

Practical and Sustainable Steps to Addressing Bias in Contraceptive Care



Beyond the Pill

A program of the
Bixby Center for Global
Reproductive Health at the
University of California,
San Francisco (UCSF)
School of Medicine



beyondthepill.ucsf.edu

Implicit Bias & Cultural Humility

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Disclosures

- **Stephanie Andaya** has no financial relationships to disclose.

Planning committee:

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- **Cynthia Harper, PhD** – no disclosures
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Session objectives

Objective 1 Review practices that support patient autonomy.

Objective 2 Examine the potential impacts of implicit bias on clinical outcomes related to contraceptive care

Objective 3 Identify ways to incorporate self-reflection and other strategies into our work to improve clinical care

Chat your
answer!

**Why is providing sexual health
care to youth important to you?**

Implicit Bias

Refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

References

Biggs, et al. *PSRH*, 2020

Daumeyer, et al. *J of Experimental Social Psych* 2019

Zestcott, et al. 2016

Chat your
answer!

**What groups or individuals does society hold
negative cultural stereotypes about related to
pregnancy or parenting?**



Television/Pop culture



Media



Education



Family

Characteristics of Implicit Bias

- Unavoidable
- Do not necessarily align with our *declared* beliefs
- Tends to favor our own in-group

References

Kirwan Institute, 2015.

Stereotypes

Explicit Bias
Conscious

Prejudice
Discriminatory
Intent

Implicit Bias
Unconscious

?

Perceptions
and
Experiences of
Discrimination
and/or
Coercion

How does Implicit Bias affect health care?

- Organizational policies, structures, and norms
- False beliefs
- Provider-patient interactions

References

Hoffman, 2016; Wu, 2017.
Borrero, et. al. 2009
Yee & Simon, 2011
Becker & Tsui, 2008
Dehlendorf, et al. 2010
Downing, et. al. 2007

Characteristics of Implicit Bias

- Unavoidable
- Does not necessarily align with our *declared* beliefs
- Tends to favor our own in-group
- **Flexible**

References

Kirwan Institute, 2015

“The key isn’t to feel guilty about our [implicit] biases—guilt tends toward inaction.

It’s to become consciously aware of them, minimize them to the greatest extent possible, and constantly check in with ourselves to ensure we are acting based on a rational assessment of the situation rather than on stereotypes and prejudice.”

