



Women's Perceptions of Timely and Convenient Birth Control Access

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The Affordable Care Act included several provisions to increase birth control access for women, including expanding insurance coverage and reducing financial barriers for reproductive health services. But, birth control access may be limited by other factors such as distance to a provider, difficulty getting an appointment, inconvenient provider or pharmacy hours, limited access to preferred methods, or lack of transportation or child care. In this chartbook, we use data from the 2018 Survey of Family Planning and Women's Lives to analyze women's perceptions of their birth control access, focusing on distance to a provider and same-day birth control availability. We find the following.

- Most women ages 18 to 44 surveyed in early 2018 reported positive perceptions of their current access to timely and convenient birth control:
 - » 82.1 percent reported that they could see a provider of prescription birth control, such as the pill, patch, ring, shot, implant, or intrauterine device (IUD), within 30 minutes of their home or work,
 - » and 70.4 percent reported that it is very or somewhat likely that they could get their preferred birth control method the same day they ask for it.
- Of women using a long-acting reversible contraception (LARC) method, 32.2 percent reported that it is very or somewhat unlikely that they could get their preferred birth control method the same day they ask for it.
- Overall, 13.7 percent of women perceived their current access to timely and convenient birth control as limited. These women were more likely to be under age 35, black, less educated, lower income, uninsured, and more likely to report unmet birth control needs or less frequent birth control use than other women.

Background

Despite the many wide-ranging benefits of birth control, not all women in the United States have access to affordable and effective birth control methods (Bailey 2013; Sonfield et al. 2013).¹ Earlier analysis of Survey of Family Planning and Women's Lives data found that, in 2016, nearly 15 percent of women at risk of an unplanned pregnancy never used birth control in the past six months (Johnston, Courtot, and Kenney 2017). Though contraceptive nonuse cannot be entirely attributed to access barriers, 16 percent of women at risk of unplanned pregnancy reported delayed access or inability to access birth control. Women who reported a barrier commonly cited issues with insurance coverage for birth control and that birth control was too expensive or they could not afford it (Johnston, Courtot, and Kenney 2017).

The Affordable Care Act included a provision requiring health insurance to cover at least one birth control method for each of 18 US Federal Drug Administration–approved categories without cost sharing to reduce issues with insurance coverage and affordability for birth control and associated services. But, insured women may still experience these issues if they are unaware of the provision or if their plan does not cover their preferred birth control (Hall et al. 2017). For the 7.4 million uninsured women ages 15 to 44 in 2016 (McMorrow et al. 2018), affording birth control is likely a challenge. Such women may have access to free or low-cost care at Planned Parenthood or other Title X family planning clinics, federally qualified health centers, or other points of care for uninsured or low-income patients. But even if women do not experience financial barriers, they may not have access to timely and convenient birth control for other reasons such as distance to a family planning provider, difficulty getting an appointment, inconvenient provider or pharmacy hours, unavailability of their preferred birth control, or lack of transportation or child care.

Here, we analyze women's perceptions of timely and convenient birth control access in 2018, focusing on distance to a prescription birth control provider and same-day availability of preferred birth control methods. We highlight differences in responses by women's socioeconomic characteristics as well as their reproductive health behaviors and experiences. Finally, we describe the characteristics of women who report limited perceived access to timely and convenient birth control.

Data and Methods

We use data from the Urban Institute's 2018 Survey of Family Planning and Women's Lives (SFPWL) to describe perceived timely and convenient birth control access among adult women of reproductive age (ages 18 to 44). The 2018 SFPWL sample includes 2,115 women surveyed in January and February 2018 and is a follow-up to the 2016 SFPWL.

The SFPWL is drawn from NORC at the University of Chicago's AmeriSpeak consumer panel, a probability-based sample representative of US households, and is weighted using the Current Population Survey to be nationally representative of adult women of reproductive age in the United States (Shartzler and Johnston 2016). The survey addresses women's experiences with family planning

and their opinions about the short- and long-term effects of unplanned births and access to affordable contraception.

To assess women's perceptions of their current access to timely and convenient birth control, all women in the SFPWL are asked (1) if there is a place where they can see a health care provider to get prescription birth control that is 30 minutes or less from where they live or work, and (2) how likely they think it is that they could get their preferred birth control method the same day they ask for it. Our analytic sample for each question is limited to women with a nonmissing response ($N = 2,096$). We report responses for all women and across socioeconomic characteristics (age, race/ethnicity, marital status, educational attainment, insurance coverage, income, region, metropolitan status, and residence in a state that expanded Medicaid) and reproductive health behaviors (risk of unintended pregnancy, self-reported unmet need for birth control, frequency of birth control use, and current birth control method).² We test differences by characteristics using two-tailed t-tests with survey weights.

