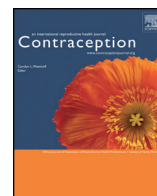




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Original research article

Contraceptive information on pregnancy resource center websites: a statewide content analysis

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ABSTRACT

Objective: Most pregnancy resource centers (PRCs) in the US are affiliated with national organizations that have policies against promoting or providing contraceptives, yet many provide information about contraception on their websites. In 2016, the state of Georgia passed a new law to publicly fund PRCs. This study sought to describe the contraceptive information on Georgia PRC websites.

Study design: We systematically identified all accessible Georgia PRC websites April–June 2016. We downloaded entire websites and used defined protocols to code and thematically analyze content about contraceptives.

Results: Of the 64 websites reviewed, 20 (31%) presented information about contraceptives. Most of the content was dedicated to emergency contraception. Emphasis on risks and side effects was the most prominent theme. However, no site presented information about the frequency or prevalence of risks and side effects. Sites also emphasized contraceptive failure and minimized effectiveness. We found a high degree of inaccurate and misleading information about contraceptives.

Conclusions: Georgia PRC websites presented skewed information that may undermine confidence in the safety and efficacy of contraceptive methods and discourage use. Public funding for PRCs, an increasing national trend, should be rigorously examined. Increased regulation is urgently needed to ensure that online information about contraceptives presented by publicly funded centers is unbiased, complete and accurate.

Implications: We examined contraceptive information on Georgia PRC websites and found sites minimize benefits and emphasize barriers to use. They contain high levels of medically inaccurate and misleading information that may undermine public health goals. Public funding for PRCs should be rigorously examined; increased regulation is urgently needed.

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1. Introduction

Pregnancy resource centers (PRCs, also known as *crisis pregnancy centers*) are nonprofit organizations with a primary mission of promoting childbirth among pregnant women [1,2]. Most of the approximately 4500 PRCs in the United States (US) are affiliated with national anti-abortion organizations that also have policies against providing or promoting contraceptives [3–5]. PRCs in the US increasingly receive public funding [6,7]. In 2016, 14 states directly funded PRCs [6], including the state of Georgia. That year, Georgia signed into law a new grant program to provide state funds to qualifying PRCs.

Despite a growing trend in public funding, PRCs have been widely criticized for deceptive practices and providing inaccurate medical information [7–11]. Several studies have found that PRC websites include high levels of false and misleading sexual and reproductive health

information [11–14]. This is concerning given that the Internet is a commonly used source of health information, including contraceptive information [15,16], that can influence reproductive health decision-making [17,18]. Our previous study of Georgia PRC websites found that many include information about contraception, particularly emergency contraception (EC) [14]. To date, however, no studies have comprehensively described the contraceptive information PRCs provide online. This study sought to conduct a qualitative content analysis to describe the information about contraceptives on Georgia PRC websites.

2. Methods

Our methods for identifying and downloading all of the client-facing websites for PRCs in Georgia have been previously described [14]. Briefly, we created a single unduplicated list of live (i.e., functional) Georgia PRC websites by accessing four online PRC directories [19–22] in April 2016. We also identified PRC websites via Google searches and

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added unique results to the master list. After downloading sites using PDFmyURL.com and verifying completeness, we analyzed content using MAXQDA qualitative analysis software. First, we developed a set of inductive codes through review of the data and discussion and consensus among the three authors. All three authors then independently coded each site and resolved differences by consensus. We used thematic analyses to identify key themes using deductive structural codes, developed by the researchers and guided by the research questions and existing literature, and inductive codes that emerged from the data [23,24]. Consistent with common content analysis methodologies [25,26], we calculated descriptive statistics to further illustrate thematic findings.

3. Results

Of the 64 websites reviewed, 20 (31%) presented information about contraceptives. About one third (35%, n=7) of sites with any information about contraceptives included content about highly [intrauterine devices (IUDs), implants] or moderately (pills, patch, shot, ring) effective contraceptive methods. Eight (40%) sites mentioned condoms in relation to pregnancy prevention. The vast majority (90%, n=18) of sites with any contraceptive information included content about EC. Some excerpts about contraceptives were repeated word for word across multiple sites. Below, we describe key themes related to (a) highly and moderately effective contraceptive methods; (b) condoms for pregnancy prevention; and (c) EC.

