

# Impacts of Social Determinants of Health on Family Planning: Contraceptive Use and Pregnancy Intention



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## BACKGROUND

- SDOH are the conditions in which people are born, live, and work, that exert substantial influence on the onset and progression of disease.
- Similar to how SDOH influences an individual's overall health, socioeconomic conditions have been shown to dictate decisions regarding an individual's reproductive health and intention on pregnancy.
- Given that individuals affected by greater SDOH may experience greater barriers in accessing or using contraception methods, and thus face the ramifications of unintended pregnancy, our primary objective was to assess the relationship between SDOH and contraceptive utilization and family planning among women of childbearing age.

## HYPOTHESIS

- We hypothesize that those greatly affected by SDOH were less likely to utilize contraceptive methods as a consequence of not having proper access to family planning services.

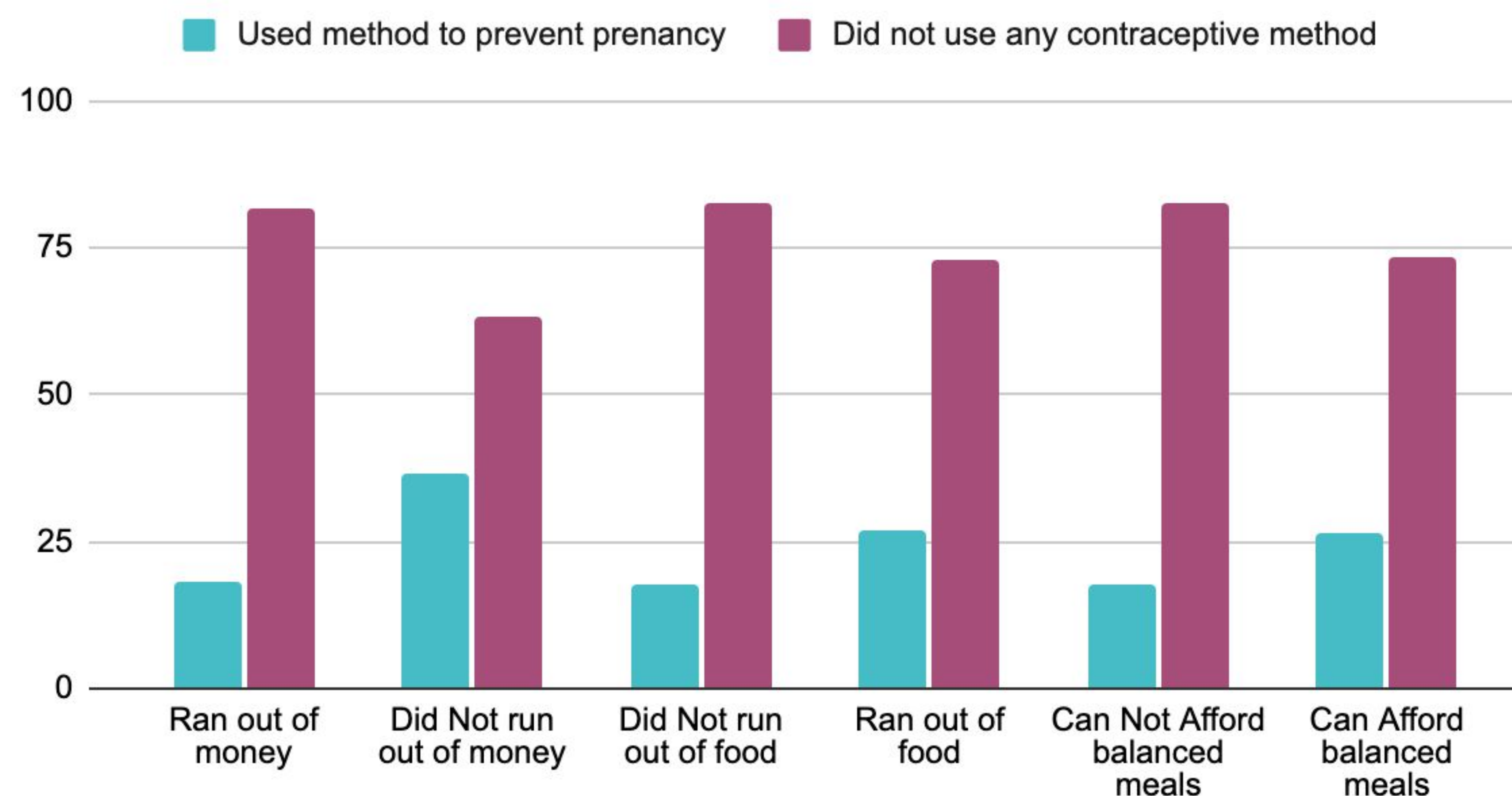
## METHODS

- We utilized data from individuals who responded to the 2017 Behavioral Risk Factor Surveillance System (BRFSS).
- The BRFSS SDOH model was used to assess differences in the utilization of family planning.
- Sociodemographic variables related to SDOH were extracted from BRFSS to use as controls.

## RESULTS

- Among women of reproductive age between 18 and 40 years of age, those having experienced running out of food by the end of the month, inability to afford balanced meals, or running out of money by the end of the month were less likely to utilize contraceptive methods (Figure 1).
- Differences in pregnancy intention between women who utilized contraceptives and those who did not were statistically significant for the those having experienced inability to afford balanced meals ( $p=0.004$ ), running out of money by the end of the month ( $p=0.041$ ), and problems paying mortgage, rent, and utilities ( $p=0.022$ ).

Figure 1. Associations between SDOH domains and contraceptive method use among individuals ages 18 to 40



## CONCLUSION

- Our study found that the food insecurity and monthly financial instability domains of SDOH were significantly associated with lack of contraceptive use and having no intention of pregnancy (among those not using contraceptive measures).
- With changing policies around women's reproductive healthcare, addressing barriers to family planning and contraceptive access is increasingly critical.

## SIGNIFICANCE OF FINDINGS

- The association between SDOH and family planning show an immediate need to improve contraceptive and family planning access.
- Expanded funding for public health programs and revised eligibility guidelines for nutrition assistance programs may provide solutions for women seeking contraceptive and family planning counseling.

## REFERENCES

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