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CONTRACEPTIVE CHOICE
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Autonomy in contraceptive choice and contraceptive satisfaction among women in Seine-Saint-Denis: protocol for ESAACO93 study

INTRODUCTION

In France, patterns of contraceptive use reflect the predominantly female-based and medicalized nature of contraception[1]. In 2023, 91% of French women aged 18 to 49 years who were at risk of an unintended pregnancy were using a contraceptive method[1]. Despite this high level of contraceptive coverage, the incidence of unintended pregnancies was estimated at 34%[1]. Some contraceptive methods show a substantial gap between their efficacy under perfect use, as measured by the Pearl Index, and their effectiveness in typical-use, real-life use[2]. This gap may result from incorrect use or poor adherence[3]. Contraceptive satisfaction and women's autonomy in contraceptive choice[6] influence adherence[4,5].

Contraceptive satisfaction is the degree to which a contraceptive method is appropriate for an individual, based on its effectiveness, tolerability, practicality, and consistency with the person's needs and values. It varies according to the type of contraceptive method used, adverse effects associated with different contraceptive methods, and sexual satisfaction related to the contraceptive method[7,8]. Adverse effects associated with different contraceptive methods affect satisfaction and may lead to discontinuation of contraception[3,9].

Autonomy in contraceptive choice is an individual's ability to make a free and informed choice of the contraceptive method that best suits them, without pressure or coercion, based on their needs, values, and preferences. Use of a woman's preferred contraceptive method is associated with greater continuation of that method[10]. Healthcare professionals play a role in supporting women in making decisions about contraception[11]. The GATHER counseling model (known as BERCER in French), developed by the World Health Organization (WHO) and recommended for structuring an initial contraceptive consultation, aims to support informed contraceptive decision-making[12,13].

Contraceptive coverage in Seine-Saint-Denis - a département in the Paris metropolitan area, France - (SSD) is lower than in the rest of France[14]. The cost of some contraceptive methods may constitute a barrier to access for socioeconomically disadvantaged women[15]. Differences in contraceptive coverage and the distribution of contraception methods have been observed between socioeconomically disadvantaged women and women in the general population, irrespective of health insurance coverage[16]. The poverty rate in SSD is higher than the national rate[17]. The distribution of contraceptive methods varies according to women's origin[18]. Autonomy in contraceptive choice may be limited by differential prescribing practices toward women of foreign origin[19,20]. SSD is characterized by a higher proportion of immigrants than the French population overall[21]. Educational level is associated with contraceptive use and, among contraceptive users, with contraceptive effectiveness[22]. Nearly one third of SSD residents have no educational qualification or only a primary school certificate[23].

Although several studies suggest that the ability to freely choose one's contraceptive method positively influences satisfaction, no study directly examining the relationship between contraceptive satisfaction and autonomy in contraceptive choice was conducted in SSD. The specific characteristics of SSD and the organization of the French healthcare system raise questions about the generalizability of data from studies conducted predominantly in other countries.

The primary objective of this study is to measure the statistical association between contraceptive satisfaction and autonomy in contraceptive choice among women living in Seine-Saint-Denis. The secondary objectives are:

- measure the statistical associations between the different dimensions of contraceptive satisfaction and those of autonomy in contraceptive choice;
- measure the statistical associations between the different dimensions of contraceptive satisfaction, relevant sociodemographic characteristics, and contraceptive-related variables;
- measure the statistical associations between the different dimensions of autonomy in contraceptive choice, relevant sociodemographic characteristics, and contraceptive-related variables.

METHODS

Study design

The Study of Satisfaction and Autonomy in Contraceptive Choice among Women in SSD (ESAACO93) is a quantitative, descriptive, cross-sectional study.

Study population

The target population consists of women living in SSD, aged 18 to 54 years, who use contraception. The inclusion criteria are: being a woman aged 18 to 54 years; residing in SSD; and using contraception at the time of data collection. The non-inclusion criteria are: inability to understand or speak French or English; or being subject to protection measure under French law involving assistance or representation in personal decision-making.

Selection of Assessment Tools

Contraceptive satisfaction is measured using the validated Treatment Satisfaction with Medicines Questionnaire (SATMED-Q)[24]. This is a 17-item scale, with each item rated on a 5-point Likert scale, covering six dimensions:

effectiveness, adverse effects, practical aspects, daily impact, medical follow-up, and overall opinion. The scale has been translated into French, and a license for its use has been obtained. The scale was initially designed to assess satisfaction with pharmacological treatments but has previously been used, sometimes in modified versions, to measure satisfaction with nonpharmacological treatments or interventions. It can be used to calculate an overall satisfaction score, as well as a score for each of the six dimensions.

