

HOUSTON WOMEN'S EXPERIENCES AND VIEWS ON CONTRACEPTION AND REPRODUCTIVE HEALTH CARE

Findings from the
Houston Experiences in Reproductive (HER) Health Survey

Prepared by:

Jazmyne Sutton, Eran Ben-Porath | SSRS

APRIL 2022



TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	3
NORMATIVE INFLUENCE ON CONTRACEPTION USE	4
EXPERIENCES WITH HEALTH CARE PROVIDERS	7
EXPERIENCES OF DISCRIMINATION IN HEALTH CARE.....	8
Race and Ethnicity.....	8
Gender and Sexual Orientation Discrimination.....	9
Parental and Marital Status.....	9
TRUST IN HEALTH CARE SYSTEM FOR CONTRACEPTIVE CARE.....	11
FINDING A HEALTH CARE PROVIDER.....	13
METHODOLOGY	16
ABOUT SSRS	16



Sutton, J., E., Ben-Porath, E., (2022). Houston Women’s Experiences and Views on Contraception and Reproductive Health Care.

EXECUTIVE SUMMARY

Harris County, including Houston metropolitan area is the most populous part of the state of Texas. It is home to a diverse population in terms of race and ethnicity as well as income. Due to this great diversity, women of child-bearing age (18 to 44) in the area have a variety of different needs for contraceptive care and may face a variety of challenges in access and affordability.

Researchers at the University of Texas Health Science Center at Houston in the School of Public Health (UTHealth) sought to understand the challenges women under 45 in the area face in accessing contraception, the normative influence of family and friends in contraception use, experiences of discrimination in seeking care, and how women find contraception information. UTHealth, partnered with SSRS, a non-partisan research firm, to conduct a representative survey of Harris County women under age 45 to better understand these issues. Anyone ages 18 to 44 currently living in Harris County and identifying as a woman or reporting that they were able to become pregnant¹ was eligible to participate in the survey. This report details the main findings of the survey.

Most women in the area value the opinions of family and friends when it comes to birth control. Seven in ten (72%) say the experiences or recommendations of friends and family members are extremely or somewhat important when deciding on a birth control method to use. Moreover, nearly half have had a family member or friend recommend or warn them against a specific method (45%).

While the vast majority of women are at least somewhat comfortable talking with their medical provider about birth control (92%), four in ten (41%) say they have experienced some form of discrimination when seeking contraceptive health care. These experiences are most prevalent among younger women, women of color, those who are not married, and those who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ). These experiences also result in women avoiding seeking care. Three in ten (31%) say they have avoided seeking birth control from a doctor out of concern for some type of discrimination.

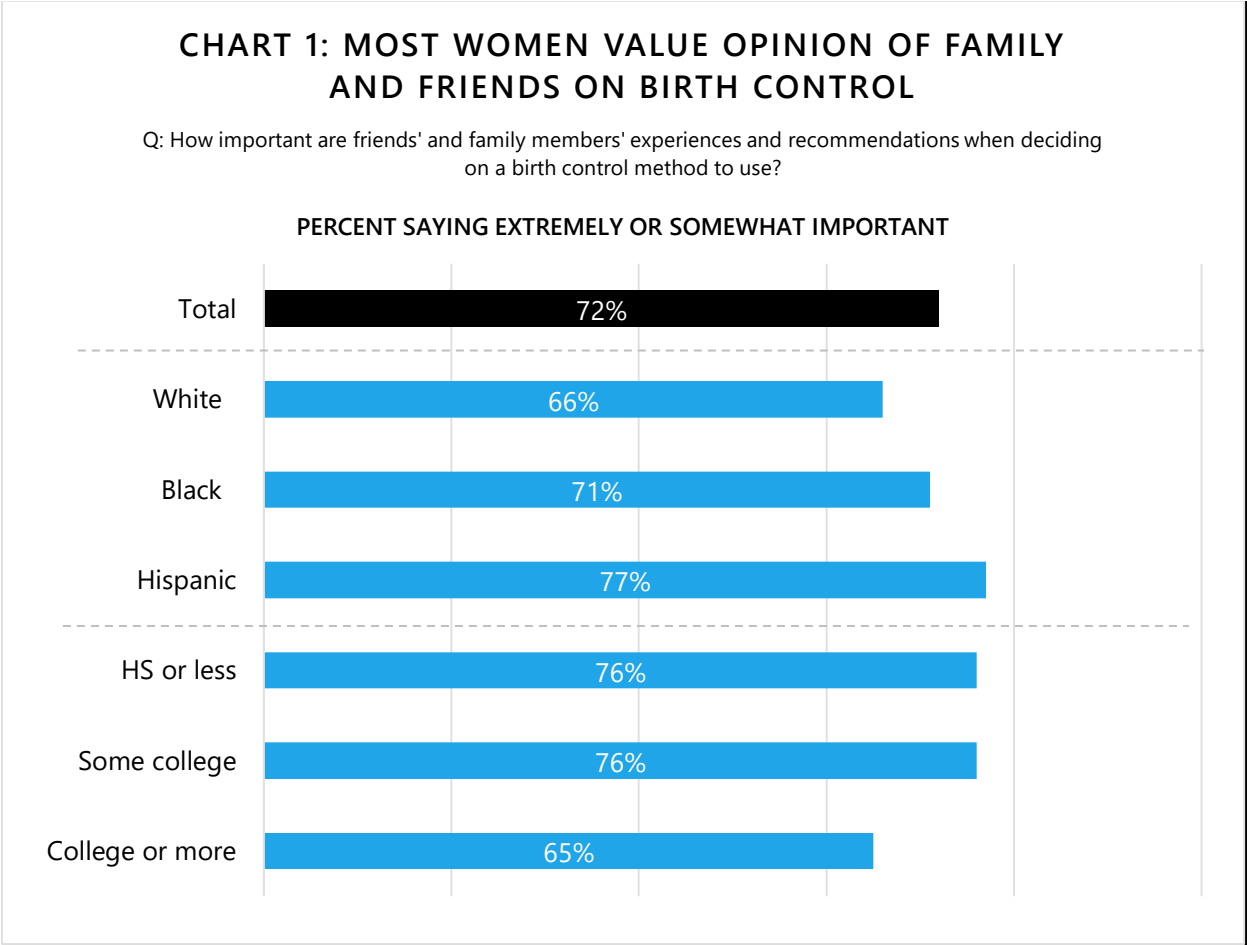
Issues of discrimination may also impact trust in the health care system when it comes to contraception. Less than half of Houston area women (47%) say they can trust health care providers all or most of the time to do what is right for their community regarding birth control and reproductive health. Black women as well as those who are not parents or not married are more likely to say they trust the health care providers almost none of the time.

