

Challenges to Accessing Reproductive Health Services in South Carolina

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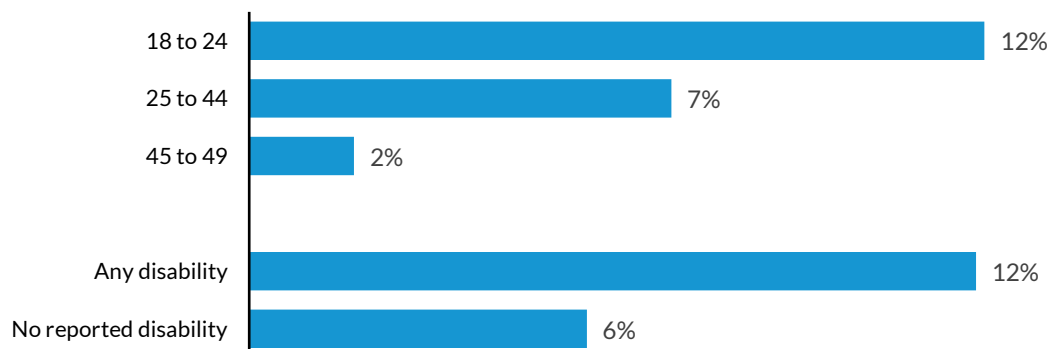
New data from the 2024–25 [Reproductive Health Experiences and Access \(RHEA\) survey](#) offer insight into access to reproductive health services [in South Carolina](#). Reproductive health care includes many services, such as pelvic exams and screening for cervical cancer, care for irregular or painful 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. South Carolina has a “[most restrictive](#)” abortion policy environment, according to the Guttmacher Institute, and [has not expanded Medicaid eligibility](#) to childless adults. Our analyses include responses from 2,780 [women¹ ages 18 to 49](#) residing in South Carolina.

SEVEN PERCENT OF RESPONDENTS DELAYED OR HAD TROUBLE GETTING THEIR DESIRED BIRTH CONTROL

In 2024–25, 7 percent of respondents reported they delayed or had trouble getting the birth control method they wanted in the past year. Compared with the US overall (analysis of the RHEA survey, data not shown), South Carolina respondents were equally likely to report delay or trouble getting birth control (7 percent). Among the demographic groups we examined (figure 1), South Carolina respondents ages 18 to 24 (12 percent) were more likely than those ages 25 to 44 (7 percent) and those ages 45 to 49 (2 percent) to report delay or trouble getting birth control. People with disabilities were twice as likely as those without disabilities to report delay or trouble (12 percent versus 6 percent).²

FIGURE 1

The Share Reporting Delay or Trouble Getting Birth Control in the past 12 Months Varies by Group



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

Notes: Samples for each subgroup range from 252 to 2,169 people assigned female at birth, ages 18 to 49, residing in South Carolina. Demographic groups examined include age, disability status, educational attainment, insurance status, income, sexual orientation and gender identity, race/ethnicity, rurality, and nativity. Only groups for which the sample size is at least 200, the difference is at least 5 percentage points, and the difference is statistically significant at $p < 0.05$ are presented.

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

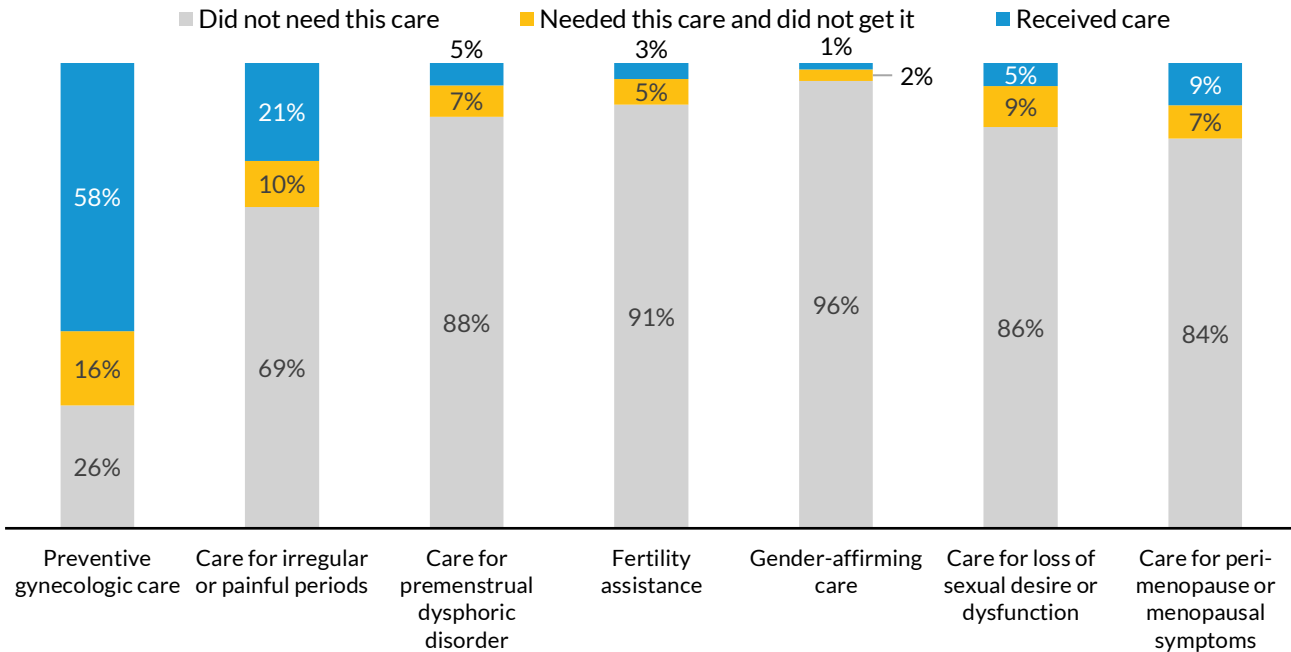
² All differences reported between South Carolina and the US and across subgroups are significant at the $p < 0.05$ level.

AROUND 3 IN 10 NEEDED BUT DID NOT GET ONE OR MORE TYPES OF REPRODUCTIVE HEALTH CARE SERVICES

Overall, 31 percent of South Carolina respondents needed but did not get one or more types of care in the last 12 months. Figure 2 shows that about 16 percent of respondents needed but did not get preventive gynecologic care, and 10 percent did not get needed care for irregular or painful periods. Care for premenstrual dysphoric disorder, fertility assistance, gender-affirming care, and care for loss of sexual desire or dysfunction were reported as unneeded by 86 percent or more of respondents. Among those who did need these types of care, at least half did not receive it.

FIGURE 2

Sixteen Percent of South Carolina 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 2,632 to 2,731 people assigned female at birth, ages 18 to 49, residing in South Carolina. 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), South Carolina respondents were slightly more likely to report needing but not getting one or more types of reproductive health care (31 percent versus 30 percent). Among demographic groups we examined (data not shown), people with disabilities (48 percent), less than a bachelor’s degree (33 percent), public or no health insurance (39 percent), low incomes (38 percent), or who identify as LGBTQIA+ (49 percent) were more likely than others to report needing but not getting one or more reproductive health 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.