Family Planning Disparities

Christine Dehlendorf, MD MAS

Assistant Professor
Departments of Family & Community Medicine, Obstetrics, Gynecology & Reproductive Sciences, and Epidemiology & Biostatistics
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"To realize their full potential, women must be guaranteed the exercise of their reproductive rights and must be able to manage their reproductive roles...All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education, and means to do so".
Outline

• Overview of racial/ethnic and socioeconomic disparities in family planning

• Review what is known about causes of disparities in family planning, including individual, system, and provider factors.

• Discuss approaches to addressing these disparities
Family Planning Disparities

- Unintended pregnancy
- Abortion
- Unintended birth
- Teen pregnancy
What percentages of pregnancies in the United States are unintended?

A. 0-20%
B. 21-40%
C. 41-60%
D. 61-80%
E. 81-100%
6.7 Million Pregnancies Annually in the United States

51% Intended

49% Unintended

Finer and Zolna, Contraception, 2011
Unintended Pregnancy Rates by Income and Race/Ethnicity, 2006-2008

Finer et al. Contraception, 2011
Abortion by Income and Race/Ethnicity, 2008

- <100% FPL: White 34, Black 73, Hispanic 59
- 100-199% FPL: White 21, Black 45, Hispanic 24
- >200% FPL: White 6, Black 20, Hispanic 14

Jones et al, Perspect Sex Repro Health 2011
# Unintended Birth Rates by Race/Ethnicity and SES

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Unintended Births per 1,000 Women</th>
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<tr>
<td><strong>Educational Attainment</strong></td>
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<td>Black</td>
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</tr>
<tr>
<td>Hispanic</td>
<td>45</td>
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Finer et al. Contraception, 2011
What are the results of these disparities?

- Unintended births associated with adverse pregnancy and child outcomes
- Teen childbearing associated with:
  - Increased rates of child neglect
  - Increased rates of poverty
  - Decreased educational attainment
- Abortions are low risk, but still have consequences
  - Health care costs
  - Time off work
  - Health consequences
- Overall, reproductive health disparities contribute to cycle of disadvantage
An Underlying Disparity: Contraception Use

• Women at risk for unintended pregnancy not using contraception
  – By race/ethnicity
    • 9% of Whites
    • 9% of Hispanics
    • 16% of Blacks
  – By education
    • 12% with <HS diploma
    • 8% with Bachelor’s degree

Mosher, Natl Center Health Stat, 2011
Disparities in Choice of Birth Control Methods

- Hormonal methods and IUDs can’t be clearly categorized as better or worse than each other
  - Effectiveness of method depends on whether the woman will continue it and use it correctly

- BUT is relevant if there are disparities in non-use of highly effective methods
Racial/Ethnic Differences in Use of Non-Barrier Methods in Family PACT
2001-2007

% of Women Using Effective Method

- White
- Latina
- Black

Dehlendorf et al., Perspect Sex Repro Health 2011
Disparities in Use of Birth Control Methods

- Low-income and minority women more likely to experience method failure
  - Overall failure rate
    - 21% Blacks, 15% Latinas vs. 10% Whites
    - 20% <100% FPL vs. 9% >9% FPL
  - Failure of condoms:
    - Higher among blacks and poor women
- Black and low-income women more likely to discontinue methods, have gaps in use

Vaughan et al, 2008
Kost et al, 2008
What causes these disparities in family planning outcomes and contraception use?
Unintended Pregnancy

- Abortion
- Unintended Birth
- Adverse Outcomes

Contraception

Sex

Economic and Social Context
Social and Cultural Context of Disparities

- Historical relationship between discriminatory beliefs and family planning policies
- Complicated cultural context about abortion
- Example: Accusations of racism against Planned Parenthood
What Causes these Disparities?

- Individual/social factors
- Health care system factors
- Provider-related factors
Individual/Social Factors

- Non-white women may have more concerns about contraceptive safety
- Safety concerns for Black women may be affected by historical context
  - 35% of Black women believed “medical and public health institutions use poor and minority people as guinea pigs to try out new birth control methods.”
  - Only 60% believed the government makes sure birth control methods are safe.
- Disparities in knowledge about contraceptive side effects and effectiveness
Causes of Disparities in Knowledge

- High literacy requirement for contraceptive information
- Lack of access to sex education
- Difference in acceptability of the medical model of information provision
Individual/Social Factors

- Different levels of ambivalence towards pregnancy
  - Value of planning a pregnancy will differ based on your life circumstances
- Different abilities to plan contraceptive use in context of life
Half of women with gaps in use report coinciding life changes

- Any change: 53%
- Relationship change: 26%
- Residential move: 22%
- Job/school change: 21%
- Personal crisis: 22%

% of women with gaps of one month or more
Insurance Coverage Affects Contraception Use

- Over 25% of all reproductive age women have no health insurance
  - Over 40% of poor women

- Women with no insurance coverage are 30% less likely to use prescription contraception

Nearns, Contraception 2009
Guttmacher Institute, Contraceptive needs and services, 2009.
Culwell and Feingold, Perspect Sex Repro Health 2007
Health Insurance ≠ Contraceptive Coverage

• Many insurance policies exclude contraception
  – Only 28 states mandate inclusion of contraception
  – No regulation of self-insured plans

• Many plans have high co-payments or monthly refill requirements for contraception
What about publicly funded family planning?

