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Youth Perspectives on Pharmacists' Provision of Birth Control: Findings From a Focus Group Study

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A B S T R A C T

Purpose: Young women face numerous obstacles to accessing contraception, including lack of money, time, or transportation to visit a doctor. In addition, concerns about confidentiality deter many adolescents from seeking contraceptive care. Pharmacists in Washington, D.C. will soon be able to prescribe hormonal birth control, which can potentially increase contraceptive access for adolescents. This study explores the needs and concerns of teens and young women residing in Washington, D.C. to inform implementation of this service.
Methods: In this community-based participatory research study, four focus group discussions were conducted in February 2017, two with teen females aged 14–17 years and two with young women aged 18–24 years. A youth advisory council, comprising 13 women aged 16–22 years living in Washington, D.C., helped develop the discussion guide and interpret findings. Data were analyzed thematically by age group using inductive and deductive codes.
Results: Young people viewed pharmacies as convenient locations to access contraceptives but expressed concerns about privacy, affordability, and pharmacist approachability. Younger participants viewed these concerns as significant barriers for their peers. Participants suggested pharmacies protect privacy and confidentiality by offering private consultation spaces and clear information about what insurance plans can disclose to parents. Participants also recommended pharmacies create a youth-friendly, nonjudgmental environment and offer pharmacists training on contraceptive counseling for young women.
Conclusions: Addressing concerns about privacy, costs, and pharmacist approachability can help ensure that youth seeking contraceptives can easily access their preferred method. Pharmacies should continuously incorporate young people's feedback to ensure this service remains accessible and acceptable to adolescents.

IMPLICATIONS AND CONTRIBUTION

Young people face many barriers to accessing contraception, and new legislation allowing pharmacists in Washington, D.C. to prescribe contraceptives can potentially remove some of these obstacles. To inform implementation of this service, this study explores the needs and concerns of young people and highlights their recommendations.

Women in the U.S. often face multiple barriers to obtaining contraception. Nearly one-third of adult women at risk of unintended pregnancy who have ever tried to get a prescription for hormonal contraception have faced difficulties, including making or getting to clinic appointments and not having a regular doctor [1]. Accessing clinics is particularly challenging for young people who lack the time, financial resources, and ability to access transportation for a doctor's appointment. In addition to cost and logistical barriers, young people also have unique concerns about privacy and confidentiality [2], which prevent many from receiving needed sexual and reproductive health care [3]. A study

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analyzing data from a nationally representative survey found that over half (55%) of youth aged 15–17 years who visited a provider in the last year did not spend time alone with that provider, and 18% did not seek sexual and reproductive health care because of the possibility of their parents finding out [4].

Concerns about privacy may limit the variety of contraceptive methods used by young people. Data gathered between 2011 and 2015 from a nationally representative survey reveal the most common methods of contraception for female teens aged 15–19 years are condoms (97%) and withdrawal (60%) [5]. More effective methods requiring a doctor's visit or prescription are not widely used, with 56% of female teens having ever used an oral contraceptive, 17% having ever used an injectable contraceptive, and less than 6% having ever used the ring, implant, intrauterine device, or patch [5].

Allowing pharmacists to prescribe contraception could remove some of the obstacles young people face in accessing hormonal birth control. Through pharmacist prescribing services, youth can obtain hormonal contraceptives without visiting a clinic or the presence of a parent, in locations that are accessible in most neighborhoods, and during convenient times when clinical appointments are generally not available such as evenings and weekends. However, to ensure this service is accessible to people of all ages, the specific needs of young women must be understood and addressed.

This study seeks to inform the implementation of pharmacist prescribing of contraception by exploring the needs and perspectives of teens and young adult women aged 14–24 years in Washington, D.C. The D.C. City Council passed legislation in 2012 allowing pharmacists to prescribe some medications when specified by a collaborative practice agreement with a clinician [6]. In 2018, additional legislation granted pharmacists the ability to prescribe the contraceptive pill, patch, and ring without a collaborative practice agreement [7]. Individuals seeking one of these methods will fill out a self-screening questionnaire, which will be reviewed by a trained pharmacist to identify any contraindications [7]. At the time of writing, the D.C. Board of Pharmacy and Board of Medicine are developing protocols for pharmacists to prescribe and dispense contraceptives, and implementation of this optional new service is planned for 2019. While this study focuses on services in Washington, D.C., its findings may be relevant to states that are considering or have enacted similar legislation.