Beyond issues of discrimination, affordability and access to care also present barriers to access for women in the area. One in five (23%) say it is somewhat or very difficult to find care at a location that is easy for them to get to and more than a third (36%) say it is somewhat or very difficult to find birth control and reproductive health care they can afford.

¹ Respondents were first asked if they identified as a man, woman, non-binary, or some other gender. If respondents reported they were transgender, non-binary or a gender other than man or woman they were asked if they were able to become pregnant. Anyone who identified as a woman or said they were able to become pregnant was included in the survey.

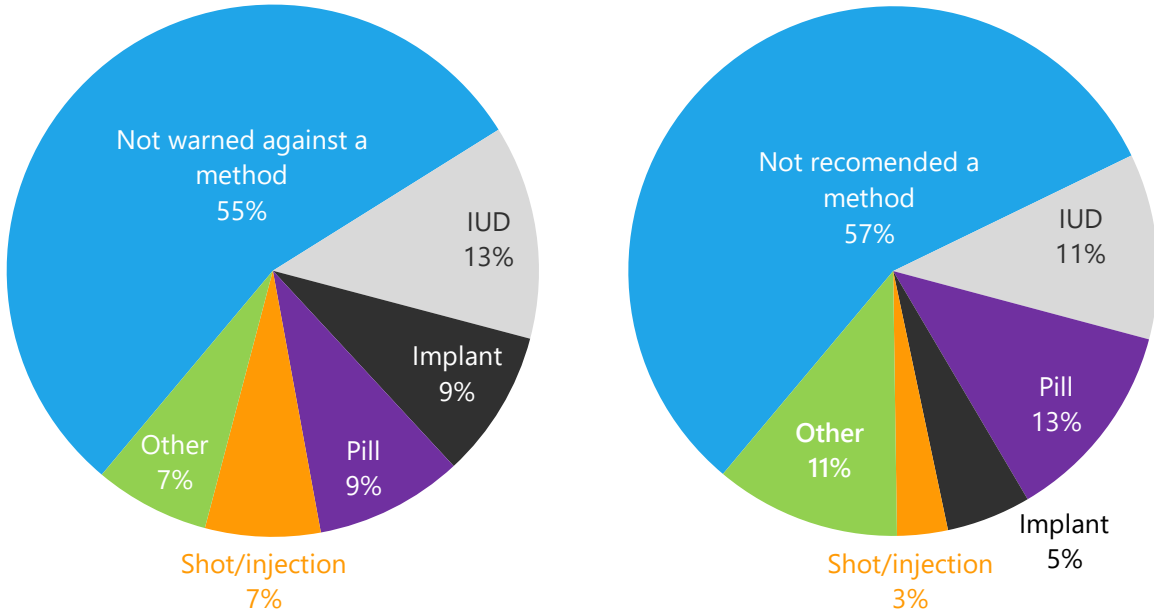
NORMATIVE INFLUENCE ON CONTRACEPTION USE

One in three Houston area women under 45 say the experiences and recommendations of family members and friends are extremely important when deciding on a birth control method (29%). Another 43 percent say these opinions are somewhat important. Hispanic women tend to value these opinions (34% extremely important) more than White non-Hispanic women (19% extremely important). Additionally, women without a college degree are also more likely to view these opinions as somewhat or extremely important (65% vs. 76%) (chart 1)



When asked about the method they have been warned against or recommended, conflicting views tend to arise. While one in ten were warned not to use IUDs (13%), a similar amount have had a friend or family member recommend the method (11%) (Charts 2a and 2b). Furthermore, White non-Hispanic women and those with a college education were more likely to be warned not to use IUDs as well as being recommended the method

CHARTS 2A & B: WOMEN BOTH WARNED AGAINST AND RECOMMENDED IUDS



The most common reason women were advised not to use a birth control method by a family member or friend was due to experiences of a bad side effect. Eighty-six percent of those warned not use a certain method reported it was due to bad side effects. Similarly, 73 percent say their friend or family member experienced health complications from the method. About one-third said their family member or friend thought the method would cause infertility (35%) and a third said a friend or family member thought the method was ineffective (34%) (chart 3). In contrast, confidence in the method's effectiveness (95%) and convenience were the top reasons family and friends recommended a method to women (92%). However, women tended to report a variety of reasons a method was recommended (Chart 4).

CHART 3: AMONG THOSE WARNED AGAINST A METHOD, SIDE EFFECTS AND HEALTH COMPLICATIONS WERE THE MOST COMMON REASONS

Q: Are each of the following a reason your friend or family member warned you not to use this method?

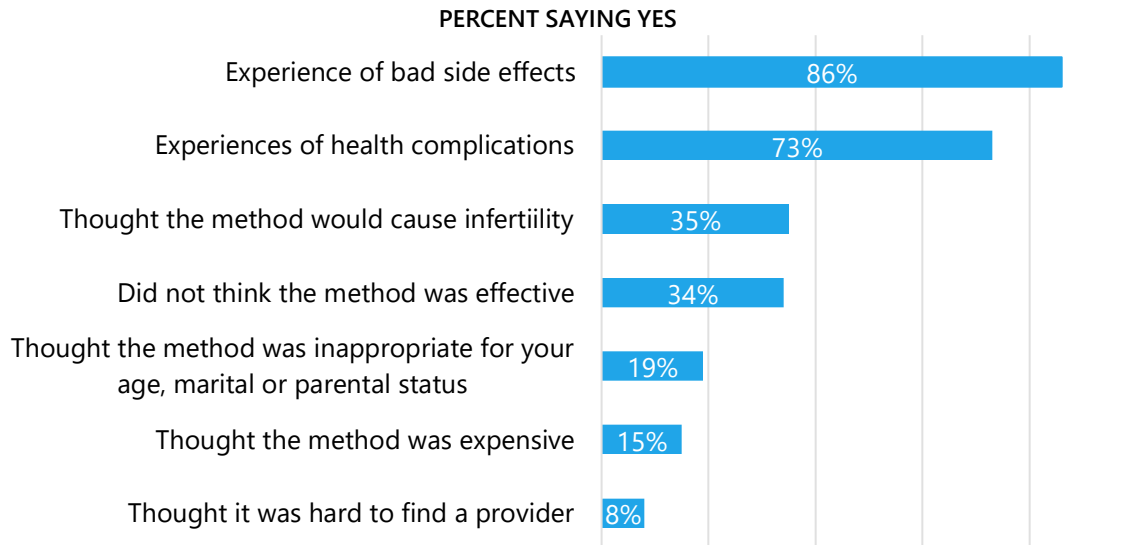
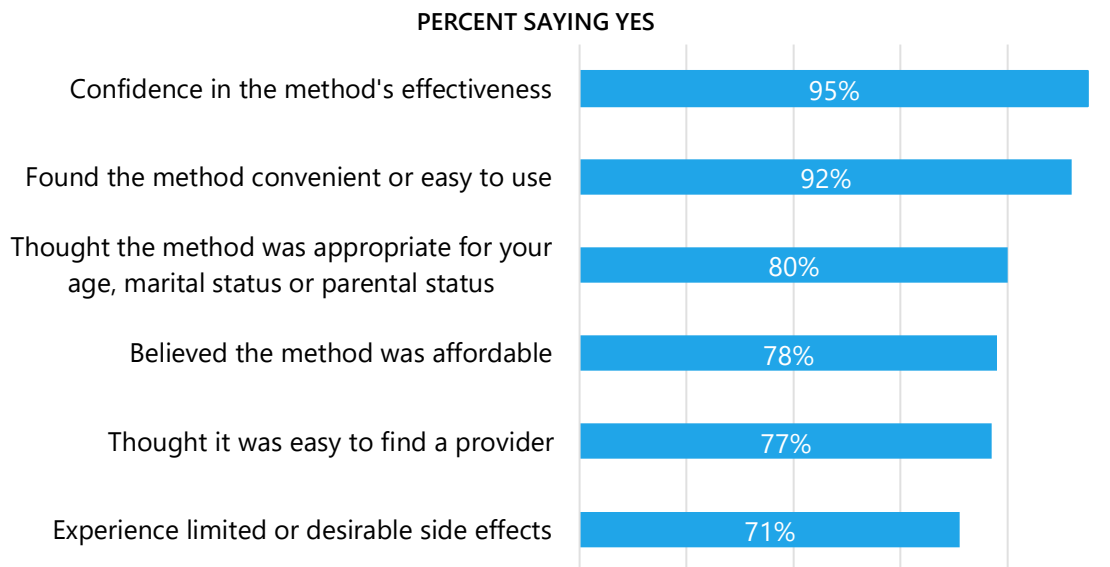


