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Original article

Racial and Ethnic Discrimination, Medical Mistrust, and Satisfaction with Birth Control Services among Young Adult Latinas

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A B S T R A C T

Background: Racial/ethnic discrimination and medical mistrust contribute to disparities in use of and satisfaction with health care services. Previous work examining the influence of discrimination and medical mistrust on health care experiences has focused primarily on African Americans. Despite the finding that Latinas report lower rates of contraceptive use than White women, little is known about the influence of these factors on health care satisfaction, specifically satisfaction with contraceptive services, among Latina women.
Methods: We conducted computer-assisted interviews with 254 Latina women aged 18 to 25 living in rural communities in Oregon. Only the 211 women who reported ever receiving birth control services answered the question regarding satisfaction with birth control services and were included in the analytic sample. Using multivariable logistic regression models, we explored the relationship between medical mistrust and everyday discrimination on satisfaction with birth control services, accounting for relevant factors.
Results: More than 80% of the total sample reported ever seeing a health care provider for birth control services and of these women, 75% reported being very or extremely satisfied with their birth control services. Latinas who reported higher levels of medical mistrust and racial/ethnic discrimination reported being less satisfied with birth control services. After adjusting for perceived barriers to accessing contraceptive services and other relevant factors, only perceived barriers and racial/ethnic discrimination remained significantly associated with satisfaction.
Conclusions: This study contributes to the growing understanding of the pervasive effects that racial/ethnic discrimination and medical mistrust have on satisfaction with health services among Latinas in the United States.

Latinos accounted for more than one-half of the nation's population growth between 2000 and 2014 (Stepler & Hugo Lopez, 2016). Several states have experienced dramatic growth in Latino populations owing, in part, to immigration into nontraditional settlement areas outside of urban metropolitan centers (Kandel & Cromartie, 2004; Suro & Tafoya, 2004; Vásquez, Seales, & Marquardt, 2008). As part of this dramatic growth, nontraditional settlement areas in the Southeastern and Northwestern United States have experienced rapid increases in the number of Latino residents, many of whom have migrated to rural areas (Kandel & Cromartie, 2004). Specifically, Latino populations in the Northwestern states of Oregon, Washington, and Idaho increased by 316%, 268%, and 178%, respectively, between 1990 and 2000 (Suro & Tafoya, 2004). Since 2000, the number of Latinos in Oregon has grown by 72% and the number of Latinos in the United States has grown by only 50% (The Oregon Community Foundation, 2016).

New settlement areas may be less likely to have societal supports for recent immigrants, such as health care resources, making it harder for Latino immigrants to access services when needed (Derose, Bahney, Lurie, & Escarce, 2009). These barriers to care may be especially concerning for women seeking contraceptive services, because the most effective methods of contraception are provider-dependent (e.g., pills, patch, ring, intrauterine device).

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Compared with other ethnic groups in the United States, Latinas have the highest birth (16.3 per 1,000 women aged 15–44) and fertility (71.7 births per 1,000 women aged 15–44) rates (Martin, Hamilton, Osterman, Driscoll, & Mathews, 2017). Moreover, nearly half of all U.S. pregnancies in 2011 were unintended (Finer & Zolna, 2016). Compared with Whites, Latinas had disproportionally more unintended births (43% vs. 20% for Whites; Finer & Zolna, 2011; Wind, 2013). Unintended pregnancies can have lasting impacts on women's health and well-being and can result in negative effects on finances, education, and job stability for women and their families (Frost & Lindberg, 2013; Sonfield, 2013).

Using effective contraception, consistently and correctly, is the best way to reduce unintended pregnancy (Centers for Disease Control and Prevention, 2017). Although improved contraception use has led to a reduction in the overall numbers of unintended pregnancies and abortions in the United States (Dreweke, 2016), access to, use of, and satisfaction with contraceptive services varies among different racial/ethnic groups. For example, Latinas report lower rates of contraceptive use (Garcés-Palacio, Altarac, & Scarinci, 2008; Mosher & Jones, 2010; Sangi-Haghpeykar, Ali, Posner, & Poindexter, 2006) as well as higher rates of contraceptive failure (Sundaram et al., 2017) than White women.

