

Challenges to Accessing Reproductive Health Services in Arizona

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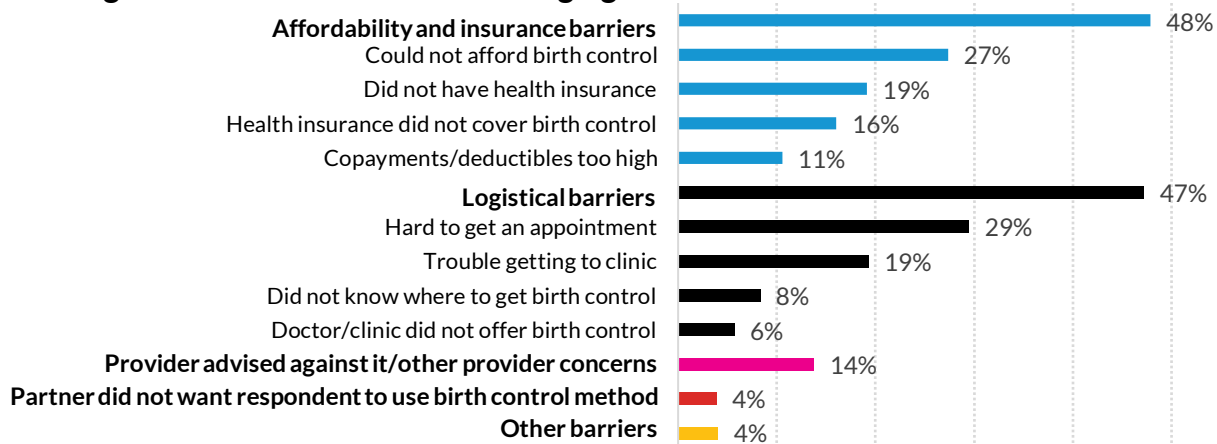
New data from the 2024–25 [Reproductive Health Experiences and Access \(RHEA\) survey](#) offer insight into access to reproductive health services [in Arizona](#). Reproductive health care includes many services, such as pelvic exams and screening for cervical cancer, care for irregular or painful periods, birth control, fertility assistance, gender-affirming care, and care for menopause symptoms. Factors like cost, insurance barriers, and difficulty securing an appointment can prevent people from accessing the care they want and need. Arizona has an abortion policy environment with “[some restrictions/protections](#),” according to the Guttmacher Institute, and [has expanded Medicaid eligibility](#) to childless adults. Our analyses include responses from 2,733 [women¹ ages 18 to 49](#) residing in Arizona.

AROUND 1 IN 10 RESPONDENTS DELAYED OR HAD TROUBLE GETTING THEIR DESIRED BIRTH CONTROL

In 2024–25, 9 percent of respondents reported they delayed or had trouble getting the birth control method they wanted in the past year. Figure 1 shows that the top reported barriers are affordability and/or health insurance (48 percent), such as not being able to afford it (27 percent). Forty-seven percent reported logistical barriers, including difficulty getting an appointment (29 percent) and trouble getting to the clinic (19 percent).

FIGURE 1

Cost and Logistical Barriers Make It Challenging to Get Desired Birth Control in Arizona



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Source: 2024–25 Reproductive Health Experiences and Access survey.

Notes: Sample includes 213 people assigned female at birth, ages 18 to 49, residing in Arizona who reported delay or trouble getting birth control, and excludes people with missing responses or who only selected “prefer not to answer.” Respondents could select all options that applied to them. Bold indicates a category, and the share represents the number of respondents who reported any response in that category.

Compared to the US overall (analysis of the RHEA survey, data not shown), Arizona respondents were slightly more likely to report delay or trouble getting birth control (9 percent versus 7 percent). Among the demographic groups we examined,

¹ The RHEA survey population consists of people assigned female at birth.