CHART 4: AMONG THOSE RECOMMENDED A METHOD, EFFECTIVENESS AND CONVENIENCE WERE THE MOST COMMON REASONS

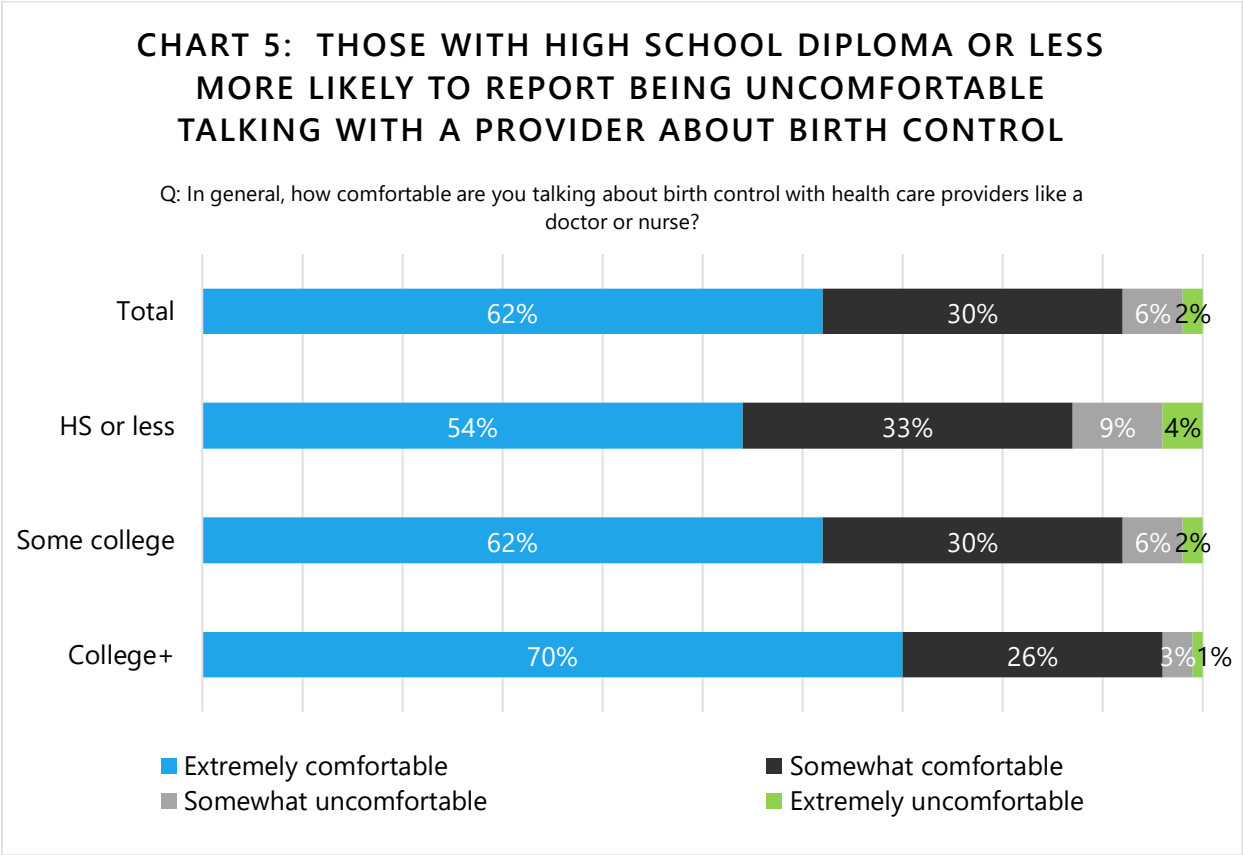
Q: Are each of the following a reason your friend or family member recommended this method to you?



EXPERIENCES WITH HEALTH CARE PROVIDERS

The vast majority of women say they are at least somewhat comfortable talking with a health care provider about birth control (92%; 62% extremely; 30% somewhat). Those with a college degree or more are more likely to report being comfortable (95%) than those with high school education or less (87%) (Chart 5).

For those women who said they were uncomfortable talking with a health care provider about birth control (8%; 6% somewhat; 2% extremely), one-third said the main reason they are uncomfortable was due to embarrassment to bring up the topic (33%). Less common reasons were not feeling prepared to have the conversation (15%) and feeling their doctor did not understand or empathize with their situation (11%).

