate and spread awareness about LARC & contraceptive choice to college age women. Contained 6 slides with more resources at the end. Campaign colors were used, as well as logo.

health education presentation

To engage users with the campaign's instagram video contest, a short promo video was made and published on YouTube. The video was text-based and included a voice over of contest rules. "I <3 My LARC" colors, and main typeface were used. The video gained about 40+ views.



contest promo video



<http://www.hercampus.com/school/c-c/cofc-campaign-increases-awareness-contraceptive-options>

feature release

HerCampus.com features national content supplemented by local content from 230+ campus chapters nationwide and in seven countries. The feature release provided readers with general information about the campaign, LARC methods, as well as links to more information about LARCs.

The brochure included information about LARC methods. The brochure was passed out at the event to local participating vendors, in local doctors office, and on campus. It included our campaign logo, colors, and the "Keep Calm and LARC ON" message.



brochure

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RESEARCH DOCUMENTS



Choose Well Focus Group Protocol

Introduction (5 minutes)

Welcome and Facilitator Introduction

"Good morning/afternoon/evening and welcome to our discussion. Thanks for taking the time to join us to talk about your knowledge, attitudes, and behaviors related to contraceptive methods, including the IUD, implant, emergency contraception, and condoms. My name is _____ and working with me is _____. (Offer a little about your background.)"

Background on Focus Group Research Study

"Our focus group discussion is going to last about two hours. Once we get started, I am going to ask you questions and we'd like you to share your thoughts and opinions freely. You will do most of the talking. We will be doing a lot of listening. Remember you are the experts and we want to learn from you."

How Today's Focus Group will Work (5 minutes)

No "Right" or "Wrong" Answers and Participation

"I'll be asking you some questions. There are no "right" or "wrong" answers to these questions. Whatever you believe is the right answer for you. It's okay to have a different opinion from other people in the group. It's really important for us to hear all the different points of view in the room. I want you to share your point of view, whether it's the same or different from what others are saying. I want you to feel comfortable saying what you really think and to respect each others' opinions.

"Don't feel like you have to respond to me all the time. Feel free to talk to one another when discussing my questions. If you want to respond to something someone said, agree or disagree with something someone said, or give an example, you can do that; just be respectful. We want all people to have a chance to share ideas. We may need to interrupt or call on people to make sure this happens. Please do not feel offended if we do this."

Tape Recording and Confidentiality

"We will be recording the session because we don't want to miss any of your comments."

"We will use each other's first names today and again, we will not use any names in our report. I am also going to ask all of you to keep what is said here confidential, so that everybody feels comfortable talking and knows what they say we will not be repeated. Can you all do that?" (Make eye contact with each person in the group and wait for him/her to nod affirmatively.)

"Also, you do not have to answer any question that makes you feel uncomfortable. If you are asked a specific question and don't want to answer, you can just say 'pass'."

Introductions

Let's begin. We have asked you to wear a name tag to help us remember each person's names. Let's go around the room and introduce yourselves by giving your first name and where you are from.

Warm-Up Questions

Okay! I would like to begin by finding out what your perceptions are on some important issues, such as health. So, the first couple of questions deal with health, and what health means to you.

1. Please use the paper and pen you were provided, and take a moment to write down what comes to mind when you hear the word health -- What do you think about when you think about health?

(pause 20 sec)

What were some things you wrote down?

Probe: Why were these your first thoughts?

Probe: What are some health issues you think about? Why these issues?

Probe: What is your biggest health concern?

Probe: What are some healthy things you do every day?

Contraception

Next, I want to ask you some questions about contraception or birth control.

2. Please use the paper and pen you were provided, and take a moment to write down what comes to your mind when you hear the word contraception or birth control.

(pause 20 sec)

What were some things you wrote down?

3. What are the different kinds of contraceptive methods you can think of that you know are out there for women to get?

Probe: (If not mentioned) Have you heard of:

- a. Condoms
- b. NuvaRing
- c. Patch
- d. Shot
- e. Implant
- f. IUD (intrauterine device)
- g. Plan B (emergency contraception)
- h. Sterilization

