BRINGING THE SOCIAL CONTEXT INTO THE EXAM ROOM: AN INVESTIGATION OF THE DISCUSSION OF WOMEN'S SOCIAL INFLUENCES ON CONTRACEPTIVE USE

PI: KIRA LEVY

For women at risk of unintended pregnancy, the lack of consistent or any contraceptive use as well as improper adherence to methods all contribute to the high rate of unintended pregnancy in the United States. Social influence– defined in this context as any influence from a woman's friends, family, partner or media- has been investigated in regards to other health related behaviors, such as smoking and breast cancer screening; however, it has not been adequately explored in the context of contraceptive behavior. The purpose of this study is to determine if certain patient characteristics are associated with social influence arising during contraceptive counseling visits as well as to better understand the content and process of the social influence discussion.

This study is a mixed-methods secondary data analysis of 342 audio-recorded contraceptive counseling visits. Bivariate and multivariate logistic regression were performed to determine if certain patient or provider demographics (collected by survey) were predictors of social influence arising in a contraceptive counseling visit. Qualitative template analysis was conducted to explore and describe the content and process of the social influence discussion as it arose during routine contraceptive counseling visits.

42% (142) of the 342 visits had some mention of social influence. In 75% of these visits, the discussion was initiated by patients only, in 15% both providers and patients and in 10% by providers alone. Patient age was found to be associated with social influence arising during contraceptive counseling with the youngest group of women (<20) being most likely to have a discussion of social influence when compared to older age groups. The likelihood decreased with increasing age and leveled off for the two oldest age groups (30-34 and 35+). These trends were consistent when social influence was analyzed separately for patient and provider initiated discussion.

Patient initiation of social influence was along a spectrum with social influence either supporting their definitive decision to or *not* to use a method. Most often, however, patients initiated from a place of uncertainty: they were interested in a method but had concerns generated by a social influence that they wanted to have addressed. Providers responded to the content of social influence, but rarely engaged with patients about the social influence itself. Social influence was predominantly negative and related to method side effects. Providers' responses to negative social influence included actively moving away from the method in question, ignoring the negative social influence, reassuring patients that "everyone is different" or trying to contradict the negative social influence by describing "most women's" different experience with the method. When providers initiated the discussion, it was usually to address a media controversy or to move on to discussing a different method. Friends were the most common source of influence, with media and sisters following. The IUD and the pill were the most discussed methods with regards to social influence.

How providers should best address social influence during contraceptive counseling remains unknown; however, social influence is an important factor influencing women's contraceptive behavior and comes up frequently in contraceptive counseling visits, especially with teenagers. Future research is needed to identify ways that providers can utilize this topic to positively impact women's contraceptive behavior.