References

Franklin, 2014

Cultural Humility

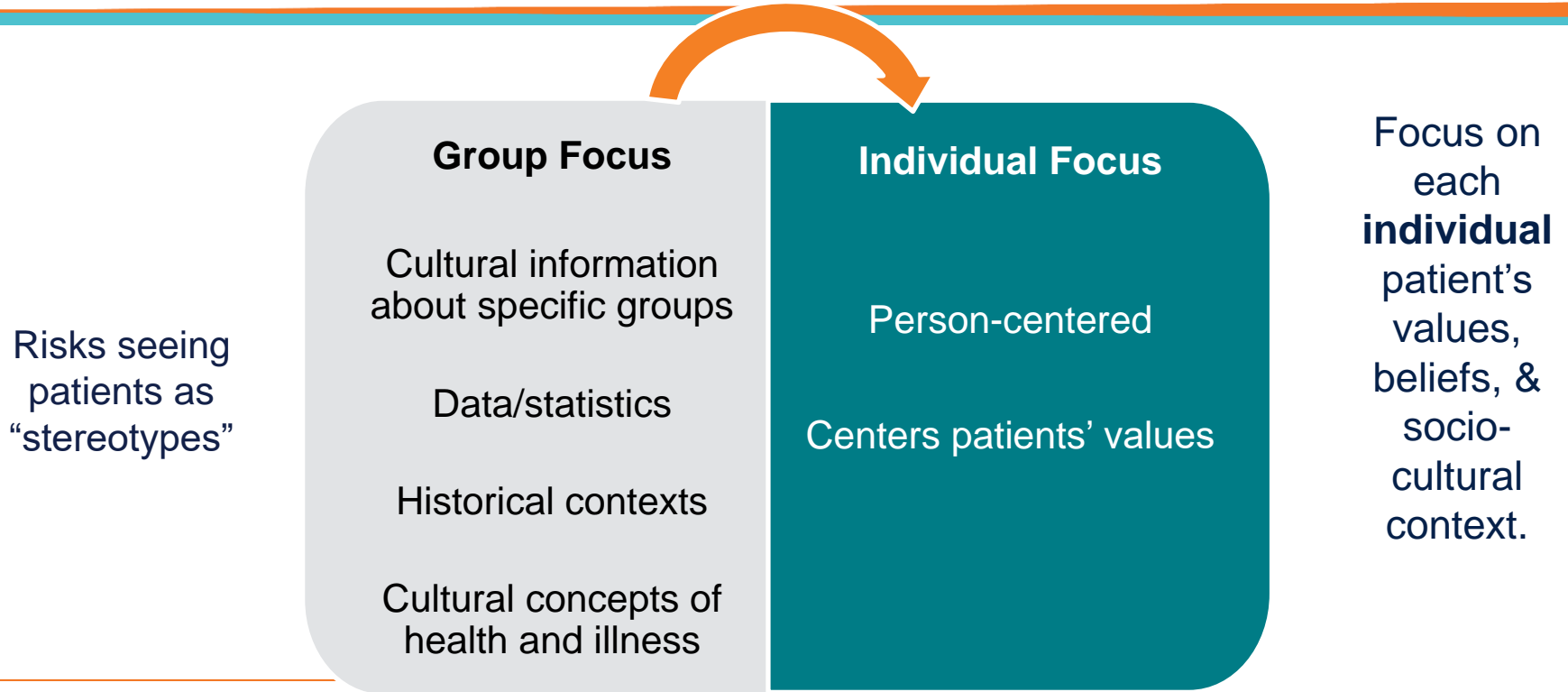
The “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.”

References

Tervalon and Murray-Garcia, 1998
Hook, et al. *J of Couns Psych*, 2013

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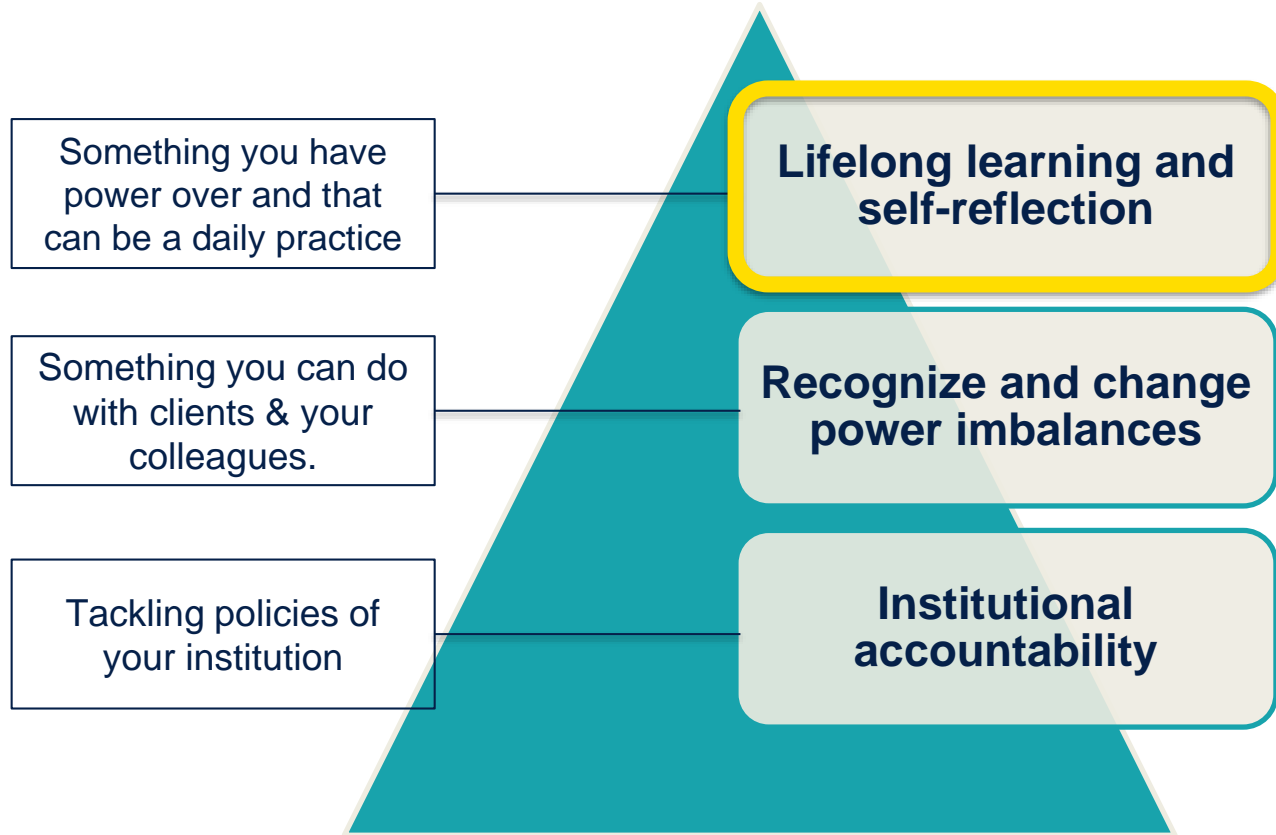
Cultural Competence vs. Cultural Humility



