

Barriers to contraception access

Literature Review

Bibiana Schell

Lakeview College of Nursing

## BARRIERS TO CONTRACEPTION ACCESS

### **Barriers to contraception access**

The American College of Obstetricians and Gynecologists (2015) supports women to have the right to determine whether to have children and to decide how many children they want to have and how to space them out. Women must have access to contraceptive services and reproductive health care, to be able to execute these rights (The American College of Obstetricians and Gynecologists, 2015). However, there are numerous barriers for women to be able to choose the contraception of their choice and to be able to use it to prevent unwanted pregnancies safely. Trends of high numbers for unwanted pregnancies can be seen, especially among teens and women from lower socio-economic groups (Dumas, Terrell, & Gustafson, 2018). This literature review analyzes the barriers to using contraception that women face. Two of the most significant obstacles are the lack of knowledge and the high cost of contraception (Janiak, Clark, Bartz, Langer, & Gottlieb, 2018). There are programs across the world that continuously work on improving women's access to contraception to lower the numbers of abortions and to provide a better quality of life for the mother and the baby.

### **Barriers and Pathways to Providing Long-Acting Reversible Contraceptives in Massachusetts Community Health Centers: A Qualitative Exploration.**

This article considers the barriers in the timely placement of long-acting reversible contraceptive (LARC) methods. The report analyzes various aspects that may delay or prevent care from women seeking contraception. Several clinics in Massachusetts were included in the study. The researchers organized educational meetings with questions to the staff about changing care for patients who want a LARC method placed. The team gave feedback on some of the barriers. A conclusion was made that the placement of the devices should take fewer visits and

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should be more affordable. The staff should also receive additional training on patient education about the contraceptive (Janiak, Clark, Bartz, Langer, & Gottlieb, 2018).

### **Key Points**

The main points discussed were the affordability of the contraceptives, providing further education to patients, and placing the contraceptive in fewer visits (Janiak, Clark, Bartz, Langer, & Gottlieb, 2018). Data suggests the effectiveness of comprehensive sexuality education to young people that includes training on various forms of contraception, mechanism of use, and safety. This extensive education positively influences the age of first sexual contact, the number of sexual partners and engaging in risky behaviors, among young people (The American College of Obstetrician and Gynecologists, 2015).

### **Assumptions**

The article suggests that shorter wait for contraception and fewer visits will make patients more compliant and will increase the number of people to have LARC placed. The current placement time may take anywhere from seven days up to three months, and it usually takes multiple visits. Additionally, reducing the cost for the contraceptives and providing LARC to all patients regardless of their health insurance, is believed to increase the use. Lastly, the researchers believe that extensive education for the staff will increase the awareness of different contraception and will make it easier for patients to choose LARC method (Janiak, Clark, Bartz, Langer, & Gottlieb, 2018). The barriers to obtaining a LARC are likely to cause more unintended pregnancies and consequential abortions. Currently, 49% of all pregnancies in the United States

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are not planned, and the rates of abortion are higher than most other developed countries (The American College of Obstetrician and Gynecologists, 2015).

### **Deficit/Conclusion**

In conclusion, ensuring access to LARC methods has been identified as a priority for healthcare experts and public health professionals. Healthcare professionals in the study agree that primary care providers should be trained to provide education on LARC methods to patients to decrease the placement time of the contraceptive. This study, however, does not consider all clinics across the state or the country, and therefore more research is needed on improving access to contraceptive methods to all women (Janiak, Clark, Bartz, Langer, & Gottlieb, 2018).

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### **Deficit/Conclusion**

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### **Deficit/Conclusion**

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### **Conclusion**

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