Undergraduate Women's Choice in Contraception Type
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INTRODUCTION
Birth control is a sensitive topic for many college-aged women. We are interested in understanding women's choices regarding contraceptives, and what role having a healthcare provider may play in women's understanding of and decisions regarding contraceptives.

Understanding current form of contraceptive
- In a study by Coles, Makino, and Stanwood, (2011), approximately half of unintended teen pregnancies were due to contraceptive misuse

Confidence in health literacy
- According to the CDC, health literacy is the ability to “find, understand, and use information and services to inform health-related decisions” (CDC.gov, 2021)
- DeWalt et al., (2004) found that lower levels of health literacy were associated with poorer general health status and poorer use of health resources

Comfort with talking with family or friends about contraception
- A study by Vamos et al., (2018) found that the most common resources for college students to find sexual or reproductive health information was the internet
- The same study found that many participants relied on friends and healthcare providers for contraception information

Confidence in ability to advocate for healthcare
- Patients' ability to advocate for their own healthcare may be associated with better patient-physician communication

Aims of the present study were to examine:

1. Undergraduate women's understanding of their current form of contraception, confidence in their ability to read healthcare materials and advocate for personal healthcare decisions, and comfort level in talking to friends or family about contraception.

2. Does healthcare provider (HCP) status influence the above parameters?

METHODS
Participants (n = 83 female undergraduate students) self-reported measures on an Omnibus survey at a women's health night open to all female freshmen, sophomore, junior and senior undergraduate students at Texas Tech University in Lubbock, Texas on March 5, 2021. Students were grouped by whether they had seen a health care provider before for contraception or not, depicted in Figure 1.

Figure 1. Student Grouping by Health Care Provider Status (based on responses from the survey by all participants).

- All Participants (n=83, 100%)
- Seen a Provider (n=46 55.42%)
- Never Seen a Provider (n=37, 44.58%)

Past (n=6, 13.04%)
Present (n=40, 86.96%)

Measures

<table>
<thead>
<tr>
<th>Variable</th>
<th>Measure</th>
<th>Self-Reported By</th>
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<tbody>
<tr>
<td>Understanding Current Form of Contraception</td>
<td>Assessed agreement level with statements using the Likert Scale from 1) Strongly Disagree to 5) Strongly Agree.</td>
<td>All Participants</td>
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<tr>
<td>Confidence in Healthcare Literacy</td>
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<tr>
<td>Comfort Talking with Family or Friend about Contraception</td>
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<td>Confidence in Ability to Advocate for Health</td>
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Analyses were run using SAS Version 9.2 using one-way multivariate analysis of variance test to determine if students’ various healthcare perceptions differed significantly by their healthcare provider status.

RESULTS

Students’ Healthcare Perceptions by Healthcare Provider Status

- Figure 2: Depicts percent of students who strongly agreed with their ability, confidence, and understanding of contraception. Students who saw healthcare providers were significantly more likely to feel the most agreement for their confidence in healthcare literacy (P<0.05, F=5.64), comfort level in speaking about contraception with family or friends (P<0.01, F=11.10), and in their ability to advocate for their own health (P<0.01, F=9.49), providing support for women’s health rights and provider involvement in undergraduate students’ contraception choices.

Breakdown of Undergraduate Women's Contraception Choices

- Age started using contraception in years (n=73)
- 10-13 7%
- 14-17 33%
- 18-21 49%
- 22-25 10%
- 26+ 1%
- Reasons for lack of use (n=19)
- Not sexually active 79%
- Side effects 21%
- Religious beliefs 16%
- Parent/family/friend influence 16%
- No access 11%
- Primary influence for contraception choice (n=50)

- Healthcare provider 52%
- Family member/friend 20%
- Affordability/health insurance 20%
- Internet/social media 8%

- Figure 3: Roughly half (49%) of students began using contraception between age 18-21. The most common reason for contraception use is pregnancy prevention (63%), and the most common reason for not using contraception is not being sexually active (79%). More than half (52%) of women indicated that the primary influence in their choice of contraception use was their healthcare provider.

SUMMARY & CONCLUSIONS

- There is a significant difference between HCP status groups for confidence in ability to read healthcare materials, confidence in ability to self advocate, and comfort level talking to friends and family about contraception.
- There was no significant difference between HCP status groups for understanding of current form of contraceptive
- Undergraduate women who regularly see a healthcare provider felt that they better understand their current form of contraception. Additionally, they are more confident in their ability to read healthcare materials and to self advocate for healthcare decisions. They report feeling more comfortable talking with friends and family about contraception.
- Therefore, informing students of healthcare options and resources as well as the advantages of establishing a healthcare provider could improve these parameters.
- Future studies should investigate additional influencing factors and demographic trends.

REFERENCES