

A Qualitative Study of Factors That Influence Contraceptive Choice among Adolescent School-Based Health Center Patients



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ABSTRACT

Study Objective: Long-acting reversible contraceptive (LARC) methods can prevent teen pregnancy yet remain underutilized by adolescents in the United States. Pediatric providers are well positioned to discuss LARCs with adolescents, but little is known about how counseling should occur in pediatric primary care settings. We explored adolescent women's attitudes and experiences with LARCs to inform the development of adolescent-centered LARC counseling strategies.

Design: Qualitative analysis of one-on-one interviews.

Setting: Participants were recruited from 2 urban school-based, primary care centers.

Participants: Thirty adolescent women aged 14-18 years, diverse in race/ethnicity, and sexual experience.

Interventions: Interviews were audio-recorded, transcribed, and coded using inductive and deductive coding.

Main Outcome Measure: Major themes were identified to integrate LARC-specific adolescent preferences into existing counseling approaches.

Results: Participants (mean age, 16.2 years; range, 14-18 years) represented a diverse range of racial and/or ethnic identities. Half (15/30) were sexually active and 17% (5/30) reported current or past LARC use. Five themes emerged regarding key factors that influence LARC choice, including: (1) strong preferences about device-specific characteristics; (2) previous exposure to information about LARCs from peers, family members, or health counseling sessions; (3) knowledge gaps about LARC methods that affect informed decision-making; (4) personal circumstances or experiences that motivate a desire for effective and/or long-acting contraception; and (5) environmental constraints and supports that might influence adolescent access to LARCs.

Conclusion: We identified 5 factors that influence LARC choice among adolescent women and propose a framework for incorporating these factors into contraceptive counseling services in pediatric primary care settings.

Key Words: Contraception counseling, Adolescent health services, Intrauterine device, Contraceptive device, Qualitative methods

Introduction

Although adolescent pregnancy has declined in the United States, rates remain high compared with other high-income countries.¹ Most teen pregnancies are unintended and preventable.² Long-acting reversible contraceptive (LARC) devices, including intrauterine devices (IUDs) and

contraceptive implants, are highly effective at preventing pregnancy, do not require user action when placed, and thus are considered first-line for adolescents.³ However, uptake of these methods remains low among US adolescents.⁴

Initiatives to increase LARC access have shown dramatic reductions in teen pregnancy rates. In Colorado, a privately funded statewide initiative that subsidized the cost of LARC devices resulted in a 40% reduction in teen pregnancy, and a similar initiative in St Louis showed teen pregnancy rates that were one-fifth that among sexually experienced teens in the United States.^{5,6} These efforts have focused on family planning clinic settings, where providers are trained to provide client-based contraceptive counseling. The few studies that have examined LARC experiences of adolescents in a primary care setting note substantial patient and provider-level barriers to LARC acceptability and uptake.^{7,8}

Client-based contraceptive counseling approaches that consider a woman's reproductive goals, social needs, and contraceptive preferences while addressing information gaps are key strategies for increasing contraception uptake among adult and adolescent women.⁹ Existing tools

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Select findings from this study were presented during poster sessions at the Society for Adolescent Health and Medicine Annual Meeting, Los Angeles, California, March 2015, North American Society for Pediatric and Adolescent Gynecology Annual Clinical and Research Meeting in April 2014, and Pediatric Academic Societies Annual Meeting, San Diego, California, in April 2015. The abstract was published in the *Journal of Adolescent Health* February 2015 supplement.

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including efficacy-based counseling have been shown to increase LARC use among adolescents in a family planning setting.^{10–12} However, these counseling strategies are time-consuming and designed for use in settings where patients are typically highly motivated to initiate contraception. These approaches are not tailored for use in primary care settings where there might be significant knowledge gaps regarding LARCs among providers, few staff skilled at delivering contraceptive counseling, and where patients might have limited to no knowledge about contraceptive options and might not yet be sexually active. No validated tools exist for use by pediatric primary care providers. The purpose of this study was to explore attitudes and experiences related to pregnancy and contraception in a diverse population of female adolescents to inform the development of LARC counseling strategies for use in primary care settings.

