Women's ratings of their family planning experiences – variation by race/ethnicity, poverty status, and LGBQ identity

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Child TRENDS

BACKGROUND

High quality interpersonal care during family planning visits is associated with positive reproductive health outcomes. However, previous studies have found that women's experiences with contraceptive counseling can vary based on sociodemographic characteristics. Previous, mostly qualitative, studies have found that women who do not identify as heterosexual, women with low incomes, and Black and Hispanic women are the most likely to report negative encounters with family planning providers. In this study we examined newly released national data to explore how women's ratings of their family planning provider differ by select sociodemographic characteristics.

METHODS

Sample

2,242 women who reported receiving contraceptive counseling and/or a contraceptive method during a family planning visit in the past year, drawn from the National Survey of Family Growth 2017-2019.

Measures

Respondents rated their family planning provider on a five-point scale from "poor" to "excellent" on four measures of interpersonal communication and information sharing.

1. Respecting them as a person;
2. Letting them say what mattered to them about their birth control method;
3. Taking their birth control preferences seriously;
4. Providing enough information to make the best decision about birth control.

We created a binary measure identifying respondents who answered "excellent" (versus "very good," "good," "fair," or "poor") to all questions.
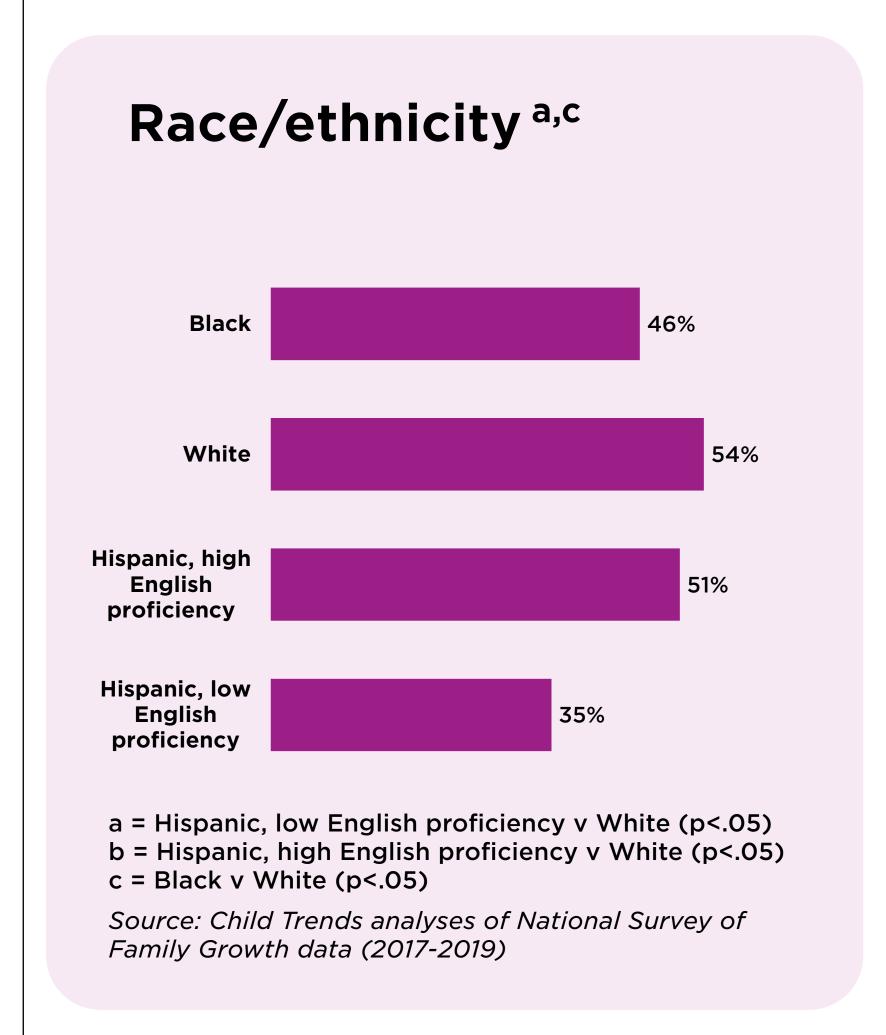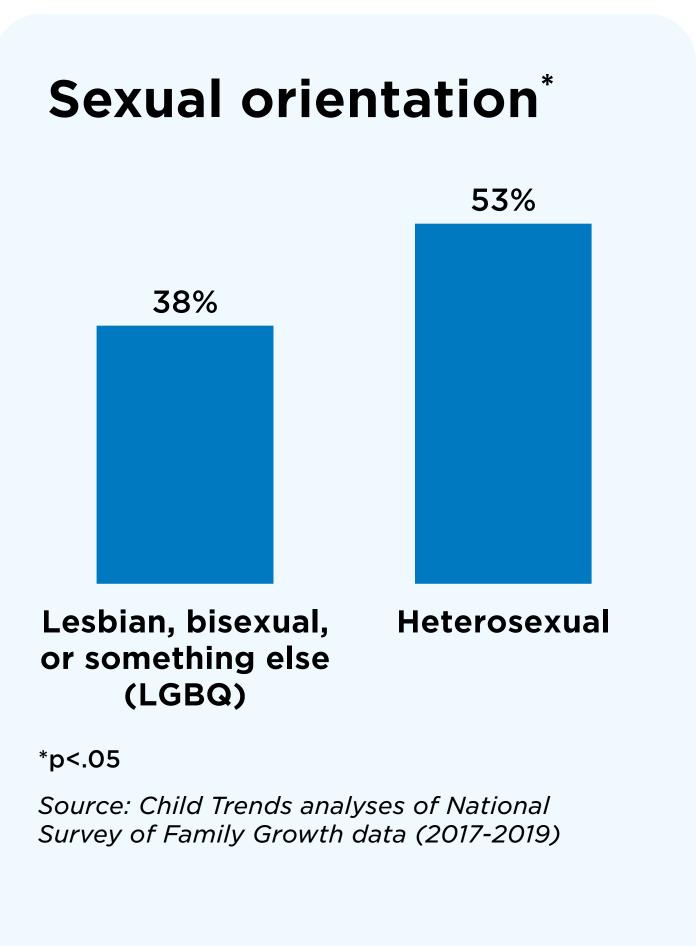
Analyses

