

## Elevated experiences of discrimination were associated with increased worries about medical providers' biases and greater discomfort discussing contraception

### Association of discrimination experiences with concerns about accessing contraceptive care among community college students in Texas and California

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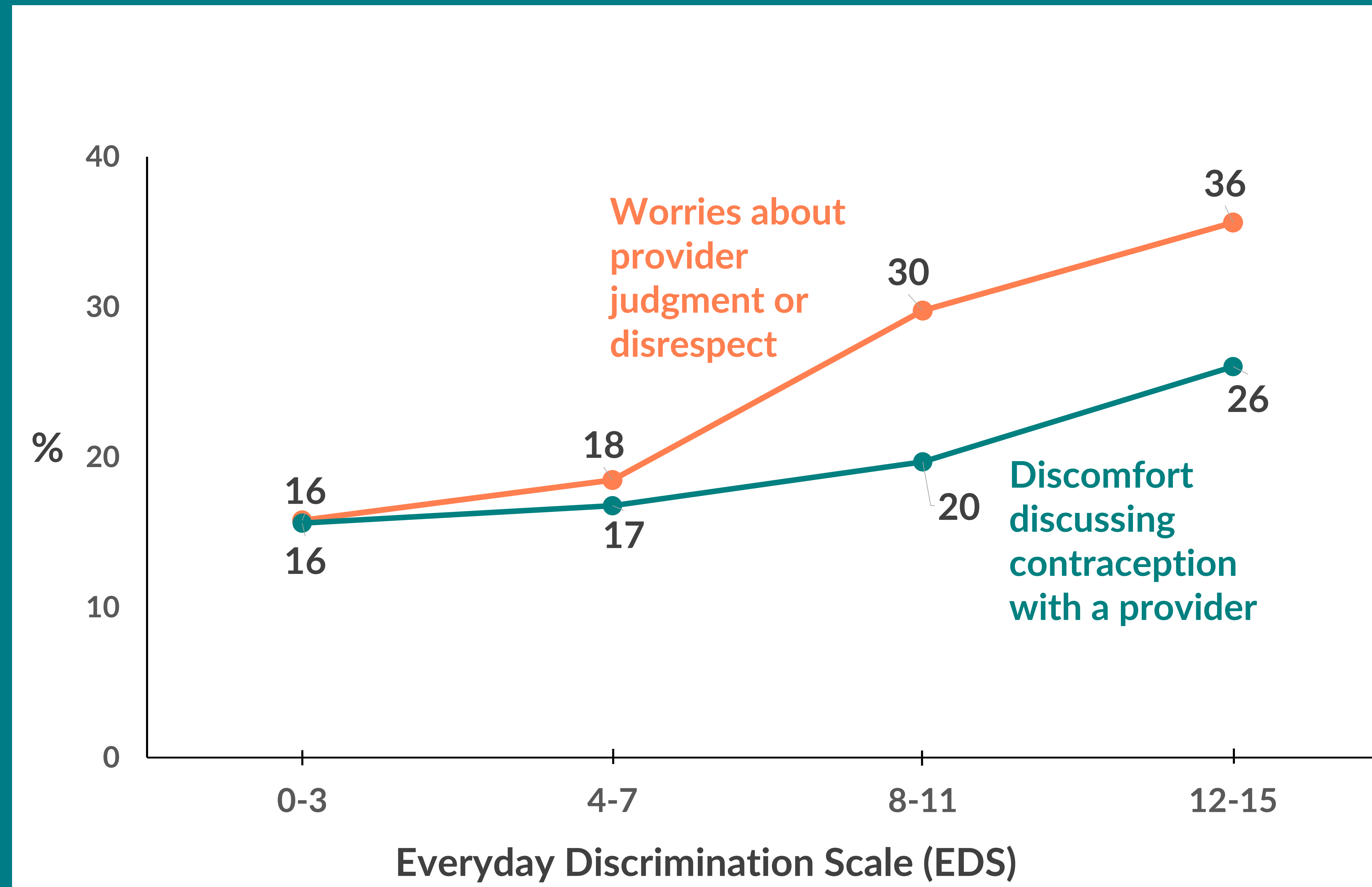
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#### Introduction

