

Contraception in Adolescent Women: Helping Your Patient Choose and Use

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ABSTRACT

There are numerous contraceptive methods on the market, yet rates of unplanned pregnancy continue to be problematic among adolescent female patients in the United States. This reality poses the question “What are we missing?” It is imperative that clinicians have a good understanding of the unique social, economic, physical, and psychologic factors that influence adolescent females’ contraceptive choices. This poster outlines some of those variables and influences and lists effective interview questions and strategies for discussing contraceptive options and expectations with adolescent patients.

INTRODUCTION

Despite a wide range of highly effective contraceptive options available in the United States, approximately half of all births are unplanned.¹ Adolescents and young adults have the highest rates of unintended pregnancy,^{2,3} with approximately 77% of all adolescent pregnancies being unplanned.⁴ According to the American Academy of Pediatrics, lack of contraceptive use and noncompliance with current method among adolescent females is a multifactorial issue.⁵ Understanding these unique factors helps providers recommend a birth control method that will provide effective and continued use.

SUMMARY OF INFLUENCES

Attributes of Contraceptive Methods Themselves

- Common individual needs/preferences often relate to attributes of various contraceptive methods such as efficacy, convenience, reversibility, and side effects.^{6,7}

Economic Considerations

- Adolescents may not be aware of their insurance coverage or may be uninsured. The Affordable Care Act has made contraception much more affordable to those with insurance by requiring that all plans cover at least one type of each of the eighteen FDA-approved methods of contraception along with any counseling, follow up visits, or other related services.^{8,9}

Cultural Influences

- In some Latino cultures, discussion of sexual activity and contraceptive use among unmarried adolescent females may be considered “taboo.” This attitude has been found to be related to religious beliefs in many of these situations.¹⁰
- Contraceptive attitudes and behaviors vary widely among African American adolescent populations, with some more likely to use dual methods of contraception while others are less likely to use effective contraception and more likely to engage in high-risk sexual behaviors.

Relationship with Sexual Partner

- Contraceptive-specific communication between sexually active adolescent male and female partners has been shown to lead to increased consistency of contraceptive use, and studies have also shown that males and females often have different knowledge, beliefs, and practices when it comes to sexual health.¹¹ Therefore, the involvement and opinions of romantic partners should be considered when discussing contraceptive use and selection with adolescent female patients.

Relationship with Parent(s)

- Parents, especially mothers, can play a central role in adolescents’ choice of contraception, sometimes choosing methods for them while other times making recommendations.^{12,13}

Sex Education

- In some parts of the country, adolescents receive formal sex education only from federally-funded programs that encourage abstinence until marriage but fail to incorporate detailed information on STI prevention and contraceptive methods.¹⁰

Confidentiality Concerns

- Female adolescents report hesitancy in seeking and/or discussing contraceptive options due to uncertainty about complete confidentiality.
- Providers should stay up to date about confidentiality regulations in their geographic area of practice. The Guttmacher Institute website (www.Guttmacher.org) is an excellent resource for providers to stay up to date on reproductive health laws in their respective states.¹⁴

Social Media

- Social media platforms such as Facebook, Twitter, Instagram, and YouTube have been shown to influence the choice of one contraceptive method over another.^{3,15}

CONCLUSION

It is important that providers are aware of the multiple influences affecting contraceptive choices in adolescents. Exploring these influences will help PAs guide their teenage patients into choosing and using the best methods for them.

Discussion Questions for Providers to use with Adolescents Considering Contraception



1. Have you ever utilized contraceptives in the past, and if so, what was your experience with them like? Did you experience any undesirable side effects? What was the main reason you discontinued contraceptive use? How would you feel about becoming pregnant in the next year?
2. Is prevention of pregnancy your primary reason for seeking contraception?
3. Do you have any problems with menstruation, migraines, or other health problems for which you are hoping hormonal contraceptives may help?
4. How long do you hope to use the same form of contraception and/or how important is reversibility to you? How familiar are you with choices among barrier methods, pills, patches, rings, IUDs, and the progesterone implant?
5. Is cost a limiting factor in your choice of contraception? Are there any other factors or concerns which may limit your access to contraceptives, such as limited access to follow up care?
6. Do you wish to keep contraceptive care confidential, or do you plan to discuss options with parents/family?
7. Do you have a romantic partner? If so, does your partner have any thoughts or preferences on specific contraceptive methods?
8. Do you have any cultural or religious beliefs that should be considered when it comes to choosing a contraceptive method? Have you read anything on social media regarding contraception that you would like to discuss?