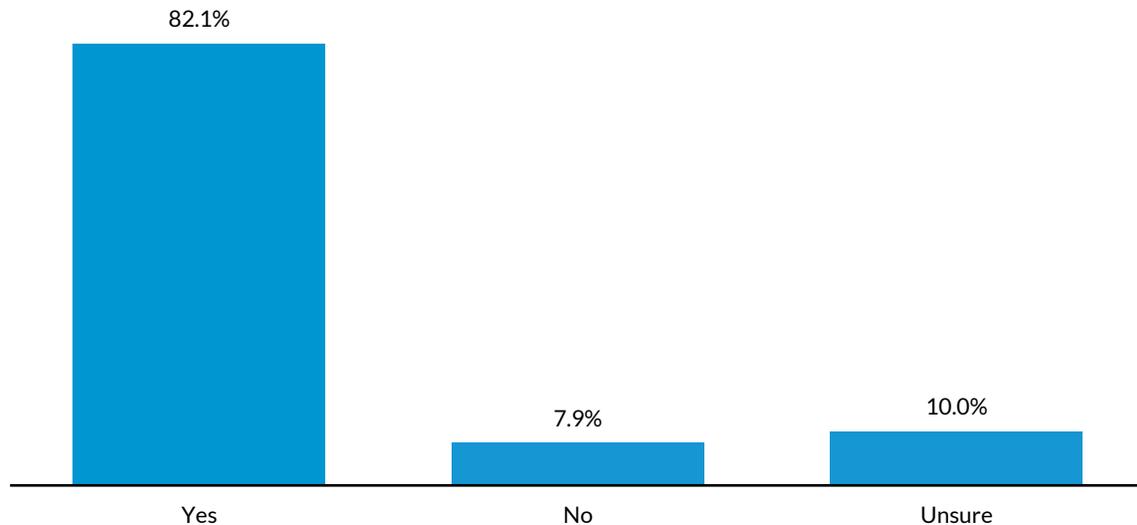
We report women's survey responses (yes, no, or unsure) regarding their perceived access to a prescription birth control provider within 30 minutes of their home or work. We categorize women's perceived access to same-day birth control as very or somewhat likely (combining very and somewhat likely responses), very or somewhat unlikely (combining very and somewhat unlikely responses), or unsure.

In addition to examining women's perceived current access and describing these patterns for groups of women, we also describe the characteristics of women who report limited perceived birth control access (defined as women who report no prescription birth control provider within 30 minutes of their home or work, or who report it is very unlikely they could get their preferred birth control method the same day they ask for it; $n = 278$) and compare them with other women. The sample for this analysis includes 2,087 women with nonmissing responses to both questions, and we test for differences in characteristics compared with other women using two-tailed t-tests with survey weights.

Access to a Prescription Birth Control Provider within 30 Minutes of Home or Work

FIGURE 1

Perceived Access to a Prescription Birth Control Provider within 30 Minutes of Home or Work among Women Ages 18 to 44, 2018



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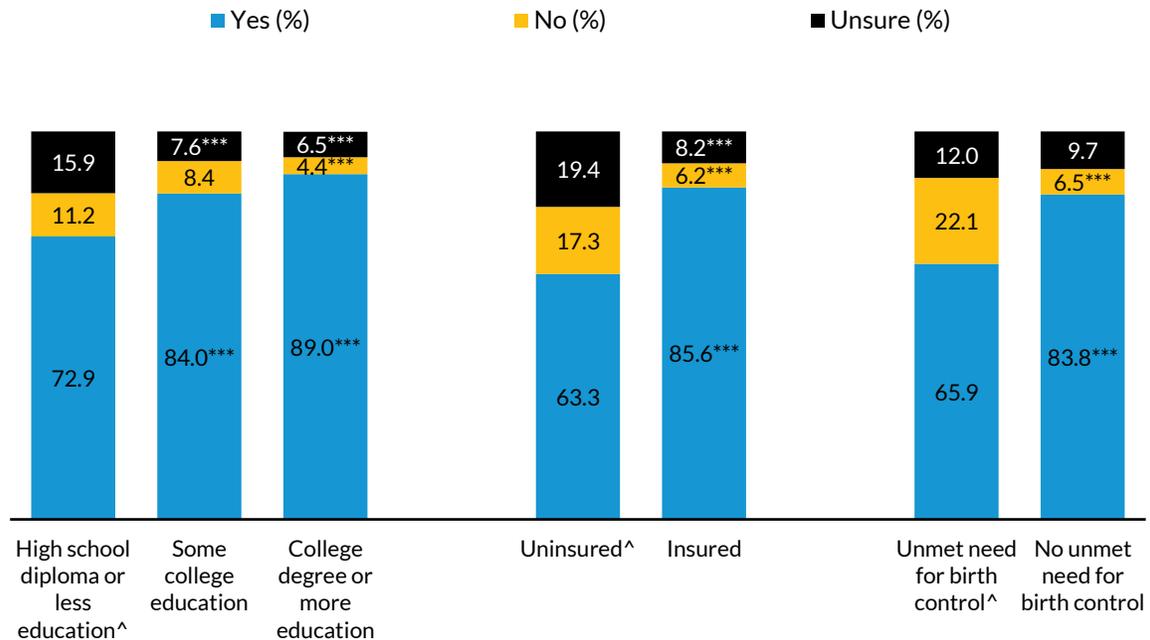
Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

Notes: N = 2,096. The survey question asks, "As far as you know, is there a place where you can see a health care provider to get prescription birth control (such as the pill, patch, ring, shot, implant, or IUD) that is 30 minutes or less from where you live or work?"

- In 2018, just over 8 in 10 women (82.1 percent) reported access to a place where they can see a health care provider to get prescription birth control within 30 minutes of their home or work.
- But, 7.9 percent of women reported no such place, and 10.0 percent were unsure whether they could access a prescription birth control provider within 30 minutes of their home or work.