Methods

This study takes a community-based participatory research approach to understanding the viewpoints of young people by incorporating youth leadership into the study's design and implementation. A youth advisory council was assembled to guide the development of study questions, assist with focus group recruitment, and help interpret findings. To be eligible for the youth advisory council, participants had to be female; aged 16–22 years; interested in improving access to birth control; and residing, attending school, or working in Washington, D.C. Women were recruited through outreach to local youth-serving organizations, which were identified through an Internet search and recommendations by authors' colleagues. Study staff interviewed women on a first-come, first-served basis until the desired number of participants was reached.

The youth advisory council met once a week for five weeks to learn about contraceptive methods and barriers young people face in accessing them; understand pharmacist provision of contraceptive methods; identify issues and questions important to young people interested in accessing this service; provide guidance on the creation of a focus group discussion guide; and advise study staff on effective means of recruiting young people to participate in focus group discussions. The council met again after all focus group discussions had been conducted to review the data and provide input in the interpretation of findings.

Four focus group discussions were conducted in Washington, D.C. in February of 2017, two with female teens aged 14–17 years and two with young women aged 18–24 years. Participants were recruited through outreach to local school counselors and the same local organizations used to recruit members of the youth advisory council; word-of-mouth by youth advisory council members; and by flyers posted around George Washington University, the Columbia Heights shopping area, and other public locations frequented by young people. To be eligible, participants had to be female; aged 14–24 years; living, working, or attending school in Washington, D.C.; and interested in participating in a study about access to birth control.

Focus group discussions followed a guide developed jointly by the youth advisory council and study team. The study team drafted an initial list of themes and questions for the guide, which was modified based on the council's feedback. Discussion topics included participants' prior knowledge of contraceptive methods; the benefits and drawbacks of accessing contraception from a pharmacy; suggestions for how pharmacists could best provide services to young people; estimation of the likelihood that young people would use this service; preferences for interacting with pharmacists; desired information about birth control and other sexual and reproductive health topics; payment preferences; preferences around following up with a pharmacist; and ideas for making pharmacists approachable for young people.

Discussions were held at a public library and community center and were conducted by the third author with a student research assistant taking notes. The third author is a female pediatrician and a program manager at Advocates for Youth and is trained in qualitative research design. Participants had no knowledge of or relationship with the interviewer before the study. Discussions lasted approximately 90 minutes, and no repeat discussions were conducted. The discussion guide was not pilot-tested. All women provided written informed consent to participate and received $25 for their time. Allendale Investigational Review Board approved the study protocol. Consolidated criteria for reporting qualitative research [COREQ] guidelines for focus groups were followed [see Supplementary COREQ Checklist].

Focus group discussions were audio recorded and transcribed verbatim, and identifying information was redacted. Transcripts were not returned to participants for comments or corrections. A codebook was developed based on the discussion guide and themes that emerged from the focus group discussions. Data were analyzed thematically using inductive and deductive codes, with codes added and adjusted throughout the analysis. Data were also analyzed by age group to assess potential differences by age for each theme that emerged. Three researchers independently coded the transcripts using Dedoose (Dedoose Version

8.1.8 [2018]; Los Angeles, CA), and discrepancies between coders were discussed and resolved. Quotes are attributed to participants by their age range.

Results

Thirteen young women comprised the youth advisory council. Nine council participants were African-American and four were Latina. An average of ten members attended each of the five meetings. All were involved in the development of the discussion guide and 12 helped interpret the results.

Fourteen teen females aged 14–17 years participated in the two younger focus groups (five in the first group and nine in the second group) and 17 women aged 18–24 years participated in the older focus groups (seven in the first group and ten in the second group). Table 1 displays the sociodemographic and background characteristics of focus group participants.

Perceived benefits of pharmacist prescribing services and factors encouraging use

Younger and older participants thought obtaining a prescription at a pharmacy would be more accessible and possibly more private than visiting a clinic-based provider. One participant highlighted the ubiquity of pharmacies, stating, "*You have pharmacies [everywhere]—they're in a grocery store*" (aged 18–24). Older participants thought pharmacist prescribing services would be especially convenient for college students who move frequently. Younger and older participants also thought pharmacists could potentially provide more privacy than a clinic-based provider, and teens in particular pointed to the fact that pharmacists may not have a relationship with their parents.

> "*[Pharmacist prescribing services] would probably make a lot of people's lives a lot more easy, especially because like—I know that my pediatrician, she's not only my pediatrician but my younger brother's, too. She's been our pediatrician for years, so she knows my mom. […] To be able to just go to the pharmacist, somebody who doesn't know me, and can't be like, 'Oh, my God. You're so young.' […] That would probably make it a lot easier.*" (aged 14–17)

Some also noted how people visit pharmacies for a variety of reasons, which provides young people a level of discreetness when seeking birth control:

SPKR: "'*I walked in the store for an Arizona [tea], mom.*'"
SPKR: "*Come back with the pill in your pocket.*" (aged 14–17)

Although many advantages of pharmacist prescribing services were discussed, accessibility and convenience were the primary reasons participants in both age groups thought their peers would use this service.