Previous studies that examined factors associated with contraceptive use among Latinas have focused primarily on the influence of individual determinants such as contraceptive knowledge, acculturation, religion, and primary language (Garcés-Palacio et al., 2008; Gilliam, Neustadt, Whitaker, & Kozloski, 2011; Romo, Berenson, & Segars, 2004; Unger & Molina, 2000; Warren, Harvey, & Bovbjerg, 2011). Because the most effective methods are provider dependent, the influence of health care providers, access to quality primary health care, and use of health care services also likely influence contraceptive use. Additionally, racial/ethnic minority or socially disadvantaged women continue to face numerous hurdles accessing and using effective contraceptive methods (Kossler et al., 2011).

Important social and structural determinants of health care access and quality and their impact on use of and satisfaction with health care, including contraceptive care, have received less attention. Experiences of racial/ethnic discrimination, inside and outside of medical settings, may have a dramatic effect on women's comfort and use of sexual and reproductive health services, including procuring provider-dependent contraceptives.

Medical mistrust is a mistrust of health care providers, medical treatments, medication, and the medical system overall (Bogart, Wagner, Galvan, & Banks, 2010; Landrine & Klonoff, 2001). This mistrust is often attributed to personal experiences of discrimination and the larger history of cultural segregation, racism, and unjust treatment in society and in the health care system more specifically (Bogart et al., 2010). A recent survey found that approximately one-half of Latinos in the United States reported having experienced discrimination or having been treated unfairly because of their race or ethnicity (Krogstad & Lopez, 2016). Moreover, perceived discrimination and medical mistrust are reported more often by Latinos than Whites (Davis, Bynum, Katz, Buchanan, & Green, 2012; Shavers et al., 2012). These experiences have been associated with lower quality of health care, failure to take medical advice, avoidance of recommended testing and screenings, and broad underuse of health care services (Davis et al., 2012; LaVeist, Isaac, & Williams, 2009; Weech-Maldonado, Hall, Bryant, Jenkins, & Elliott, 2012). In addition to lower quality of health care, greater perceived discrimination and medical mistrust are also significantly associated with lower satisfaction with the health care received (Abraído-Lanza, Céspedes, Daya, Flórez, & White, 2011; López-Cevallos, Harvey, & Warren, 2014; Morales, Cunningham, Brown, Liu, & Hays, 1999).

Other findings indicated that women who reported greater levels of medical mistrust and experiences of discrimination were more likely to use a contraceptive method, but were significantly less likely to use an effective method than women who reported lower levels of discrimination and mistrust (Kossler et al., 2011). For example, Latinas who reported higher levels of discrimination also reported greater condom use (Stokes, Harvey, & Warren, 2016), a method that does not require a health care visit. Despite these negative social/structural influences, Latinas report a desire to have strong relationships with primary care providers based on trust and communication and a feeling of shared decision making regarding contraceptive choice and use (Carvajal, Gioia, Mudafort, Brown, & Barnet, 2017). Because of an increased risk for unintended pregnancy and the influence of negative individual and social/structural barriers to seeking care and using effective contraceptives, it is vital that we gain a better understanding of the factors that contribute to satisfaction with contraceptive care services among Latinas.

This study was part of a larger project, *Proyecto de Salud para Latinos* (Latino Health Project), which examined the social and cultural factors related to contraceptive use, sexual risk behavior, and human immunodeficiency virus prevention behavior among young adult Latinos living in rural Oregon. The overall goal of the current study was to provide a better understanding of the social and structural factors that contribute to satisfaction with contraceptive services among Latinas living in rural areas. More specifically, we 1) determined how many Latinas in our sample saw a provider for birth control services in the previous year; 2) examined level of satisfaction with birth control services among women who have ever seen a provider for contraceptive services; and 3) investigated the associations between medical mistrust and perceived discrimination on satisfaction with birth control services, when adjusting for perceived barriers to birth control services and other relevant factors.

Methods

Participants

We recruited participants from farms, health clinics, and other community locations in four rural counties in the Northwest. We used both passive (e.g., posters and fliers) and active (e.g., recruiters approaching potential participants) recruitment strategies. Recruiters were both bicultural and bilingual. We advertised a toll-free number on all print materials and provided participants with an opportunity to contact the study team directly to ask questions or enroll in the study. Recruiters briefly described the study to potential participants and asked if they were willing to be screened for eligibility.

To be eligible for the larger project, *Proyecto de Salud para Latinos*, participants had to be between the ages of 18 and 25, self-identify as Latino, and report sexual intercourse within the past 3 months. We excluded those who were pregnant or were planning to become pregnant in the next year, were unable to understand informed consent or other aspects of the project description, or were not fluent in either English or Spanish. Of