• Publicly funded family planning serves about 54% of women in need of these services

• Example: California’s Family PACT

Guttmacher Institute, Contraceptive needs and services, 2009.
Provider Factors

• Requiring additional visits or seeing an additional provider
  – Requirements for physical and pelvic exam
• Not prescribing refills
• Restricted office hours
• Waiting times for appointments
• Refusal to provide care
• Not providing care in underserved areas
“Although functional, social stereotypes and attitudes also tend to be systematically biased. These biases may exist...often unconsciously, among people who strongly endorse egalitarian principles and truly believe that they are not prejudiced. There is considerable empirical evidence that even well-intentioned whites...who do not believe that they are prejudiced demonstrate unconscious implicit negative racial attitudes and stereotypes [which] significantly shape interpersonal interactions....Evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to differences in care.”
Health Care Disparities

- African American less likely to be referred for catheterization and bypass surgery
- Physicians judge Black patients to be:
  - Less intelligent
  - Less likely to comply
  - More likely to abuse drugs
- Low SES patients are judged negatively and are less likely to receive diagnostic testing
- Providers have less positive affect and are more dominant with minority patients
Disparities in Quality of Family Planning Care?

- **Phone survey of 1,800 women**
  - Non-White women and women with lower education levels more likely to be dissatisfied with their family planning provider

- **Survey of 500 Black women**
  - 67% reported race based discrimination when receiving family planning care

Forrest and Frost, *Fam Plann Perspect* 1996
Thorbun and Bogart, *Women’s Health*, 2005
Disparities in Pressure to Control Fertility?

• Non-White and low-income women more likely to report being pressured to use a birth control method and limit their family size

• Providers are more likely to agree to sterilize minority and poor women

Downing et al, AJPH, 2007
Harrison, Obstet Gynecol 1988
Health Care Disparities in Family Planning

• Does a patient’s race/ethnicity and SES affect provider recommendations for intrauterine contraception (IUC)?

• Interested in IUC because:
  – Widespread efforts to expand use of this method
  – Misconceptions about risks associated with this method
  – High efficacy
Methods

• A RCT with a factorial design
• 18 standardized videos were produced of women presenting for contraceptive advice, varying by:
  – Race/ethnicity
  – Socioeconomic status
  – Gynecologic characteristics
• Videos shown to 524 health care providers at ACOG and AAFP meetings
The “Patients”
The “Patients”
Percent of Providers Recommending IUC to Women, Stratified by Patient SES and Race/Ethnicity (n=173)

Study Conclusions

- Providers make different recommendations to patients in different sociodemographic groups
- Poor white women are less likely to have the IUC recommended
  - May be denied a highly effective method
- Low SES minority women are more likely to have the IUC recommended
  - Suggests possibility of racial stereotyping
What does this mean?

- Treating people differently based only on race/ethnicity or SES disregards individual characteristics
  - May prevent identification of best method choice for individual
- Given historical and cultural context, differences by race/ethnicity likely to have negative results:
  - Foster distrust of medical system on individual and community level
- Overall, differences in care provided by patient race/ethnicity and SES could influence disparities in family planning outcomes
What Can Be Done To Decrease Family Planning Disparities?

• Increase public and private funding of abortion and contraception
  – Example: Family PACT program in California
  – Averted over 280,000 unintended pregnancies in 2007 (Foster et al, Women’s Health Issues, 2011)

• Affordable Care Act could have dramatic impact
What Can Be Done To Decrease Family Planning Disparities?

- Facilitate access to services for those without resources
- Provide low-literacy materials
- Find ways to address common misconceptions about health effects of contraceptive methods
  - Bedsider.org
- Work to understand and address contextual factors influencing family planning disparities
What Can Be Done To Decrease Family Planning Disparities?

• Providers should be aware of potential for health care disparities

• Emphasize patient centered care:
  – "Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions."

• Medical students with more patient-centered perspectives had decreased disparities in interpersonal communication

  (Beach, Acad Medicine, 2007).
What does patient-centered contraceptive counseling look like?

“I just think providers should be very informative about it and non-biased…I mean just maybe not try to persuade them to go one way or the other, but maybe try to find out about their background a little bit and what their relationships are like and maybe suggest what might work best for them but ultimately leave the decision up to the patient.”
Secondary Prevention

Sex

Unintended Pregnancy

Abortion

Unintended Birth

Adverse Outcomes

Contraception

Adverse Outcomes
Lack of access to timely and safe abortion care

• Only 17 states provide funding for abortion
• 1/3 of insurance companies do not cover abortion
• 74% of women pay for abortion themselves
• 86% of counties do not have an abortion provider
• Dramatic increase in state legislation designed to limit access to abortion services

Result: Poor and minority women report longer delays in accessing care and have abortions at later gestational ages
The effect of not having coverage for abortion

- Without public funding, 1/3 of Medicaid-eligible women in North Carolina who would have preferred to have an abortion carry their pregnancies to term
- More of an effect among Black women and women with lower education

Cook et al. J Health Econ, 1999
Addressing barriers to abortion care

- Increase number of trained abortion providers
- Improve funding of abortion services
- Ensure patients know that services are available
- Decrease stigma about abortion
Summary

• Significant disparities in family planning outcomes and contraception use exist
• Ensuring all women have the ability to make decisions about their own fertility is a social justice and public health issue
• The health care system can decrease disparities in reproductive health through improving access to services, including abortion, and providing quality, appropriate care to all women.