MOD: "*What would make you or other people more likely to use the service?*"
SPKR: "*I think just convenience. People like stuff that's quick and easy.*" (aged 14–17)

Factors cited as encouraging use included affordability, knowledge about the existence of this service, comfort, and trust with the pharmacist or pharmacy staff, awareness of birth control benefits, and availability of one's preferred brand.

Perceived disadvantages of pharmacist prescribing services and potential barriers to use

Participants discussed the disadvantages of obtaining contraception from a pharmacist, including the potential for less privacy, doubts about pharmacists' ability to safely prescribe birth control, and limited products and services offered at pharmacies. In terms of privacy, teens and young women were concerned that the layout of pharmacies would allow others in the store to be privy to personal information about their sex lives.

> "*Whenever I pick up my birth control, personally, you're there in the open. There's people waiting in line behind you. There's people all around.*" (aged 18–24)

Participants of all ages were also concerned pharmacists will not have enough context about each patient to safely prescribe a contraceptive. One participant noted, "*The pharmacist doesn't really know your medical history, so like if you have any sort of reaction to it, they wouldn't really be able to tell you maybe what's going on*" (aged 18–24). Younger participants, particularly those with an existing relationship with a doctor, expressed a preference for visiting their doctor over a pharmacist who was a stranger.

Participants in both age groups also noted the limited range of contraceptive options available at a pharmacy and recognized this service would not be the best option for individuals seeking longer-acting methods. In addition, older participants acknowledged that pharmacies do not offer other related services, such as

Table 1
Participant characteristics (n=31)

	N	%
Age (y)		
14–15	3	10
16–17	9	29
18–19	4	13
20–22	13	42
23–24	1	3
Not reported	1	3
Race/ethnicity		
African-American/Black	24	77
Asian/Pacific Islander	0	0
Hispanic	4	13
White	0	0
Other	3	10
Highest level of education completed		
Some high school (grades 9–11)	15	48
High school degree	0	0
Some college but no degree	14	45
College degree	2	6
Health insurance		
Uninsured	1	3
Private insurance	6	19
Student health insurance	3	10
Private insurance and student health insurance	7	23
Medicaid	7	23
Have insurance but type unknown	7	23
Nativity status		
U.S. born	27	87
Born outside of the U.S.	4	13
Has children	1	3
Birth control use		
Never used birth control	9	29
Ever used birth control	22	71

testing for sexually transmitted infections, and are unlikely to offer sliding scale fees for people paying out of pocket.

Although various factors were identified as possible disadvantages to pharmacist prescribing services, concerns about cost, privacy, and pharmacist judgment were the main reasons participants thought their peers may decide not to use the service. In terms of cost, participants in both age groups thought out-of-pocket costs would be a significant barrier for young people, "*especially for younger kids who aren't working and don't have a job, and then pay for the price on top of it, without insurance*" (aged 18–24). Younger participants in particular thought cost would be a major deterrent for their peers. A few in both age groups were willing to pay a consultation fee if it was cheaper than visiting a doctor or if they were unable to visit a doctor. However, many were not willing to pay and thought a $5–$10 fee would simply not be worth a short conversation with a pharmacist.

MODERATOR: *What if you had to pay five or ten dollars to talk to the pharmacist so that you guys could decide what to go on?*
SPKR: *How long is this talk going to be? Because if it's like a two-minute talk—*
SPKR: *Just to make a decision, I wouldn't pay money. I would search it.*
SPKR: "*I would vaguely ask my pediatrician, when I go to that paid appointment, "If I started using birth control, which one would you suggest?" That appointment that I'm already paying for with my insurance. I wouldn't pay any money.*" (aged 14–17)

Participants of all ages noted their peers may not know if they have insurance, possess an insurance card, or know what services are covered. Some younger and older participants were willing to use their insurance to avoid having to pay out of pocket, but a larger number worried this would mean their parents would be notified that insurance was used for birth control.

> "*Like if you're on your parents' insurance, for instance, I know people who are like, 'Yeah, I'm not about to use my insurance, because my parents would then know about it.' So sometimes it'll come out-of-pocket for stuff like that, and it gets expensive.*" (aged 18–24).

Although privacy was a concern for all participants, younger participants in particular thought their peers would be reluctant to go to a pharmacist for birth control due to their fear of embarrassment and the possibility of parental notification.