FIGURE 2

Perceived Access to a Prescription Birth Control Provider within 30 Minutes of Home or Work among Women Ages 18 to 44 by Educational Attainment, Insurance Coverage, and Unmet Need for Birth Control, 2018



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Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

Notes: [^] indicates reference category. N = 2,096. The survey question asks, "As far as you know, is there a place where you can see a health care provider to get prescription birth control (such as the pill, patch, ring, shot, implant, or IUD) that is 30 minutes or less from where you live or work?" Women with an unmet need for birth control reported that they wanted birth control in the past six months but had to delay getting it or were unable to get it.

*/**/** Estimate differs significantly from the reference category at 0.1/0.05/0.01 levels, using two-tailed t-tests.

- Women with a college degree were more likely than women with a high school diploma or less education to report perceived access to a prescription birth control provider within 30 minutes of their home or work (89.0 percent versus 72.9 percent).
- Uninsured women (63.3 percent) and women who reported an unmet need for birth control (65.9 percent) were less likely than insured women (85.6 percent) and those without an unmet birth control need (83.8 percent) to report access to a prescription birth control provider within 30 minutes of their home or work.
- We also find differences in rates of uncertainty about perceived access; women with a high school diploma or less education (15.9 percent) and uninsured women (19.4 percent) were more likely than women with a college degree (6.5 percent) and insurance coverage (8.2 percent) to be unsure about their access.

TABLE 1

**Perceived Access to Prescription Birth Control Provider within 30 Minutes
of Home or Work among Women Ages 18 to 44, 2018**

	Yes (%)	No (%)	Unsure (%)	Sample size
All women	82.1	7.9	10.0	2,096
Socioeconomic characteristics				
<i>Ages</i>				
18–25 [^]	76.1	11.0	12.8	338
26–34	83.7**	6.7*	9.5	895
35–44	85.5**	6.5*	8.0	863
<i>Race/ethnicity</i>				
White, non-Hispanic [^]	85.7	5.4	8.9	1089
Black or other, non-Hispanic	75.0***	12.7***	12.4	497
Hispanic	81.0	9.0	10.0	510
<i>Marital status</i>				
Married [^]	84.6	7.1	8.3	927
Living with partner	85.2	6.5	8.3	288
Widowed, separated, or divorced	79.1	11.0	9.9	191
Never married	78.8*	8.8	12.4	690
<i>Educational attainment</i>				
High school diploma or less education [^]	72.9	11.2	15.9	470
Some college education	84.0***	8.4	7.6***	797
College degree or more education	89.0***	4.4***	6.5***	829
<i>Insurance coverage</i>				
Insured [^]	85.6	6.2	8.2	1,788
Uninsured	63.3***	17.3***	19.4***	308
<i>Family income^a</i>				
≤ 138% of FPL [^]	75.0	12.4	12.6	556
139%–399% of FPL	80.9*	8.6	10.6	983
≥ 400% of FPL	88.4***	4.1***	7.5*	522
<i>Region</i>				
Northeast [^]	84.2	4.6	11.2	294
Midwest	87.7	3.8	8.5	522
West	83.5	8.0*	8.5	515
South	77.3*	11.6***	11.1	765
<i>Metropolitan area</i>				
Metropolitan statistical area [^]	82.3	7.7	9.9	1908
Non-metropolitan statistical area	80.2	9.6	10.2	188
<i>State Medicaid expansion status</i>				
Expansion [^]	84.0	7.3	8.7	1,219
Nonexpansion	79.3*	8.9	11.8	877
Reproductive health behaviors and access				
<i>Risk of unintended pregnancy</i>				
At risk [^]	84.7	6.8	8.5	908
Not at risk	80.0*	8.9	11.1	1,188
<i>Unmet need for birth control</i>				
Yes [^]	65.9	22.1	12.0	175
No	83.8***	6.5***	9.7	1,921
<i>Frequency of birth control use</i>				
Always [^]	88.1	6.2	5.7	1,220
Sometimes	83.5	6.0	10.5	206
Never	78.4***	10.2	11.4***	363

	Yes (%)	No (%)	Unsure (%)	Sample size
<i>Current birth control method</i>				
No method [^]	79.8	9.2	11.0	466
Sterilization	87.1*	6.6	6.3*	385
LARC	90.2**	3.1***	6.7	258
Hormonal method	88.9***	6.1	4.9**	401
Barrier method	83.6	6.1	10.3	249
Not sexually active	63.8***	14.9	21.3**	337

Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

Notes: FPL = federal poverty level. LARC = long-acting reversible contraception. ^ indicates reference category. N = 2,096; income n = 2,061 because of missing data, and frequency of birth control use n = 1,789 because the sample is limited to sexually active women. The survey questions asks, "As far as you know, is there a place where you can see a health care provider to get prescription birth control (such as the pill, patch, ring, shot, implant, or IUD) that is 30 minutes or less from where you live or work?" Women with an unmet need for birth control reported that they wanted birth control in the past six months but had to delay getting it or were unable to get it. Women at risk of unintended pregnancy are not sterile, not pregnant, do not want to become pregnant, and have had sex with a man in the past six months. Under frequency of use, "sometimes" includes both women who report sometimes using and women who report rarely using birth control. Birth control method is only asked of women who report using a birth control method in the past six months; all methods, except "not sexually active," are limited to women who have had sex with a man in the past six months. Methods are classified using the National Survey of Family Growth hierarchy.