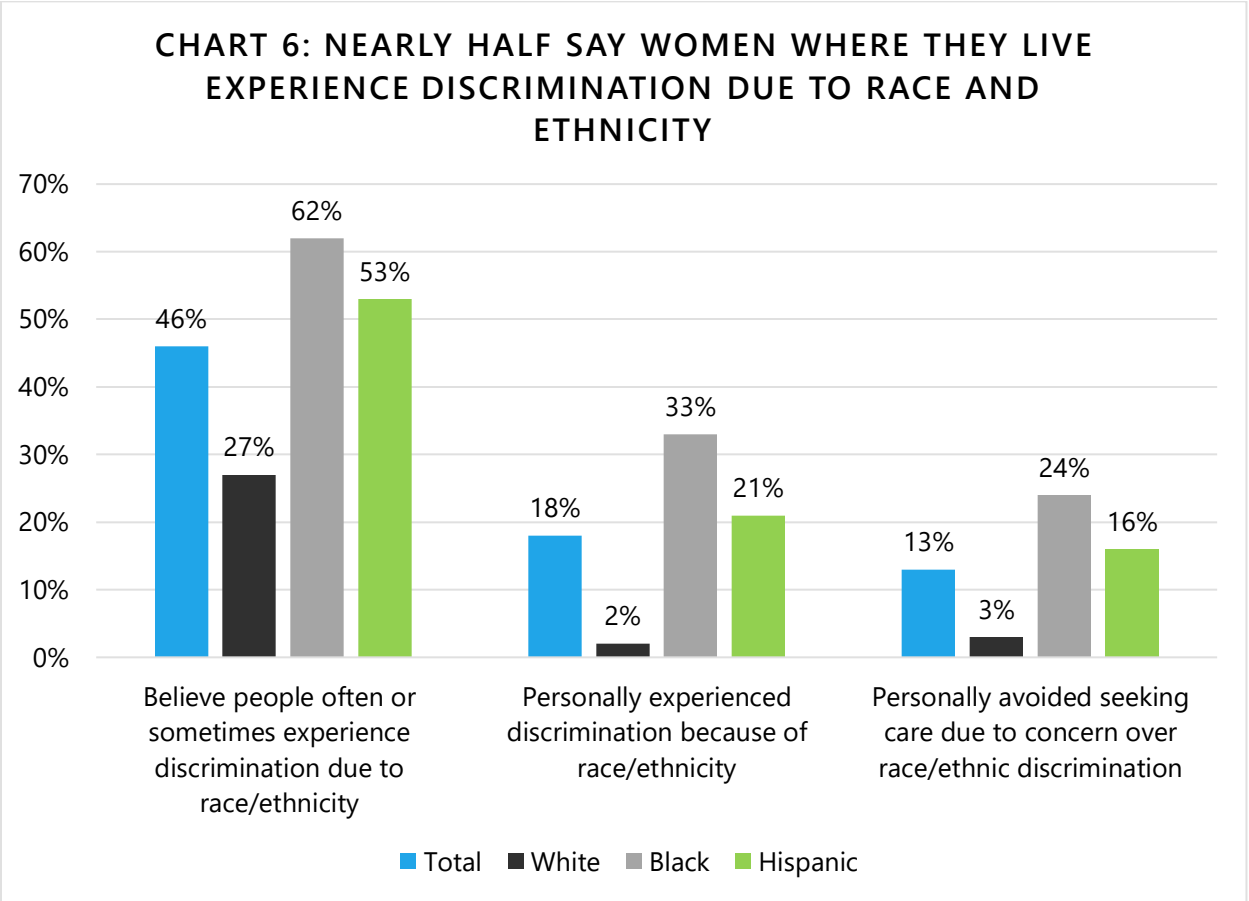


EXPERIENCES OF DISCRIMINATION IN HEALTH CARE

Four in 10 (41%) women say they have experienced some sort of discrimination when seeking health care due to their race or ethnicity, skin tone, age, parental status, marital status, age, or LGBTQ identification. Three in 10 (31%) have also avoided seeking contraceptive care out of concern for some type of discrimination. Women who are Black or Hispanic, not married, and younger are more likely to experience discrimination as are those who identify as lesbian, gay, bisexual, or transgender.

Race and Ethnicity

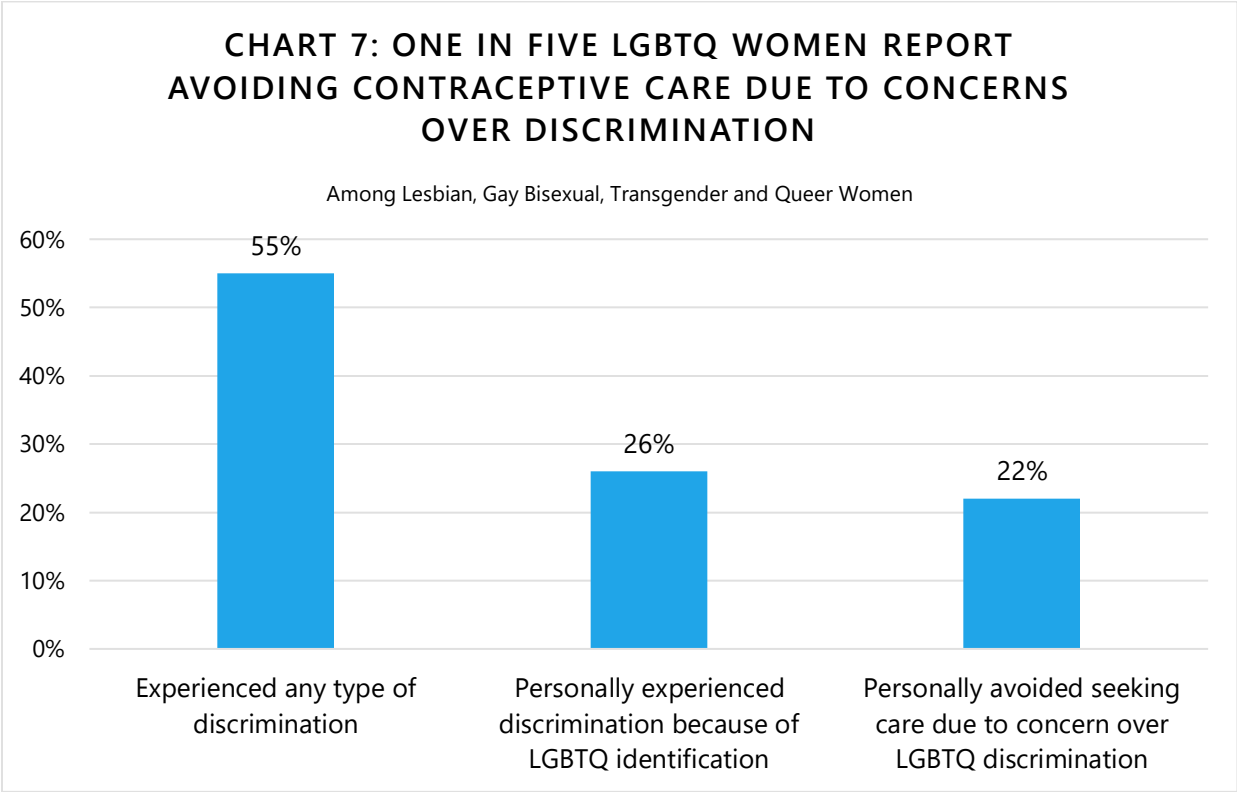
Half of women believe women of their race or ethnicity in the area experience discrimination often or sometimes when going to a provider for birth control (50%). Additionally, nearly one in five say they have personally experienced discrimination because of their race or ethnicity from a provider when seeking birth control (18%). These experiences are more common among Black women (33%) compared to Hispanic (21%) and White (2%). Finally, one in ten have avoided seeking contraceptive care due to concern for racial or ethnic discrimination (13%) (Chart 6).



