Undergraduate Women's Choice in Contraception Type

Emma Riddle, MS¹, Kathryn Robison¹, Ellen Ward¹, Arden Perabo¹, Bridget Boeger¹, Rachel Wagstaff, MS, MPH¹, Esther Robbins, MD, MPH¹

Texas Tech University Health Sciences Center School of Medicine, Lubbock, Texas¹

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

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 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 defined as 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

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).



• 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:

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



Measures

Variable	Measure	Self-Reported By
Understanding Current Form of Contraception	Assessed agreement All Participants level with statements	
Confidence in Healthcare Literacy	using the Likert Scale from 1) Strongly	
Comfort Talking with Family or Friend about Contraception	Disagree to 5) Strongly Agree.	
Confidence in Ability to Advocate for Health		

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

100%	Has Never Seen a Health Care Provider for Contraception
90%	Has Seen a Health Care Provider for Contraception

Breakdown of Undergraduate Women's Contraception Choices





14-17 Religious beliefs 16% 49% 18-21 16% Parent/family/friend influence 10% 22-25 ||% No access 1% 26+ **Primary influence for Reasons for use (n=57)** contraception choice (n=50) 63% Pregnancy prevention 52% Healthcare provider 47% Menstrual cramps 20% Family member/friend Heavy bleeding 37% 20% Affordability/health insurance 30% Acne 8% Internet/social media 5% STI prevention OCP, 34, 41%

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 nights and provider involvement in undergraduate students' contraception choices.

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

Future Plans



Discuss results with on campus health center to provide women more healthcare options

form of contraceptive

80%

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.

Create educational material for students to inform them of healthcare options and improve health literacy

Look further at data to assess demographic trends



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DeWalt, D., Berkman, N., Sheridan, S., Lohr, K. and Pignone, M., 2004. Literacy and health outcomes. Journal of General Internal Medicine, 19(12), pp.1228-1239.
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