References

Blumenthal, P. *Contraception*. 2007
Office of Minority Health, U.S. Department of Health and Human Services. 2002

Cultural Humility



It's Polling Time!



Have you ever felt frustrated when ...

Chat your
answer!

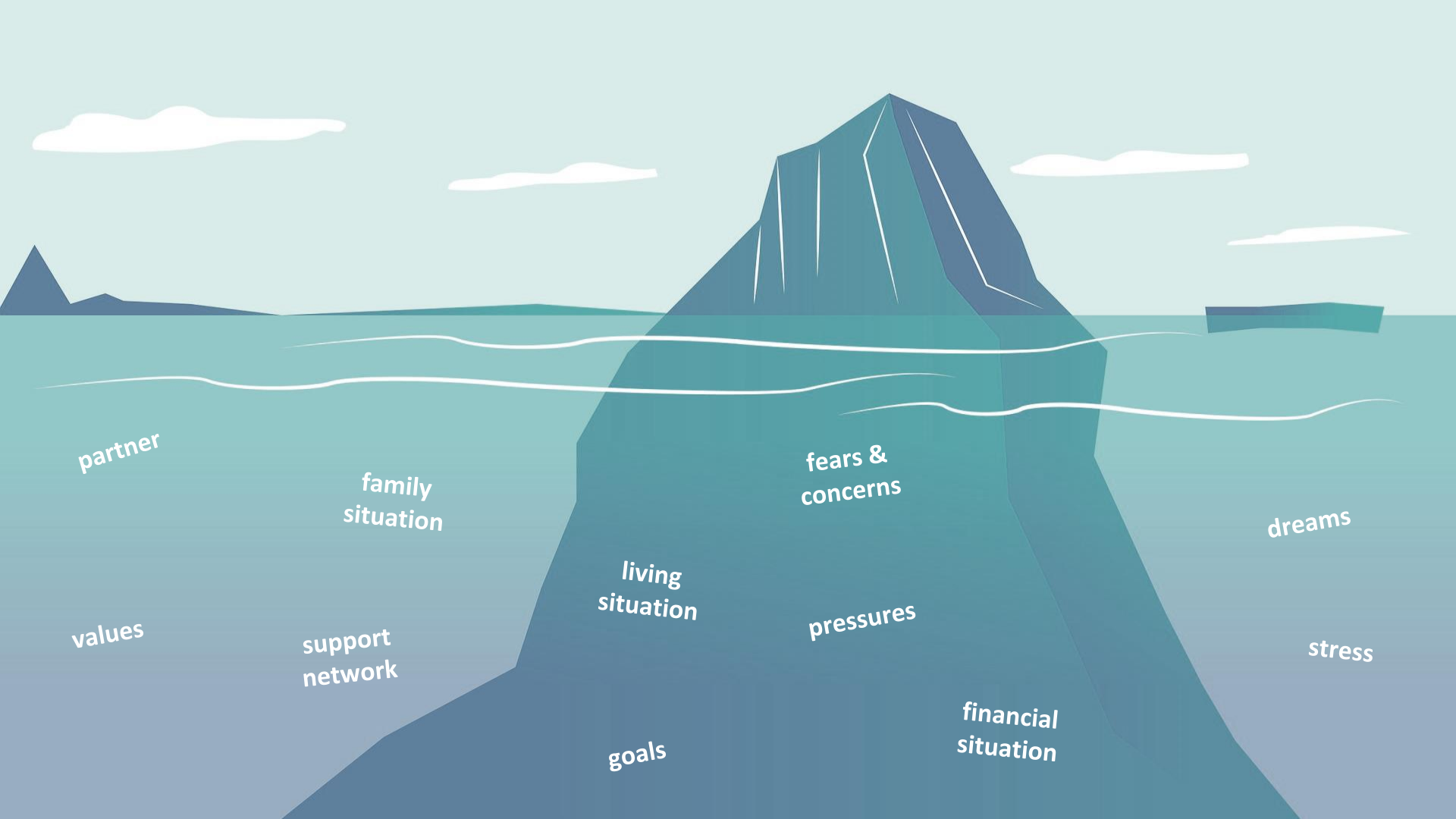
What makes these scenarios frustrating?

