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

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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 recently 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.

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.

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

SAMPLE

of women rated their family planning provider as excellent on all four measures

51%

MULTIVARIATE FINDINGS

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

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 LGBQ 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.

51%