Autonomy in contraceptive choice is measured using the Family Planning Autonomous Decision-Making scale (FP-ADM)[25]. This is a 7-item scale, with each item rated on a 3-point Likert scale. The authors granted permission for its translation into French and its use in this study. The scale can be used to calculate an overall autonomy score. The seven items assess the amount of information desired about contraceptive methods, awareness of different contraceptive options, discussion of the advantages and disadvantages of contraceptive methods, understanding of the information provided, time allowed to choose a contraceptive method, whether the individual made the final choice of contraceptive method, and whether the healthcare professional respected that choice.

Questionnaire

The questionnaire (Appendix) is available in French and English. It is structured into five sections. The initial questions establish whether the inclusion criteria are met and whether any non-inclusion criteria are present. Contraceptive methods and, where applicable, prescribing information are collected: types of contraception used; initial prescriber; cost; and out of pocket expenses (confounding variables). The following sociodemographic data are collected: age; educational level; socioeconomic status; geographic origin; and family situation (confounding variables). The fourth and fifth sections of the questionnaire consist of the SATMED-Q and FP-ADM scales. Instructions for completing the questionnaire are provided at the end of the questionnaire.

Data collection

Data are collected by five investigators who are general practice residents at Sorbonne Paris Nord University (USPN).

Data collection takes place in public spaces in SSD, including streets, markets, outside public transportation stations, cultural venues, schools, and higher education institutions. Data are collected in different neighborhoods and cities across SSD that are socially diverse. Data collection days and times vary to encompass different professionals, family, and social contexts. These data collection strategies are intended to promote the representativeness of the study population relative to the SSD population and to avoid recruitment centered on healthcare facilities, which could result in the selection of a population more likely to use medicalized contraception.

The investigators verbally invite women to complete the questionnaire. If they agree, they are offered the following options, according to their preferences:

- self-administration using a French- and English-language business-card-sized card with a QR code linking to the online questionnaire created using LimeSurvey®;
- self-administration using a paper questionnaire;
- assisted completion of the paper questionnaire, with the help of one of the investigators in cases of difficulty understanding written information.

In the absence of available data on contraceptive satisfaction among women in SSD, the required sample size was calculated based on the number of items in the SATMED-Q. The sample size was estimated at 850 participants, with a target sample size of 1,000 to account for missing data and incomplete questionnaires.

Data Analysis

Data entered into LimeSurvey® are exported to a Microsoft Excel® spreadsheet, where they are cleaned and coded. Statistical analyses are performed using R® software (version 4.3.1) by an independent statistician, with funding from the Department of General Practice at Sorbonne Paris Nord University. For all analyses, the significance threshold is set at $p < 0.05$.

Descriptive Analysis

A descriptive analysis of sociodemographic variables and contraceptive methods is performed. Categorical variables are described using counts, percentages, and 95% confidence intervals. Continuous variables are described using means, medians, standard deviations, and 95% confidence intervals. The representativeness of the sample is assessed by comparison with data from the French National Institute of Statistics and Economic Studies (INSEE) on the female population of SSD: χ^2 tests are used for categorical variables, and Student's *t* test or the Mann–Whitney U test for continuous variables. Contraceptive satisfaction (SATMED-Q) and autonomy in contraceptive choice (FP-ADM) scores are calculated and presented using means, medians, and score distributions.

Analysis of Associations

Bivariate and multivariable analyses are performed for continuous variables. Simple linear regression is used to assess the association between satisfaction and autonomy scores, and multiple linear regression is used to adjust for confounding variables (sociodemographic characteristics and contraceptive-related variables). Bivariate and multivariable analyses are also performed for categorical variables. The χ^2 test or Fisher's exact test (when cell counts are small) is used to assess associations, and multinomial logistic regression is performed when the dependent variable comprises more than two categories.

Ethical and Regulatory Framework

The study sponsor is Sorbonne Paris Nord University. The study is classified as a category 3 research involving human participants (RIPH). It was registered with the French National Agency for the Safety of Medicines and Health Products (ANSM) on May 26, 2025, under "Research and Biological Collection," registration number 2025-A01218-41. It received a certificate of compliance with the MR-003 reference methodology of the French Data Protection Authority (CNIL), issued by the Data Protection Officer (DPO) of Sorbonne Paris Nord University. French Ethics Committee (Comité de protection des personnes [CPP] issued a favorable opinion on the study on September 4, 2025, for a period of two years (reference 1-25-035 / 25.02302.000564).