Invest in the *process* rather than the outcome.

Self-reflection as a tool to help you remain patient-centered



*Our frustrations
(and our elations!)
can often give us a window into our
own values and implicit biases.*



fears & concerns

dreams

family situation

living situation

pressures

stress

financial situation

goals

support network

partner

values



After you've met with a patient, ask yourself:

- What assumptions did I make about this person?
- What am I curious about learning more about their particular situation?
- If I felt particularly frustrated or pleased with the outcome, why might that be?
- Did I have a specific method or outcome in mind for this person/situation?



Nikki, 17 (*she/her*)

- Nikki had a Liletta IUD placed about 5 months ago, right after she had an abortion.
- Nikki has come into the clinic to request removal of her IUD.

The image features a stage with red curtains at the top and sides. A bright spotlight illuminates the center of the stage floor. The text is centered on the stage.

BEYOND THE PILL THEATER
PRESENTS

Nikki's
Choice

What stands out to you?

Chat your answer!

- Bias
- Patronizing
- Directive Counseling
- Missed Opportunities
- Judgement / Shaming

Cultural Humility



Bias and Coercion in Contraceptive Care

Chat your answer!

How does bias or coercion show up in your day-to-day work experiences?

“... behavior that interferes with autonomous decision-making ... with regards to reproductive health.”

References

Grace & Anderson. 2016

Senderowicz, L. *Soc Sci Med*, 2019

Spectrum of Contraceptive Coercion

More Subtle

Limited method mix

Biased counseling

Asking clients about
contraception repeatedly in
clinic flow

Medical misinformation

Threats to deny care

Scare tactics

Insisting client accept

More Overt

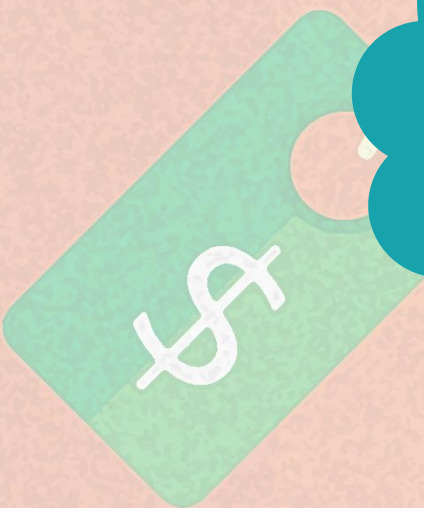
Refusing to remove IUDs
and/or implants

Forced contraceptive use/
sterilization without client's
knowledge or consent

Denying care

References

Senderowicz, L. *Soc Sci Med*, 2019



*IUDs are expensive!
Removing one after
3 months is a waste
of limited resources.*



IUD and implant removal

- Patients can have their IUD or implant removed whenever they like, for whatever reason.
- There is no “preferred” duration of method use.
- Patients often face significant barriers to IUD and implant removal.
- Discuss access to removal during informed consent.



