SCHOLARS
STRATEGY NETWORK

How Investing in Young Black Women during Sexual and Reproductive Health Care Can Address Inequities

Rachel G. Logan, University of California-San Francisco

Dina took to Google after feeling some discomfort in her pubic area. Although she was in graduate school several hundred miles away, she waited to see a healthcare provider until she could return home. During her visit with her gynecologist, she learned that her intrauterine device had become dislodged and was moving around—this was the cause of the pain. After talking with her healthcare provider, she decided to get a new device inserted within two days. This outcome was relieving, because what she had found online had scared her and created additional uncertainty around the symptoms she was experiencing. While Dina was able to find the support she needed from her provider, she also experienced a delay in care because she was unsure that she could expect the same level of support from a different provider closer to her school. Dina's story is not unique: due to previous mistreatment in healthcare settings, some young Black women fear contraceptive care visits will be harmful—or, if they have had favorable experiences, that a worse healthcare encounter is likely.

Aja approached her visit with worry and some optimism. She had been experiencing pain during sexual activity that was becoming increasingly bothersome. She reluctantly shared this information during her annual visit with her gynecologist. Despite having seen more than five different providers over the years for this issue, this provider was the first to empathize with her and acknowledge that sex should not be painful. Although Aja already understood this, hearing it from her healthcare provider and coming up with a plan to find a solution were healing for her. This provider explained the various tests she would order and the reasons why, and solicited Aja's opinion. Aja described feeling included and informed throughout the visit, and left feeling more at ease and confident that her provider took her seriously. Other providers had not taken the time to listen to her, and often prescribed new methods of birth control without acknowledging her pain or frustration with having to deal with the condition.

While technical aspects of contraceptive care provision can be improved to save patients' time and money, social and emotional aspects of care provision should not be overlooked. Interviews with cisgender Black women ages 18-29 about their experiences receiving contraceptive care highlighted how important it was to feel heard, understood, and included during provider visits. Women appreciated when providers took the time to empathize, especially if they presented to visits with uncertainty, unexplained pain, and other health issues. These findings demonstrate a need for health systems to "put the care back into health care" and focus on sexual and reproductive health and well-being as a primary goal of healthcare encounters. Health systems can equip providers to engage patients in ways that are adequate, affirming, and responsive to their health needs, especially for those who have historically experienced neglect and mistreatment by health care providers.

Although health care systems would likely believe that their providers offer care that is person-centered and high-quality, women's narratives do not align with these perspectives.

How to Invest in Contraceptive Care Services for Young Black Women

Before engaging with patients in the clinic, providers should:

- Learn about and acknowledge the role structural oppressions have on people's access to contraception and health care in general, and
- Engage in training and education related to cultural humility and person-centered contraceptive care.

During visits, providers should:

- Greet patients warmly and consider sitting, rather than standing next to a seated patient
- Ask the patient about what they want to discuss during the visit
- Inform them of care procedures and processes **before** performing them
- Engage individuals in a dialogue around their health, providing appropriate and relevant education as needed
- Engage in active listening, asking questions for clarification and repeating back pertinent information
- Take the patients' concerns seriously, demonstrate empathy
- Gain their permission before placing orders
- If patients experience physical or emotional discomfort during visits or examination, try to reduce discomfort, stop performing the procedure, and ask what could mitigate discomfort
- Acknowledge when they do not have the answers
- Demonstrate an overall commitment to helping them achieve their goals and sexual and reproductive health and well-being

A small investment in person-centered care approaches may significantly change the perceptions and experiences of young Black women who use contraceptive care services. As this group has borne the brunt of poor contraceptive care encounters, changing a person's care experience early in the reproductive health care trajectory may help to address inequities in reproductive healthcare settings. Collectively, contraceptive care service users, healthcare providers, and healthcare systems can work together to achieve sexual and reproductive health and well-being. Health systems can incentivize providers to engage in person-centered contraceptive care approaches by offering training and monitoring person-centered care outcomes. Third party payers focused on ensuring quality provision of healthcare services, including a focus on health equity, could incentivize health systems to implement such measures through pay-for-performance structures. At the provider level, clinicians should partner with service users during visits to establish relationships and foster the trust needed to learn of people's needs before helping to find solutions. Although the focus here is young cisgender Black women, person-centered and equity-oriented approaches to sexual and reproductive health care can be applied to any service user population—by investing in people, we can help them attain better sexual and reproductive health and better well-being overall.

Read more in Rachel Logan, Ellen M. Daley, Cheryl A. Vamos, Adetola Louis-Jacques, and Stephanie L. Marhefka, "'When is Health Care Actually Going to be Care?' The Lived Experience of Family Planning Care among Young Black Women." *Qualitative Health Research* 31, no. 6 (2021).