

Quick Sheet: **Barriers to Contraceptive Access for Low-Income Women**



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Overview of Contraceptive Access

Contraception is vital to preventing unintended pregnancies, which account for half of all pregnancies among American women. Contraception both reduces the need for abortions and prevents the spread of sexually transmitted infections, such as HIV/AIDS. In 2006, more than half of women in their reproductive years (ages 13-44) were in need of contraception as they did not wish to become pregnant; this number has increased by 7% since 2000. Of the 36.2 million women in need of contraception, almost half need publicly funded services to obtain contraceptive services.

Unfortunately, many women face substantial barriers to accessing contraception. Barriers include lack of insurance, high cost, and pharmacy refusal. Low-income women disproportionately face barriers to accessing contraception and compose the majority of women seeking care at Title X clinics. They are four times as likely to have an unintended pregnancy and more than four times as likely to have an abortion as their higher-income counterparts.

Current Coverage Programs

Public funding for contraception for low-income women is available through several funding streams. The three largest funding streams include:

- **MEDICAID:** This joint federal-state program accounts for the largest expenditure of public dollars in family planning services.
- **STATE APPROPRIATIONS:** Most states use some of their own money (in addition to funds required to match federal grants) for family planning services.
- **TITLE X:** Title X is the only federal program devoted specifically to supporting family planning services.

In 2004, the contraceptive services provided at publicly funded family planning clinics helped women prevent 1.4 million unintended pregnancies. Research shows that for every \$1.00 spent on publicly funded family planning clinics, \$4.02 is saved in Medicaid birth costs that are averted.

Challenges to Accessing and Using Contraception

62% of the 62 million women aged 15-44 use contraception, and 31% of women from this age group do not need contraception because they are infertile, pregnant, postpartum, trying to get pregnant, or not sexually active. Therefore, 7% of women (ages 15-44) are not using contraception and are at risk for unintended pregnancy. Even with a majority of women reporting use of contraception there is a high prevalence of unintended pregnancies, which indicates that there are challenges to obtaining contraception and using it successfully. Such challenges include:

- **LACK OF HEALTH INSURANCE:** One in five women in their reproductive years (ages 15-44) are uninsured. Without health insurance coverage, these women lack access to necessary health services, such as primary care, which hinders their ability to obtain contraception. Uninsured women are more likely than privately insured women to use no method of contraception and are less likely to use the oral contraceptive pill. Conversely, women who have health care coverage through a job or school are more confident that birth control is available.
- **HIGH COST:** More than one in five public health care providers report that most of their clients seeking contraception have difficulty paying for their visit. Even with health insurance coverage, many women may find that they are unable to afford the high co-pays. In addition, over-the-counter contraceptive methods, such as emergency contraception and condoms, are not always covered by health insurance programs, and if they are, they often require a prescription.



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- **RELIGIOUS MANAGED CARE PLANS:** Some health insurance plans, such as Catholic managed care plans, do not provide any coverage for contraception whatsoever, be it prescription or over-the-counter.
- **EXCLUDED POPULATIONS:** Although publicly funded health programs expand coverage for a large number of women, there are many women who do not qualify for these public funding programs and continue to face difficulty in obtaining access to contraception. Young women and immigrant women are two demographics that often fall into these coverage gaps.
- **PHARMACY ACCESS BARRIERS:** Other obstacles women face in obtaining contraception include securing transportation to pharmacies and clinics, and even locating pharmacies that provide contraception. Women in rural areas may not have local pharmacies within reasonable travel distance. If those pharmacies do not stock contraception or refuse to fill prescriptions due to moral objections, these women may have nowhere else to turn. Similarly, women who cannot go to pharmacies during hours of operation because of their work schedules may have difficulty getting the contraception they need, an issue that is of special concern for emergency contraception, which is most effective when taken within the first 120 hours after unprotected sex.
- **CONFIDENTIALITY:** Confidentiality is another issue for many women. Teens who may be afraid to ask their parents for help in getting contraceptive services may opt out of receiving the care altogether. In addition, teens may not want to use their health insurance to obtain birth control for fear their parents will find out. Women who are in domestic violence situations may face similar concerns and avoid getting the contraception they want and need. Partners of some women may even go so far as to tamper with women's contraception, a practice known as contraceptive sabotage.
- **INCONSISTENT USE:** Even if women do have access to contraception, they may not be using it consistently or correctly. Misuse can be due to women's ambivalence about becoming pregnant or lack of awareness of the effects of unprotected sex. A 2008 study by the Guttmacher Institute revealed that 43% of unintended pregnancies were due to inconsistent or incorrect use of contraceptive methods.
- **MISINFORMATION:** One area that should be examined further is the impact of abstinence-only programs and the related misinformation taught to millions of young people about contraceptive efficacy.

For More Information

- Center for Reproductive Rights (<http://www.reproductiverights.org>)
- Guttmacher Institute (<http://www.guttmacher.org>)
- National Family Planning and Reproductive Health Association (<http://www.nfprha.org>)
- National Women's Law Center (<http://www.nwlc.org>)
- Planned Parenthood (<http://www.plannedparenthood.org>)



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