> "*The girls that are scared to tell people that they're having sex won't go, even if the person has no clue who you are. It's still like: 'Someone knows. If anybody sees me go in here and fill this questionnaire out, even if I have no idea who they are, this will get back to my parents,' or something like that.*" (aged 14–17)

Participants of all ages, and especially younger participants, also cited judgmental pharmacists as a major deterrent. One teen stated that "*Even just the tone of your voice can give off like a strong perception of yourself. And that would definitely deter some girls who would go in*" (aged 14–17). Other teens were skeptical pharmacists could be nonjudgmental:

SPKR: *They're going to judge me.*
MOD: *You're worried that they would judge you?*
SPKR: *I mean, people's faces do tell. […]*
SPKR: *They're going to be like, "Aren't you kind of young? Are you sure? Where are your parents?" I feel like it won't end right there.*

Thoughts and suggestions on implementing pharmacist prescribing services

Table 2 lists young people's concerns about pharmacist provision of contraceptives and their suggestions for addressing these issues.

Consultation fees, insurance coverage, and parental notification. Younger and older participants suggested that young people would be more likely to use pharmacist prescribing services if it was free, and teens in particular thought monetary incentives like gift cards would be helpful. One participant emphasized the importance of affordability: "*I get you've got to pay for the service, pay for the privacy, pay for all of that, but it just can't be super expensive. There needs to be like regulation of pricing*" (aged 18–24). Another participant suggested that pharmacies be transparent about costs so young people know fees in advance of the visit. For young people considering using insurance, some suggested that pharmacies display a list of accepted insurance plans

Table 2
Participants' recommendations for addressing young people's concerns about pharmacist provision of contraceptives

Factors influencing use	Concern	Recommendation
Pharmacist approachability	Encountering judgmental pharmacists	Pharmacists should be trained on how to speak respectfully and act in a nonjudgmental manner to young people.
	Uncomfortable speaking to male or older pharmacist	Pharmacies should attempt to have a diverse team of pharmacists, particularly in terms of gender, age, and cultural background.
Consultation location	Lack of privacy during consultations	Pharmacies should provide a private or semiprivate space for consultations. A space ensuring both visual and auditory privacy would be ideal for younger teens seeking birth control.
Affordability	High cost for young people who are paying out of pocket	Pharmacies should provide a sliding scale fee for young people who are unemployed, uninsured, or have low income. Pharmacies could also provide coupons or other financial incentives for young people.
Parental notification	Insurance information could be disclosed to parents	Pharmacies should display birth control costs and a list of accepted insurance plans and clarify what information is accessible to parents/primary insurance policy holders.

Table 3
Participants' recommendations for ensuring pharmacist birth control prescribing services are youth friendly

Topic	Recommendation
Scheduling appointments	Pharmacies should welcome walk-ins and provide the option of scheduling an appointment for birth control.
Communicating the purpose of the visit	Pharmacies should provide discreet options for young people to notify pharmacists that they would like a birth control consultation. Specifically, pharmacies could • Allow patients to submit information beforehand through a pharmacy app or website, • Allow patients to submit information through a form or a touchscreen at the pharmacy; • Have a symbol, like a button, at the counter so young people can point or discreetly refer to it to communicate they would like to talk about birth control
	Pharmacies should not have a separate line or special counter for people seeking birth control.
Provision of information	Pharmacies should provide a comprehensive resource about each birth control method, including information on methods not available at the pharmacy. This resource should be available in a variety of formats.
	Pharmacists should provide information about side effects, drug interactions, and correct use of the method without using complicated terms or jargon.
	Pharmacists should ask young people if they would like information on sexually transmitted infections rather than assume they need or want this information.
Follow-up process	Pharmacies should offer a variety of mechanisms that allow young people to ask follow-up questions about method use, side effects, and drug interactions. Young people should be able to choose the method and frequency of communication best for them.
	Pharmacies should offer multiple options for young people to receive follow-up information or refill reminders. Young people should be able to choose the method and frequency of communication best for them.
	Pharmacies should provide a mechanism for patients to communicate with the pharmacist who counseled them or to choose a different pharmacist with whom to follow-up.
Advertising birth control prescribing services to youth	Pharmacies should advertise in stores and in public spaces that birth control prescribing services are available. A wide variety of ad types could be used, including websites, posters, emails, tweets, texts, news coverage, television commercials, brochures, and coupons.

and clarify what information would be accessible to their parents or primary insurance policy holders.