Gender and Sexual Orientation Discrimination

Nearly a quarter of women believe they have experienced discrimination when seeking contraceptive care because they are a woman (23%). A similar number of women say they have experienced discrimination due to their identity as LGBTQ (26%).

Additionally, more than half of women who identify as LGBTQ report experiencing some form of discrimination (55%) compared to their heterosexual or straight counterparts (38%). One in five LGBTQ identifying women also report avoiding seeking contraceptive care due to concerns over discrimination due to their LGBTQ identification (22%) (Chart 7).

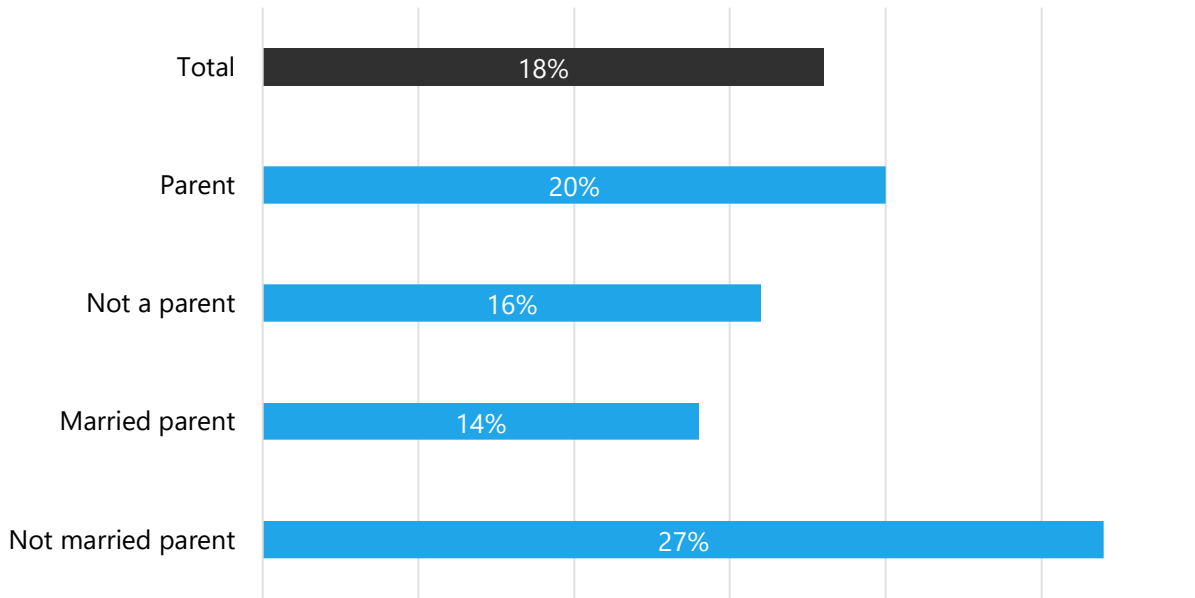


Parental and Marital Status

One in five women feel they have experienced discrimination in seeking contraceptive care due to their parental status. This includes 20 percent of women who are currently parents and 16% who are not parents. Parents who are not married are more likely to report this type of discrimination (27%) in comparison to married parents (14%) (Chart 8). Additionally, 12 percent of women say they have avoided seeking contraceptive care due concerns of discrimination due to their parental status (13% parents; 11% non-parents). Similarly, those who are not married are more likely to report experiencing discrimination when seeking contraceptive care due to their marital status than their married counterparts (17% v. 11%).

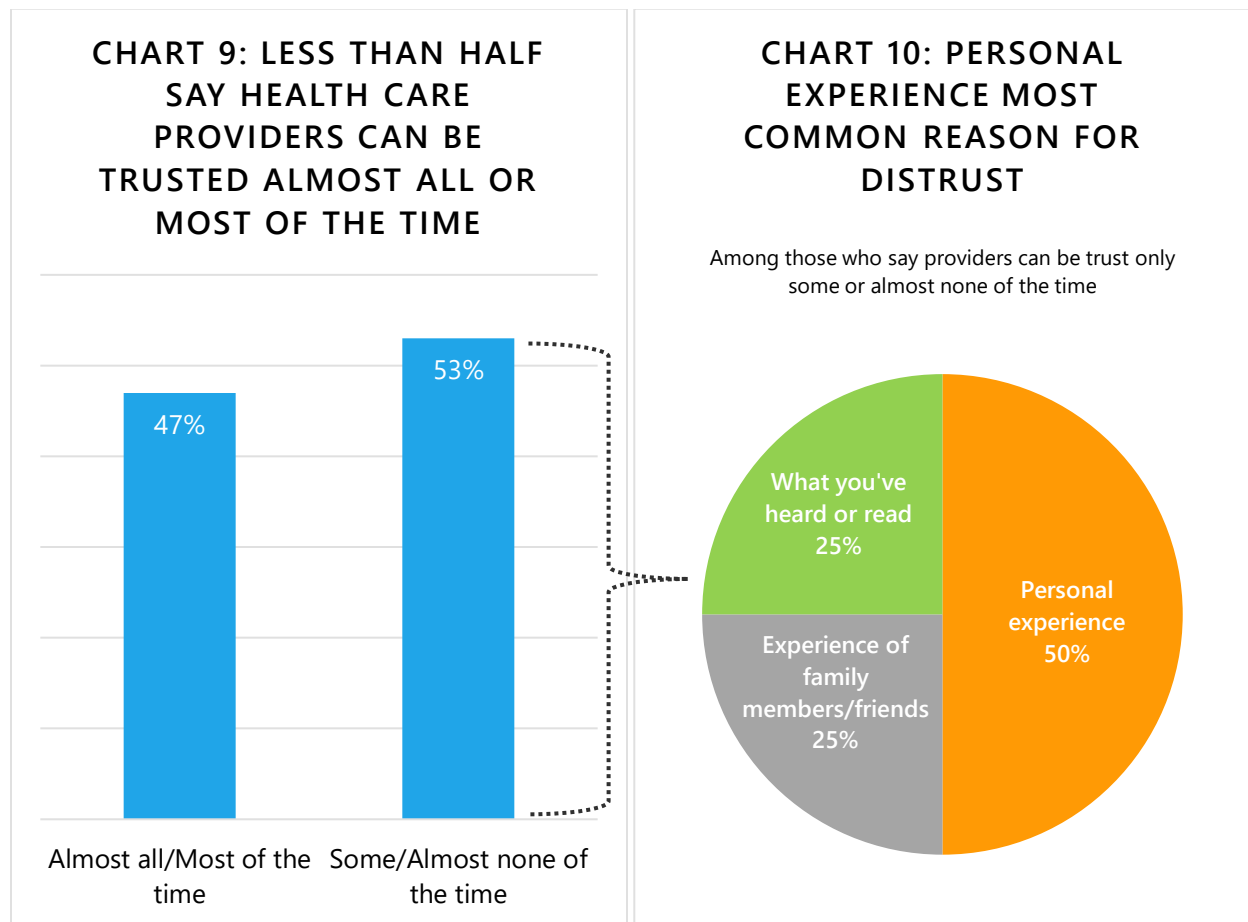
CHART 8: UNMARRIED PARENTS MORE LIKELY TO REPORT DISCRIMINATION DUE TO PARENTAL STATUS

