

**Long-acting reversible
contraception (LARC) use in Haringey**
Understanding community knowledge
and barriers to its use

August 2025

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Executive summary

This report is the product of a project exploring the knowledge of and barriers to the use of long-acting reversible contraceptives in Haringey (commonly referred to as LARCs).

In November 2023, Public Voice CIC and Healthwatch Haringey were commissioned by Haringey Council's Public Health Team to gather more information about access to sexual health services for women, trans and non-binary people of all ages in Haringey, with a particular focus on their knowledge of and access to different long-acting, reversible contraceptive (LARC) options.

The research situates and contextualises the perspectives gathered from service users in Haringey within contemporary developments in sexual, reproductive and menstrual health taking place across in the UK and in other global regions. The aim of this research was to assess the knowledge around, and barriers to LARC services amongst women and other service users in the borough, especially with consideration for seldom-heard communities. The objective was to inform thinking on how Haringey Public Health Team and other key stakeholders in sexual, reproductive and menstrual health services could improve awareness and access to LARCs.

The key insights of this project are:

- Many residents do not have sufficient awareness and accessibility to LARCs in Haringey.
- LARCs were known to reduce chances of pregnancy, but many people were unaware of their side effects and alternative uses.
- For some, LARCs were perceived as mysterious, unknown or potentially damaging.
- Whilst LARCs have been described as convenient and highly effective; Condoms were by far the preferred form of contraception.
- There are several cultural taboos, stigmas and barriers to LARC uptake amongst seldom-heard communities in Haringey.
- The majority of participants had not seen information around LARCs in common community languages and highlighted the need to consider underrepresented communities in the borough.

Recommendations

- Improve accessibility around LARCs by providing informative materials in the multiple languages spoken across Haringey and disseminate these among cultural community groups.
- Increase engagement with cultural communities in Haringey to discuss the barriers that they face, and ways that LARC services could better suit their needs.
- Include Trans and Non-Binary service users of LARC services within Haringey.
- Increase joint working with schools and youth services to demystify LARCs for young people in approachable ways.
- Promote greater transparency around the different lived experiences of LARC users and their side effects.
- Address cultural barriers and stigma around LARCs through greater promotion of LARCs for menstrual care and wellbeing.
- Partner with cultural community groups in Haringey so that sexual health professionals can hold information sessions with seldom-heard groups.

Background and context

Within recent years, the use of long-acting reversible contraceptives (LARCs) has grown significantly. As effective methods of contraception and menstrual care, they can have a significant impact on the everyday lives of women, transgender and non-binary people who menstruate. Equally, they are important to expanding the choices that such service users make around their menstruation, and if they would like to use contraception for a long or short period of time. LARCs can last between 2 months and 10 years, depending on which option is used, and can be reversed at any time.

There are four types of long-acting reversible contraception (LARC):

- **The hormonal implant:** A minor procedure under a local anaesthetic to insert a small, rod-shaped implant under the skin in the upper arm, where it remains. It works by releasing the hormone progestogen, which stops the ovaries releasing an egg every month. This works for up to three years before it needs to be replaced.
- **The hormonal injection:** An injection of the progestogen hormone which stops the ovaries from releasing an egg. It lasts for eight to 13 weeks, depending on the type.
- **The non-hormonal IUD:** The non-hormonal Paragard copper IUD (intrauterine device), also called a copper coil is a small plastic T-shape that a doctor or nurse puts into the womb. It does not use hormones and works by releasing copper into the womb. It works as soon as it is put in and lasts between five and 10 years, depending on the type. It can also be used as a form of emergency contraception.
- **The hormonal IUD:** The hormonal Levonorgestrel IUD, also known as the hormonal coil, is a small plastic T-shape device that a doctor or nurse puts into the womb. It works by releasing the hormone progestogen in your womb.

Each of these contraceptive options carry their own set of side effects and risks that the service user may experience. As stated in the NHS Guidance on contraceptives, these options are not suitable for everyone.

LARCs can be ideal options for people who need a long-term method of regulating their menstruation, or for those who do not want to get pregnant in the near future. This is beneficial for people of all ages who would like to keep their options open, with the knowledge that they can safely reverse this at any time. In Haringey, service users can get a LARC fitted either from a GP or a sexual health clinic. Visits to a sexual health clinic are confidential, and staff working at a sexual health clinic will not tell anyone about what is discussed without the service user's permission. This includes their GP. For some types of contraception such as an implant or intrauterine device (IUD), the service user may need to come back for a second appointment to have it fitted after a prior consultation.

It is important to note that while LARCs have been widely recognised for their high efficacy in the prevention of pregnancy, that they also carry a significant role in the menstrual health, care and wellbeing for all service users. Part of reducing the barriers to

LARC uptake will be ensuring that potential service users have awareness and access to the multiple applications of LARCs in menstrual, reproductive and menstrual health.