- We calculated the percentage of women reporting excellent family planning experiences by sociodemographic characteristics:
  - Race/ethnicity and self-reported English-speaking proficiency
  - Sexual orientation
  - Age
  - Provider type
  - Income level
- We used univariate logistic regression models to test for significant bivariate differences in women's family planning experience by sociodemographic characteristics.
- We then ran multivariate logistic regression models to understand the association between each sociodemographic measure and women's family planning experiences, controlling for the other characteristics.
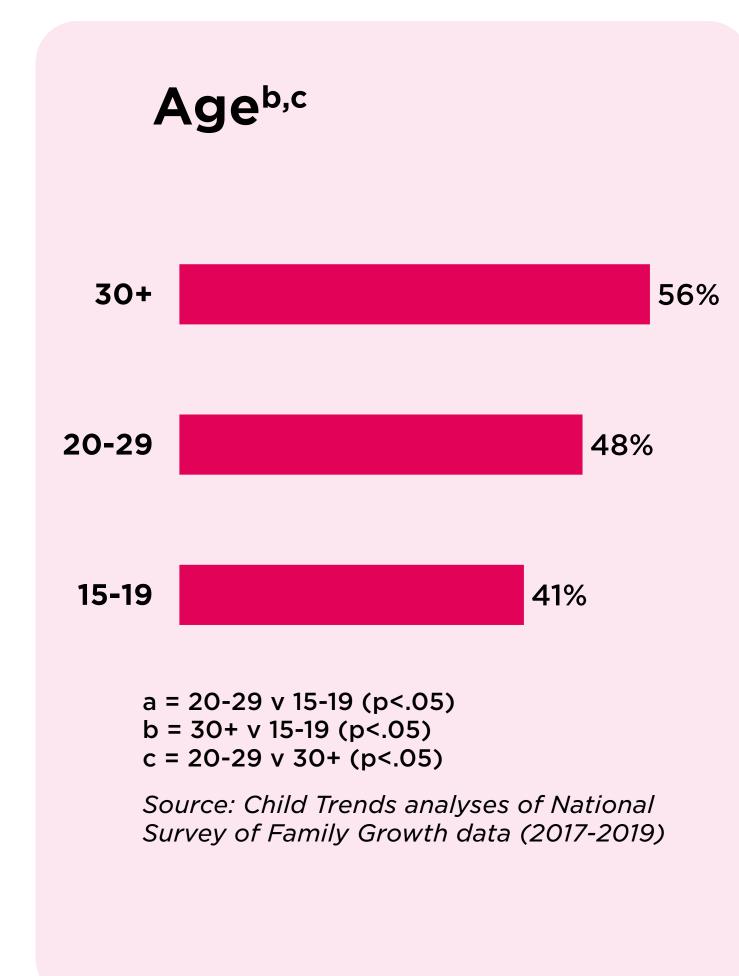- In all analyses we accounted for NSFG's complex survey design.