An information sheet informs participants about the purpose of the study and the procedures for processing their data. Women who participate are not able to exercise their rights of access, rectification, erasure, restriction of processing, or data portability, in accordance with Article 11 of the General Data Protection Regulation (GDPR). At the end of the questionnaire, information on the different contraceptive methods are offered to participants. The collected data are hosted on a secure server at Sorbonne Paris Nord University for a period of two years. Access is restricted to the two data controllers and the investigators. Participants do not receive any financial compensation for their participation.

Study funding
Funding for the statistical analyses is provided by the Department of General Practice at Sorbonne Paris Nord University.

DISCUSSION

This study is the first, to our knowledge, to explore the association between contraceptive satisfaction and autonomy in contraceptive choice in SSD. Conducting the study in SSD, a department characterized by unfavorable socioeconomic determinants and substantial multiculturalism, aims to document the influence of these variables on patients' experiences within the healthcare system[26]. This study can also contribute to expanding knowledge about the practices of primary care professionals, who are the main point of contact for women regarding contraception[27]. We hypothesize that greater autonomy in contraceptive choice is associated with greater contraceptive satisfaction.

The use of validated tools to assess contraceptive satisfaction and autonomy in contraceptive choice strengthens the validity of this study, as does the inclusion of confounding variables identified in the literature when evaluating associations between these dimensions. Data collection outside the healthcare system was designed to promote the representativeness of the study population[28]. The option of assisted questionnaire completion may introduce reporting bias, which is minimized by conducting data collection outside healthcare facilities. The questionnaire is available only in French and English and does not therefore allow the inclusion of women who are not proficient in either language. Certain modes of questionnaire completion (language and self-administration versus assisted completion) that may influence data collection are recorded to assess their impact. As this is a cross-sectional study, it does not allow conclusions to be drawn regarding the potential causality of the associations identified.

Identification of an association between contraceptive satisfaction and autonomy in contraceptive choice could suggest the value of promoting autonomy during contraceptive consultations. These findings would underscore the importance of training in person-centered care in health professions education and in continuing professional development for healthcare professionals involved in contraceptive care[29]. Qualitative research could further explore the contraceptive trajectories of women living in SSD. Identification of associations between contraceptive satisfaction, autonomy in contraceptive choice, and certain socioeconomic determinants could lead to the development of outreach initiatives and tailored decision aids.

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Abstract
Introduction: Despite high contraceptive coverage in France, unplanned pregnancies remain common. Contraceptive satisfaction and autonomy in contraceptive choice influence adherence to contraceptive methods, but their direct association remains underexplored. Seine-Saint-Denis, a department characterized by substantial social inequalities in health and contraceptive coverage below the national average, provides a particularly relevant setting in which to explore this issue.
Aim: To investigate the association between contraceptive satisfaction and autonomy in contraceptive choice among women living in Seine-Saint-Denis.
Method: This quantitative cross-sectional study includes women aged 18 to 54 years who use contraception. Data are collected in various public spaces in Seine-Saint-Denis to limit recruitment from healthcare settings. Contraceptive satisfaction is assessed using the validated Treatment Satisfaction with Medicines Questionnaire (SATMED-Q), and autonomy in contraceptive choice using the Family Planning Autonomous Decision-Making scale (FP-ADM). The sociodemographic characteristics and contraceptive methods are also recorded. Descriptive, bivariate, and multivariable analyses are performed to investigate associations between contraceptive satisfaction, autonomy in contraceptive choice, and variables of interest.
Discussion: To our knowledge, this study is the first to explore the association between contraceptive satisfaction and autonomy in contraceptive choice in the French context. It could contribute to a better understanding of the determinants of contraceptive experience in primary care and highlight the value of a person-centered approach in contraceptive consultations. The findings could also guide the development of healthcare professional decision-making tools tailored to populations most affected by social inequalities in health.
Keywords: Contraception - Patient satisfaction - Personal autonomy - Choice behavior - Health inequities

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APPENDIX - ESAACO93 Questionnaire

UNIVERSITÉ SORBONNE PARIS NORD

UFR SMBH
Santé, Médecine, Biologie Humaine

ACADEMIC DEPARTMENT OF GENERAL PRACTICE

ESAACO93

(Study on Satisfaction and Autonomy in Women's Contraception Choices in Seine-Saint-Denis)

VERSION 3 – 29 AUGUST 2025

Hello,

The ESAACO93 study aims to assess the autonomy of contraception choices and the satisfaction levels of women in Seine-Saint-Denis regarding their contraception, based on the type of contraception used and socio-demographic characteristics.