The provision of LARCs in Haringey

Within Haringey, service users can access free contraception, including emergency contraception, long-acting reversible contraceptives (LARCs) and free condoms. These types of contraception can be offered at sexual health clinics, Healthy Living Pharmacies (HLP) or at GP practices.

Haringey Council's strategy for sexual and reproductive health from 2021-2024 reflects the recent priorities that have shaped LARC provision within the borough. Within it, we can see how the pandemic brought health inequalities into sharp focus, particularly among ethnic communities.

In terms of communication, many migrant communities in Haringey have not understood the LARC abbreviation as it does not translate comprehensively. Many service providers of LARCs include information on their website in English and frequently use the LARC abbreviation. Additionally, the language used in these websites often refers to LARC services for "all women". Such language choice can be isolating for trans and nonbinary people who may need to access LARC services, but do not identify as women.

Equally, when considering the language that is used around LARC provisions in Haringey, it is important that guidance around LARCs includes the role that they have in menstrual care and wellbeing. With the ability to have this reversed at any time, some people who have experienced menstrual issues have been able to use LARCs to improve their symptoms over a long period of time. Recognising that LARCs play a key role in menstrual health could reduce the stigma towards LARCs that exists among different groups in Haringey.

Research methods

For this project the research methods utilised were as follows:

- Desk research to explore LARC trends and attitudes, and adoption by diverse communities.
- Information gathering from relevant charities, community organisations, GPs, other potential referrers to LARC services.
- Survey questionnaires provided in the community (including a £5 participation voucher).
- Co-design surveys with Public Health 'leads' for online distribution to relevant networks, target 50+ survey responses.
- Collaborating with community groups to reach those who are seldom heard.

To make this as accessible as possible, we translated the survey into 18 languages, including the languages that are most frequently spoken in the borough.

We also provided participation leaflets with QR codes to the survey in the different languages that organisations could use along with the survey links to disseminate this widely.

The lead researcher contacted several organisations within Haringey to share our survey within their networks, in the languages of their choice.

Some of the organisations that were helpful in the distribution of our survey included:

- Sixth Form schools and colleges in Haringey
- Archway Clinic
- ROJ Women – Kurdish and Turkish women's rights
- Sister System
- Latin American House
- Better Community Centre
- DayMer Turkish and Kurdish Community Centre
- Dalmar Heritage and Family Development
- TCWP – Turkish Cypriot Women's Project

Demographics of participants

The majority of participants (56.4%.) had lived in Haringey for over 10 years. A total of 29.5% indicated that they had lived in Haringey from 'Under one year' to 'Between five and 10 years'. Around 86% respondents told us that they were a Haringey resident, with only 14% preferring not to say.

In terms of the relevant ages of the participants, the majority of participants were the sixth form students that we contacted for this project, between the ages of 16 and 17. 27.2% of respondents that were 18+.

As for the gender identities of the survey participants. The majority identified as 'Female' at 68.4%, with some 22.8% identifying as 'Male'. The total of respondents who identified as 'Trans' or 'Non binary' were at 6.3%.

Regarding the sexualities of the survey respondents, the majority of people identified as 'Heterosexual/Straight' at 81.0%. The total that identified as 'Homosexual', 'Bisexual' or 'Pansexual' were 11.4%; with 'Bisexual' being the highest out of these three categories at 6.3%. Finally, only 3.8% of survey respondents identified as 'Asexual'.

We encouraged participants to self-describe their racial and ethnic backgrounds, as we know that these categories have not always reflected the diverse backgrounds of Haringey residents. Participants described themselves in a variety of ways, including some categories that are not usually captured such as: Half British, half Japanese; White, Ashkenazi Jewish; Black African - half Somali, half Ethiopian; White Canadian; Bengali.

A key part of this research was to understand what the barriers were for people in using LARCs. Most participants, at 81.3% had not used a LARC before, and only 15.4% had used one.

Key themes and survey insights

From the surveys that we distributed to different organisations in Haringey, we were able to gather 103 survey responses.

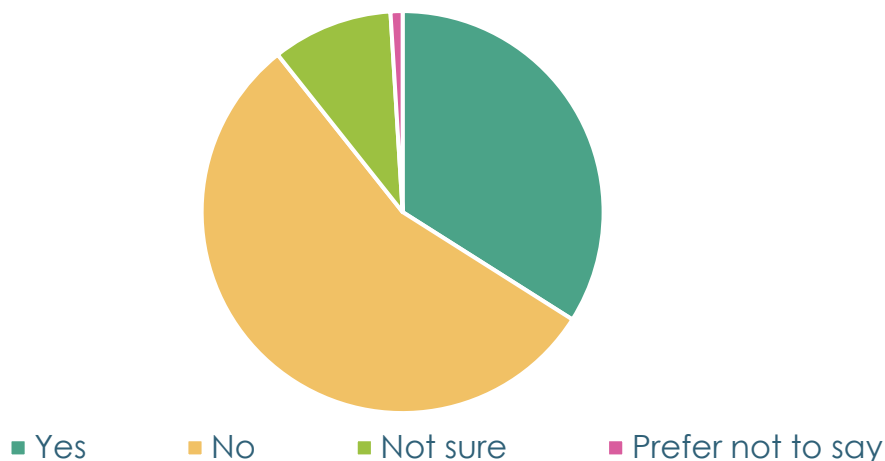
Our key findings from the survey data were as follows:

- Theme 1: There is a lack of awareness of and accessibility to LARCs within Haringey
- Theme 2: Knowledge around LARCs and their side effects
- Theme 3: LARCs perceived as mysterious, unknown, or potentially damaging
- Theme 4: How do people feel about LARCs in Haringey?
- Theme 5: Cultural taboos, stigmas and barriers
- Theme 6: What do LARC services need to consider for underrepresented communities?

Theme 1: There is a lack of awareness of and accessibility to LARCs within Haringey

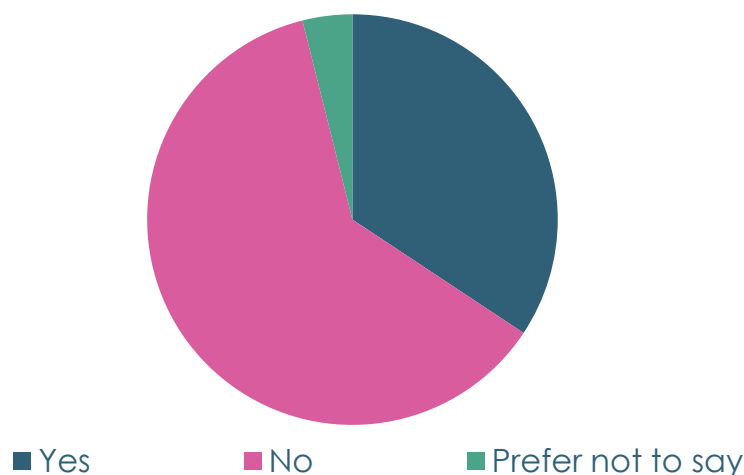
When asked about whether they had heard of LARCs (long-acting reversible contraceptives) before, only around 34% of participants said 'Yes'. Most participants answered 'No' to this question with an added 9.7% indicating that they were 'Not sure'.

Have you heard of LARCs before?



In terms of the application of the non-hormonal IUD as an option for emergency contraception, most participants at 61.8% did not know that the non-hormonal IUD could be used in this way. About 34.3% of respondents answered that they did know that the non-hormonal IUD could be used as a form of emergency contraception. These results demonstrate that there needs to be greater awareness to both the long-term and short-term applications of different LARC options.

Did you know that the non-hormonal copper IUD can be used as emergency contraception?



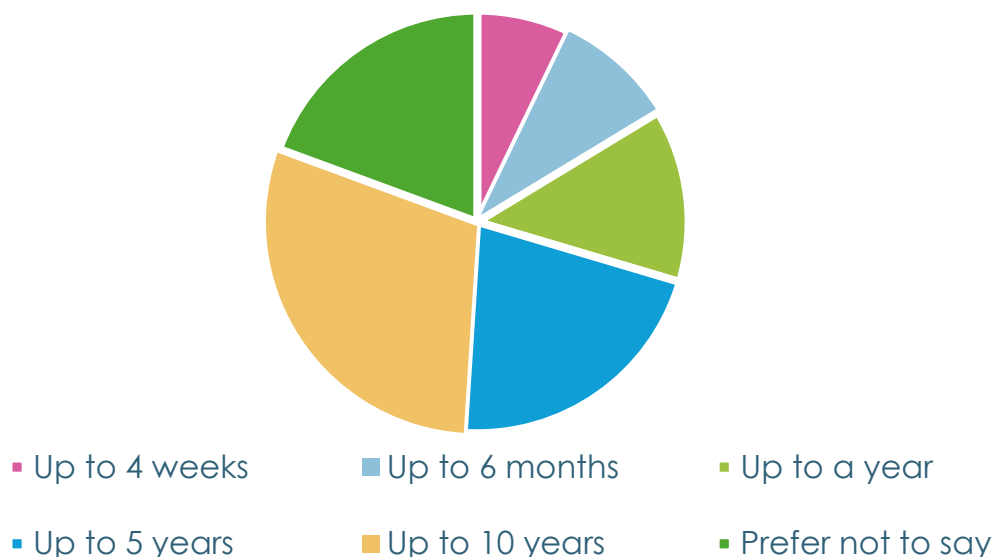
In a similar vein, when asked about whether participants knew that LARCs were free in the UK, most respondents at 62.4% answered 'No'.

