Racial or ethnic discrimination impacts Latinas' satisfaction with contraception services
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Young Latina women who have experienced racial or ethnic discrimination are less satisfied overall with their contraceptive care, which could affect their access to more effective contraceptives, a new study from Oregon State University has found.

The findings indicate that experiences of discrimination, inside or outside medical settings, can have a dramatic effect on women's comfort using reproductive health services, said Lisa Oakley, the study's lead author and a post-doctoral researcher in OSU's College of Public Health and Human Sciences.

"It is a positive finding that three-quarters of the women in our study reported being satisfied with their contraceptive care, but among the quarter that reported being unsatisfied, their experience with discrimination and its negative effects on satisfaction could severely affect their contraceptive use experience," Oakley said. "That's really important because a lack of access to effective birth control contributes to increased rates of unintended pregnancy."

The study was published recently in the journal Women's Health Issues. Co-authors are S. Marie Harvey, associate dean and distinguished professor OSU's College of Public Health and Human Sciences and Daniel López-Cevallos, assistant professor of ethnic studies in OSU's College of Liberal Arts.

Harvey received funding from the Centers for Disease Control and Prevention for the research, which was part of a larger Latino Health project focused on the social and cultural factors related to contraceptive use, risky sexual behavior and HIV prevention among young adult Latinos living in rural Oregon.

The researchers' goal in the latest research was to better understand the factors that may affect Latinas' satisfaction with contraceptive services. In all 211 women, ages 18-25, participated in the study, which included surveys and interviews. About 40 percent were born in the U.S. and about 60 percent were born outside the U.S. Among the foreign-born, the average length of U.S. residency was 8.4 years, with a range of less than six months to 24 years.

Initially, the researchers found experiences of discrimination, medical mistrust and structural barriers to care, such as trouble with childcare or getting time off work to see a doctor, were associated with low satisfaction. But when considering all of these influences together, they found that everyday instances of discrimination were the largest influence on women's satisfaction.

It's particularly critical for young women of reproductive age to have access to effective contraceptives to prevent unintended pregnancies, Harvey said. The most effective methods of birth control, including hormonal pills or implantable devices, can only be obtained through a medical provider.

"The causes of unintended pregnancy are broad, but one reason is a lack of access to birth control," she said. "Those who lack access are at higher risk of becoming pregnant, regardless of the individual's behavior. It's a systemic issue."

The researchers found that most of the women in the study, about 83 percent, had seen a health care provider for birth control services in the past, and of those, nearly 90 percent reported receiving birth control services in the past year.

About 75 percent of the women reported being very
or extremely satisfied with their birth control services. Among the remaining women, the most significant reason for dissatisfaction was perceived racial or ethnic discrimination.

The perceived discrimination cited by women in the study represents discrimination occurring in everyday experiences such as going to the bank, buying groceries or finding a place to live, Oakley said. It is rooted in the larger environment and culture of a community, but impacts individuals' satisfaction with health care.

"Ensuring health care providers have culturally-responsive staff and reducing other barriers to access, such as child care, transportation and unemployment, can help women feel more satisfied with their overall care," she said. "And satisfaction with care helps to ensure that women will continue to seek medical care, including contraceptives."

"However, because everyday discrimination was the key driver of women's dissatisfaction in this study, it is important to look outside the health care system and into the larger community to identify spaces where discrimination and cultural competence can be addressed," Oakley added.

The study helps researchers understand Latinos' health care experiences in non-traditional but fast-growing settlement areas such as rural Oregon, where Latino populations have grown significantly but the systems to support them have not kept pace, said López-Cevallos.

"Latinos in these areas may not have access to societal supports and resources such as health care that are found in more traditional settlement areas," he said. "They also may be exposed to more discrimination than in areas that do not have a history of Latino settlement. Those early, negative experiences can have a long-term impact on their lives and their decisions about health care."
