



Contraceptive Equity: Fact Sheet

Sex is a natural part of life, so it is no surprise that out of a list of eight reasons for having sex, reproduction is the least indicated motivator.¹ As such, women and men have sought and practiced a multitude of contraceptive methods over the course of many centuries with varying degrees of success. It is also one of the reasons why the introduction of the [oral birth control pill](#) in 1960 was heralded by so many as a true “game-changer” for women’s liberation.

The ability to plan for children is a fundamental right of every woman, and an essential component of health care. Fortunately, today there are many effective prescription and over-the-counter contraceptive options for women and men to choose, including:

- Condoms
- Implants
- Intrauterine Devices (IUDs)
- Depo-Provera
- Contraceptive patch
- Vaginal ring
- Emergency contraception
- Sterilization

Black Women and Contraceptives

A woman’s choice for a contraceptive method is largely influenced by insurance coverage, income and residential location.² Although Black women of today take full advantage of the contraceptive options available to plan their families, they do so at a lesser rate than other women. According to the Guttmacher Institute, “83 percent of Black women who are at risk of unintended pregnancy currently use a contraceptive method, compared with 91 percent of the Hispanic and white peers.”³

There are many reasons why a Black woman may not access contraceptives. Among them is deep-seated distrust of the health care profession due to historical injustices including coercive contraceptive practices and policies, misinformation about the use of contraceptives, and unethical contraceptive testing. For far too many Black women, the poor, and mentally ill family planning decisions were made for them with the goal of either controlling population growth or in the name of advanced research in the field of contraceptives (e.g., Norplant and Depo-Provera). This practice continues to this day, as race and socio-economic status continue to be a factor with certain women being pressured into using longer-acting contraceptives over more easily reversible options.⁴

In addition to medical and public health practitioner bias, politics continue to infringe upon the sexual and reproductive rights of women, with constant and persistent threats to defund or limit federal allocations for family planning services, including contraceptives. Most private insurance providers cover reproductive health services, but Black women are 55 percent more likely to be uninsured than their white counterparts.⁵ Any reduction of reproductive health services funds disproportionately impacts Black women, immigrants and the poor by limiting their contraceptive options. An inability to plan for one’s family contributes to unplanned or

¹ Hill, Craig A. (1997). “The Distinctiveness of Sexual Motives in Relation to Sexual Desire and Desirable Partner Attributes.” *The Journal of Sex Research*, 34(2), 139–53. http://www.jstor.org/stable/3813561?seq=1#page_scan_tab_contents.

² Jones, J., Mosher, W., and Daniels, K., “Current Contraceptive Use in the United States, 2006-2010, and Changes in Patterns of Use Since 1995.” (2012). *National Health Statistics Reports*, Number 60. <http://www.cdc.gov/nchs/data/nhsr/nhsr060.pdf>.

³ Guttmacher Institute, “Contraceptive Use in the United States.” Fact Sheet. New York. July 2015. http://www.guttmacher.org/pubs/fb_contr_use.html.

