



Original research article

## Older teen attitudes toward birth control access in pharmacies: a qualitative study<sup>☆,☆☆</sup>

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### Abstract

**Objectives:** To examine adolescent attitudes toward accessing contraception through a new pharmacist prescribing model in the State of California.

**Study design:** In-depth telephone interviews were conducted in summer 2015 with 30 females ages 18 to 19 in California. Participants were recruited using a social media advertisement. Semi-structured interviews utilized open-ended questions to understand teens' experiences with pharmacies, experiences obtaining contraception, and views on pharmacist prescribing of contraception. Responses were transcribed and qualitatively analyzed using an independent-coder method to identify salient themes.

**Results:** Participants were ethnically diverse and primarily living in suburban areas. All participants had completed high school and many had completed one year of college. Nearly all participants were supportive of California's new law allowing pharmacist prescribing of contraception. Thematic analyses revealed that while participants were satisfied with traditional service providers and valued those relationships, they appreciated the benefit of increased access and convenience of going directly to a pharmacy. Participants expected increased access to contraception in pharmacies would lead to both personal and societal benefits. They expressed concerns regarding parental involvement, as well as confidentiality in the pharmacy environment and with insurance disclosures.

**Conclusion:** Older teens in California are very supportive of pharmacies and pharmacists as direct access points for contraception, but confidentiality concerns were noted. Policy makers and pharmacies can incorporate study findings when designing policies, services, and physical pharmacy spaces to better serve teens. Further research is warranted after pharmacies implement this new service to assess teen utilization and satisfaction as well as outcomes.

**Implication statement:** Several states recently passed legislation enabling pharmacists to prescribe contraception and other states are considering similar legislation. Older teens are interested in this additional method of contraceptive access and understanding their perspectives can help guide implementation by states and in individual pharmacies.

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**Keywords:** Direct pharmacy access; Hormonal contraception; Adolescents; Pharmacist prescribing

### 1. Introduction

Adolescents experience unintended pregnancy at a rate higher than the general population, which can be attributed in part to challenges in accessing hormonal contraception [1]. In fact, the recent decline in teenage pregnancy rates in the United States has been almost exclusively credited to increased use of contraceptives (both hormonal and non-hormonal), but teenage pregnancy rates remain higher

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than average [2]. Considerable obstacles remain for adolescents wishing to access contraception.

Teenagers face a number of potential barriers to obtaining hormonal contraception with traditional clinician prescribing and subsequent filling of a prescription at a pharmacy. Barriers such as obtaining a timely appointment, limited office hours, transportation, cost, and concerns about confidentiality or pelvic exams have been described [3–9].

Pharmacist prescribing of non-long acting reversible contraception may be one strategy to help alleviate some of the barriers that adolescents face. If large numbers of community pharmacies become involved in providing this service, they may reduce barriers that exist at doctor's offices given they are more accessible than many doctor's offices or clinics simply because of the number of pharmacies, proximity to patients' homes, and their expanded hours of operation. Pharmacist prescribing protocols involve patients completing a screening form that will identify Category 3 and 4 conditions as defined by the evidence-based US Medical Eligibility Criteria for Contraceptive Use [10], blood pressure measurement, counseling on various methods, and pharmacist prescribing of contraception. Six states (California, Oregon, Colorado, Hawaii, Maryland and New Mexico), have recently passed legislation or have regulations in place to permit pharmacist prescribing of contraception, although California is the only state to allow those under 18 years old to utilize this program without proof of prior prescription [11–13]. Currently, in California, trained pharmacists may prescribe birth control pills, patch, ring or injection. There is a requirement to refer as needed and notify the patient's primary care physician about any prescriptions for contraception that has been written. There may be a visit fee (generally up \$50) that is paid out-of-pocket by the patient. Legislation has been passed for Medicaid coverage of this visit fee, but at the time of publication, it has yet to be implemented. Pharmacists interested in providing contraception services must complete the required training in pharmacy school or a minimum one-hour continuing education program.

Previous literature examined the interest in and support for this access model from perspectives of providers, pharmacists, pharmacy students, and consumers. [14–19] Overall, the literature shows that there is support for this additional model of access amongst not only providers and pharmacists, but also women who would utilize this option. While the data support this access model, adolescents' preferences for utilizing pharmacist-initiated prescription birth control are not yet known.

The purpose of this study was to describe adolescent attitudes toward access to contraception using the traditional prescription model, as well as their attitudes and interests in pharmacist prescribing of non-long acting reversible contraception before it was implemented in California.

## 2. Materials and methods

Eligible participants were English-speaking females, aged 18 to 19 years old, living in California between July and September 2015. Participants were recruited via social media advertisements on Facebook which targeted potential participants based on their age and location. Eligibility was determined with an online screening survey followed by final eligibility verification conducted via self-report at the start of the interview. Given that participants were recruited through online social media, the aforementioned procedures were utilized to ensure valid sampling.

The social media advertisement was shown a total of 44,994 times, and 992 (2.2%) individuals clicked on the advertisement. Of those, 286 (28.9%) initiated the recruitment survey and 104 (10.4%) completed it, of which 36 respondents did not meet eligibility requirements. The final sample consisted of 30 randomly selected participants and was inferred from similar qualitative studies to be sufficient to reach thematic saturation.

The interview guide was developed by study team members, which included experts in the areas of women's health and qualitative research methods. Questions covered topics regarding previous experiences at pharmacies and participants' awareness and opinions about pharmacist prescribing. All study materials were reviewed to ensure a sixth-grade reading level and targeted to participants' age. Interviews took approximately thirty minutes to complete and participants were compensated for their time.

A single investigator conducted in-depth telephone interviews using the standardized interview guide consisting of 24 open-ended questions aimed at generating qualitative discussion. Interviews were recorded with permission and later transcribed and proofread. After initial review of the transcripts, emerging themes were identified and study investigators developed a preliminary coding structure. Coding procedures were reviewed with all team members to increase inter-rater reliability. Two investigators then independently coded each interview and discrepancies were reconciled through team discussion. The study protocol was approved by the University of California San Diego Institutional Review Board.

## 3. Results

Participant characteristics are summarized in Table 1. There was equal participation by 18 and 19 year olds. A large proportion of participants were White (37%) or Hispanic (30%), and lived in suburban areas (66%). All participants completed high school and the majority completed at least one year of college (60%).

A vast majority of participants had experience with using hormonal contraception prior to the interview (93%) and were supportive of pharmacist prescribing (97%). Following analyses of the interviews, five major themes emerged that

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