



Are Illinois Contraceptive Providers Comfortable Providing Care to Adolescents? Results From a Statewide Provider Needs Assessment

Amy Moore, Lee Hasselbacher, Crystal P. Tyler, Anthony E. Rodriguez-Ortiz, Melissa Gilliam
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INTRODUCTION

Legislation allows adolescents to access comprehensive contraceptive care; however, provider practices remain unclear. According to research, only one-third of sexually experienced adolescents aged 15 to 19 years list health care providers as a source of information for contraception, which indicates a need to increase provider comfort initiating conversations around contraceptive topics. Research further highlights pediatricians and family medicine providers are most likely to cite a lack of knowledge, training, and comfort with the safety of various contraceptive methods for adolescent patients.

Published in *Women's Health Issues* journal, researchers from Ci3 at The University of Chicago, conducted a statewide needs assessment in Illinois, to examine predictors of contraceptive provider knowledge and comfort surrounding the provision of contraceptive care to adolescent patients. Survey packets were mailed to 1,062 ob-gyns, pediatricians, and family medicine physicians, as well as 386 publicly-funded clinics. The analysis had four outcomes of interest, 1) knowledge of adolescent consent laws, 2) comfort asking for time alone with adolescents, 3) comfort providing contraception to adolescents without parental consent, and 4) comfort providing long-acting reversible contraception (LARC) to adolescents without parental consent.

FINDINGS

- Most providers are knowledgeable of consent laws (90%) and report being comfortable asking for time alone with adolescents (94%) and comfortable providing contraception to adolescents without parental consent (88%).
- Having a large proportion of patients who are eligible for family planning services was associated with increased comfort asking for time alone with adolescents and providing contraception to adolescents.
- Only one-half (54%) were comfortable providing LARC methods to adolescents, with higher comfort among providers who: received more than 2 days of formal family planning training, specialized in obstetrics-gynecology, and had a patient population with more than 50% patients from minoritized racial/ethnic groups.

IMPLICATIONS

Our research suggests that additional efforts to increase provider comfort with all contraceptive methods and training on adolescent-centered practices may be required to meet the needs of adolescent patients.

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For more information, please contact **Lee Hasselbacher** at lhasselbacher@uchicago.edu