Q: Do you believe you have ever personally experienced discrimination when going to a doctor or health clinic for birth control because you are (not) a parent?



TRUST IN HEALTH CARE SYSTEM FOR CONTRACEPTIVE CARE

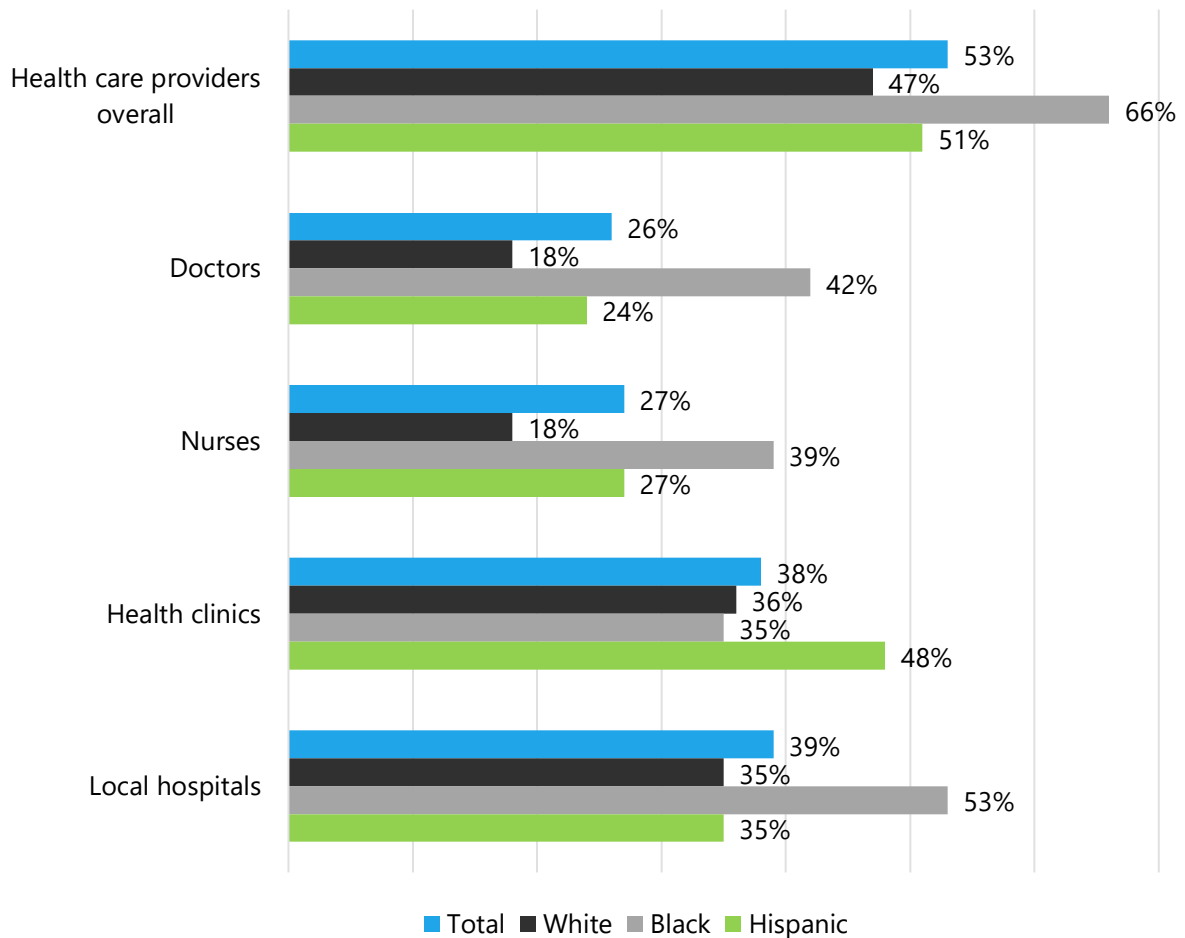
These experiences of discrimination may impact levels of trust in the health care system. When Houston area women were asked how much they trust doctors, nurses, health clinics and local hospitals to do what is right for their community regarding birth control and reproductive health, less than half said they could trust them all or most of the time (47%) (Chart 9). Among those who said these groups could be trusted only some of the time or almost none of the time (53%), the most common reason was due to personal experience (50%) (Chart 10).



Furthermore, Black women, those who are not parents, and those who are not married are more likely to say they trust the health care providers only some or almost none of the time when it comes to reproductive health care (Chart 11).