Theme 2: Knowledge around LARCs and their side effects

When asked about the characteristics of LARCs and their benefits, many survey participants were aware of their role in preventing pregnancy. However, many had limited knowledge about their other benefits, and the possible side effects.

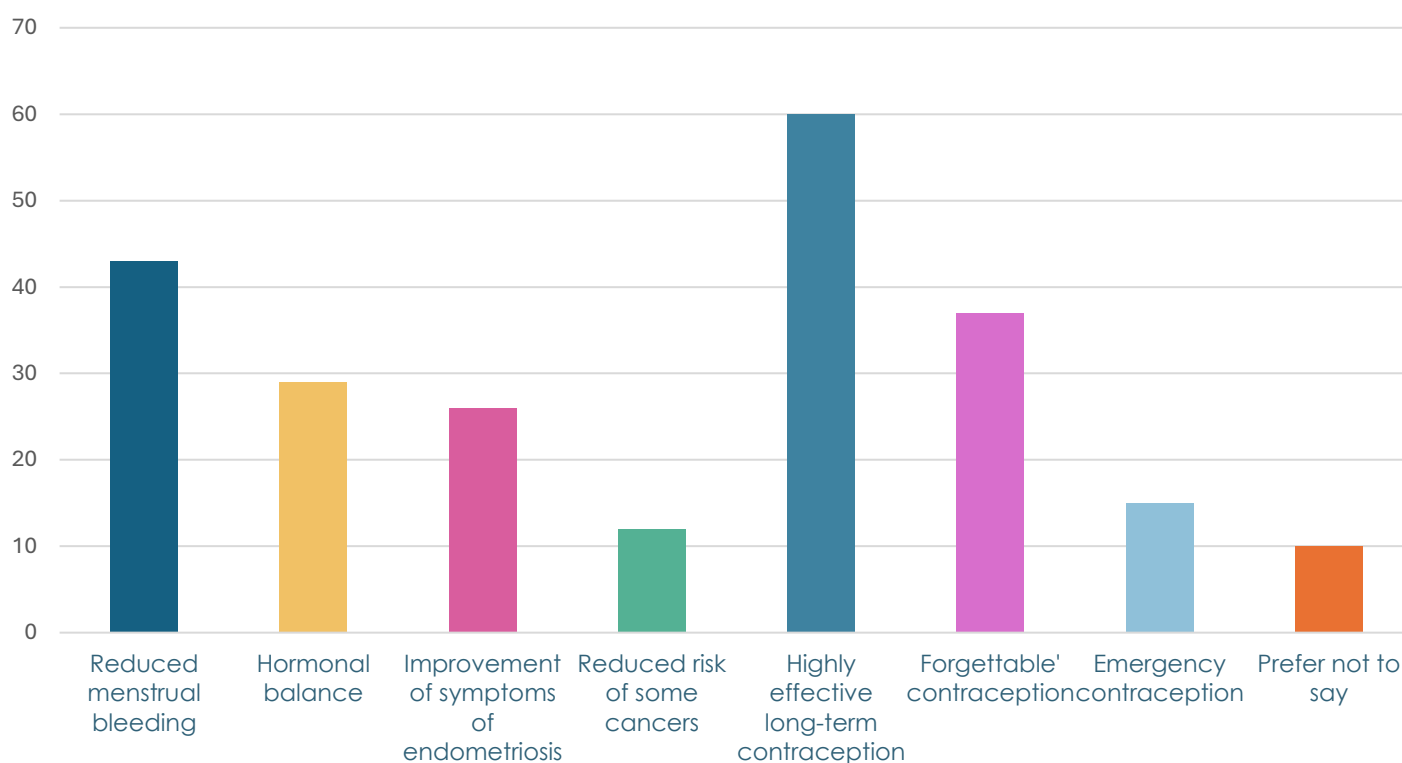
In terms of how long people thought that LARCs could last, most popular answer at 29.6% was 'Up to 10 years', with around 51% of answers ranging from 'Up to four weeks' to 'Up to five years'. A much higher percentage of survey respondents answered 'Prefer not to say' to this question at 19.4% in comparison to the previous questions. Since the duration of different LARCs can vary based on the type of LARC method used and its brand, it can sometimes be confusing for service users to know how 'long acting' each method is.

How long can LARCs last up to?



In terms of the benefits for service users, the top answer was 'Highly effective long-term contraception', followed by '"Forgettable" contraception', exemplifying that there was considerable awareness for the role of LARCs for providing highly effective contraception. However, we can also see that the non-sexual benefits for LARCs such as 'Improvement of symptoms of Endometriosis' and 'Reduced risks of some cancers' were less known about. Additionally, as seen previously, many respondents had not known about the role of the non-hormonal IUD as an emergency contraceptive. Participants could select multiple answers.

