



## How Colleges Can Improve Contraception Care and Offer a Full Range of Options to Students

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In 2012, the American College of Obstetricians and Gynecologists updated its guidelines to recommend that women's health physicians provide comprehensive contraceptive counseling to *all* reproductive-aged women, including adolescents and young women. Previous guidelines from this preeminent professional organization had not advised reproductive healthcare workers to offer long-acting reversible contraception – the intrauterine devices (IUDs) and implants collectively known as “LARC” methods – to young women or those who had not given birth. However, years of research into the safety and effectiveness of these methods for preventing unwanted pregnancies has led to shifts in recommended counseling and prescribing practices.

College students are especially at risk for unintended pregnancies but, to date, little research has been done on their use of long-acting reversible contraception. In this study, we used data from the National College Health Assessment survey to look at trends in the use of contraception by 18 to 24-year-old college women. Our findings show that LARC use by such women has increased only slightly (from 2% of women using these methods in 2008 to 4% in 2013) and there are sub-populations, such as racial and ethnic-minority women, where no increase has occurred yet.

Future research should explore factors influencing LARC use among this population, including consideration of institutional barriers such as a lack of capacity in college clinics to offer certain kinds of contraception and the absence of providers trained to perform LARC insertions.

### LARC Use among College Women Lags behind Less Effective Methods

Other key findings emerge from our research:

- Only 4% of college women who completed the survey in 2013 reported using a long-acting reversible contraception method the last time they had vaginal sex.
- Nearly nine of ten LARC users reported using an IUD; only 10% used the implant.
- As for other contraceptive methods, more women reported using short-acting methods such as the pill, patch, ring and shot (44%); condoms (35%); and other methods (20%).
- Use of long-acting reversible contraception use did not change over time for college women who identified as Asian, Bi/Multiracial, Hispanic or “Other” race.
- The minority of college women who did increase their reliance on long-acting reversible contraception did so regardless of whether they had insurance coverage.
- As other studies have also found, we found that college women who reported being in relationships or cohabiting with partners were more likely than single women to use long-acting reversible contraception methods.

## Colleges Play a Critical Role in Contraception Decision-Making

Educational attainment is generally associated with a lower risk for poor health outcomes. But on the other hand, the risk of unintended pregnancy is higher for younger women and for those who lack knowledge of sexual and reproductive health issues – and these factors are stronger predictors than whether or not a woman is in college. College women not only need access to healthcare professionals who offer them contraception options; they also need to learn about the full range of methods in order to make decisions that work best for them. Higher education institutions should serve as a resource for women to gain sexual and reproductive health information and gain access to decision-making support and services.

Tellingly, even as professional guidelines about long-acting reversible contraception have changed, not all institutions or providers have attained the knowledge, skills or capacity to offer and administer these options to younger women. Colleges and universities vary in geographic location, size, and resources, and some institutions that participated in the survey may be ill-equipped to administer LARC methods to students. Furthermore, some religiously-affiliated colleges or junior and two-year institutions may not have clinic facilities or offer any form of contraception on campus.

Our findings do not address other concerns about LARC use among college women. Those concerns include whether women use a second form of protection in order to prevent sexually transmitted infections. And there are also concerns about institutional barriers to highly effective contraception use, including whether young contraception users face pressure or coercion when interacting with healthcare systems.

Colleges should offer the full spectrum of contraceptive methods, while at the same time ensuring that women are receiving evidence-based and patient-centered counseling about contraception. Young women should neither be denied LARC methods, nor should they face pressure from providers to use long-acting reversible contraception. Evidence-based approaches include offering all reproductive age women long-acting reversible contraception as one of many contraception options. And patient-centered care supports women's freedom to decide what is right for them, while coordinating and tailoring chosen forms of care as appropriate.

Future research should assess both the needs and preferences of college women, and institutional capacities for offering up-to-date, patient-centered sexual and reproductive health care. Improving clinical practice requires heightened support for college women as well as the provision of comprehensive care options designed to serve the varied personal needs, values, and preferences of all women in college.

**Read more in Rachel Logan, Erika Thompson, Cheryl Vamos, Stacey Griner, Coralia Vázquez-Otero, and Ellen Daley "Is Long-Acting Reversible Contraceptive Use Increasing? Assessing Trends among U.S. College Women, 2008-2013." *Journal of Maternal and Child Health* (2018)**