Barriers to Consistent Contraceptive Use among Youth in Texas

by

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ABSTRACT

Over half of Texas high school students are sexually active, yet fewer than 6 in 10 used a condom at last sex and only 14% used the pill at last sex. This study explores barriers to consistent contraceptive use as expressed in 49 gender- and racial/ethnic-specific focus groups with youth and parents of teens in Texas. We found that teens face many barriers to consistent use: lack of information, lack of access, fears and embarrassment, and an unwillingness to use it. No differences were detected by racial/ethnic group, between parents and youth, or by acculturation. Differences were detected by gender for one barrier: young men more commonly stated that the desire for pleasure was a barrier to use. These results show that a large number of barriers to consistent contraceptive use will need to be reduced for sexually active youth in Texas to face fewer unintended pregnancies in the future.

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EXTENDED ABSTRACT

Introduction

Over half (52%) of Texas high school students are sexually active, yet fewer than 6 in 10 (57%) used a condom at last sex and only 14% used oral contraceptive pills at last sex.[1] Past research has divided barriers to consistent contraception use into five categories: (1) geographic access – how easy or difficult it is to physically access family planning services; (2) economic access – how affordable contraception is, including transportation and costs incurred to miss work to get supplies; (3) information access – ability to make informed choices about choosing and continuing with contraceptive use; (4) administration access – which include medical barriers, inconvenient clinic hours, and long waiting times; and (5) psychosocial access – overcoming fears, uncertainty, and societal expectations to be able to obtain contraception.[2] Overcoming psychosocial barriers is especially important for young people to obtain contraceptives.[2]

In this study, we explore community norms about barriers to contraceptive use among youth in Texas though a series of gender- and racial/ethnicity-specific focus groups.

Methods

In this study, 49 focus groups with youth and parents of teens were conducted from June through September 2009. Participants were recruited from community-based organizations in Austin, Dallas, El Paso, and Houston, from the three largest racial/ethnic groups in Texas: Latinos, African Americans, and Whites. These groups included 18 focus groups with young women aged 15-21, 18 groups with young men aged 18-24, and 13 focus groups with parents of teens.

Youth participants were further stratified by whether or not they were already parents; as such, nine focus groups were conducted with young parenting women, nine with young women who were not parents, and equal numbers of parenting and non-parenting male youth. Parents of teens qualified for inclusion if they had at least one child aged 12 to 19. Latino parents of teens were stratified according to acculturation, defined as whether the parent completed all or the majority of his/her education in the United States or Mexico.

Experienced facilitators moderated the focus groups. Moderators for all of the African American groups were African American women. A bilingual Latina woman moderated the majority of

the Latino groups. An African American woman facilitated one female Latina group and one male Latino group; a bilingual Latino man moderated three male Latino groups. Groups with White participants were facilitated by African American and Latino moderators. Finally, all four Mexican-educated parents of teens groups were conducted in Spanish.

On-site childcare was provided to all groups who needed it. The majority of participants received $40 for attending the group. After September 1, 2009, the incentive increased to $75 for participants in the remaining adult groups for which recruitment was difficult. All participants received a bilingual (English/Spanish) list of health and service organizations in their community. Parents of teens also received brochures on parent-child communication surrounding sex published by the National Campaign to Prevent Teen and Unplanned Pregnancy. Participants gave their verbal consent to take part in the study. Parents of teen girls age 17 years and younger provided written consent for their daughter to participate. The Institutional Review Boards of the University of Texas at Austin and the Texas Department of State Health Services approved the study.

Recordings of the focus groups were transcribed into the original language of the group. Spanish language groups were transcribed by transcriptionists who were fluent in Spanish and later translated into English by a research assistant who is a native Spanish-speaker and then reviewed and corrected, when necessary, by a native English speaker. Transcriptionists removed identifiers from the transcript to maintain participants' confidentiality. All transcripts were compared against the original recordings for data quality, and omissions and errors in the transcripts were corrected.