References

Amico et al. 2016; Amico et al. 2017.

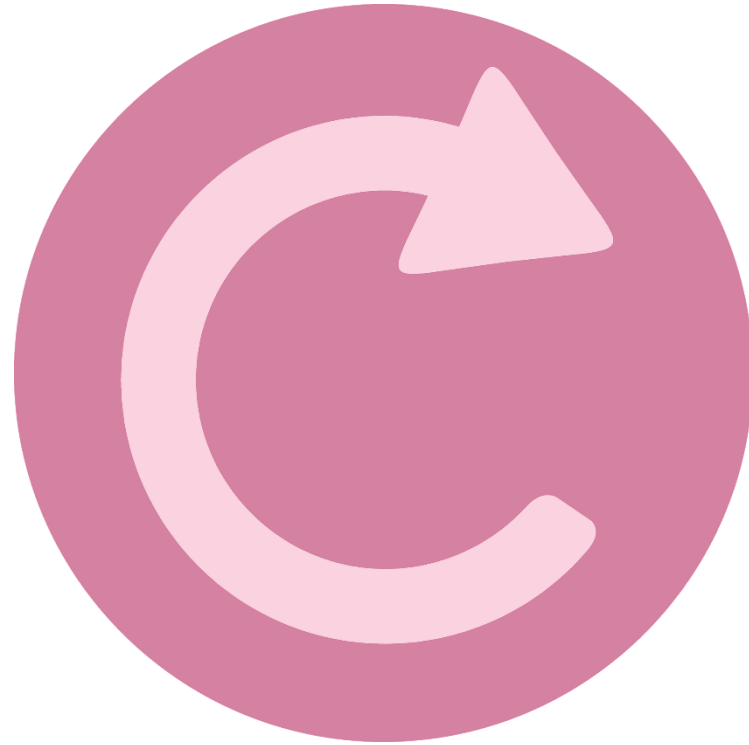


Best Practices for Providers:

- Get to know each patient.
- Listen more than you speak.
- Remember that birth control is not the only issue.
- Honor people as the experts of their own lives.
- Invest in the *process*, not the *outcome*.
- Leave the door open.
- Reflect on your own identity, practices, & biases.

(McGee-Avila, 2018; Dehlendorf, 2016)

Nikki, 17 (*she/her*)



The image features a stage with red curtains at the top and sides. A bright spotlight illuminates the center of the stage floor. The text is centered on the stage.

BEYOND THE PILL THEATER
PRESENTS

Nikki's
Choice

What stood out to you?


Chat your answer!

- Open-ended questions
- Reflective listening
- Reassurance
- Empathy
- Taking patient concerns seriously
- Neutralizing power imbalances / giving patient options, control

Cultural Humility



Barriers that may limit/influence contraceptive choices in your healthcare setting?

A speech bubble with a black outline and a white background, containing the text "Chat your answer!".

Chat your answer!

- Staffing and training
- Lack of administrative support
- Funding restrictions
- Legal restrictions
- Expense and billing issues
- Others?