- Probe:* What do you think about these methods?
Probe: Do you know anyone that uses these methods? What have they told you about their experiences with these methods?
Probe: How would you describe (*method*) to a friend who didn't know much about it?
4. If you are comfortable doing so, please share which of these methods you have used?
Probe: What did you think about this method?
Probe: When did you start using it? When you made the decision to use it:
Probe: What factors did you consider?
Probe: Who did you talk with about this decision?
Probe: Did you search for information online?
Probe: Who was most influential as you made this decision?
5. Now I would like to focus on the *IUD and implant*, specifically. What do you think are the differences between these contraceptive methods?
Probe: Differences in how you use them?
Probe: Differences in how they work to prevent pregnancy?
Probe: Could you compare the effectiveness of the methods you mentioned in preventing pregnancy?
Probe: In terms of your own personal health, could you compare the safety of the methods you mentioned? Side Effects?
6. Would you ever consider using other methods (*such as IUD, implant*) in the future?
Probe: What would you need to know about these methods to change your mind?
7. From your experience, what is important to women when choosing a method of contraception?
Probe: Can you rank the qualities or attributes that you listed?
8. Is there anything that would make contraception easier for you?
- Next, I want to ask you some questions about where you or your peers might go to get contraception and where you would go to find out more information.
9. Where would you, or someone your age, go to get contraception?
Probe: What about condoms?
Probe: What about Plan B (or emergency contraception)?
10. How would you, or someone your age, feel about going to a health center to get contraception, including EC, or to get tested or treated for an STI?
Probe: How comfortable do you think they would feel?
Probe: What kinds of things might they worry about?

Probe: What are some things that could help the visit a really positive experience?

11. How many of you have ever heard about or seen the Planned Parenthood on Routledge street?
12. How do you and people your age seem to feel about that health center?
Probe: Do you know anyone who has actually gone there?
Probe: What was that person's experience like?
Probe: What have you heard people say about the health center? Is it viewed positively or negatively? (Ask for specifics.)
Probe: How easy do you think it would be for you to actually get there?
Probe: Planned Parenthood is very interested in reaching out to young women in your community who need information and/or services? What advice would you give them for ways of getting their message out?
13. Some people have begun talking about making the pill available over-the-counter, so that you wouldn't have to go see a doctor for a prescription and could just go to a drug store to buy it, like a condom or sponge. The pill would come with written instructions on how to use it correctly. It is important to remember that you would always have the option of talking to a doctor or nurse if you wanted to, but it would not be required. What do you think about this?
Probe: Whether you use the pill now or not, can you tell me some of the things that you might *like* about getting the pill OTC?
Probe: Whether you use the pill now or not, can you tell me some of the things that you might *not like* about getting the pill OTC?

Next, I want to ask you some questions about where you hear about contraception and where you would go to find out more information.

14. Where do you go for more information about contraception? In other words, what sources of information do you use when you want to learn more about it?
Probe: Do you ask your doctor? Do you use media, like Internet or television or news, for health information?
Probe: How often do you use these sources?
15. Please describe for me a time when you discussed contraception with people in your life?
Probe: Why did you discuss this?
Probe: Friends? Family? Mother/Aunts? Doctor? Partner?
Probe: Have you ever learned about contraception in a college course?
Probe: Who is your most trusted source of information about contraceptive use? Why?
16. What messages have you seen or heard about contraception?
Probe: What did you think about those messages?

17. How would you most like to receive health messages regarding contraception?
If participants don't mention the following channels, Probe: Could you tell me about how, if at all, you use (or would like to use) _____ to find out more information regarding contraception?
- Physician Counseling: Interpersonal Communication (OB/GYN, NP, etc.)
 - Traditional written materials: books, magazines, brochures, etc.
 - Videos/YouTube
 - *Probe: How often do you visit YouTube? What type of videos do you watch?*
 - Skype
 - *Probe: What do you think about Skype? Do a lot of young people use it?*
 - Social networking sites (i.e. Facebook)
 - *Probe: How often do you use Facebook? Who are your friends with on Facebook? Who do you communicate with most often? What about a Facebook page grabs your attention? 6. Thinking about Facebook fan pages, what makes you like one fan page better than another?*
 - Microblogging sites (i.e. Twitter)
 - *Probe: How often do you use Twitter? Who do you follow on Twitter?*
 - Blogs
 - *Probe: What type of blogs do you visit? How do you find these blogs? How frequently do you read these blogs?*
 - Mobile applications (i.e. apps on your cell phone)
 - *Probe: What type of apps do you use right now? What apps do you use most frequently? What makes an app useful to you?*
 - Texts
 - *Probe: How often do you text? Who do you text with (do you receive text messages from your doctor?); What type of health messages would be most helpful to you regarding contraception? Do you have free text messages?*

That is all the formal questions that I have prepared for today.

18. Are there any questions you wish I would have asked that I didn't?

19. Is there anything you wish to add?

Thank you very much for your time!

To help ensure we are gathering insights from a diverse groups of participants, we are asking if you would be willing to fill out an anonymous **brief demographic sheet**?