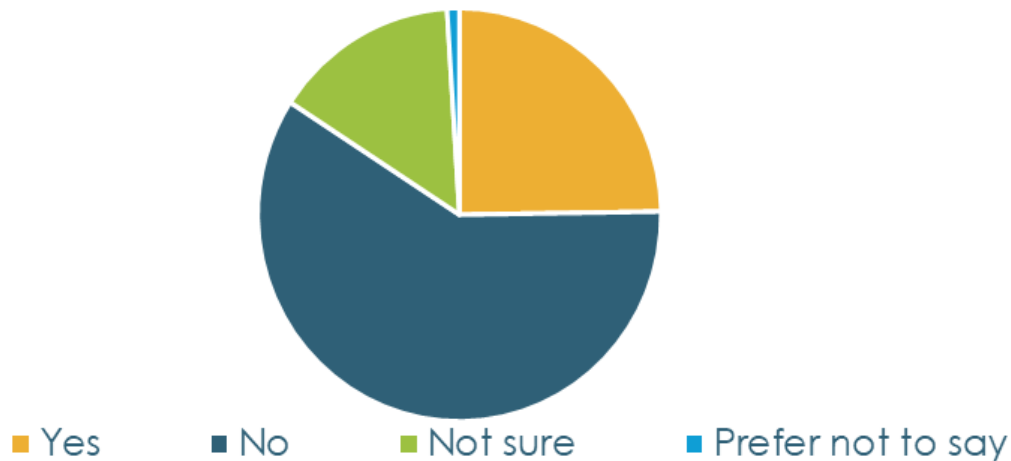
What are the benefits of LARCs? Please tick the following that you are aware of



When asked specifically about the effectiveness of LARCs for preventing pregnancy, we found that the majority of respondents at around 49% said that they were 'Very effective', followed by 29.6% who said that they were 'Somewhat effective'.

Regarding the knowledge around the different potential side effects of LARCs, the majority of respondents at 59.4% said 'No' when asked if they knew about their side effects. Another 14.9% also answered 'Not sure' to this question.

Are you aware of the side effects of different LARCs?



Theme 3: LARCs perceived as mysterious, unknown, or potentially damaging

There were some participants who perceived LARCs as mysterious, unknown or potentially damaging to their future health. With a lack of awareness of the different side effects that they can cause, there were concerns about what health issues that LARCs could cause.

We asked, 'What stops you from using LARCs?'. Participants were free to answer as they liked. Some answers related to the fact there were respondents who did not want to be sexually active, others found LARCs to be 'Scary looking'.

What stops you from using LARCs?

"It may be unethical, or you might have a medical condition that means you can't use it"

"I don't need contraceptives"

"People are hyper aware of the side effects"

"Scared"

