

Grant application form - Project v2017 - A

<b>Submission Date</b>	2017-06-30 04:55:32
<b>Name of applicant</b>	Joke Vandamme
<b>Job title</b>	Postdoc researcher
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**A short CV of the applicant (or the principal investigator) should be provided here.**

Joke Vandamme is a postdoctoral researcher at the University of Ghent (Belgium). She obtained her doctoral degree in 2017. Her dissertation was entitled "The decision to have an abortion in Flanders: A contextual approach".

Already since 2011, Joke has been involved in research related to reproductive health issues. For her Master thesis, she studied women's experiences with pre-abortion counseling (N=971). The manuscript based on these data has been published in The European Journal of Contraception and Reproductive Health (Vandamme, Wyverkens, Buysse, Vrancken, & Brondeel, 2013).

From 2011 until 2013, she was a member of the Sexpert team. Sexpert was a multidisciplinary project on sexual health in Flanders. Joke was responsible for the analysis of the reproductive health data. She then wrote a chapter in the book "Sexual Health in Flanders" (Buysse, Caen, Dewaele, Enzlin, Lievens, T'Sjoen, ... & Vermeersch, 2013) entitled "reproductive wellbeing" (Vandamme, Buysse, & T'Sjoen, 2013). By that time, she had several contacts with health care providers, policy makers, and researchers in the field of reproductive health issues.

During the last four years, she worked as a PhD student. Her research project, entitled "Shared reproductive decisions: an integrated research approach", was funded by the Research Foundation Flanders.

She succeeded in setting up various studies (both qualitative and quantitative), she completed data-collection, and she performed qualitative and quantitative analyses. In addition, during the course of her PhD, she wrote several empirical papers of which one has already been published in the European Journal of Contraception and Reproductive Health (Vandamme, Buysse, Loeys, Vrancken, & T'Sjoen, 2017). Several others are submitted to other international journals. In addition, Joke was the author and co-author of other national and international publications.

Furthermore, Joke has been involved in several other research projects such as a project in collaboration with the LUNA abortion centers on client's satisfaction with abortion care. She is also involved in a project on preconception care, in collaboration with Ms. Ilse Delbaere.

In addition to her written output, Joke also presented the results of her studies on various national and international conferences. She was a plenary speaker at the FIAPAC-conference in Edingburgh (2012), and had several oral and poster presentations at for instance the conference of the ESC (Copenhagen, 2013), the conference of the International Association for Relationship Research in Toronto (2016) or the FIAPAC conference in Ljubljana (2015). In July 2017, she will present a paper at the IASSCS conference in Bangkok (about sexuality, gender, health and rights).

Apart from the academic output, Joke is also involved in other ways of valorizing her scientific output. She has for instance been asked by several national newspapers and magazines to comment on actual themes related to her topic of expertise (family planning, abortion). Joke is also a member of the General Assembly of SENSOA, the Flemish expert organization in sexual health issues in Flanders.

Joke has good contacts with SENSOA (especially Ms. Katrien Vermeire, expert in the prevention of unintended pregnancies in Flanders) as well as with the LUNA abortion centers (especially Ms. Carine Vrancken, coordinator of LUNA).

**Submission date of this form**

30-06-2017

**Is the person responsible for the project different to the person named in box A**

No

**Title of the project**

Empowering abortion-seeking women in contraceptive decision-making: an online contraception tool

## Comprehensive description of the project: rationale, methods, approach, outcome (max 500 words)

**Rationale:** The prevention of unintended pregnancy is an important dimension of reproductive health strategies. Unintended pregnancies which are carried to term are expensive for society as they are associated with a higher rate of pre- and postnatal depression in parents, less prenatal care, and less positive parent-child interactions (e.g. Leathers & Kelley, 2000). Unintended pregnancies which are terminated by induced abortion are costly for society as well. Hence, strategies to increase effective contraceptive use for those who want to prevent unintended childbirth, are indispensable.