REFERENCES

1. Martínez-Astorquiza-Ortiz de Zarate T, Díaz-Martín T, Martínez-Astorquiza-Corral T. Evaluation of factors associated with noncompliance in users of combined hormonal contraceptive methods: a cross-sectional study: results from the MIA study. *BMC Womens Health*. 2013;13(1):38-38. doi:10.1186/1472-6874-13-38
2. Melo J, Peters M, Teal S, Guiahi M. Adolescent and young women’s contraceptive decision-making processes: Choosing “the best method for her.” *J Pediatr Adolesc Gynecol*. 2015;28(4):224-228. doi:10.1016/j.jpag.2014.08.001
3. Kofinas JD, Varrey A, Sapra KJ, Kanj RV, Chervenak FA, Asfaw T. Adjunctive social media for more effective contraceptive counseling: A randomized controlled trial. *Obstet Gynecol*. 2014;123(4):763-770. doi:10.1097/AOG.0000000000000172
4. U.S. Department of Health & Human Services. Trends in teen pregnancy and childbearing. HHS.gov. Published June 2, 2016. Accessed April 6, 2020. <https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy-and-childbearing/trends/index.html>
5. Adolescence C on. Contraception and adolescents. *Pediatrics*. 2007;120(5):1135-1148. doi:10.1542/peds.2007-2535
6. Hoopes AJ, Gilmore K, Cady J, Akers AY, Ahrens KR. A qualitative study of factors that influence contraceptive choice among adolescent school-based health center patients. *J Pediatr Adolesc Gynecol*. 2016;29(3):259-264. doi:10.1016/j.jpag.2015.09.011
7. Berglas NF, Biggs MA. 198. Young women’s preferences for lower efficacy contraceptive methods: balancing reproductive autonomy and pregnancy prevention goals. *J Adolesc Health*. 2020;66(2):S100. doi:https://doi.org/10.1016/j.jadohealth.2019.11.201
8. Is birth control covered under the Affordable Care Act? HealthSherpa Blog. Published February 22, 2018. Accessed November 6, 2020. <https://www.healthsherpa.com/blog/birth-control-covered-under-affordable-care-act/>
9. Sobel L, Salganicoff A, Gomez I. State and federal contraceptive coverage requirements: Implications for women and employers. KFF. Published March 29, 2018. Accessed November 6, 2020. <https://www.kff.org/womens-health-policy/issue-brief/state-and-federal-contraceptive-coverage-requirements-implications-for-women-and-employers/>
10. Barral RL, Carujano B, Perales J, et al. Knowledge, beliefs, and attitudes about contraception among rural Latino adolescents and young adults. *J Rural Health*. 2020;36(1):38-47. doi:10.1111/jrh.12390
11. Johnson AZ, Sieving RE, Pettingell SL, McRee A-L. The roles of partner communication and relationship status in adolescent contraceptive use. *J Pediatr Health Care*. 2015;29(1):61-69. doi:https://doi.org/10.1016/j.pedhc.2014.06.008
12. Eisenberg ME, Bearinger LH, Sieving RE, Swain C, Resnick MD. Parents’ beliefs about condoms and oral contraceptives: are they medically accurate? *Perspect Sex Reprod Health*. 2004;36(2):50-57.
13. Steiner RJ, Cushing K, Holt SA, Tevendale H, Carter M, Dittus PJ. 244. Parental involvement in contraceptive access and decision-making: Qualitative findings from adolescent contraceptive users in Atlanta, GA. *J Adolesc Health*. 2019;64(2):S124-S125.
14. Adolescent confidentiality and electronic health records. Accessed April 18, 2020. [https://www.acog.org/en/Clinical/Clinical Guidance/Committee Opinion/Articles/2014/05/Adolescent Confidentiality and Electronic Health Records](https://www.acog.org/en/Clinical/Clinical%20Guidance/Committee%20Opinion/Articles/2014/05/Adolescent%20Confidentiality%20and%20Electronic%20Health%20Records)
15. How to get birth control online with Nurx | Nurx tv commercial (2020) [Video]. YouTube. Published January 17, 2020. Accessed April 20, 2020. <https://www.youtube.com/watch?v=x6P5QqrhBx4>
16. Free Image on Pixabay - Clipboard, Checklist, Check List. Accessed February 15, 2021. <https://pixabay.com/vectors/clipboard-checklist-check-list-3590228/>