^a Income is defined based on 2016 poverty guidelines, available at <https://aspe.hhs.gov/computations-2016-poverty-guidelines>.

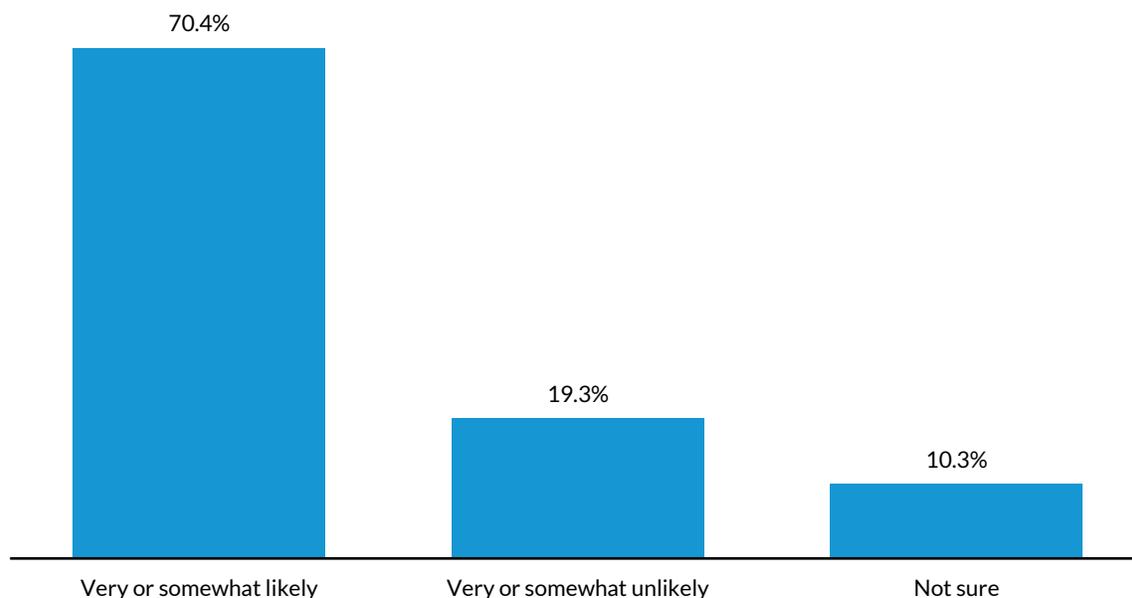
*/**/** Estimate differs significantly from the reference category at 0.1/0.05/0.01 levels, using two-tailed t-tests.

- Older women, higher-income women, and women using more effective birth control, such as LARC or hormonal methods, were more likely than other women to report perceived access to a prescription birth control provider within 30 minutes of their home or work.
- Black women and women who are sexually active but report never using birth control were less likely than other women to report access to a prescription birth control provider within 30 minutes of their home or work.
- Women in the South were more likely than other women to report not having access to a prescription birth control provider within 30 minutes of their home or work, but we do not observe differences by women's metropolitan status.
- Women who are not sexually active, who likely have limited demand for birth control, were more likely to report being unsure whether they could access a prescription birth control provider within 30 minutes of their home or work than sexually active women who are not using a birth control method.³

Same-Day Access to Preferred Birth Control Method

FIGURE 3

Perceived Same-Day Access to Preferred Birth Control Method among Women Ages 18 to 44, 2018



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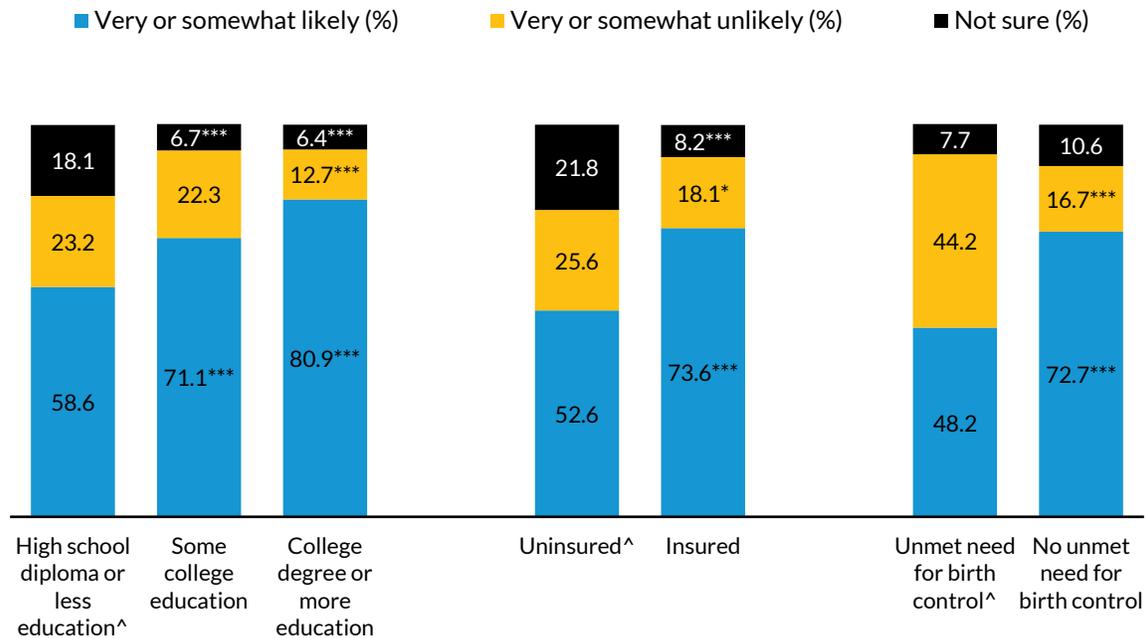
Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

Notes: N = 2,096. The survey question asks, "How likely do you think it is that you could get the birth control method of your choice the same day you ask for it?"