We invite you to complete this questionnaire, which consists of five sections and will take an average of 5 to 10 minutes. It is intended for women aged 18 to 54 living in Seine-Saint-Denis who use contraception, whether medical or non-medical.

In accordance with the information notice you have received, responses are anonymous, and the data collected will only be used for this thesis. By proceeding with this questionnaire, you consent to the use of your responses for research purposes.

Thank you in advance for your participation.

STUDY PARTICIPATION CONDITIONS

1. **Are you subject to any legal protection measure (future protection mandate, family authorization, guardianship, or curatorship)?**
   - ☐ Yes (if yes, you are not eligible for this study)
   - ☐ No

2. **Do you use contraception, whether medical or non-medical?**
   - ☐ Yes
   - ☐ No (if you do not use contraception, this study does not concern you)

3. **Do you live in Seine-Saint-Denis (93)?**
   - ☐ Yes
   - ☐ No (if you do not live in Seine-Saint-Denis, this study does not concern you)

4. **How old are you?** _____ (if you are under 18 or over 54, this study does not concern you)

CONTRACEPTIVE METHOD

1. **What is your primary method of contraception? (Only one possible answer)**
   - ☐ Pill (specify)
     - ☐ Continuous pill (= taken every day) (specify)
       - ☐ Estroprogestative
       - ☐ Microprogestative
       - ☐ I don't know
     - ☐ Discontinuous pill (= 7-day break between packs) (specify)
   - ☐ Intrauterine device (IUD) (specify)
     - ☐ Hormonal IUD
     - ☐ Copper IUD
     - ☐ I don't know
   - ☐ Male (external) condom
   - ☐ Female (internal) condom
   - ☐ Vaginal ring
   - ☐ Patch
   - ☐ Subcutaneous implant
   - ☐ Injectable contraception (every 3 months)
   - ☐ Permanent contraception (tubal ligation, vasectomy)
   - ☐ Emergency contraception (morning-after pill)
   - ☐ Abstinence
   - ☐ Withdrawal method
   - ☐ Spermicides
   - ☐ MAMA (breastfeeding method)
   - ☐ Menstrual calendar method
   - ☐ Symptothermal method (temperature/cervical mucus tracking)
   - ☐ Diaphragm
   - ☐ None (if you do not use contraception, this study does not concern you)

2. **How long have you been using this contraception? (only one possible answer)**
   - ☐ Less than 1 month
   - ☐ Between 1 and 6 months
   - ☐ Between 6 months and 1 year
   - ☐ More than 1 year

3. **With which healthcare professional did you decide on this contraception? (only one possible answer)**
   - ☐ General practitioner
   - ☐ Gynecologist
   - ☐ Midwife
   - ☐ Another healthcare professional (nurse, pharmacist, etc.)
   - ☐ None

4. **In which type of facility was the contraception prescribed or does the healthcare provider work? (only one possible answer)**
   - ☐ Family planning and sexual health center (PMI)
   - ☐ Health center
   - ☐ Private practice (individual practice, medical house)
   - ☐ Hospital
   - ☐ Private clinic
   - ☐ Other

5. **Were you fully reimbursed for your contraception? (only one possible answer)**
   - ☐ Yes
   - ☐ No

6. **Were you fully reimbursed for consultations related to your contraception? (only one possible answer)**
   - ☐ Yes
   - ☐ No

SOCIO-DEMOGRAPHIC CHARACTERISTICS

1. **Were you born in France? (only one possible answer)**
   - ☐ Yes
   - ☐ No

2. **What is your income level? (only one possible answer)**
   - ☐ Below 1000 euros/month
   - ☐ Between 1000 and 2000 euros/month
   - ☐ Between 2000 and 3000 euros/month
   - ☐ More than 3000 euros/month

3. **What is your highest level of education? (only one possible answer)**
   - ☐ No diploma or primary school certificate (or equivalent)
   - ☐ Middle school diploma (or equivalent)
   - ☐ CAP, BEP (or equivalent)
   - ☐ High school diploma, vocational diploma (or equivalent)
   - ☐ Higher education degree (bac +2 or equivalent)
   - ☐ Higher education degree (bac +3 or +4 or equivalent)
   - ☐ Higher education degree (bac +5 or more or equivalent)

4. **What is your employment status? (only one possible answer)**
   - ☐ Unemployed
   - ☐ Worker
   - ☐ Employee
   - ☐ Intermediate profession
   - ☐ Executive and higher intellectual profession
   - ☐ Artisan, tradesperson, business owner
   - ☐ Farmer, agricultural worker

