

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Contraceptive counseling for gender-diverse patients: A community needs assessment

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: Sexual- and gender-minority (SGM) patients face high rates of discrimination, bias, and gender dysphoria when seeking care, including when seeking contraception. These barriers combined with inadequate medical education on care for SGM patients contribute to poor reproductive outcomes, including high rates of teen and unplanned pregnancy. Objective: The purpose of this research was to conduct a community needs assessment aimed at determining the desired content and structure of a contraception decision-aid tailored to meet the unique needs of gender-diverse patients. Study Design and Analysis: Targeted needs assessment using a cross-sectional study design. Setting or Dataset: Potential participants accessed the survey using a QR code on an IRB-approved study flyer posted in the community, including in restaurants, stores, bars, and at Dallas Pride events. Population Studied: Adults who self-identified as SGM in North Texas. Intervention/Instrument: Electronic, de-identified survey in REDcap that included questions about demographics, sexual- and gender-identity, preferences for and importance placed on a potential contraception decision-aid for gender-diverse patients, and previous experiences with obtaining contraception. Outcome Measures: Outcome variables were measured using a continuous visual analog scale (VAS) from 0-10 for level of importance to the participant and likelihood of use of the resource. Demographics, design and delivery preferences, and reported barriers to care were analyzed by descriptive statistics. Results: Most participants were of reproductive age, white, assigned female at birth, and not heterosexual, and more than one-third identified as gender-diverse. Most participants placed a high level of importance on a contraception decision-aid, with over half of respondents selecting the highest level of importance on the VAS. Outcomes for likelihood of use were high, with most participants indicating they would be likely to use such a resource. Most respondents preferred to receive the resource in discussion with their healthcare provider and for distribution through a QR code. Additionally, the majority wanted the decision-aid to be inclusive of both gender-

diverse and non-gender-diverse individuals. Conclusions: The results of this needs assessment indicate a high desire and likelihood of use for a resource aimed at improving accessibility to and education regarding contraception care within the SGM community.

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