Besides various distal risk factors for unintended pregnancies such as low educational level or young age (e.g., Wellings et al., 2013), an important proximal determinant for unintended pregnancies is a recent change in contraception behavior (e.g. Schreiber, Whittington, Cen, & Maslankowski, 2011). Hence, two groups of women are highly at risk for unintended pregnancies because of their need to decide upon (re)new(ed) methods for contraception: 1) women who recently gave birth to a child, and 2) women who had an induced abortion. Women in both groups are confronted with the decision to either continue the use of their previous method or to use a new method for contraception. In the abortion population, the decision for post-abortion contraception is often postponed, which leads to a higher risk for repeat abortion (Heikinheimo, Gissler & Suhonen, 2008). In addition, discussing current and future contraceptive use is often perceived as difficult by health care providers working in abortion clinics (Purcell, Cameron, Lawton, Glasier, and Harden, 2016). Although women who seek an induced abortion want to be informed about how to prevent future unintended pregnancies, they do not want to be perceived as 'irresponsible' as a result of their current unintended pregnancy. Hence, there is a need for non-judgmental contraception counseling in abortion clinics as a means to increase the tailored uptake of effective contraceptives in the post-abortion period.

**Methods:** SENSOA, the expert organization on sexual health in Flanders, recently developed an evidence based online contraception tool to help women make informed contraceptive choices (<http://www.seksualiteit.be/anticonceptie>). The tool is unique as it provides women an overview of the criteria which are frequently used to decide upon methods for contraception (including future desire to have children, needs regarding to the frequency of using the method or the use of hormones, as well as relational barriers such as the need to go to the medical doctor or privacy issues). The methods who meet the personal criteria of the women are enlisted. The price and trustworthiness of these methods is depicted, and women can request additional information about one specific method by clicking on a special button. Within this project, we want to test the added value of this newly developed contraception tool for women who seek an induced abortion and who need to decide upon future methods for contraception.

**Specific approach:** Randomized Control Study (RCT) in five LUNA abortion centers. The RCT has three conditions: (1) treatment as usual (discussing current and future contraceptive use and explaining and during the pre-abortion counseling session), (2) providing women an online information leaflet depicting all different methods for contraception (with their advantages and disadvantages) to women who had the treatment as usual, and (3) women individually filling out the SENSOA contraceptive tool following the treatment as usual. The information leaflet will include the same information that is given to women in condition 3 who push the 'more information' button after they have filled out the contraception tool. In each condition, 150 women will be recruited (which will take three months). Prior to the intervention and prior to the treatment as usual, women will be asked to fill out a paper-and pencil questionnaire in the waiting room of the abortion center regarding their current contraceptive use (satisfaction with current method, barriers in using this method...) as well their needs regarding to contraceptive use on the one hand and contraceptive counseling on the other hand. The intervention in condition 2 and 3 will take place between the treatment as usual and the abortion procedure by sending participants an e-mail with the request to either read the online information leaflet or fill out the contraception tool. Women in all conditions will be requested to fill out an online post-intervention questionnaire probing participants with questions about their awareness and decision process on future contraceptive use.

**Outcomes:**

- 1) (Change in) awareness of personal needs regarding to future contraceptive use
- 2) Satisfaction with contraceptive counseling and the decisional process regarding post-abortion method for contraception
- 3) Planned method for contraception following the abortion (LARC versus other) / change in method for contraception
- 4) Knowledge regarding the risk on future unintended pregnancy with the planned method for contraception
- 5) Knowledge regarding the procedure for effective use of the planned method for contraception