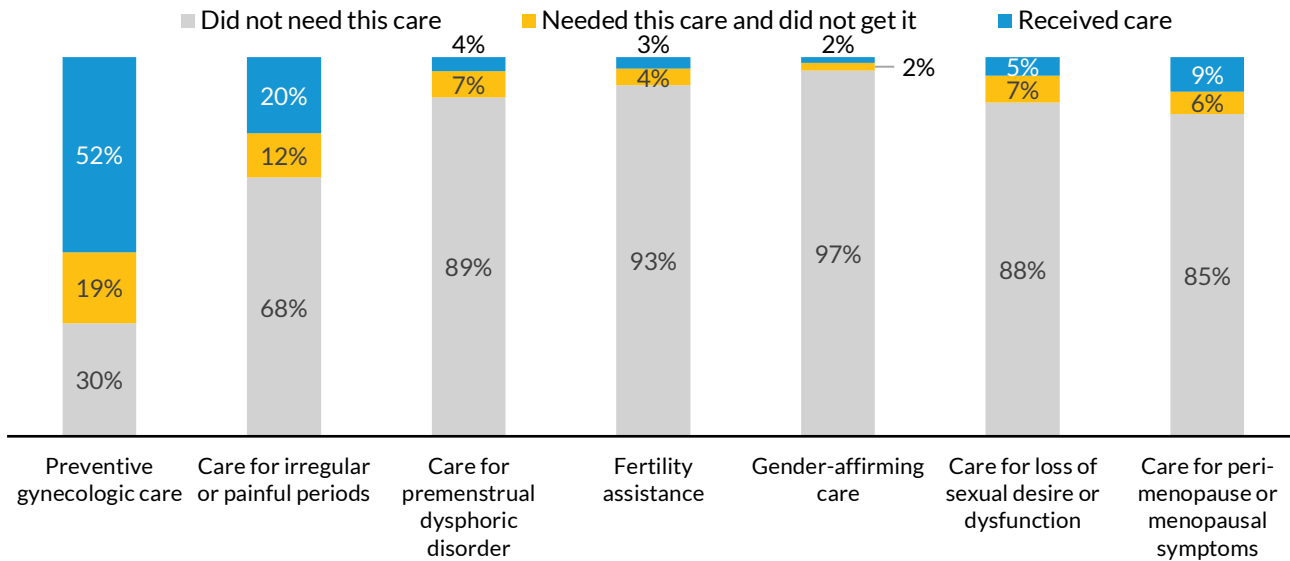
people with disabilities (16 percent), who identify as LGBTQIA+ (14 percent), who are ages 18 to 24 (14 percent), with public or no health insurance (13 percent), or who are US-born (10 percent) reported higher rates than others on this measure.²

ABOUT 1 IN 3 NEEDED BUT DID NOT GET ONE OR MORE TYPES OF REPRODUCTIVE HEALTH CARE SERVICES

Overall, 33 percent of respondents reported needing but not getting one or more types of care in the last 12 months. Figure 2 shows that about 1 in 5 respondents needed but did not get preventive gynecologic care (19 percent), and almost 1 in 8 did not get needed care for irregular or painful periods (12 percent). Care for premenstrual dysphoric disorder, fertility assistance, gender-affirming care, and care for loss of sexual desire or dysfunction were reported as unneeded by 88 percent or more of respondents. Among those who did need these types of care, at least half did not receive it.

FIGURE 2

Nineteen Percent of Arizona Respondents Did Not Get Needed Preventive Gynecologic Care



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Source: 2024–25 Reproductive Health Experiences and Access survey.

Notes: Samples for each type of care range from 2,566 to 2,678 people assigned female at birth, ages 18 to 49, residing in Arizona. For each type of care, estimates exclude respondents with missing responses and those who responded “don’t know” or “prefer not to answer.” Percentages may not sum to 100 due to rounding.

Compared with the US overall (data not shown), Arizona respondents were slightly more likely to report needing but not getting one or more types of reproductive health care (33 percent versus 30 percent), including preventive gynecologic care (19 percent versus 16 percent). Among demographic groups we examined (data not shown), those ages 18 to 24, with less than a bachelor’s degree, public or no health insurance, a disability, or who identify as LGBTQIA+ were more likely than others to report not getting one or more needed reproductive health care services.

ABOUT THE RHEA STUDY

This fact sheet is part of the [RHEA Study](#), a multiyear assessment of reproductive health access, experiences, and preferences following the 2022 US Supreme Court decision in *Dobbs v. Jackson Women’s Health Organization*, especially among people facing barriers to care. For this study, the Urban Institute, the Reproductive Equity Action Lab at the University of Wisconsin–Madison, and SisterSong Women of Color Reproductive Justice Collective are collaborating to produce evidence-based research findings through a large national survey and qualitative data collection in 13 states.

² All differences reported between Arizona and the US and across subgroups are significant at the $p < 0.05$ level.