Enhancing Referral Systems

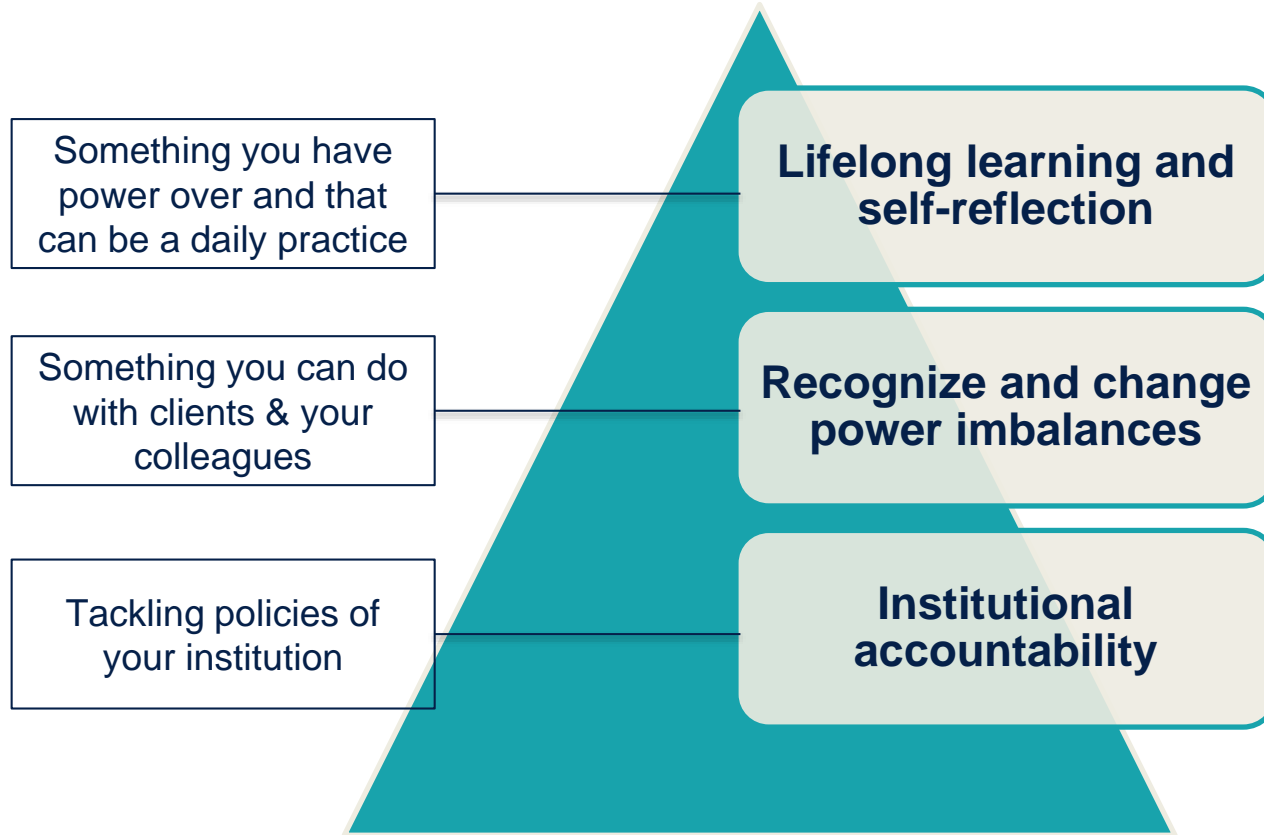
- Enhance referral relationships
 - Get to know your local clinics
 - Establish MOUs
 - Follow up!



- Help students access their method of choice
 - Scheduling
 - Transportation assistance



Pathways to Cultural Humility





Practicing Cultural Humility

- What can you do in your daily practice to continually explore and unpack your own biases?
- How can you neutralize power imbalances that exist between patient and provider and be intentional about honoring patients as the experts in their own lives?
- What role can you plan in holding *your institution* accountable?

Summary points

Biases (both implicit and explicit) have real impacts on people's experience of care.

Focus on the patient's *experience* rather than on any particular method choice or outcome.

Regularly practicing cultural humility can help you to remain client-centered, neutralize bias, and expand contraceptive autonomy.

*What are some concrete commitments you will make to **address bias and practice cultural humility?***



Something you want to *start* doing.



Something you want to *stop* doing.



Something you want to *keep* doing.

Chat your
answer!

Thank you!

Session name:
Bias in Contraceptive Care

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