<b>When would it start / finish? (Max 20 words)</b>	From October 2017 until September 2018
<b>Where will it take place – country / town, establishment? (Max 20 words)</b>	- Belgium - The five Flemish abortion centers (LUNA) in Antwerp, Ghent, Ostend, Hasselt, and Brussels
<b>Objectives and needs identified. (Max 100 words)</b>	To test the added value of an online contraception tool for women who have an abortion and who need to decide on post-abortion contraceptive use. Women might decide to continue the use of their current method or they might decide to use a new method for contraception. This project wants to examine whether a recently developed online tool to help women make informed choices about their method for contraception has an added value for abortion-seeking women who need to decide upon future contraceptive use as a means of preventing future unintended pregnancies.
<b>Sector in the area of contraception, sexual and reproductive health:</b>	Contraception and abortion
<b>Is it a 'new' project?</b>	Yes
<b>What outcomes will be measured? List. (Max 50 words)</b>	1) Awareness of personal needs regarding to future contraceptive use 2) Satisfaction with contraceptive counseling and the process of deciding about future method of contraception 3) Planned method for contraception following the abortion 4) Knowledge on the procedure and the risk on future pregnancy with the planned method for contraception
<b>Do you foresee any reasons (political, climatic, etc) why this project may be adversely affected? (Max 20 words)</b>	No
<b>Are there other partners or organisations supporting this same project?</b>	No
<b>Will this be part of a larger fund or stand alone? (Max 20 words)</b>	It will stand alone but it will be carried out in collaboration with Ms. Katrien Vermeire (policy worker at SENSOA)
<b>Have you already obtained any funding or still awaiting a response towards this project?</b>	No
<b>How much money is required for the project in total?</b>	8000 euro
<b>How much are you requesting from ESC?</b>	8500 euro
<b>Please provide a detailed budget here. This must include total costs and, if appropriate, list those costs associated with your grant from the ESC.</b>	- Scientific personnel (1/2 day per week for 12 months): 8000 euro (tasks: setting up the questionnaire, coordinating the recruitment and follow up of participants, analyzing the data, valorizing the results) - Printing costs (paper- and pencil questionnaire and informed consents): 500 euro

**The ESC may not be in a position to fully fund all applications; you must indicate whether / how part funding may impact your project. (Max 100 words)**

The requested budget for the scientific staff (half a day/week for 12 months) is necessary for the output of the project. Without this scientific personnel, the project could not be carried out. The researcher will setup the questionnaires, analyze the data and write a scientific paper about the results of the paper.  
 The LUNA abortion centers will coordinate the recruitment (no funding requested), and SENSOA will assist in the practical organization of the study.  
 Master theses students will assist in analyzing the data as well.  
 The printing costs (500 euro) could possibly be funded by the University.

**Who will oversee the budget & keep accounts? Provide name, title, contact number and email address**

Prof. dr. Ann Buysse  
 09/264.64.49  
 Ann.Buysse@Ugent.be

**If you or your department has received funding from ESC for a project or course before, please give details of the date of funding, contact person and title of project or course.**

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**We, as responsible agents for this project, agree to the following 8 points:**

	yes
<b>We agree that all monies will be spent appropriately</b>	✓
<b>We agree to work with the nominated Mentor</b>	✓
<b>We agree to advise you at the earliest time if this project is delayed or cannot be completed</b>	✓
<b>We agree to provide an interim report(s) part way through the project and a final report to the ESC within 6 months of the end of the project.</b>	✓
<b>We agree to provide the ESC with an interim budget(s) and a detailed budget at the end of the project. NOTE funding will be awarded in stages and will be dependent on appropriate reporting.</b>	✓
<b>We agree to provide receipts for monies spent if requested.</b>	✓
<b>We agree that if we need to make any significant changes to the duration, contents or funding of the project after it has been awarded, I/we will advise the nominated mentor.</b>	✓
<b>We agree to acknowledge the ESC as a donor in any publications and oral communications resulting from this project. Ideally any manuscript should be sent to the ESC journal in the first instance.</b>	✓

**Full Name**

Joke Vandamme

**Full Name**

Katrien Vermeire

**Date**

30-06-2017