Materials and Methods

Recruitment and Interview Procedures

We recruited female adolescents aged 13–19 years from 2 urban school-based health centers (SBHCs) in Washington State that offer contraception services including LARC. English-speaking women younger than 18 years were eligible if they received parental permission to access SBHC primary care services. Before recruitment, the research team mailed a letter to parents and/or guardians of female students who met inclusion criteria to give them an opportunity to opt their child out of participation. After this period, recruitment flyers were posted at the SBHCs and distributed to age-eligible women during clinic appointment check-in.

After obtaining written informed consent, 2 investigators conducted interviews in private rooms at the SBHC after school hours. Parental consent beyond opt-out was waived on the basis of state law that permits women to consent for reproductive services at any age.¹³ The interview guide was on the basis of principles of Social Cognitive Learning theory and previous studies and included questions about key domains of influence (eg, family, peers) on adolescents' contraceptive behaviors, activities, reproductive life plan, previous experiences with contraception and LARC devices (ie, levonorgestrel intrauterine system, copper IUD, and etonogestrel subdermal contraceptive implant), and experiences with their SBHC (Appendix A).^{14–21} Broad, open-ended questions were followed by targeted questions to clarify responses and opinions. Interviews lasted 30–60 minutes and took place from December 2013 to January 2014. After the interviews, participants completed a brief demographic questionnaire. The University of Washington Human Subjects Division approved the study.

Statistical Analyses

Interviews were audio recorded, transcribed, reviewed, and then coded using ATLAS.ti version 7.0. An a priori list of codes was initially used to deductively code interviews on the basis of interview guide themes. We subsequently used

grounded theory to inductively review the data for new codes and themes that did not apply to the a priori categories, which were discussed and reconciled in regular meetings during data analysis. Interviewers met weekly to review major themes and determine when thematic saturation was reached. Upon completion, we recoded all transcripts using the constant comparison method to confirm that new codes represented unique themes and warranted inclusion, and then reread codes in context to enhance understanding of the emerging picture. Finally, investigators classified codes into broader themes and identified the most prevalent and explanatory codes within themes, specifically to find quotations that were representative of or inconsistent with the codes of interest.

Results

Sample

We conducted 30 interviews (mean age of the participants was 16.2 years; range, 14–18 years). Similar to school demographic characteristics, 37% (11/30) of participants self-identified as white, 23% (7/10) Hispanic, 10% (3/10) black, and 10% (3/10) as Asian/Pacific Islander. Seventy percent (21/30) received free and/or reduced lunch, half (15/30) reported being sexually active, and 17% (5/30) had used LARCs (Table 1).

Central Themes

Five key themes emerged. Participants emphasized the importance of: (1) preferences about device-specific characteristics of IUDs and implants; (2) previous exposure to information about LARCs from peers, family members, or health counseling sessions; (3) knowledge gaps about LARCs critical to informed decision-making; (4) salient circumstances or experiences that might motivate a desire for effective and/or long-acting contraception; and (5) environmental constraints and supports that might

Table 1
Participant Demographic Characteristics

Characteristic	n	%
Age, years		
Mean	16.2	
Range	14–18	
Race or ethnicity		
White, non-Hispanic	11	36.7
Hispanic or Latina	7	23.3
Multiracial	6	20.0
Black, non-Hispanic	3	10.0
Asian	2	6.7
Hawaii native or Pacific Islander	1	3.3
Free or reduced lunch-eligible		
Yes	16	53.3
No	5	16.7
Don't know or skip	9	30
Current or previous experience with LARC device		
Yes	5	16.7
No	25	83.3
Ever pregnant		
Yes	3	10.0
No	27	90.0
Total participants	30	100.0

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