- In 2018, about 7 in 10 women (70.4 percent) reported it was very or somewhat likely that they could get their preferred birth control method the day they ask for it.
- But, 19.3 percent reported it would be very or somewhat unlikely that they could get their preferred birth control method the day they ask for it, and 10.3 percent were unsure.

FIGURE 4

Perceived Same-Day Access to Preferred Birth Control Method among Women Ages 18 to 44 by Educational Attainment, Insurance Coverage, and Unmet Need for Birth Control, 2018



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Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

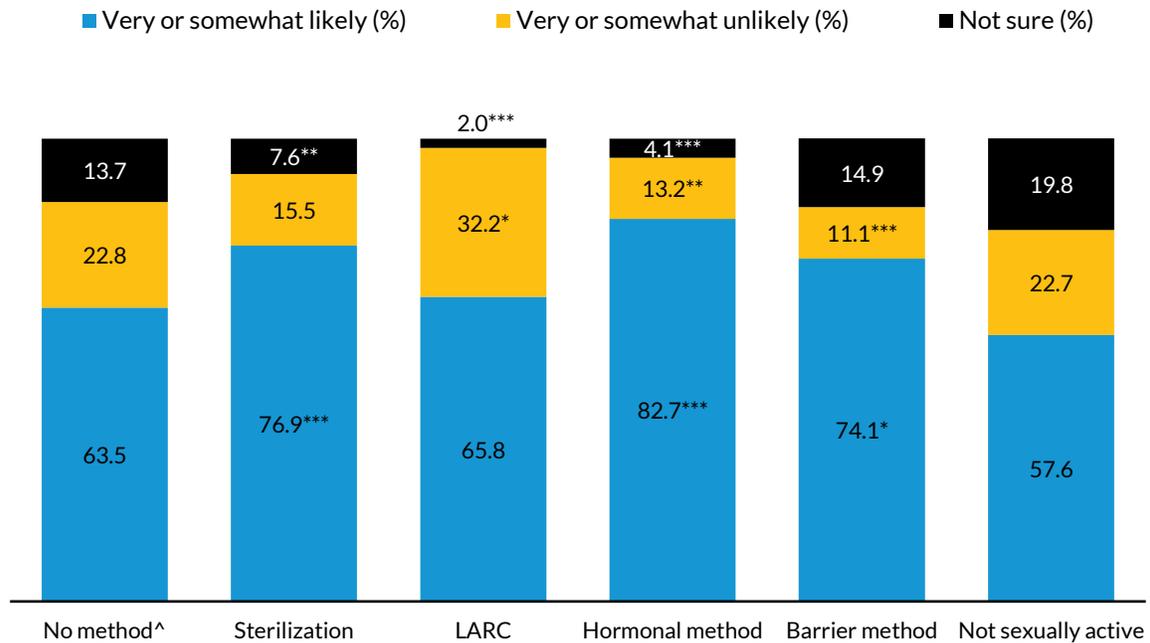
Notes: [^] indicates reference category. N = 2,096. The survey question asks, "How likely do you think it is that you could get the birth control method of your choice the same day you ask for it?" Women with an unmet need for birth control reported that they wanted birth control in the past six months but had to delay getting it or were unable to get it.

*/**/*** Estimate differs significantly from the reference category at 0.1/0.05/0.01 levels, using two-tailed t-tests.

- Women with a college degree (80.9 percent) were more likely than those with a high school diploma or less education (58.6 percent) to perceive it is very or somewhat likely they could get their preferred birth control method the same day they ask for it.
- Women who reported an unmet need for birth control (44.2 percent) were more likely to report that it was very or somewhat unlikely they could get their preferred birth control the same day they ask for it than those without an unmet need for birth control (16.7 percent).
- Uninsured women (21.8 percent) were more likely than insured women (8.2 percent) to report being unsure about same-day access to their preferred birth control method.

FIGURE 5

Perceived Same-Day Access to Preferred Birth Control Method among Women Ages 18 to 44 by Current Birth Control Method, 2018



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Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

Notes: LARC = long-acting reversible contraception. [^] indicates reference category. N = 2,096. The survey question asks, "How likely do you think it is that you could get the birth control method of your choice the same day you ask for it?" Birth control method is only asked of women who report using a birth control method in the past six months; all methods, except "not sexually active," are limited to women who have had sex with a man in the past six months. Methods are classified using the National Survey of Family Growth hierarchy.

*/**/*** Estimate differs significantly from the reference category at 0.1/0.05/0.01 levels, using two-tailed t-tests.