3.1. Highly and moderately effective contraceptive methods

When mentioning highly and moderately effective contraceptive methods, sites commonly referred to *birth control*, *hormonal contraceptives* and *hormonal contraception*. “Chemical contraception” was also used but rarely. “Birth control pills” or “oral contraceptives” were the only specific type of contraceptives frequently mentioned. Only one site mentioned Depo-provera, the contraceptive patch, ring or implants and did so by purporting that these methods increase sexually transmitted infection (STI) risk by making the reproductive tract more vulnerable to infection, although causal associations have not been established [23,24]. Three sites mentioned IUDs. All three focused on contraindications of use, and one explicitly claimed IUDs are abortifacient, an enduring misconception [27]. A single site appeared to promote contraceptive use. In an uncited quote directly from the Plan B One-Step package insert, the site stated,

“A rapid return to fertility is likely following treatment with Plan B One-Step for emergency contraception; therefore, routine contraception should be continued or initiated as soon as possible following the use of Plan B One-Step to ensure ongoing prevention of pregnancy.”

3.1.1. Minimizing effectiveness

None of the sites discussed positive aspects of pregnancy prevention, and none mentioned other health benefits of contraception (e.g., relief from migraines, menstrual pain, and acne). Most sites with information about the most effective types of contraception emphasized that these methods are not 100% effective at preventing pregnancy. Only one site presented effectiveness statistics with,

*“Although we know how birth control pills prevent pregnancy – yes, you **can** still get pregnant while taking the pill...Recent studies suggest that even if taken correctly, oral contraceptives are only 95% effective.”*

Evidence shows that combined pills are actually 99.7% effective during the first year of perfect use [28]. No site provided information about the efficacy of IUDs or implants or relative effectiveness of contraceptive methods.

3.1.2. Emphasis on risks and side effects

Emphasis on risks and side effects was the most prominent theme. Of 222 total lines of information about highly and moderately effective contraceptive methods presented on all of the sites, 72 (32%) were dedicated to risks and side effects. Table 1 presents risks and side effects mentioned in relation to specific terms (e.g., *hormonal contraceptives*, *birth control pills*) used by sites and categorizes the accuracy of the claims. Two sites inaccurately claimed that hormonal contraceptives and birth control pills increase STI risk. None of the sites presented information about the prevalence or frequency of side effects or compared them to risks associated with pregnancy.

Table 1

Risks and side effects of contraceptives, categorized by accuracy of the claims, cited on Georgia PRC websites

Accurate	False/misleading
“Hormonal contraceptives”, “chemical contraceptives” <ul style="list-style-type: none"> • [None] 	<ul style="list-style-type: none"> • Increased risk of chlamydia, HIV and sexually transmitted disease/make the genital tract more vulnerable to infection
“Birth control pills” <ul style="list-style-type: none"> • Mood changes • Sore/swollen breasts • Weight gain • Nausea • Bleeding/spotting between periods • Headaches • Chest pain • Leg or thigh swelling • Vision problems • Abdominal pain 	<ul style="list-style-type: none"> • Increased risk of chlamydia and HIV
“Emergency contraception”, “morning after pill” <ul style="list-style-type: none"> • Nausea • Vomiting • Irregular menses • Cramping and abdominal pain • Fatigue • Dizziness • Headache • Breast tenderness 	<ul style="list-style-type: none"> • [None]
“Plan B One-Step” <ul style="list-style-type: none"> • Menstrual changes/irregularity • Nausea • Vomiting • Lower abdominal pain • Fatigue • Headache • Dizziness • Breast tenderness • Similar to side effects of regular birth control pills • Higher pregnancy rate among Chinese women 	<ul style="list-style-type: none"> • Ectopic pregnancy • “There is much that is unknown about Plan B One-Step including the following: <ul style="list-style-type: none"> ○ dependence on the drug ○ overdose ○ the effect it could have on women who have not started their period ○ the effect it could have on postmenopausal women ○ liver disease ○ kidney disease ○ the way it interacts with other drugs**
“ella” <ul style="list-style-type: none"> • Nausea • Headache • Abdominal pain • Menstrual cramps • Fatigue • Dizziness • Risk to the fetus if taken while pregnant 	<ul style="list-style-type: none"> • Ectopic pregnancy • “Much is unknown about the drug, including its effect on women: <ul style="list-style-type: none"> ○ who are under 18 or over 35 years of age, ○ taking with other hormonal contraception, ○ pregnant from a previous encounter, ○ taking ella repeatedly during the same cycle, or ○ taking while breastfeeding**

Note: To illustrate how sites discussed this content, risks and side effects are categorized by the specific terms sites used. Sites discussed risks and side effects in relation to hormonal contraceptives generally and birth control pills specifically. Likewise, sites discussed risks and side effects of EC using general terms and brand names *Plan B One-Step* and *ella*.

* We provide exact quotes for clarity.

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