- Research on college students' experiences of discrimination primarily focuses on its effects on academic performance and mental health.<sup>1,2</sup>
- Given the history of reproductive coercion and systemic racism in the U.S.,<sup>3</sup> especially for non-White populations, discrimination may also affect students' access to contraceptive care if it triggers worries about disrespect, judgment, or discomfort when seeking care.<sup>4,5</sup>
- This study measured the association of experiences of discrimination with worries about provider disrespect and judgment and with discomfort discussing contraception in a diverse sample of community college students.

#### Methods

- We analyzed baseline survey data (2018-2023) from an ongoing cluster randomized controlled trial testing a multi-level intervention with health providers and students.
- Participants were 2,062 students ages 18-25, assigned female at birth (gender inclusive), sexually active, and not desiring pregnancy, recruited at 29 community colleges in California and Texas.
- Primary outcomes: 1) Worries about being judged or disrespected by a medical provider and 2) Discomfort discussing contraception with a provider.
- We used the Everyday Discrimination Scale (EDS) Short Version,<sup>6,7</sup>  $\alpha = 0.8$  in our sample. We collected the frequency (never=0, rarely=1, sometimes=2, and often=3) of five discrimination dimensions and summed them for the EDS scale ranging from 0 to 15.
- We used mixed-effects multivariable logistic regression for clustered data to compare discomfort and worries about seeing a provider for contraception, based on the EDS scale.



Mixed-effects multivariate logistic model results (n=2,062)	Worries about provider judgment or disrespect	Discomfort discussing contraception with a provider
Characteristic	aOR	aOR
<b>Everyday Discrimination</b>	<b>1.12**</b>	<b>1.04*</b>
Race and ethnicity (ref: White)		
Latinx or Hispanic	1.40*	1.68**
Black <sup>+</sup>	0.95	1.55
Asian and Pacific Islanders	2.25**	1.92**
American Indian/Other/Multi-racial <sup>±</sup>	0.88	1.14
Insurance status (ref: Insured)		
Uninsured	1.34	1.55*
Medicaid	1.40**	1.43*
Does not know	1.11	1.42
Food insecurity	1.40**	1.13
18-19 year olds (ref: 20-25)	1.22	1.60**

\*  $p < 0.05$ , \*\*  $p < 0.01$ ; <sup>+</sup>n = 123; <sup>±</sup>n = 107

Mixed effects models controlled for sociodemographic factors important for access to health care, including state of residency and sexual orientation.

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#### Results

- 21% of participants would worry about provider judgment or disrespect, while 17% of participants would feel uncomfortable discussing contraception with them.
- Worries about provider disrespect or judgment and discomfort discussing contraception are more prevalent for students with higher EDS scores.
- More likely to feel worried about provider disrespect or judgment: Latinx students and Asian/PI compared to White students; Medicaid recipients compared to privately insured; and those facing food insecurity.
- More likely to feel discomfort when discussing contraception: Latinx and Asian/PI students compared to White students; Medicaid recipients and uninsured students compared to privately insured; and younger students ages 18-19.
- We acknowledge that Black and American Indian populations have historically faced discrimination, bias, and racism. However, their sample size limits our ability to capture these effects statistically.

#### Conclusions

- Greater discrimination experiences were associated with worries of disrespect or judgment from medical providers and discomfort when discussing contraceptive care.
- It is imperative for providers and health systems to understand and lessen the impact of discrimination on patients, especially young people from traditionally marginalized communities who also face unmet basic needs.
- Student outreach, education, and social assistance programs could work together to holistically address students' sexual and reproductive health needs while also implementing initiatives to reduce bias in healthcare to serve young people.

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