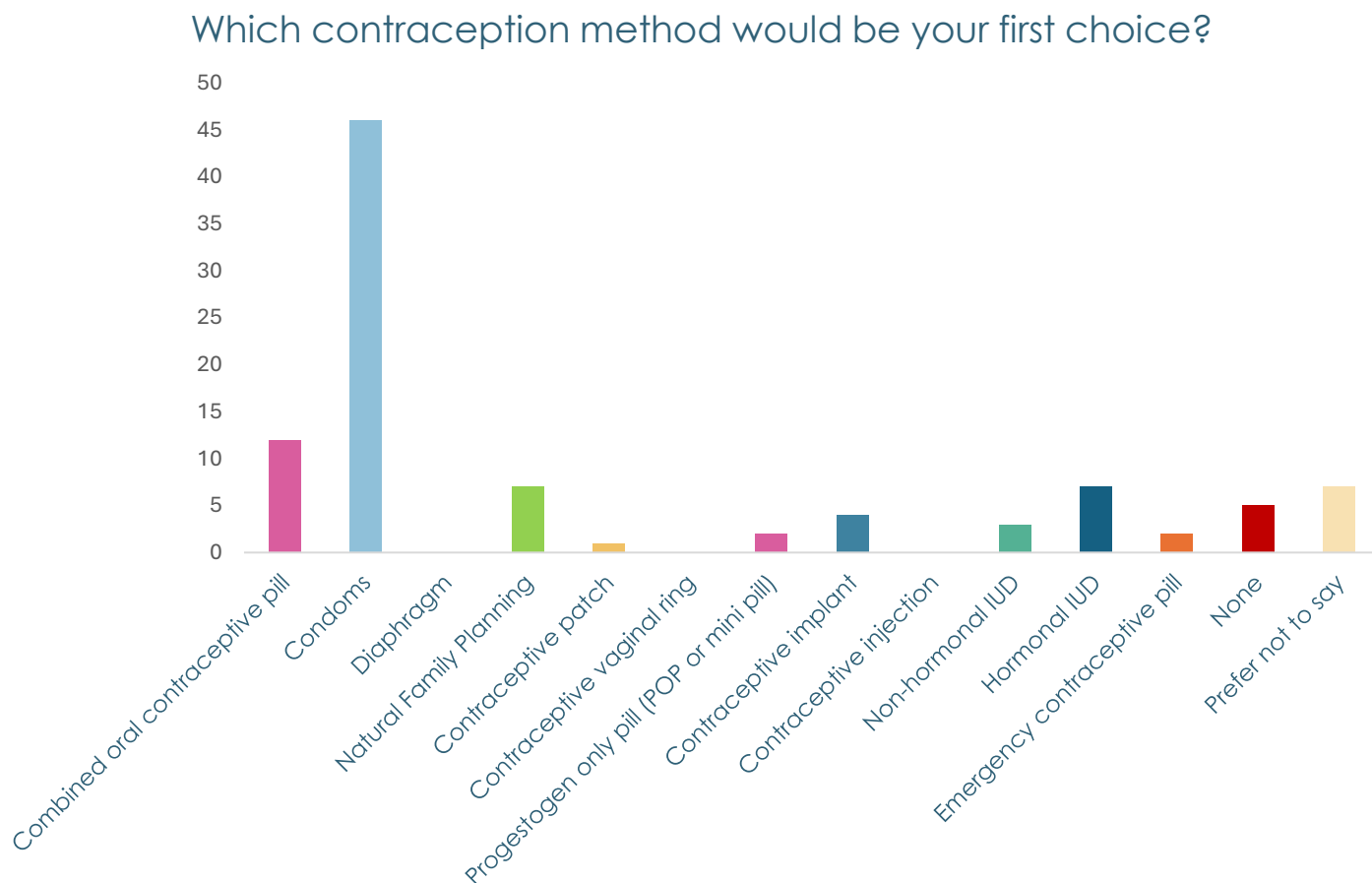
"Well, what stops me from using other contraceptive methods other than a condom is the fear of it effecting my menstrual cycle"

"Fear of the contraception causing me to become infertile"

Theme 4: How do people feel about LARCs in Haringey?

In trying to understand how people in Haringey feel about LARCs, we decided to ask people in comparison to other forms of contraception available.

As we can see below, when asked 'Which contraception method would be your first choice?', 47.9% chose 'Condoms'. Considering that condoms are external barriers to contraception and also protect against sexually transmitted infections, we can see why it may have been a favourable option. The total number of respondents who chose a LARC as their first-choice amounts to 14.6%, with no respondents choosing the 'Contraceptive injection'. This demonstrates the need to promote more information around LARCs.



Survey participants were asked about how they would describe LARCs. Many respondents described the function of LARCs as effective forms of long-term contraception that were non-permanent and could be removed early if wished.

How would you describe LARCs?

"I haven't heard of them before, so not sure!"

"Non-permanent"

"Convenient – I can have a coil and forget about contraceptive for years"

“Long-acting contraceptives that can alleviate the symptoms of PCOS, endometriosis and heavy periods”

“Maybe an IUD?”

Theme 5: Cultural taboos, stigmas and barriers to LARCs

One of the key research aims for this project was to understand the potential cultural taboos, stigmas and barriers that could exist amongst seldom-heard communities. Within Haringey, there are several cultural and ethnic communities, each with their own diversity of beliefs, needs and experiences that affect the choices that they make.

We asked, ‘What cultural barriers are there to people using LARCs?’ We can see a great variety of different perspectives. Among them, there were concerns about the role of LARCs in ‘making having casual sex easier’ and it was conflated with the notion of ‘breaking one’s virginity’ as it passes through the vagina. For these participants, LARCs were seen as unethical as some perceived them as against certain religious beliefs. Other respondents noted that there has been a lack of knowledge, familiarity and awareness around LARCs, noting that there can be language barriers to understanding what they are. From these answers, we can see that there are many barriers that people from seldom-heard groups face when trying to access LARCs for their sexual, reproductive and menstrual health.

What cultural barriers are there to people using LARCs?

