Are There Disparities in the Receipt of Contraceptive Counseling?

Samiha Hussain, MPH Candidate

SUNY Downstate Health Sciences University
SUNY Downstate School of Public Health
SUNY Downstate Medical Center

Introduction

In the United States, nearly 45% of all pregnancies each year are unintended.[1] It is estimated that the cost of unintended pregnancy in the United States is $4.5 billion dollars per year.[2,3] This economic and social burden is felt most strongly by women of greater age, those who identify as Black or Hispanic, and those who have experienced a previous abortion.[1]

Use of contraceptives can decrease the risk of unintended pregnancy, with widespread use leading to an 18% decline in the rate of unintended pregnancy between 2008 and 2011.[1,4]

Objectives

This study aims to examine the relationship between demographic factors, such as race, age, socioeconomic status, and health insurance status, and the receipt of contraceptive counseling within a nationally representative population.

Methods

Using data from the Female Respondents' file of the 2017-2019 National Survey for Family Growth, we analyzed responses from 6,141 cisgender women. We performed a chi-square test with the variables of race, age, income, and insurance status by contraceptive counseling receival status. Logistic regression was also performed to analyze the association between these risk factors and counseling status, with adjustments for the covariates education and marital status.

Results: Baseline characteristics of the study population by receipt of contraceptive counseling

Received Contraceptive Counseling
Total N: 6,141
Weighted N: 72.7 Million

Demographic Characteristics	Yes N	Yes Weighted N	Yes Column Percent (%)	No N	No Weighted N	No Column Percent (%)	P-Value
Age (years)							P < 0.001
15-19	192	1,943,839	18.10	778	749,5338	15.33	
20-24	227	2,774,502	21.39	585	7,176,523	11.52	
25-29	227	2,535,371	21.39	789	8,905,253	15.54	
30-34	204	2,307,760	19.23	840	8,563,654	16.55	
35-39	120	1,292,391	11.31	734	9,413,869	14.46	
40-44	63	824,888	5.94	649	8,884,479	12.79	
45-50	28	464,072	2.64	701	10,074,380	13.81	

Amongst the respondents who received counseling, 80.11% were under the age of 35, compared to 58.94% of respondents who did not receive counseling (p<0.001).

Received Contraceptive Counseling
Total N: 6,141
Weighted N: 72.7 Million

Demographic Characteristics	Yes N	Yes Weighted N	Yes Column Percent (%)	No N	No Weighted N	No Column Percent (%)	P-Value
Current Health Insurance Coverage							P < 0.001
Private Health Insurance	586	8,000,496	65.87	2,875	38,292,811	63.27	
Medicaid/CHIP/State-sponsored care	316	2,460,277	20.26	1,228	11,672,402	19.28	
Medicare/Military Health Care	57	528,298	4.35	236	2,891,903	4.78	
No health insurance/single service/ Indian Health Service	102	115,3751	9.50	739	7,664,613	12.66	

Women who had private health insurance accounted for 65.87% of the sample who received contraceptive counseling, compared to 63.27% of women who reported they had not received counseling (p<0.001).

The distributions for the variables of race and total household income (not shown in the table) did not differ between the groups (all p>0.05)

Results: Estimated Adjusted Odds-Ratio of the relationship between Race, Age, Total Household Income, Current Health Insurance Status, and the Receipt of Contraceptive Counseling

Adjusted Odds-Ratios for Race

	Adjusted Odds-Ratio OR (95% CI)	P-value
Race		
Non-Hispanic Black, Single Race vs Non-Hispanic White, Single Race	1.066 (0.814, 1.396)	0.64
Hispanic vs Non-Hispanic White, Single Race	1.042 (0.782, 1.389)	0.78
Non-Hispanic Other or Multiple Race vs Non-Hispanic White, Single Race	0.876 (0.631, 1.215)	0.43

Adjusted Odds-Ratio for Total Household Income

	OR (95% CI)	P-value
Total Household Income		
Under $5,000/year vs $100,000/year	0.949 (0.576, 1.564)	0.84
$5,000-$19,999/year vs $100,000/year	0.873 (0.597, 1.277)	0.48
$20,000-$39,999/year vs $100,000/year	0.882 (0.636, 1.222)	0.45
$40,000-$59,999/year vs $100,000/year	0.981 (0.669, 1.438)	0.92
$60,000-$99,999/year vs $100,000/year	0.818 (0.598, 1.119)	0.21

Adjusted Odds-Ratio for Current Health Insurance Status

	Adjusted Odds-Ratio OR (95% CI)	P-value
Current Health Insurance Status		
No health insurance/single service/ Indian Health Service vs Private Health Insurance	0.808 (0.584, 1.116)	0.20
Medicaid/CHIP/State-sponsored care vs Private Health Insurance	1.125 (0.882, 1.435)	0.34
Medicare/Military Health Care vs Private Health Insurance	0.991 (0.670, 1.467)	0.97

No increased likelihood of receiving contraceptive counseling based on race, total household income, or current health insurance status (all p >0.20).

Adjusted Odds-Ratio for Age

	Adjusted Odds-Ratio OR (95% CI)	P-value
Age		
15-19 vs 45-50	9.393 (4.137, 21.329)	<0.001
20-24 vs 45-50	9.328 (4.396, 19.795)	<0.001
25-29 vs 45-50	6.416 (3.039, 13,547)	<0.001
30-34 vs 45-50	5.950 (2.925, 12.104)	<0.001
35-39 vs 45-50	3.048 (1.389, 6.688)	0.005
40-44 vs 45-50	2.083 (0.966, 4.494)	0.06

The adjusted odds-ratio for age showed a dose response relationship between younger age and receipt of contraceptive counseling (p<0.005).

There was no observable difference in the receipt of contraceptive counseling between women 40-44 years old and women 45 years and older (p=0.06).

Discussion/Conclusion

We found no differences in the receipt of contraceptive counseling among women of different races. This may be due to Medicaid expansion under the Affordable Care Act (ACA) which increased insurance rate across all race-ethnicities We also did not observe differences in the receipt of contraceptive counseling and the respondents' current health insurance status or household income. This may also be due to Medicaid expansion which narrowed the gap between women who received contraceptive counseling by insurance type.

We found a dose-response relationship for the variable of age and the receipt of contraceptive counseling. Women were less likely to receive contraceptive counseling as they grew older, ranging from the age of 15 to 39, when compared to women 45 and older. However, women of greater age were more likely to experience an unintended pregnancy, demonstrating that age can act as a barrier for some women in receiving contraceptive counseling.

References

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Faculty Advisor

Simone A. Reynolds, PhD, MPH,
Director of Online Learning & Instructional Innovation,
Assistant Professor. Department of Epidemiology & Biostatistics