- Almost one-third (32.2 percent) of women using a LARC method reported that it is very or somewhat unlikely that they could get their preferred birth control method the same day they ask for it, compared with 22.8 percent of women using no method.⁴
- But, just over 8 in 10 (82.7 percent) women using a hormonal method reported that it is very or somewhat likely that they could get their preferred birth control method the same day they ask for it, compared with 63.5 percent of women using no method.

TABLE 2

Perceived Same-Day Access to Preferred Birth Control Method among Women Ages 18 to 44, 2018

	Very or somewhat likely (%)	Very or somewhat unlikely (%)	Not sure (%)	Sample size
All women	70.4	19.3	10.3	2,096
Socioeconomic characteristics				
<i>Ages</i>				
18–25^	58.4	26.8	14.8	336
26–34	71.6***	19.8*	8.6*	900
35–44	79.3***	12.4***	8.2**	860
<i>Race/ethnicity</i>				
White, non-Hispanic^	73.4	18.8	7.8	1,089
Black or other, non-Hispanic	67.2*	20.6	12.2	499
Hispanic	66.4*	19.0	14.6**	508
<i>Marital status</i>				
Married^	74.8	14.9	10.3	928
Living with partner	67.6	26.4**	6.0*	291
Widowed, separated, or divorced	78.7	15.3	6.0*	189
Never married	64.8***	22.4**	12.8	688
<i>Educational attainment</i>				
High school diploma or less education^	58.6	23.2	18.1	468
Some college education	71.1***	22.3	6.7***	800
College degree or more education	80.9***	12.7***	6.4***	828
<i>Insurance coverage</i>				
Insured^	73.6	18.1	8.2	1,785
Uninsured	52.6***	25.6*	21.8***	311
<i>Family income^a</i>				
≤ 138% of FPL^	59.3	24.0	16.7	559
139%–399% of FPL	68.8**	20.4	10.8*	981
≥ 400% of FPL	79.5***	15.5**	5.0***	519
<i>Region</i>				
Northeast^	66.1	21.6	12.4	294
Midwest	73.9	17.0	9.0	523
West	71.9	18.0	10.2	515
South	69.7	20.3	10.1	764
<i>Metropolitan area</i>				
Metropolitan statistical area^	70.7	19.0	10.3	1,910
Non-metropolitan statistical area	67.9	22.1	10.0	183
<i>State Medicaid expansion status</i>				
Expansion^	71.0	18.8	10.3	1,221
Nonexpansion	69.7	20.0	10.3	875
Reproductive health behaviors and access				
<i>Risk of unintended pregnancy</i>				
At risk^	70.9	20.1	9.0	912
Not at risk	70.1	18.6	11.4	1,184
<i>Unmet need for birth control</i>				
Yes^	48.2	44.2	7.7	173
No	72.7***	16.7***	10.6	1,923
<i>Frequency of birth control use</i>				
Always^	75.5	17.6	6.9	1,219
Sometimes	74.1	18.1	7.7	207
Never	64.1***	22.0	13.9**	364

	Very or somewhat likely (%)	Very or somewhat unlikely (%)	Not sure (%)	Sample size
<i>Current birth control method</i>				
No method [^]	63.5	22.8	13.7	466
Sterilization	76.9***	15.5	7.6**	384
LARC	65.8	32.2*	2.0***	260
Hormonal method	82.7***	13.2**	4.1***	403
Barrier method	74.1*	11.1***	14.9	249
Not sexually active	57.6	22.7	19.8	334

Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

Notes: FPL = federal poverty level. LARC = long-acting reversible contraception. ^ indicates reference category. N = 2,096; income n = 2,059 because of missing data, and frequency of birth control use n = 1,790 because the sample is limited to sexually active women. The survey question asks, "How likely do you think it is that you could get the birth control method of your choice the same day you ask for it?" Women with an unmet need for birth control reported that they wanted birth control in the past six months but had to delay getting it or were unable to get it. Women at risk of unintended pregnancy are not sterile, not pregnant, do not want to become pregnant, and have had sex with a man in the past six months. Under frequency of use, "sometimes" includes both women who report sometimes using and women who report rarely using birth control. Birth control method is only asked of women who report using a birth control method in the past six months; all methods, except "not sexually active," are limited to women who have had sex with a man in the past six months. Methods are classified using the National Survey of Family Growth hierarchy.

^a Income is defined based on 2016 poverty guidelines, available at <https://aspe.hhs.gov/computations-2016-poverty-guidelines>.