“Some people are not comfortable having anything enter their vagina prior to marriage”

“It is haram for some cultures”

“Jewish people – needing to bleed at certain times”

“Contraception decisions are not always made by the woman – may feel that it terminates the already fertilised egg”

“If you don’t speak English as a first language you might not fully understand what they are or what they do”

“Fear of pain or infection”

“Side effects/Infertility”

“I don’t think there are any barriers”

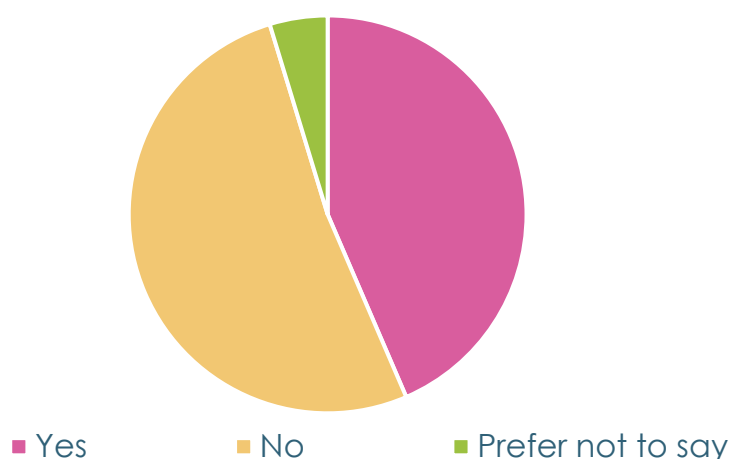
“Money”

Theme 6: What do LARC services need to consider for underrepresented communities?

Our final theme investigates the different aspects that our survey participants found were important for LARC service providers to consider for underrepresented communities.

Within this theme, we asked people if they had seen information around LARCs in their language. We found that a slight majority at 51.8% answered 'No' to this question. Upon answering 'No', participants also had the choice to comment on which language they spoke, so that this can effectively inform the future work of Haringey's Public Health Team. We can see that there was a considerable number of people who had seen information around LARCs in their language at 43.5%, but that this could be improved.

Have you seen information around LARCs in your language?



The languages spoken by respondents were English, Turkish, Portuguese, Spanish, Somali, Arabic, Bengali, Polish and Japanese.

For migrant and refugee women, trans and non-binary people, there can be many hidden barriers that need to be considered by LARC service providers. A key consideration for service providers can be to provide reassurance to refugee and migrant service users, as the LARC services that are offered in Haringey are not offered everywhere. With respect to LARC services, the proactive engagement and presence of healthcare professionals within cultural community groups in Haringey may help to provide reassurance and informed guidance around LARCs.

We asked, 'What do LARC services need to consider for underrepresented communities?'. We can see many insightful suggestions below around raising awareness, communications and workshops in different languages and providing information in safe spaces where underrepresented groups congregate together.

What do LARC services need to consider for underrepresented communities?

“Providing information in places where underrepresented communities congregate such as community centres and religious buildings”

“Workshops in mother tongue language as well as leaflets. You might use this info leaflet on social media, college, youth centre, children centre and community centres”

“Get people from the community to speak to the community”

“Seek their advice”

“They should remove the language barrier”

Conclusion

In summary, our findings have revealed the need to increase knowledge around LARCs, and the ways in which barriers to them could be reduced. An intersectional approach, which considers the role of health inequalities is very important within Haringey. One's access, knowledge and attitudes towards LARCs can be impacted by their race, culture, ethnicity, gender identity, sexuality, age, disability, class and lived experiences. Our research has brought to light the different areas of LARCs that are currently unknown in Haringey or have been misunderstood. Many participants were not aware of what LARCs were, their affordability in the UK, and were far more likely to choose well-known options such as condoms and the oral contraceptive pill. With this in mind, LARC methods must be demystified as options that are available for those who need it.

In Haringey, information around the different LARC methods available needs to be easily available and digestible for the linguistically diverse character of the borough. While many of the barriers around the uptake of LARCs are related to social stigmas and taboos around sexual behaviour, LARCs play a key role in the overall health and wellbeing of women, trans and non-binary people, which requires greater acknowledgement. The presence of healthcare professionals in cultural community spaces would provide an effective way for local residents to hear more about LARCs and ask questions in their own language within a safe space. It would also create an environment wherein healthcare providers could directly hear from local people who may be sceptical about LARC services.

Language and communications have played a pivotal role in the accessibility of information around LARCs in the borough. There are over 180 languages spoken in Haringey and many residents have not been able increase their own knowledge around LARC methods because of language barriers. For many seldom-heard groups, choosing to use a contraceptive that goes within the body is a sensitive decision to make, especially if you have limited understanding of it. When considering the inclusivity of LARC services for trans and nonbinary people in Haringey, the use of gender-expansive and affirmative terminology would help to create a more welcoming space that is inclusive of all potential service users.

As a whole, there are many practices and clinics within Haringey that offer long-acting reversible contraceptive methods that are not equally available worldwide, or even in other areas of the UK. Access and knowledge around these services has been limited, especially amongst underrepresented communities that have had longstanding stigmas and taboos around contraceptive use. Much knowledge around LARCs in Haringey has been related to their applications in sexual and reproductive health, but not many participants were aware of their role in managing menstrual health. We were fortunate to hear the perspectives of a wide range of participants from different cultures who, through this survey, communicated with us about the beneficial considerations that could make LARCs more accessible to them in Haringey.