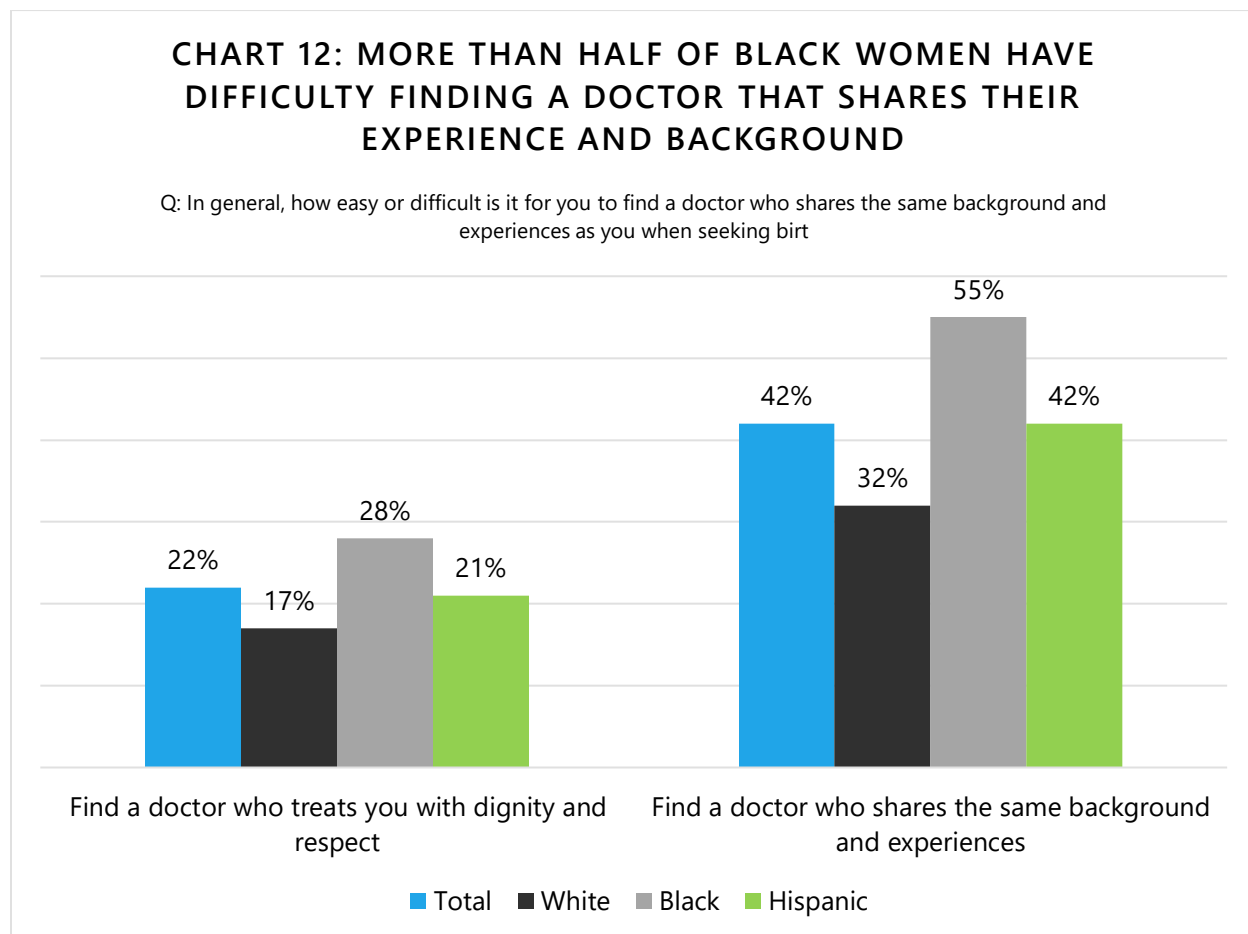
CHART 11: DISTRUST OF HEALTH CARE PROVIDERS HIGHER AMONG BLACK WOMEN

Q: How much of the time do you think you can trust (INSERT ITEM) to do what is right for you and your community regarding birth control and reproductive health?



FINDING A HEALTH CARE PROVIDER

While most women say it is easy to find a doctor who treats them with dignity and respect when seeking birth control and reproductive health care (78%), 22 percent say it is somewhat or very difficult. Many also have trouble finding a doctor with their same background and experiences (42%). Black women are more likely to report these difficulties (Chart 12). More than half of Black women in the Houston area say it is somewhat or very difficult to find a doctor that shares their background and experiences (55%) compared to 32 percent of White women in the area.



Getting to a health care facility and affording care are also concerns for some women. Almost a quarter say it is somewhat or very difficult to find care at a location that is easy for them to get to. Hispanic women (25%) are more likely to report this as difficult compared to White women (18%). Lower income and uninsured women also face difficulty finding a location that is easy to get to for care (Chart 13). Additionally, more than a third (36%) say it is somewhat or very difficult to find birth control and reproductive health care they can afford. Hispanic women are also more likely to report difficulty affording care (43%) compared to White women (26%) (Chart 14).

CHART 13: DIFFICULTY GETTING TO A LOCATION FOR CARE MOST COMMON AMONG HISPANIC, LOW INCOME, AND UNINSURED WOMEN

Q: In general, how easy or difficult is it for you to find care at a location that is easy for you to get to when seeking birth control and repr

