Abstract

Unmet need for contraceptives in developing countries remains a social and health problem and adolescents are more likely to struggle in starting long-acting contraceptive methods, often due to side effect or other concerns. This study aimed to analyze the biases in the provider-patient relationship and counselling practices for adolescent patients in developing countries. Attention was placed on patient's preferred method, cultural and moral biases, knowledge gaps of patient and providers, side effect knowledge, and attitudes about contraceptive methods that are not evidence-based. The study was designed to examine the provider-patient relationship, and knowledge assessment of providers. Abstract review was done for relevance and further text analysis would look at key factors (knowledge or cultural/ethical) assessing positive/negative influence on provider/patient relationship and patient preferred method.

Methods

Literature searches using PubMed and Google Scholar were utilized. In PubMed, searches included MeSH terms “developing countries,” “contraception,” and “adolescent.” This was repeated with additional search terms in combination with MeSH terms including “side effects,” “provider,” “attitudes,” and “LARC.” Restrictions included English articles published from 2000-2017, no discussion of abortion care, and must discuss patient-provider interactions and/or knowledge assessment of providers. Combined searches yielded an 411 articles with 76 articles selected for abstract review.

Results

Combined searches yielded an 411 articles with 76 articles selected for abstract review. After selecting for relevance and study design, 14 were chosen for in-depth analysis. Study Type, Number of articles, Sample, and Knowledge are presented in Table 1.

Discussion and Conclusions

In summary, both knowledge and cultural biases had an effect on the communication between patients and providers on counseling and prescribing practices. Patients had a low knowledge base initially and which was seen as a challenge in demand and initiation/continuation by provider. Providers expressed major concerns for contraception in regard to them causing cancer, male and female infertility, and chronic and acute conditions (hypertension, infection) in addition to use’s impact on their acceptance within community and their religion. Younger patients showed greater likelihood of using a modern contraceptive method with appropriate counseling and perceived good treatment by provider. Multiple regions noted information holding and direct scolding and chastilizing young patients, which may contribute to low use. Lower skilled and less knowledgeable staff were more likely to have concerns prescribing for either ethical reasons or familiarity with the method or side effects. There is room for improvement of counseling with methods in teens for both preferences and multiple methods. More education for staff on side effects and methods types, accurate implementation of national guidelines, and training for youth-friendly services appears promising to improve contraceptive uptake.

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