Choose Well: Video Blog In-depth Interview Protocol

**This study will employ individual in-depth interviews. This study will use a semi-structured interview protocol, which prepares a list of questions, but allows flexibility for the researcher to change questions during the interview. According to Berg (2009), the semi-structured interview guide offers a list of questions, but allows the researcher to change the order of the questions, clarify questions, and add or change questions as needed. According to Rubin and Rubin (2005), it makes little sense to ask exactly the same questions to each participant in qualitative research.*

[INTRODUCTION]

Before we begin our conversation, I want to thank you for talking with me today. I want you to know that your opinions are very important and there are no right or wrong answers. You don't have to answer any questions, you can ask me to skip a question, and you can end the interview at any time. All of your answers will be kept confidential.

And I would like to video-tape our conversation so that I can post the interview on our blog. We may also use your photograph and quotes in posters or other campaign materials. We will be using your real name. Is that okay with you?

Okay, now I am going to ask some questions about contraception.

1. If you are comfortable doing so, could you tell me about your long-acting reversible contraceptive (LARC) method?
 - Probe:* What do you think about this method?
 - Probe:* What prompted you to choose the IUD or Arm Implant for your birth control option?
 - Probe:* When did you start using it? When you made the decision to use it:
 - Probe:* What factors did you consider?
 - Probe:* Who did you talk with about this decision?
 - Probe:* Did you search for information online?
 - Probe:* Who was most influential as you made this decision?
2. How would you describe your method to a friend who didn't know much about it?
3. Prior to receiving the IUD or Arm Implant, were you aware of the method as an option?
 - Probe:* Could you tell me about your experiences discussing these methods with your health care provider?
 - Probe:* Did he or she recommend this option to you?
 - Probe:* Did you trust his or her recommendation?
4. What was the experience like on the day you received the IUD or Arm Implant?
5. How satisfied are you with the method?
 - Probe:* What is your favorite thing about having the IUD or Arm Implant as your birth control?

6. Have you experienced any changes with your body after your IUD or Arm Implant insertion- short term or long term?
7. What costs did you have to pay for your IUD or Arm Implant method? Was it covered by insurance?
8. Would you recommend the IUD or Arm Implant to other young women?

Thank you for your time! Is there anything you would like to add?

DEMOGRAPHIC FORM

1. How old are you? _____years

2. Which one of the following best describes your race or ethnicity?

- A. American Indian or Alaskan Native
- B. Asian or Asian American
- C. Black or African American
- D. Native Hawaiian or Other Pacific Islander

- E. Hispanic or Latino
- F. White or Caucasian
- G. Other: _____

3. Are you currently enrolled at the College of Charleston?

- A. Yes
- B. No

If yes....

4. What is your current classification?

- A. Freshman
- B. Sophomore
- C. Junior
- D. Senior
- E. Graduate Student

5. In what school are you enrolled? (Mark all that apply.)

- A. School of the Arts
- B. School of Business
- C. School of Education, Health, and Human Performance
- D. School of Humanities and Social Sciences
- E. School of Languages, Cultures, and World Affairs
- F. School of Sciences and Mathematics
- G. The Graduate School
- H. Undecided

6. Have you ever used any of the contraceptive methods listed below? Please check all that apply, even if you only used the method once.

- | | |
|--|---|
| <input type="checkbox"/> Birth Control Pill | <input type="checkbox"/> Shot (Depo-Provera or Lunelle) |
| <input type="checkbox"/> Emergency Contraception (Plan B®) | <input type="checkbox"/> Vaginal Ring (Nuva Ring®) |
| <input type="checkbox"/> Implant (Implanon®) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> IUD (Mirena®, ParaGard®) | <input type="checkbox"/> I have never used a contraceptive method |
| <input type="checkbox"/> Patch (OrthoEvra) | |

Thank you for completing the survey!

Knowledge and Attitudes about Birth Control

This survey is anonymous. Please answer the following questions truthfully.

Do not put your name on this survey.

1. Have you ever heard of the I <3 MY LARC Campaign or “Keep Calm and LARC On,” which aims to raise awareness, increase knowledge and improve access to a range of contraceptive methods?

Yes No

2. Have you heard of contraception or birth control?

Yes No

3. If Yes, what types have you heard of? (*check all that apply*):

Over-the-Counter Methods

- Male condoms
- Female condoms
- Foam
- Sponge
- Withdrawal

Prescription Methods

- The Pill (oral contraceptives)
- IUD (Intrauterine Device)
- Diaphragm
- Arm Implant (Implanon[®])
- The Patch
- The Ring (NuvaRing[®])
- The Shot (Depo-Provera[®])
- Emergency Birth Control Pills (also called “the morning after pill,” Plan B[®] or Next Choice[™])
- Other (*What?* _____)

4. In the past four months, where have you heard about long-acting reversible contraception, such as the IUD or implant? (*check all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Posters, billboards, brochures, postcards | <input type="checkbox"/> Internet (website) |
| <input type="checkbox"/> Newspapers or magazines | <input type="checkbox"/> Social networking sites (Facebook, Twitter) |
| <input type="checkbox"/> Television or radio | <input type="checkbox"/> Text Messaging |
| <input type="checkbox"/> Private doctors & health care providers | <input type="checkbox"/> Mobile apps |
| <input type="checkbox"/> Friends, relatives, or word of mouth | <input type="checkbox"/> Other (<i>Where?</i>) _____ |

