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Racial and Ethnic Disparities in Contraceptive Use in Young Women



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Introduction

- Young women, aged 15 to 24, have the highest rates of unintended pregnancies in the United States.
- Black and Latina women are at highest risk.
- Few studies have examined reasons for these disparities.

Objective

 To determine whether there are differences in contraceptive use and contraceptive counseling by race and ethnicity among young women in the United States.

Materials and Methods

- Study Design: This analysis used data from the 2011-2013 National Survey of Family Growth
- Subjects: One thousand fifty two women aged 15 to 24 years who had sexual intercourse within the past year, and were not pregnant or seeking pregnancy.
- Primary outcome: Contraceptive use and contraceptive counseling within the past 12 months.
- Statistical analysis: Pearson Chi-Square, linear and logistic regression as appropriate. Pvalues of <0.05 were considered statistically significant (and are indicated with a *).

Results

- There were no differences between races in age, education, or marital status; there were differences in religion, poverty status, employment status, and immigration status (Table 1)
- Young women who identify as Hispanic (H) or non-Hispanic Black (NHB) are less likely to report current contraceptive use than their non-Hispanic White (NHW) or non-Hispanic Other (NHO) counterparts (Table 2, Figure 1).
- This finding remains statistically significant among NHB women after controlling for confounders (Table 2).
- There were no differences in birth control counseling received by race/ethnicity; however, NHW and NHO were more likely to have been issued contraception within the last 12 months (Table 3).

Table 1. Sociodemographics

	Variable		Hispanic n (%)	Non- Hispanic Black n (%)	Non- Hispanic White n (%)	Non- Hispanic Other n (%)
	Age (mean ± SE)		20.5 ± 0.23	20.4 ± 0.21	20.4 ± 0.16	20.6 ± 0.22
	Education	Did not complete high school	81 (26.9%)	73 (28.6%)	118 (22.9%)	26 (17.9%)
		Some college College complete or more	71 (31.1%) 10 (7.4%)	63 (33.0%) 14 (8.6%)	158 (36.6%) 61 (13.4%)	38 (39.3%) 8 (9.7%)
	Marital Status	Married Co-habitating	29 (8.2%) 47 (19.6%)	6 (2.6%) 28 (13.0%)	46 (9.2%) 87 (19.9%)	8 (7.2%) 16 (27.3%)
		Not married	186 (72.1%)	,	333 (71.0%)	72 (65.6%)
	Religion*	No Religion	55 (20.5%)	· · ·	158 (34.2%)	, ,
		Catholic	137 (54.3)	13 (3.7%)	80 (17.2%)	13 (16.7%)
		Protestant	63 (23.2%)	180 (76.4%)	200 (41.0%)	47 (42.6%)
		Other	7 (2.1%)	9 (5.5%)	28 (7.6%)	16 (24.1%)
	Poverty status*	0-99% of poverty level	138 (44.8%)	119 (48.8%)	129 (24.2%)	36 (46.5%)
		100-199% of poverty level	69 (32.1%)	53 (25.1%)	102 (21.2%)	18 (16.1%)
		200-299% of poverty level	29 (9.4%)	25 (11.5%)	88 (17.8%)	18 (17.1%)
		300 of poverty level or greater	26 (13.7%)	31 (14.6%)	147 (36.7%)	24 (20.3%)
	Current	Employed	130 (50.6%)	105 (53.7%)	290 (66.2%)	58 (58.1%)
	employment status*	Unemployed	132 (49.5%)	123 (46.3%)	176 (33.8%)	38 (41.9%)
	USA-born*	Yes No	,	,	459 (99.0%) 7 (1.0%)	· · · · · · · · · · · · · · · · · · ·

Table 2. Odds Ratios for Current Contraceptive Use

		Unadjusted		Adjusted ¹	
Race	N (%)	OR ± SE	95% CI	OR ± SE	95% CI
Non-Hispanic White	466 (54.3%)	1 (Ref.)		1 (Ref.)	
Hispanic	262 (20.8%)	$0.55 \pm 0.15^*$	0.33 - 0.93	0.57 ± 0.17	0.32-1.02
Non-Hispanic Black	228 (15.0%)	0.49 ± 0.12*	0.30-0.80	0.51 ± 0.13	0.31-0.82
Non-Hispanic Other	96 (9.9%)	1.58 ± 0.47	0.88-2.83	1.91 ± 0.67	0.96-3.81

¹Adjusted for variables with significant differences in Table 1 (religion, poverty status, current employment status, and USA-born)

