Contraceptive counseling at college student health services and the role of LARC methods

BROWN
Alpert Medical School

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Abstract

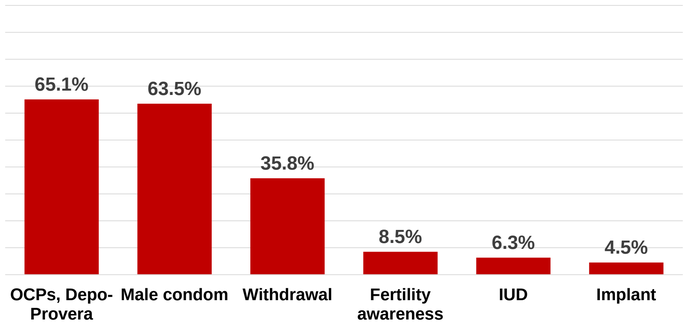
Long-acting reversible methods of contraception (LARC: intrauterine devices and subdermal implants) are well-tolerated by college-age women.[1] Most four-year college students access healthcare through on-site student health services, yet no study has assessed university student health center provider knowledge and attitudes towards LARC nor the clinical infrastructure needed to support LARC provision. We conducted qualitative interviews with Rhode Island college student healthcare providers to assess provider counseling patterns, knowledge, and attitudes towards LARC. Based on these interviews, we adapted an existing LARC assessment survey. We then administered the survey to attendees of a regional college student healthcare conference in November 2016.

Introduction

Women age 18 to 24 experience the highest rates of unintended pregnancy[2], and college women report using contraception only about 50% of the time[3]. College women also feel they are at risk of an unplanned pregnancy. 19% reported using emergency contraception within the last 12 months and 1.4% of college women who had vaginal intercourse within the last 12 months reported experiencing an unintentional pregnancy. [3] However, use of LARC methods among college women remains low (11%)[3] and knowledge of LARC is also low. Nearly 79% of college women surveyed reported little or no knowledge of IUDs or implants.[4] There may be specific barriers preventing higher rates of LARC method use in college women, possibly including methods of healthcare provider counseling, provider training and experience, lack of on-site IUD and implant on-site, and patient education. Importantly, provider counseling patterns have a significant impact on the contraceptive method chosen by women. Studies have found that when LARC was presented as a first-line option, women aged 15-24 chose LARC nearly two-thirds of the time.[5,6] This study aims to increase the understanding of college student healthcare provider contraceptive counseling patterns and barriers to LARC access for students.

Research Question Design & Methods

Figure 1-Contraceptive Methods Used by College Women
Adapted from 2015 NCHA Survey[3]



QUESTION DESIGN

- Literature search revealed little data on LARC methods in the college health center setting and low uptake by college women
- Provider counseling makes a large impact on contraceptive choice and varies across settings
- We designed a mixed-methods study to learn more about provider LARC counseling and provision in student health centers and explore possible barriers

METHODS

Phase 1: Rhode Island Pilot

- Adapted LARC survey intended for primary care providers[7]
- Piloted survey with 10 college student health providers at 5 RI institutions
- Carried out qualitative interviews assessing contraception counseling patterns

Phase 2: Regional survey

- Refined survey based on interviews and pilot data
- Administer survey at November 2016 at regional college health conference
- Analyze descriptive statistics using Stata[R]

Pilot Results

Figure 2- Percentage of providers endorsing hands-on training

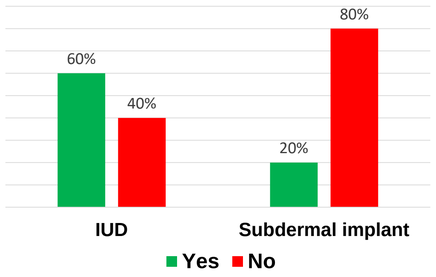


Figure 3- Comparison of recommendation rank and frequency rank for queried contraceptive methods

Contraceptive Method	Average recommend Rank	Average Frequency Rank
Oral contraceptives	1.5	1.1
Hormonal IUD	2.2	3.5
Subdermal implant	3.3	3.7
Copper IUD	3.5	4.3
Depo Injection	3.5	5.1
Vaginal Ring	3.7	-

Themes and Conclusions

Based on our pilot project (*limited data*)—

- **Patient education** may be a more important part of provider counseling in this setting
- Most providers believe **not inserting IUDs and implants on site is a significant barrier** for patients
- Providers feel they would **not have enough volume to maintain insertion skills**
- **Social factors** may have a strong influence on contraceptive choice in this population

Future Directions

- Administer survey at large regional conference in November 2016
- Analyze survey results, draft manuscript and share results with participants
- Future studies should include student perspective

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