5. In the past four months, have you seen any of the following campaign ads or messages? (*check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> Keep Calm and LARC On | <input type="checkbox"/> I <3 My LARC |
| <input type="checkbox"/> I Love My LARC | <input type="checkbox"/> Other (<i>What?</i>) _____ |
| | <input type="checkbox"/> None |

6. If you have seen the above campaign ads or messages, where did you see them? (*check all that apply*)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Campaign Posters |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Campaign Event |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Other (<i>Where?</i>) _____ |
| <input type="checkbox"/> Website | |

7. Did the information that you saw, read, or hear about long-acting reversible contraception, such as the IUD or implant, prompt you to do any of the following: (*check all that apply*)
- | | |
|---|--|
| <input type="checkbox"/> Give some thought to using the IUD or implant | <input type="checkbox"/> Discuss the IUD or implant with your health care provider |
| <input type="checkbox"/> Seriously consider using the IUD or implant | <input type="checkbox"/> Discuss the IUD or implant with family or friends |
| <input type="checkbox"/> Search for more information about the IUD or implant | <input type="checkbox"/> Make an appointment to have the IUD or implant inserted |
| <input type="checkbox"/> Contact your health care provider | <input type="checkbox"/> Use the IUD or implant |
| | <input type="checkbox"/> Other (<i>What?</i>) _____ |

<i>Please indicate whether you think the following statements are true, false, or you are not sure. Place a check in the appropriate box.</i>	<i>True</i>	<i>False</i>	<i>Not sure</i>
8. A woman has to get the Depo-Provera [®] shot every three months for it to be effective.			
9. The ring (NuvaRing [®]) is a small, flexible ring that a woman inserts into her vagina once a month.			
10. Implanon [®] is a single implant inserted in a woman's upper arm that is effective for three years.			
11. I believe that men are just as responsible as women for using protection during sexual activity.			
12. Birth control pills are safe and effective for all women, including teens.			
13. Implanon [®] and IUDs (Mirena and ParaGard) are considered long-acting reversible methods of contraception.			
14. Someone can obtain an IUD if they have never had any children.			
15. The ParaGard IUD can prevent pregnancy for up to 10 years.			
16. There are clinics in my local community that provide confidential reproductive health services to teens and young women.			
17. If you are sexually active, using condoms and another method of birth control is the most effective way to prevent both pregnancy and HIV/STIs.			
18. In your opinion, what is the best way to educate young people ages 18-24 about birth control? <i>Please rank your order of preference from the best way (1) to the worst way (6)</i>			
_____ Posters, billboards, brochures, postcards			
_____ Newspapers or magazines			
_____ Television or radio			
_____ Private doctors & health care providers			
_____ Friends, relatives, or word of mouth			
_____ Internet (website)			
_____ Social networking sites (Facebook, Twitter)			
_____ Text Messaging			
_____ Mobile apps			
_____ Other (<i>What?</i> _____)			

19. Have you ever heard of the SEXT text messaging line where young people can get information about sexual health topics? (Text SEXT to 74574)

Yes No

Please tell us a little bit about yourself.

20. Are you: Male Female Transgender

21. How old were you on your last birthday? _____ years old

22. Are you Hispanic or Latino?

Yes No

23. What is your race?

- White or Caucasian Asian
 Black or African American Hawaiian/Pacific Islander
 Native American/Aleutian/Eskimo Other, Please specify: _____

24. If you are sexually active, did you use birth control the last time you had sex?

Yes No

25. If Yes, what type (check all that apply):

Over the Counter Methods

Prescription Methods

- | | |
|---|---|
| <input type="checkbox"/> Male condoms | <input type="checkbox"/> The Pill (oral contraceptives) |
| <input type="checkbox"/> Female condoms | <input type="checkbox"/> IUD (Intrauterine Device) |
| <input type="checkbox"/> Withdrawal | <input type="checkbox"/> Diaphragm |
| <input type="checkbox"/> Foam | <input type="checkbox"/> Arm Implant (Implanon [®]) |
| <input type="checkbox"/> Sponge | <input type="checkbox"/> The Patch |
| | <input type="checkbox"/> The Ring (NuvaRing [®]) |
| | <input type="checkbox"/> The Shot (Depo-Provera [®]) |
| | <input type="checkbox"/> Emergency Birth Control Pills (Plan B [®] or Next Choice [™]) |
| | <input type="checkbox"/> Other (<i>What?</i> _____) |

Thank you for completing the survey!