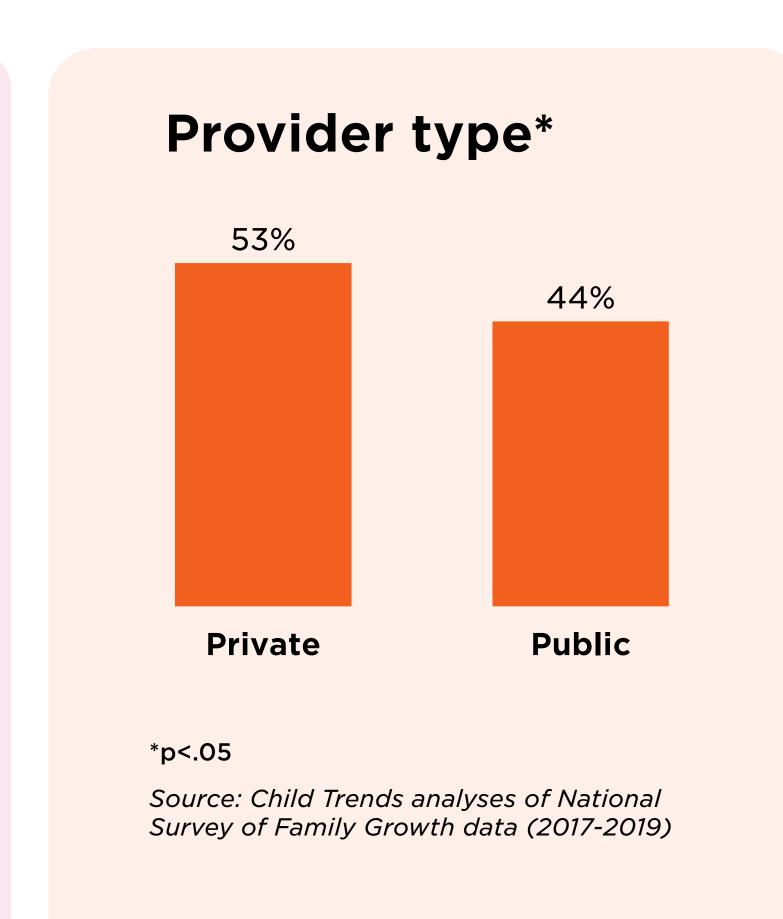**51%** **of women** rated their family planning provider as **excellent** on all four measures
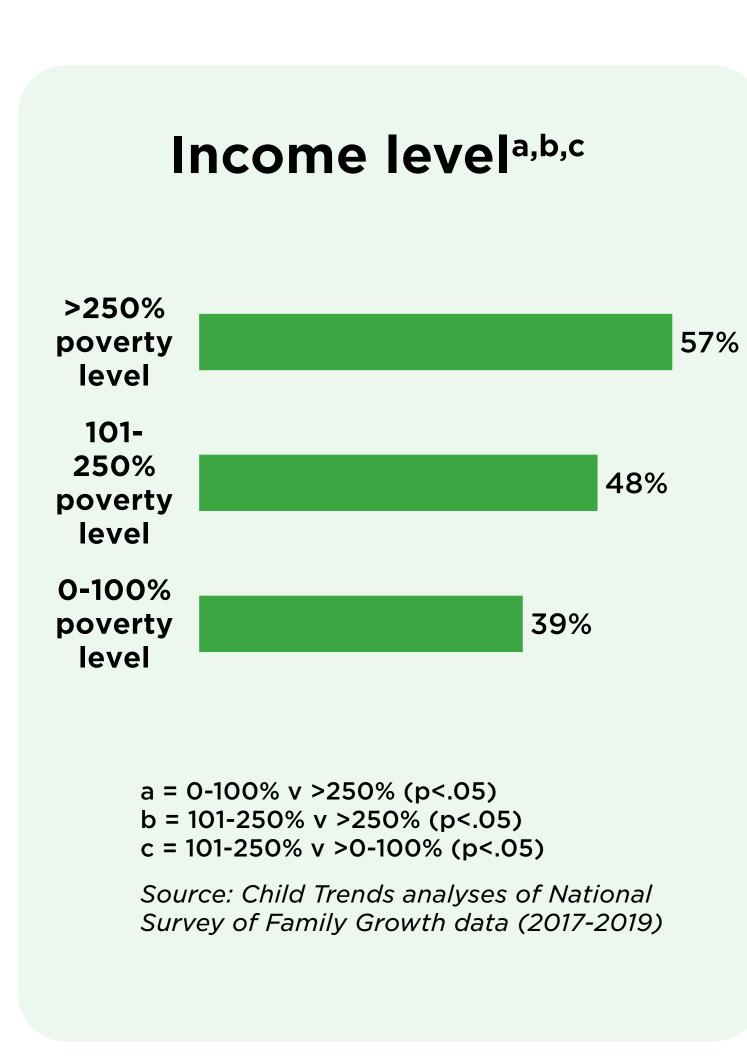
BIVARIATE FINDINGS