5. **What is your marital status? (only one possible answer)**
   - ☐ Married
   - ☐ In a civil union (PACS)
   - ☐ Cohabiting
   - ☐ Widowed
   - ☐ Divorced
   - ☐ Single

6. **Regarding your family situation, are you? (only one possible answer)**
   - ☐ Single woman
   - ☐ Single woman with child(ren)
   - ☐ Couple without children
   - ☐ Couple with children
7. **Which type of health insurance do you have? (only one possible answer)**
   - ☐ None
   - ☐ Mandatory health insurance only
   - ☐ Mandatory health insurance + CSS (Complementary Health Solidarity)
   - ☐ Mandatory health insurance + private health insurance (mutuelle)
   - ☐ State medical aid (AME)

AUTONOMY OF CONTRACEPTIVE CHOICE

When my contraception was prescribed (only one answer possible for each question):

1. **The healthcare provider asked me how much information I wanted to receive about various methods of contraception**
   - ☐ Not at all
   - ☐ A little bit
   - ☐ Yes, very much
2. **The healthcare provider told me that there are different options for my family planning.**
   - ☐ Not at all
   - ☐ A little bit
   - ☐ Yes, very much
3. **The healthcare provider explained the advantages and disadvantages of the family planning options.**
   - ☐ Not at all
   - ☐ A little bit
   - ☐ Yes, very much
4. **The healthcare provider helped me understand all the information.**
   - ☐ Not at all
   - ☐ A little bit
   - ☐ Yes, very much
5. **The healthcare provider gave me enough time to thoroughly consider the different family planning options.**
   - ☐ Not at all
   - ☐ A little bit
   - ☐ Yes, very much
6. **The healthcare provider let me choose what I considered to be the best family planning option for me.**
   - ☐ Not at all
   - ☐ A little bit
   - ☐ Yes, very much
7. **The healthcare provider respected that choice.**
   - ☐ Not at all
   - ☐ A little bit
   - ☐ Yes, very much

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SATISFACTION OF CONTRACEPTION

We would like to know your level of satisfaction with the contraception you are currently using.

For each question, please check the smiley that best reflects your opinion, keeping in mind that there are no right or wrong answers. If you are unsure about a response, select the one that seems most appropriate to your situation.

The following questions concern the side effects related to your contraception:

	Not at all	A little bit	Somewhat	Quite a bit	Very much
1. The side effects of my contraception interfere with my physical activity (e.g. lifting, walking, jogging, etc.)					
2. The side effects of my contraception interfere with my leisure and free time activities (e.g. gardening, reading, dancing, visiting friends, etc.)					
3. The side effects of the contraception interfere with my daily activities (e.g. shopping, working, housekeeping, etc.).					

The following questions concern the effectiveness of your contraception, meaning its ability to prevent pregnancy:

	Not at all	A little bit	Somewhat	Quite a bit	Very much
4. The contraception I am taking reduces my symptoms.					
5. I am satisfied with the time it takes for my contraception to start to have an effect.					
6. I feel better now than I did before starting my contraception.					

The following questions concern the practical aspects of your contraception and how easy it is to use:

	Not at all	A little bit	Somewhat	Quite a bit	Very much
7. I find my contraception convenient to take.					
8. I find it easy to use/take the contraception in its present form (taste, size, etc).					
9. The timetable for taking my contraception suits me.					

The following questions concern the impact of contraception on your daily life:

	Not at all	A little bit	Somewhat	Quite a bit	Very much
10. Thanks to my contraception, I can undertake my leisure and free time activities.					
11. Thanks to my contraception, I can more easily look after my personal hygiene					
12. Thanks to my contraception, I can perform my everyday chores better.					

The following questions relate to the medical follow-up of your contraception:

	Not at all	A little bit	Somewhat	Quite a bit	Very much
13. My doctor (or another health professional) has informed me in detail about my chance of getting pregnant.					
14. My doctor (or another health professional) has informed me about the right way to prevent a pregnancy.					

Finally, here are a few questions regarding your overall opinion of this contraception and your general health:

	Not at all	A little bit	Somewhat	Quite a bit	Very much
15. I intend to continue using this contraception.					
16. I feel happy with my contraception.					
17. In general, I feel satisfied with my birth control.					

QUESTIONNAIRE COMPLETION DETAILS

1. **Did you complete this questionnaire:**
   - ☐ Alone (self-questionnaire)
   - ☐ With someone assisting you (hetero questionnaire)

2. **Did you complete this questionnaire:**
   - ☐ On paper
   - ☐ Digitally

3. **Did you complete this questionnaire in:**
   - ☐ French
   - ☐ English