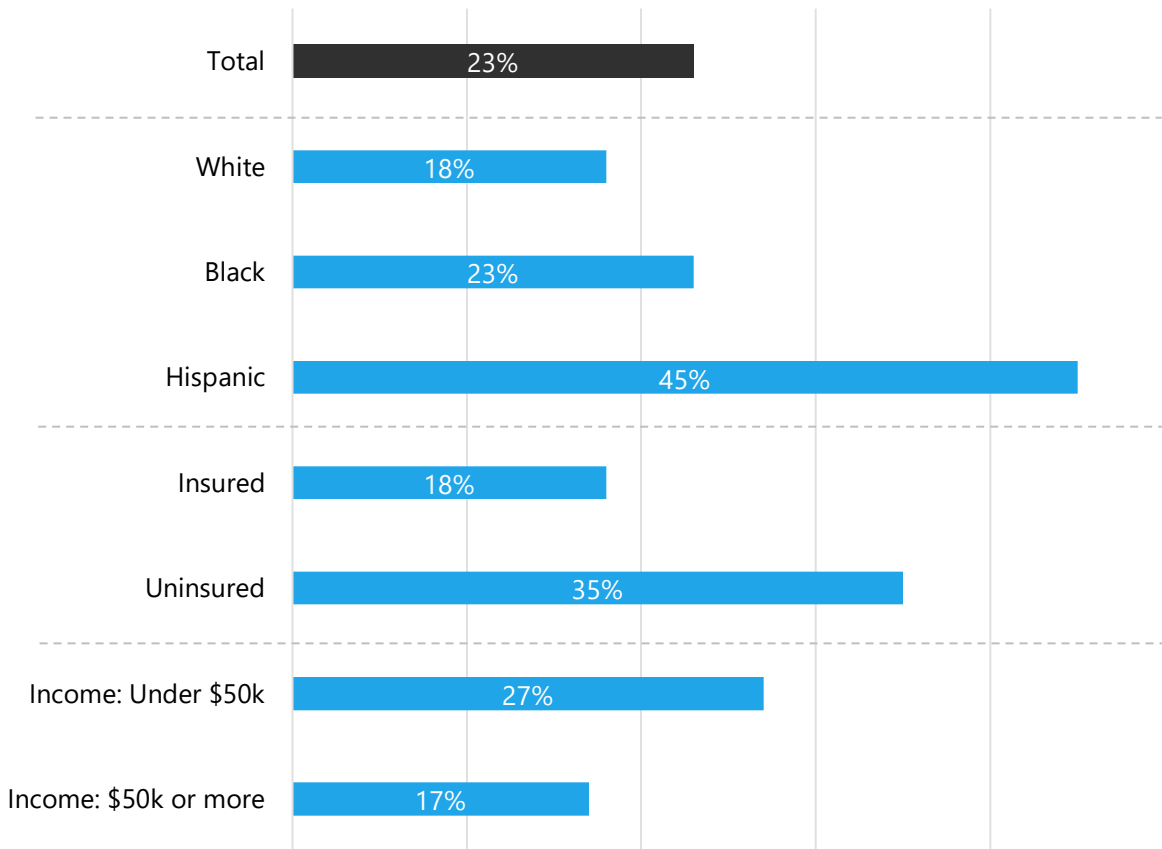
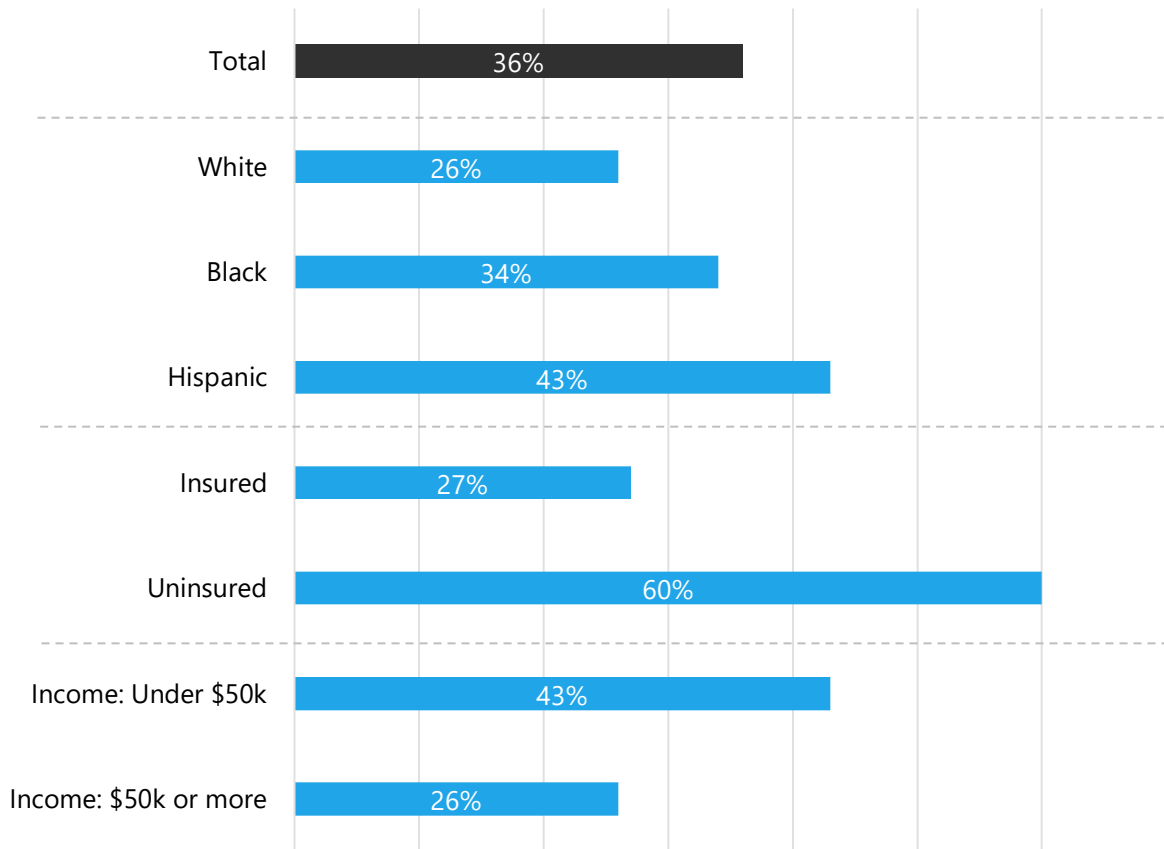


CHART 14: ONE THIRD OF HOUSTON-AREA WOMEN HAVE DIFFICULTY FINDING REPRODUCTIVE HEALTH CARE THEY CAN AFFORD

Q: In general, how easy or difficult is it for you to find care that you can afford when seeking birth control and reproductive health care?



METHODOLOGY

The Houston Experiences in Reproductive (HER) Health Survey was conducted by SSRS on behalf of researchers at the University of Texas at Houston Health Science Center. The majority of respondents were reached online and by telephone through an Address Based Sample of Harris County, Texas. Respondents were reached by mail and invited to participate in the study online or by telephone. Respondents were first asked about their gender-identity and age, to establish their eligibility. Households were sampled from the USPS Computerized Delivery Sequence (CDS) file. Randomly selected households received mailed invitation letters and reminder postcards (n=839). Interviews were also conducted through a random-digit dial sample of prepaid cell phone numbers, sampled by Marketing Systems Group (MSG) (n=125). The sample was supplemented with respondents from non-probability based opt-in panels (n=526). Some respondents were reached by calling back respondents who previously took part in an SSRS probability-based poll over the phone (n=38). Data collection took place from February 10 through March 31, 2022.

Weighting is generally used in survey analysis to compensate for sample designs and patterns of non-response that might bias results. The survey data are weighted to match the sample demographics to estimates for the population of women ages 18 to 44 in Harris County, Texas, based on xxx. The margin of sampling error for this study is +/- 3.4 percentage points for results based on the total sample, and accounting for design effect.

ABOUT SSRS

SSRS is a full-service market and survey research firm managed by a core of dedicated professionals with advanced degrees in the social sciences. Service offerings include the Probability Panel and other Online Solutions as well as custom research programs – all driven by a central commitment to methodological rigor. The SSRS team is renowned for its multimodal approach, as well as its sophisticated and proprietary sample designs. Typical projects for the company include complex strategic, tactical and public opinion initiatives in the U.S. and in more than 40 countries worldwide. SSRS is research, refined. Visit www.ssrs.com for more information.