Recommendations

From the key insights that we gathered from local participants of Haringey; we have been able to shape our recommendations around their perspectives. Our recommendations are based around the need for healthcare providers to be comfortable with delivering contraceptive counselling to any and all communities in Haringey and particularly for seldom-heard communities.

- Improve accessibility around LARCs by providing informative materials in the multiple languages spoken across Haringey and disseminate these among cultural community groups.
- Increase engagement with cultural communities in Haringey to discuss the barriers that they face, and ways that LARC services could better suit their needs.
- Include Trans and Non-Binary service users of LARC services within Haringey.
- Increase joint working with schools and youth services to demystify LARCs for young people in approachable ways.
- Promote greater transparency around the different lived experiences of LARCs and their side effects.
- Address cultural barriers and stigma around LARCs through greater promotion of the application of LARCs for menstrual care and wellbeing.
- Partner with cultural community groups in Haringey so that sexual health professionals can hold information sessions with seldom-heard groups.

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Appendix – Survey Questions about LARCs in Haringey

All participants had the opportunity to skip any or all of the questions in the survey via the 'skip' button. We had no required questions in this survey to ensure that all answers were given freely by the survey participants.

Long-Acting Reversible Contraception Survey

1. Have you heard of LARCs before?

- a. Yes
- b. No
- c. Not sure
- d. Prefer not to say

2. What are the benefits of LARCs?

Please tick the following that you are aware of or explain in the box below:

- Reduced menstrual bleeding
- Hormonal balance
- Improvement of symptoms of Endometriosis
- Reduced risk of some cancers
- Highly effective long-term contraception
- 'Forgettable' contraception
- Emergency contraception
- Prefer not to say
- Other: (open box available for text)

3. How long can LARCs last up to?

- a. Up to 4 weeks
- b. Up to 6 months
- c. Up to a year
- d. Up to 5 years
- e. Up to 10 years
- f. Prefer not to say

4. How effective are LARCs at preventing pregnancy?

- a. Very effective
- b. Somewhat effective
- c. Not so effective
- d. Not at all effective
- e. Prefer not to say

5. Did you know that the non-hormonal copper IUD can be used as emergency contraception?
- a. Yes
 - b. No
 - c. Prefer not to say
6. Did you know that LARCs are free in the UK?
- a. Yes
 - b. No
 - c. Prefer not to say
7. Do you know where a LARC can be fitted?
- a. Yes
 - b. No
 - c. Not sure
 - d. Prefer not to say
8. Are you aware of the side effects of different LARCs?
- a. Yes
 - b. No
 - c. Not sure
 - d. Prefer not to say
 - e. Prefer to elaborate: (open box available for text)

Your choices

9. How would you describe LARCs? (open box available for text)
10. Which contraception method would be your first choice?
- a. Combined oral contraceptive pill
 - b. Condoms
 - c. Diaphragm
 - d. Natural Family Planning
 - e. Contraceptive patch
 - f. Contraceptive vaginal ring
 - g. Progestogen only pill (POP or mini pill)
 - h. Contraceptive implant

- i. Contraceptive injection
- j. Non-hormonal IUD
- k. Hormonal IUD
- l. Emergency contraceptive pill
- m. None
- n. Prefer not to say

11. Have you ever used a LARC?

- a. Yes
- b. No
- c. Prefer not to say

Barriers, deterrents and considerations

12. What cultural barriers are there to people using LARCs? (open box available for text)

13. What stops you from using LARCs? (open box available for text)

14. Have you seen information around LARCs in your language?

- a. Yes
- b. No
- c. Prefer not to say
- d. Language spoken: (open box available for text)

15. What do LARC services need to consider for underrepresented communities? (open box available for text)

Demographics

16. How long have you lived in Haringey?

- a. Under 1 year
- b. Between 1 and 3 years
- c. Between 3 and 5 years
- d. Between 5 and 10 years
- e. Over 10 years

f. Prefer not to say

17. What is your age?

- a. Under 18
- b. 18-24
- c. 25-34
- d. 35-44
- e. 45-54
- f. 55-64
- g. 65+

18. What is your race and ethnicity? (open box available for text)

19. What is your gender?

- a. Male
- b. Female
- c. Trans masculine
- d. Trans feminine
- e. Non binary
- f. Intersex
- g. Prefer not to say
- h. Prefer to self-identify: (open box available for text)

20. What is your sexuality?

- a. Heterosexual/Straight
- b. Homosexual
- c. Bisexual
- d. Pansexual
- e. Asexual
- f. Prefer not to say
- g. Prefer to self-identify: (open box available for text)

21. Please provide your name and address if you would like to receive a £5 voucher for your participation:

- a. First & last name
- b. Flat/House Number
- c. Address
- d. County
- e. Postcode

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