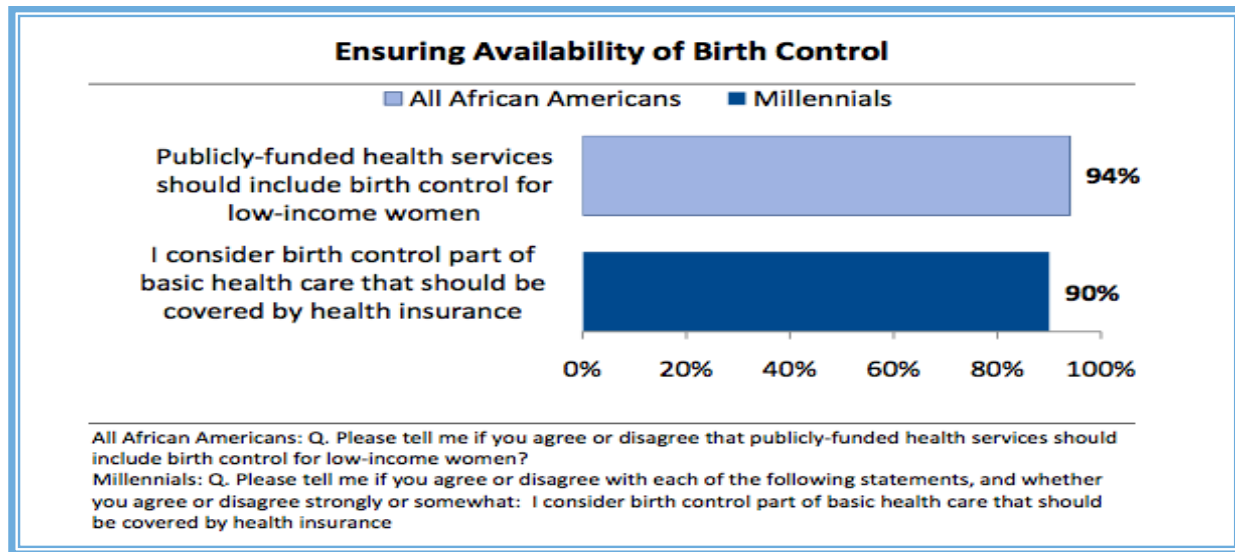
⁴ Dehlendorf, C., Rodriguez, M.I., Levy, K., Borrero, S., and Steinauer, J. (2010). “Disparities in Family Planning”. *Am J Obstet Gynecol*, 202(3): 214-220. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835625/>

⁵ Henry J. Kaiser Family Foundation: *State Health Facts: Uninsured Rates for the Nonelderly by Race/Ethnicity*. 2013. Accessed 7/1/15. <http://kff.org/other/state-indicator/total-population/>.

unintended pregnancies being brought to term, which are more likely to result in inadequate prenatal care, poorer health outcomes for the infant and maternal mortality and morbidity.⁶

Perceptions and Beliefs⁷

When polled, an overwhelming majority of Black women and men (90 percent) shared the perspective that contraception is a part of women’s basic health care and that “publicly-funded health services should include birth control for low-income people who want it (94 percent).”



Seventy-nine percent of Black women and men also say “we need to have plenty of access to contraception, like condoms and birth control pills, to help teens and young people stay healthy and avoid pregnancy and sexually transmitted diseases.”

Clearing a Path to Equity

Under the Affordable Care Act (ACA) women enrolled in most health care plans on or after August 1, 2012 are guaranteed coverage for all FDA-approved contraceptive services, without cost-sharing.⁸ This is particularly significant for the 50 percent of women between 18 and 34 who want contraceptive services but struggle to afford them.

In July 2013 the U.S. Department of Health and Human Services (HHS) approved an exemption for “religious employers” from having to provide for contraceptive services. Eligible organizations do not have to contract, arrange, pay or refer a person for contraceptive services. However, women are still able to access services at no cost to them, if they are enrolled in the organizational health plan.

August 2014 the U.S. Supreme Court ruled in *Burwell v. Hobby Lobby* that closely held corporations, whose owners stated religious conflict, could to opt-out of providing their female employees with contraceptive services. The ruling unfairly allows for-profit companies to use the religious beliefs of their owners to take away employees’ health care benefits that are guaranteed to them under ACA.

⁶ Dehlendorf, C., Rodriguez, M.I., Levy, K., Borrero, S., and Steinauer, J. (2010). “Disparities in Family Planning”. *Am J Obstet Gynecol*, 202(3): 214-220. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835625/>

⁷ *African-American Attitudes on Abortion, Contraception, and Teen Sexual Health* (2013). Belden-Russonello Strategists LLC., Washington DC. February 2013. <http://www.blackrj.org/wp-content/uploads/2015/01/media-memo.pdf> Accessed 7/1/15

⁸ Centers for Medicare & Medicaid Services. “Women’s Preventive Services Coverage and Non-Profit Religious Organizations.” Fact Sheet . Baltimore, MD (2015). <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/womens-preven-02012013.html>