Figure 1. Current Contraception Use Status*

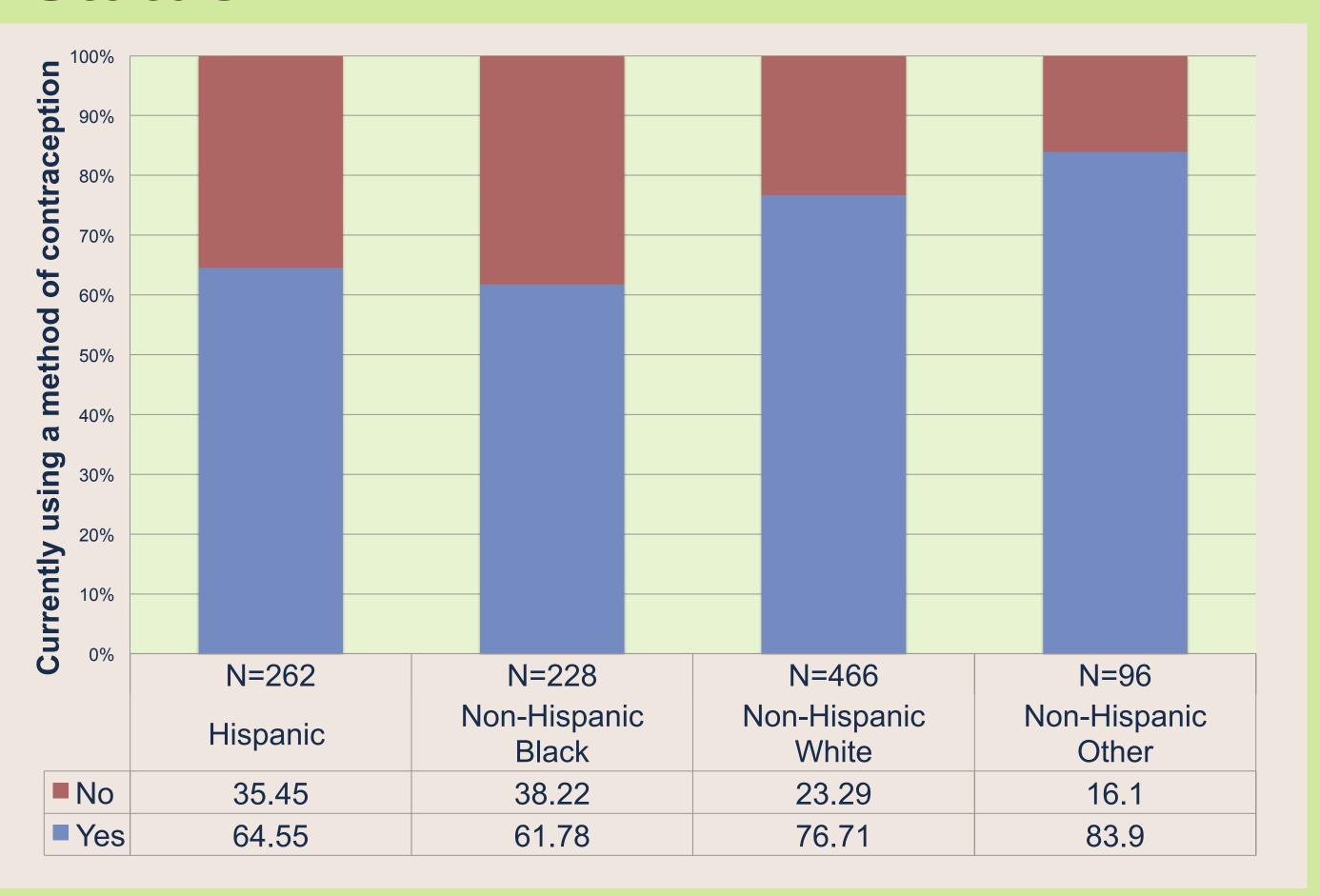


Table 3. Contraceptive Counseling

Variable		Hispanic n (%)	Non- Hispanic Black n (%)	Non- Hispanic White n (%)	Non- Hispanic Other n (%)
Received counseling or	Yes	85 (28.9%)	75 (30.3%)	142 (33.4%)	30 (34.1%)
information on birth control in last 12 months	No	177 (71.1%)	153 (69.7%)	324 (66.6%)	66 (66.0%)
Obtained a method or prescription for	Yes	119 (49.6%)	118 (49.0%)	286 (60.1%)	61 (64.8%)
method of birth control in last 12 months*	No	143 (50.4%)	110 (51.0%)	180 (39.9%)	35 (35.2%)

Conclusions

- Young Hispanic and non-Hispanic black women are using birth control less frequently than non-Hispanic whites, despite similar rates of contraceptive counseling.
- The difference persists despite controlling for socio-economic differences.
- Future studies should investigate reasons for lower contraceptive uptake among young Hispanic and non-Hispanic black women.

Acknowledgements

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References

- 1. Martinez GM, Abma JC. Sexual Activity, Contraceptive Use, and Childbearing of Teenagers Aged 15–19 in the United States Key findings. 2015.
- 2. Dehlendorf C, Park SY, Emeremni CA, Comer D, Vincett K, Borrero S. Racial/ ethnic disparities in contraceptive use: variation by age and women's reproductive experiences. *Am J Obstet Gynecol*. 2014;210(6):526.e1-e526.e9.
- 3. CDC National Survey of Family Growth.; 2013-2015.

http://www.cdc.gov/nchs/nsfg/nsfg/2013 2015 puf.htm.

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