

## TWO GOOD REASONS: DUAL PROTECTION AMONG USERS OF LONG-ACTING CONTRACEPTION AND USERS OF ORAL CONTRACEPTION: FINDINGS FROM THE SECOND AUSTRALIAN STUDY OF HEALTH AND RELATIONSHIPS

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**Background:** Low use of dual protection (using condoms as well as another method of contraception) has been reported in many studies. We investigated whether the use of long-acting reversible contraception (LARC) is associated with these low rates of dual protection.

**Methods:** Using data from the Second Australian Study of Health and Relationships, conducted in 2012-2013, we analysed the responses of 2370 heterosexually active women aged 16–34 years who were at risk of unintended pregnancy. Dual protection was defined as reporting using both an effective method of contraception (failure rate < 10% with typical use) and having used a condom at the most recent vaginal intercourse. Intrauterine devices, implants and injections were classified as LARC.

Logistic regression was used to determine if contraception method was associated with dual protection, adjusting for socio-demographic and behavioural characteristics.

**Results:** Dual protection was used by 14.6% of sexually active women overall. It was highest among pill users (32.3%), followed by LARC users (6.5%).

Compared to pill users, LARC users were older (median age 28, interquartile range [IQR] 24–31 vs 24, IQR 21–28), a higher proportion had ever been pregnant (70.0% vs 36.0%,  $p < 0.001$ ), and had had intercourse before 16 years of age (30.8% vs 15.2%,  $p = 0.014$ ).

In adjusted analyses, significant correlates of dual protection were contraceptive method (LARC AOR 0.18, 95% CI 0.08–0.42 vs pill), younger age (15–24 years AOR 2.69, 95% CI 1.16–6.23 vs 25–34 years) and relationship status (no regular male partner AOR 6.09, 95% CI 2.26–16.40, non-cohabiting partner AOR 2.07, 95% CI 0.85–5.09 vs cohabiting partner).

**Conclusion:** Overall, uptake of dual protection was low and LARC users were significantly less likely to use dual protection compared with pill users. Interventions

are needed to increase uptake of dual protection for STI prevention, particularly when prescribing LARCs.

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