

Exploring perceptions about contraceptive counseling within a diverse New Jersey population

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Background

- Tenet of contraception counseling: promote patient-centered and equitable healthcare while preventing coercion
- U.S. has a history of contraception coercion (especially among minority and other marginalized populations)
- Contraceptive coercion has been implicated in many forms: providers dissuading long-acting reversible contraception (LARC) removal, providing imbalanced information about contraception options, and downplaying side effects
- Patient perspectives suggest people of color and low socioeconomic status experience this implicit pressure more during their counseling appointments
- Few studies have explored these contraception counseling experiences among a diverse urban population

Objectives

The purpose of this project is to explore perspectives and experiences of contraceptive counseling among a diverse population in a New Jersey city.

By determining these underlying themes in autonomy and coercion from the patient perspective, we can inform best practices for contraception counseling.

Methods

Design

- Qualitative, semi-structured interviews over Zoom

Setting

- 2 community health centers in New Brunswick, NJ

Participants

- Pregnancy-capable persons of reproductive age who recently attended contraceptive counseling appointments

Analysis

- Iterative process of codebook developing, coding, and thematic analysis using interview transcripts

Results

Stratification (n=24)

Group A	Group B	Group C
White (n=8)	U.S.-born POC (n=8)	Foreign-born POC (n=8)

Contraceptive experiences

- Varied: pill, arm implant, shot, IUD, patch, vaginal ring, tubal ligation, Plan B, condom

Contraceptive reasons, preferences, perspectives

- Reasons: pregnancy prevention, period regulation
- Preferences & Perspectives: all participants considered side effects and frequently mentioned bleeding patterns, weight gain, existing medical conditions, convenience, and cost

I like the regularity of [the combined pill].. I knew what to expect. I knew when I would get a period. It was just all very nice and I didn't really have any side effects from it. -U.S.-born white

I did not like [the patch] at all because I bled a lot on that one. -U.S.-born POC

I like long-term birth control. I want something permanent. I don't have insurance right now. -foreign-born POC

I mean the only thing [about the pill] is it's every day at the same time so it's hard to always remember. So that's the only negative. -U.S.-born POC

Conclusions & Future Directions

- Providers should consider each patient's individualized preferences and medical histories during contraception counseling
- Most participants had full autonomy in choosing contraception vs. some felt pressure from their providers
- Future steps: studying preferences among specific minority populations + the role of LARCS in contraceptive autonomy

Counseling experiences

- Effectiveness, side effects, process of each birth control type
- Some providers emphasized a certain type of birth control when participants wanted to stop or switch their contraceptive method

She talked to me like about everything. What it can do to my body, the effects it can have on me. She did recommend me get the IUD though, just because I sometimes have trouble remembering to take the pill. But then she saw I was kind of anxious about getting the IUD so she was like, "It's okay." Like I can stay on the pill that I'm on. - foreign-born POC

Counseling perspectives

- Participants enjoyed feeling educated and empowered to make their own decision
- Some participants wished they could have been more informed about all the options, especially side effects
- Some felt pressured to stay on birth control and did not follow up with provider

She was just incredibly knowledgeable about her profession but not just in the way it was studied and understood in the science and all that, but also knowledgeable about the experiences of women. It made me feel like I was talking to not only an expert but also like a human who is willing to share a little bit of themselves with me. It just garners so much trust. -U.S.-born white

I felt like it was a lot of conversation to prevent pregnancy, prevent pregnancy, stay on the pill. Like a principal telling the students, "Don't get in trouble." I was looking at her side-eyed. Why is she talking to me like I'm a child? I just stopped on my own. I was just done taking it cause I was forgetting to take it so I'm not about to go and have a conversation again. -U.S.-born POC

