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An Analysis of Providers' Perceived Barriers to Contraceptive Access and Reproductive Healthcare

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The work I did analyzing the data gathered by the RIDOH provider survey shed a lot of light on factors affecting women and their access to contraception. Women have lots of options when it comes to birth control methods, but all options may not be equally accessible. The survey especially investigated differences related to barriers in obtaining traditional contraceptive methods (the pill, the patch, condoms, etc.) vs. LARC devices (long acting reversible contraceptives such as an IUD). One of the main findings of my research was that the number one reason both of these options are chosen was patient preference. An equally important finding was that the second biggest barrier to women receiving contraception was the out of pocket costs. In addition, those seeking LARCs found there was lack of proper provider training to insert such devices.

Two suggestions to remedy these situations would include:

- RIDOH should investigate providing LARC insertion training for OBGYNs and other providers who prescribe birth control, and
- Examine insurance policies to ensure they are doing the most they possibly can to help women cover the cost of the contraceptive method they desire.

Another significant finding from the data was that more than 50% of the providers who took the RIDOH survey said that they knew of a patient who got pregnant unintentionally because they could not obtain their preferred method of contraception. This number should shock those that hear it. It is reasonable to think that usage of contraception is more likely when women can obtain their preferred method. Actions should be taken to help women obtain their preferred method whether that is through providing increased professional training, lowering costs, or providing bettering insurance policies.

The last major finding of the research was the amount of concern expressed for the privacy of minors. Pediatricians especially showed marked concern for the privacy of their young patients. Participants who identified under the specialty of 'pediatrics' reported concerns for privacy of minors as the most common barrier to contraception. Many wrote in additional responses telling stories of times when parents of their patients went to great length to ensure their children stay off of birth control. I think the best way to tackle this obstacle would be to improve education on contraceptives to both minors and their parents. If both parties better understand the risks and rewards, they would be more likely to reach a common decision. It also might be useful to explore ways the State legislature could act to provide and protect reproductive health rights as well as privacy of minors.