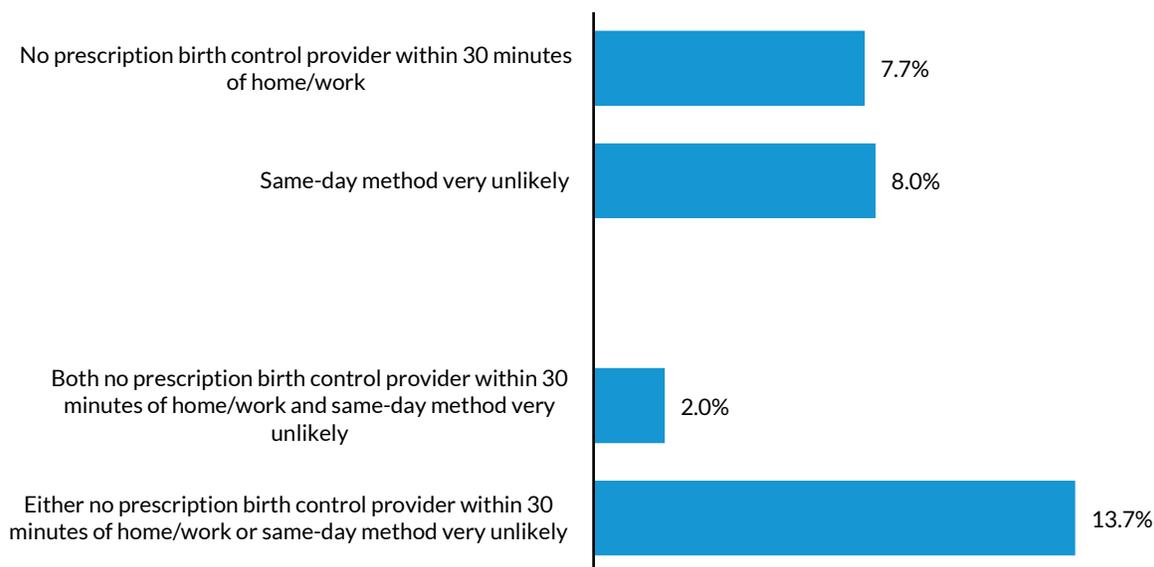
*/**/*** Estimate differs significantly from the reference category at 0.1/0.05/0.01 levels, using two-tailed t-tests.

- We observe higher rates of perceived same-day access among high-income women and women who are or were previously married than other women.
- We do not observe differences in perceived same-day access by region or metropolitan status.
- Younger women and sexually active women never using birth control reported lower rates of perceived same-day access and higher rates of uncertainty than other women.

Women with Limited Perceived Birth Control Access

FIGURE 6

Perceived Lack of Timely and Convenient Birth Control Access among Women Ages 18 to 44, 2018



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Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

Notes: N = 2,087. Categories are based on women's responses to two survey questions: "As far as you know, is there a place where you can see a health care provider to get prescription birth control (such as the pill, patch, ring, shot, implant, or IUD) that is 30 minutes or less from where you live or work?" And "How likely do you think it is that you could get the birth control method of your choice the same day you ask for it?"

- Less than 10 percent of women report no prescription birth control provider within 30 minutes of their home or work. Similarly, 8.0 percent of women report that it is very unlikely that they could get their preferred birth control method the same day they ask for it.
- A small share of women (2.0 percent) reported both no prescription birth control provider within 30 minutes of their home or work and that it is very unlikely that they could get their preferred birth control method the same day they ask for it.
- Altogether, 13.7 percent of women reported either no prescription birth control provider within 30 minutes of their home or work or that it is very unlikely that they could get their preferred birth control method the same day they ask for it. Table 3 compares the characteristics of these women who perceive limited current access with other women.

TABLE 3

Characteristics of Women Ages 18 to 44 by Perceived Birth Control Access, 2018

	Women with limited perceived birth control access (%)	Women without limited perceived birth control access (%)
Socioeconomic characteristics		
<i>Ages</i>		
18–25	36.5	28.1 *
26–34	38.3	35.5
35–44	25.2	36.3 ***
<i>Race/ethnicity</i>		
White, non-Hispanic	43.3	57.1 ***
Black or other, non-Hispanic	34.1	22.7 ***
Hispanic	22.6	20.2
<i>Marital status</i>		
Married	37.0	42.8
Living with partner	15.9	13.1
Widowed, separated, or divorced	7.8	7.6
Never married	39.3	36.5
<i>Educational attainment</i>		
High school diploma or less education	41.6	31.1 **
Some college education	36.4	32.1
College degree or more education	22.0	36.8 ***
<i>Insurance coverage</i>		
Insured	73.3	86.8 ***
Uninsured	26.7	13.2 ***
<i>Family income^a</i>		
≤ 138% of FPL	34.5	21.0 ***
139%–399% of FPL	42.3	40.2
≥ 400% of FPL	22.7	37.6 ***
<i>Region</i>		
Northeast	13.7	17.8
Midwest	10.0	22.1 ***
West	25.1	24.4
South	51.3	35.8 ***
<i>Metropolitan area</i>		
Metropolitan statistical area	90.3	90.3
Non-metropolitan statistical area	9.7	9.7
<i>State Medicaid expansion status</i>		
Expansion	55.4	60.9
Nonexpansion	44.6	39.1
Reproductive health behaviors and access		
<i>Risk of unintended pregnancy</i>		
At risk	43.4	45.5
Not at risk	56.6	54.5
<i>Unmet need for birth control</i>		
Yes	23.4	7.0 ***
No	76.6	93.0 ***
<i>Frequency of birth control use</i>		
Always	45.9	58.0 **

	Women with limited perceived birth control access (%)	Women without limited perceived birth control access (%)
Sometimes	8.5	11.8
Never	26.7	16.2**
<i>Current birth control method</i>		
No method	30.0	21.6 *
Sterilization	15.3	17.4
LARC	12.1	12.0
Hormonal method	14.8	22.2 **
Barrier method	8.0	12.1 *
Not sexually active	19.8	14.8

Source: Authors' analysis of 2018 Survey of Family Planning and Women's Lives.

