The Influence of Age and Education on Patients' Attitudes Towards Contraceptives in Rural California

Authors : Shivani Thakur, Jasmin Dominguez Cervantes, Ahmed Zabiba, Fatima Zabiba, Sandhini Agarwal, Kamalpreet Kaur, Hussein Maatouk, Shae Chand, Omar Madriz, Tiffany Huang, Saloni Bansal

Abstract : Contraceptives are an effective public health achievement, allowing for family planning and reducing the risk of sexually transmitted diseases (STDs). California's rural Central Valley has high rates of teenage pregnancy and STDs. Factors affecting contraceptive usage here may include religious concerns, financial issues, and regional variations in the accessibility and availability of contraceptives. The increasing population and diversity of the Central Valley make the understanding of the determinants of unintended pregnancy and STDs increasingly nuanced. Patients in California's Central Valley were surveyed at 6 surgical clinics to assess attitudes toward contraceptives. The questionnaire consisted of demographics and 14 Likert-scale statements investigating patients' feelings regarding contraceptives. Parametric and non-parametric analysis was performed on the Likert statements. A correlation matrix for the Likert-scale statements was used to evaluate the strength of the relationship between each question. 76 patients aged 18-75 years completed the questionnaire. 90% of the participants were female, 76% Hispanic, 36% married, 44% with an income range between 30-60K, and 83% were between childbearing ages. 60% of participants stated they are currently using or had used some type of contraceptive. 25% of participants had at least one unplanned pregnancy. The most common type of contraceptives used were oral contraceptives(28%) and condoms(38%). The top reasons for patients' contraceptive usage were: prevention of pregnancy (72%), safe sex/prevention of STDs (32%), and regulation of menstrual cycle (19%). Further analysis of Likert responses revealed that contraception usage increased due to approval of contraceptives ($\bar{x}$=3.98, σ =1.02); partner approval of contraceptives ($\bar{x}$=3.875, σ =1.16); and reduced anxiety about pregnancy ($\bar{x}$=3.875, σ =1.23). Younger females (18-34 years old) agreed more with the statement that the cost of contraceptive supplies is too expensive than older females (35-75 years old), ($\bar{x}$=3.2, σ = 1.4 vs $\bar{x}$=2.8, σ =1.3, $p<0.05$). Younger females (44%) were also more likely to use short-acting contraceptive methods (oral and male condoms) compared to older females (64%) who use long-acting methods (implants/ intrauterine devices). 51% of Hispanic females were using some type of contraceptive. Of those Hispanic females who do not use contraceptives, 33% stated having no children, and all plan to have at least one child in the future. 35% of participants had a bachelor's degree. Those with bachelor's degrees were more likely to use contraceptives, 58% vs 51%, $p<0.05$, and less likely to have unplanned pregnancy, 50% vs. 12%, $p<0.01$. There is increasing use and awareness among patients in rural settings concerning contraceptives. Our finding shows that younger women and women with higher educational attainment tend to have more positive attitudes towards the use of contraceptives. This work gives physicians an understanding of patients' concerns about contraceptive methods and offers insight into culturally competent intervention programs that respect individual values.

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