Percentage of women who rated their family planning provider "excellent" on all four measures of interpersonal communication and information sharing, by sociodemographic characteristics and provider type

Race/ethnicity [a,c]

- Black — 46%
- White — 54%
- Hispanic, high English proficiency — 51%
- Hispanic, low English proficiency — 35%

a = Hispanic, low English proficiency v White (p<.05)
b = Hispanic, high English proficiency v White (p<.05)
c = Black v White (p<.05)
Source: Child Trends analyses of National Survey of Family Growth data (2017-2019)

Sexual orientation*

- Lesbian, bisexual, or something else (LGBQ) — 38%
- Heterosexual — 53%

*p<.05
Source: Child Trends analyses of National Survey of Family Growth data (2017-2019)

Age [b,c]

- 30+ — 56%
- 20-29 — 48%
- 15-19 — 41%

a = 20-29 v 15-19 (p<.05)
b = 30+ v 15-19 (p<.05)
c = 20-29 v 30+ (p<.05)
Source: Child Trends analyses of National Survey of Family Growth data (2017-2019)

Provider type*

- Private — 53%
- Public — 44%

*p<.05
Source: Child Trends analyses of National Survey of Family Growth data (2017-2019)

Income level [a,b,c]

- >250% poverty level — 57%
- 101-250% poverty level — 48%
- 0-100% poverty level — 39%

a = 0-100% v >250% (p<.05)
b = 101-250% v >250% (p<.05)
c = 101-250% v >0-100% (p<.05)
Source: Child Trends analyses of National Survey of Family Growth data (2017-2019)

SAMPLE

Race/ethnicity
- **58%** White
- **6%** Hispanic (low English proficiency)
- **13%** Hispanic (high English proficiency)
- **14%** Black
- **10%** Other*

Age
- **15%** 15-19
- **42%** 20-29
- **44%** 30+

Sexual orientation
- **86%** Heterosexual
- **14%** Lesbian, gay, bisexual, or something else (LGBQ)

Provider type
- **79%** Private doctor
- **17%** Public clinic
- **4%** Other*

Income Level
- **21%** <100% poverty
- **28%** 101-250% poverty
- **51%** >250% poverty

*We do not report on family planning experiences for women in the Other race/ethnic category and for women receiving services from providers classified as Other.

MULTIVARIATE FINDINGS

Associations between sociodemographic characteristics and provider type and women rating their family planning experience as "excellent", results from multivariate logistic regression models

SOCIODEMOGRAPHIC CHARACTERISTIC	DIRECTION OF ASSOCIATION
Race/ethnicity (White as reference)	
Hispanic (low English proficiency)	-
Hispanic (high English proficiency)	n.s.
Black	⚠ n.s.
Age	+
LGBQ	-
Public provider	⚠ n.s.
Income level (>250% poverty level as reference)	
<100% poverty level	-
101-250% poverty level	-

+ = more likely than reference group to rate provider "excellent"
- = less likely than reference group to rate provider "excellent"
n.s. = no significant difference between groups
⚠ n.s. = significant difference between groups no longer significant in multivariate models
Models control for whether the respondent had ever had a live birth (not shown)

CONCLUSION

- This research contributes to the field by using new nationally representative data to examine women's ratings of their family planning experiences.

- We found that women with lower incomes, LGBQ-identifying women, and Hispanic women who self-report low English-speaking proficiency were less likely to report excellent family planning experiences. This aligns with previous research which has found that LGBTQ women, women with lower socioeconomic status, and women with low English proficiency are less satisfied with healthcare providers and experience differential treatment, in part due to provider bias and lack of cultural competency.

- Black women were also less likely to rate their provider as excellent, but only in the bivariate analyses. Qualitative research has shown that clinician implicit racial bias can negatively impact the quality of interpersonal care for Black patients.

- These findings point to a need for culturally competent care and a patient-centered, shared decision-making approach to contraceptive counseling for all women seeking family planning services, particularly women who belong to groups that experience healthcare inequities.