Notes: FPL = federal poverty level. LARC = long-acting reversible contraception. $N = 2,087$. Women with limited perceived birth control access report no prescription birth control provider within 30 minutes of their home or work or that it is very unlikely they could get their preferred birth control method the same day they ask for it ($n = 278$). Category percentages for income and frequency of birth control use do not sum to 100 percent because of missing data and limited sample. Women with an unmet need for birth control reported that they wanted birth control in the past six months but had to delay getting it or were unable to get it. Women at risk of unintended pregnancy are not sterile, not pregnant, do not want to become pregnant, and have had sex with a man in the past six months. Under frequency of use, "sometimes" includes both women who report sometimes using and women who report rarely using birth control. Birth control method is only asked of women who report using a birth control method in the past six months; all methods, except "not sexually active," are limited to women who have had sex with a man in the past six months. Method use is classified using the National Survey of Family Growth hierarchy.

^a Income is defined based on 2016 poverty guidelines, available at <https://aspe.hhs.gov/computations-2016-poverty-guidelines>.

*/**/** Estimate differs significantly from the reference category at 0.1/0.05/0.01 levels, using two-tailed t-tests.

- We observe large differences in women's characteristics between those who report limited perceived birth control access and those who do not. Compared with women without limited perceived birth control access, women perceiving limited access were more likely to
 - » be non-Hispanic black or other race (34.1 percent versus 22.7 percent);
 - » be uninsured (26.7 percent versus 13.2 percent);
 - » reside in the South (51.3 percent versus 35.8 percent);
 - » report an unmet need for birth control (23.4 percent versus 7.0 percent); and
 - » be sexually active but report never using birth control (26.7 percent versus 16.2 percent).

- Compared with women without limited perceived birth control access, women perceiving limited access were less likely to
 - » be ages 35 to 44 (25.2 percent versus 36.3 percent);
 - » be non-Hispanic white (43.3 percent versus 57.1 percent); and
 - » be college graduates (22.0 percent versus 36.8 percent).

Discussion

Most adult women of reproductive age reported positive perceptions of their current access to timely and convenient birth control, having a place to see a health provider to get prescription birth control within 30 minutes of their home or work and considering it likely they could get their preferred birth control method the same day they ask for it. But some women, particularly those who are uninsured or report a current unmet need for birth control, have more limited perceived access to birth control. We also observe smaller differences by age, race/ethnicity, educational attainment, and income; older women, non-Hispanic white women, more educated women, and higher-income women report more positive perceived access.

Our findings highlight connections between women's perceptions of their current access to birth control and their current patterns of birth control use, and how perceptions can both affect and be affected by use. For example, women with an unmet need for birth control were more likely to report not having access to a prescription birth control provider within 30 minutes or not having same-day access to their preferred birth control than women without an unmet need. For such women, distance to a provider and barriers to same-day access likely contributed to their unmet need. In contrast, women who are not sexually active were more likely than sexually active women to be unsure whether they could access a nearby prescription birth control provider, likely because they had not sought out birth control and thus did not know whether a provider was available. Similarly, 32 percent of women using a LARC method perceived access to their preferred birth control method the same day they ask for it as very or somewhat unlikely. This is consistent with common practices for these methods, because they require a medical procedure and, often, multiple visits with a provider (Biggs et al. 2013).

We find that women without health insurance, with less educational attainment, residing in the South, and with an unmet need for birth control are not confident that they could access their preferred birth control method in a timely manner. These groups of women with poor perceived birth control access align with findings from other research about the characteristics of women with limited access to birth control and other health services (Frost 2011; Frost, Singh, and Finer 2007; Grindlay and Grossman 2016; Sommers et al. 2017). Access to timely and convenient birth control for these women could be improved by expanding health insurance coverage or expanding resources for affordable birth control to uninsured women.

Notes

- ¹ Emily M. Johnston and Adele Shartzter, “Women Want Effective Birth Control,” *Urban Wire* (blog), Urban Institute, December 20, 2017, <https://www.urban.org/urban-wire/women-want-effective-birth-control>.
- ² Women who report multiple birth control methods are classified by the most effective method reported using the National Survey of Family Growth hierarchy. Women who did not report having sex with a man in the past six months are classified as not sexually active. Sexually active women who responded that they did not use birth control in the past six months are classified as using no method. The fewer than 100 sexually active women who report using the least effective methods, rhythm method and withdrawal, are also classified as using no method. Women who reported current or previous sterilization are classified as using sterilization. LARC includes IUDs and implants. Hormonal methods include the pill, patch, ring, injections, and emergency contraception. Barrier methods include male condoms and other methods.
- ³ We only tested the share of women who are not sexually active who report being “unsure” of their access to a prescription birth control provider within 30 minutes of their home or work against the reference category of women who are sexually active but use no birth control method. However, because the “unsure” estimates for sexually active women who report using a birth control method are all lower than the “unsure” estimate for sexually active women not using a method, we conclude that uncertainty is lower among all sexually active women compared with women who are not sexually active.
- ⁴ When asked about the likelihood of accessing their preferred birth control method the same day they ask for it, women may report their perceived access to a method other than their current birth control method. For example, women using a barrier method may report their perceived same-day access to a barrier method but could also report their perceived same-day access to a hormonal or LARC method or to birth control generally. Similarly, women who report using sterilization may report their perceived same-day access to sterilization or to another birth control method or birth control generally.

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Errata

This brief was updated March 4, 2019, to include Brigitte Courtot as the final author.

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