Pharmacist approachability. Participants described numerous factors that would make a pharmacist more approachable, including their gender, age, and cultural backgrounds. Both older and younger participants felt there should always be a female pharmacist available since "*some girls are uncomfortable talking to a male pharmacist about birth control*" (aged 18–24). Younger participants preferred pharmacists closer to their age so they are more relatable, although a few disagreed and wanted an older person they could trust. Younger and older participants also discussed cultural competency and thought pharmacists should be representative of the communities they serve.

Younger and older participants thought pharmacists should be trained to promote a nonjudgmental and respectful environment, inclusive of people of all ages.

> "*I think just like one of the first things they should say is they're not here to judge you. I feel like immediately that removes that thought that might be in the back of someone's head. So just letting them know that it's a safe space for them to talk about whatever they need to.*" (aged 18–24)

Younger and older participants noted pharmacists should be mindful of their tone of voice and facial expressions and trained to "*leave [their] biases at the door*" (aged 14–17). Older participants suggested pharmacists also be supportive:

> "*Just stressing that you're making a good choice, not that you're acting out and have to do this because you're misbehaving, but that you're making a safe choice that's healthy for you*" (aged 18–24).

Participants in both age groups emphasized the need for pharmacists to use age-appropriate language without confusing technical terms and for pharmacists to be trained specifically on how to communicate with young people. As one participant explained, "*And it's like, 'Well, this is my first time.' Just talk to me. Come down to my level, in a sense, and actually speak to me like I'm a 16-year-old*" (aged 18–24).

Consultation location and desired information during the visit. Participants shared their views and recommendations on logistical aspects of pharmacist prescribing services, including ideal locations for consultations and desired information during the visit. In regard to the consultation setting, participants wanted a private space but had wide-ranging opinions about how private this space should be. Younger participants stressed the importance of both visual and auditory privacy, although a few thought an enclosed room would make some feel claustrophobic or trapped. Older participants were more comfortable with a semiprivate space and acknowledged that privacy preferences are different for each young person.

In terms of information received during a consultation, both teens and young adult women desired information on how to use various methods (even methods not offered at the pharmacy), potential side effects of different methods, and how their preferred method may affect them in particular.

> "*I think there's a lot of misinformation and a lot of stigmas with each form of birth control […]. So I wish like they could also provide […] almost like a sheet or something, a comprehensive sheet that'll have like what this thing does, what this [other] thing does, how you take it, the forms, the functions, effects.*

That'd be so helpful. I still don't know how an IUD [intrauterine device] even works." (aged 18–24)

Table 3 displays more detailed recommendations from participants for increasing the likelihood that young people will use pharmacist prescribing services.

Discussion

Results from our study confirm previous findings that privacy [4,8,9] and affordability [10,11] are extremely important to young people seeking sexual and reproductive health services and adds to the literature by highlighting young people's additional concerns and their recommendations for addressing those concerns. This study reveals that pharmacist approachability and behavior are significant factors young people consider when deciding to obtain contraception from a pharmacist, and adolescents not concerned with privacy or cost may still choose not to obtain contraception from a pharmacist if they feel unwelcome or uncomfortable. Participants stressed the importance of a nonjudgmental environment, where young people feel comfortable, safe, and respected.

Study results reveal that concerns about judgmental pharmacists, privacy during consultations, affordability, and confidentiality when using insurance need to be addressed for young people, especially younger teens, to comfortably access contraception at a pharmacy. Some suggestions, such as trainings for pharmacists on counseling young people, could impact the content of training approved by the D.C. Board of Pharmacy, while other recommendations concerning consultation location and diversity of pharmacy staff can be addressed by individual pharmacies. Pharmacy staff can focus on being welcoming and supportive of young people seeking contraception and knowledgeable about information insurance companies disclose to parents.

There are several limitations to this study. First, this study precedes the implementation of pharmacist prescribing of hormonal contraception in Washington, D.C. and relies on describing a hypothetical scenario to focus group participants. This, however, allows participants to imagine an ideal service without having an implemented model in mind. A second limitation that became clear during the discussions was that some women had participated in peer sex education programs, so their knowledge about sexual and reproductive health issues may not be representative of other youth in Washington, D.C. In addition, as a qualitative study, and because our sample overrepresented African-Americans and individuals aged 16–22 years, our findings cannot be interpreted as representative of the D.C. population. However, the degree to which concerns about privacy and stigma were highlighted in our findings likely marks the even greater importance these issues might hold among young people in general.

In conclusion, pharmacist prescribing services can increase access for young women seeking birth control if concerns about privacy, pharmacist approachability, and cost are addressed. Implementation of these services should be continuously monitored and evaluated, and pharmacies should obtain and incorporate young people's feedback to ensure youth have access to high-quality and affordable care in a respectful, nonjudgmental environment.

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Supplementary Data

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