Results

A large number of barriers get in the way of sexually-active Texas youths' consistent use of contraception. These include lack of information about contraceptive methods and the likelihood that they will get pregnant, lack of access to contraception, fears and embarrassment about using contraception, and the desire to not use contraception to increase pleasure or for the thrill of taking a risk. No differences were detected by racial/ethnic group, between parents and youth, youth parenting status, or acculturation. Differences were detected by gender for one barrier, however: it was more common for young men to state that the desire for pleasure or thrill seeking was a barrier to consistent contraceptive use (15 of 18 groups, or 83%, vs. 6 of 18 groups among young women, or 33%).

Information barriers are commonly cited as getting in the way of consistent contraceptive use: 28 of 36 youth groups (78%) and 11 of 13 parents of teens group (85%) mentioned barriers such as a lack of knowledge about contraceptive methods and misinformation about how reproductive systems work, particularly by underestimating their vulnerability to get pregnant. For instance:

"I've heard, like, some of my friends say that, like, for their first time, like … that they wouldn't get pregnant on the first time. … I've heard other people say that if you're on your period and you have sex you won't get pregnant. Like, I've heard people actually tell me that." (Young African American woman)

"Like, if they did it one time without using like, anything, they would probably think that, you know, 'She's not going to get pregnant because she didn't end up pregnant the first time.'" (Young Latina woman)

"Well, it's just ignorance. They don't know their bodies. They don't know how the human body works. They are not aware about—the consequences, they are not aware of the consequences." [translated from Spanish] *(Latina mother of teen)*

Youth and parents described lack of access to contraception as a financial barrier and, to a lesser degree, as a transportation barrier, or wanting to avoid getting parental consent (19 youth groups, or 53% and 9 parents of teens groups, or 69%). The following quotes illustrate this idea:

"They don't have money for birth control." (Young African American woman)

"Some people don't have insurance." (Young African American woman)

"If they can't get them from their friends or in school or wherever for free, I mean, how are they going to get it?" (Latina mother of teen)

"And the other ones, they don't know how to go about in getting it. They can't go to the family doctor because the family doctor is gonna ask for consent from the parents." (White father of teen)

"Like, if you're not 16 yet, you're not going to have a car to go to the store and you need a pack of condoms." (Young White woman)

Fears and embarrassment about using contraception are a third set of barriers to consistent contraceptive use for Texas teens: 21 of 36 youth groups (58%) and 8 of 13 parents groups (62%) mentioned fears as a barrier. These include fears that parents or other adults will find out the teen is sexually active, embarrassment about asking for or buying contraception, and fears of side effects, as the following quotes show:

"They don't want their parents to know that they're having sex. … So if they buy condoms and if they leave condoms wrappers or just something like that—their parents are going to know that they're having sex." (Young Latina woman)

"Embarrassment. They don't want to be seen in the store buying condoms." [translated from Spanish] *(Latina mother of teen)*

"Like being on it too long, you'll bleed for a long time. It'll scare people or maybe it's—maybe putting stuff up you, the little birth control they put up you and it'll get stuck or, you know some—scared basically." (Young African American woman)

"Because sometimes, some people get sick over the symptoms of the medicine." (Young African American man)

Another barrier that prevents youth from using contraception consistently is that teens are not motivated to use contraception because they believe that sex feels better without it or that they are curious, want to experiment to find out how sex feels without contraception, or because they want to take a risk. Twenty-one of 36 youth groups (58%) and 12 of 13 parent groups (86%) cited these reasons as barriers to consistent contraceptive use, as the quotes below illustrate. Within the youth groups, males more often cited a lack of motivation to use contraception (15 of 18 male youth groups, or 83%, compared to 6 of 18 female youth groups, or 33%):

"D: It's cool, I mean, they're just…
J: It's fun. I mean, you know?
P: It's natural."
(Young Latino male group)

"Yeah. If it feel this good using one, I wonder how it feel without using one?" (Young African American man)

[Moderator: So, why does she not use any kind of contraception do you think?] "Because of the adrenaline rush." (Young Latina woman)

Conclusion

These results show that much work needs to be done to reduce the large number of barriers to consistent contraceptive use so that that sexually active youth in Texas will face fewer unintended pregnancies in the future.

References

1. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance-United States 2009. MMWR 2010;59(SS-5):1-142.

2. Welsh MJ, Stanback J, Shelton J. Access to Modern Contraception. Best Practice and Research: Clinical Obstetrics and Gynaecology 2006;20(3):323-338.