



Barriers that Impede Access to Reproductive Health Care in CA

Avery Pearson¹ and Catherine Crystal Foster²

Palo Alto High School¹ , PAUSD²

INTRODUCTION

The state of California has one of the strongest reproductive legal right systems in the United States. However, thousands of women in California continuously struggle to gain access to these resources.

Research Question:

What barriers block individuals who need reproductive health services in California from accessing them?

BACKGROUND AND SIGNIFICANCE

In 1973, the right to an abortion became constitutionally protected in the United States after the landmark Supreme Court case *Roe v. Wade*.¹ Since then, reproductive rights in California have expanded substantially thanks to its predominantly liberal voters. Currently, California citizens can legally obtain birth control without a doctor’s prescription¹ and receive Emergency Contraception (a high dose of a birth control pill designed to be taken after possible conception) at a pharmacy or an organization like Planned Parenthood. Minors have the right to obtain contraception, family planning services, testing for sexually transmitted diseases, and information about it without an adult’s permission or knowledge. California’s Family Planning, Access, Care, and Treatment program (Family PACT) provides free or low-cost reproductive health care services. These services include pregnancy tests, birth control, male and female sterilization, gynecological care, tests for STDs, and basic infertility screening and treatment.²

In 2014, a research and policy organization committed to advancing sexual and reproductive health rights assembled data about the demographic characteristics of women in California in need of publicly supported family planning services. The report concluded that 77% of these women were uninsured and that 75% of them reported themselves as Hispanic, Black, or Other race/ethnicity.⁵ Guttmacher Institute published a paper in 2015 reporting statistics and estimates regarding unintended pregnancy rates in the United States, state by state. Their results show that in 2010, 48% of all pregnancies in California were unintended. In 2005, the Kaiser Family Foundation published a report called *Women and Health Care: A National Profile*. The report details that women who are poor, sick, uninsured, or a racial/ethnic minority are particularly at risk for experiencing barriers throughout the health system.⁶ For many of these women, health care problems worsen other challenges.

It’s evident that race, ethnicity, and socioeconomic status affect someone’s likelihood of obtaining reproductive health care in California. In order to translate these extremely broad factors into specific problems we can solve, new research needs to be conducted.

RESEARCH METHODOLOGIES

To gauge what members of the Palo Alto community consider to be barriers to gaining these resources, I conducted a series of interviews, asking all participants one question, “What do you think blocks individuals who need reproductive health services in California from obtaining them?” Some of them were in person but most of them were over email. Participants included men and women of varying ages and a Planned Parenthood Employee. Some had used Planned Parenthood’s services in the past and some had not. They all gave consent and will remain anonymous.

The sample could have been much larger and more diverse, but there were tight time restraints for this project. The information that was collected is pure research. It is qualitative, in the form of interviews. The methodology is observational.

The interviews were coded as this is easier to interpret and get a sense of common themes. Coding is a process researchers use to organize and sort qualitative data. Researchers assign codes to quotes or pieces of information across interviews so they can later make generalized statements about what they’ve collected.

The data was sorted into three categories: Poverty, Lack of available information and resources, and Stigmas.

POVERTY	LACK OF AVAILABLE INFO AND RESOURCES	STIGMAS
<ul style="list-style-type: none">◆ Cost◆ Lack of transportation◆ Inability to get time off work◆ Inability to get time from childcare◆ Inability to get time off work without repercussions (typical with low paying jobs)	<ul style="list-style-type: none">◆ Lack of education◆ Emotional barriers → limited knowledge as a result of not talking about it at home, embarrassment◆ Lack of knowledge → fear◆ Lack of supportive parents → limited knowledge about it◆ Misunderstandings about cost◆ Misunderstandings about care needed◆ In rural parts of California facilities are sparsely distributed◆ Familial/religious beliefs◆ Systemic → lack of widely circulated information	<ul style="list-style-type: none">◆ Stigma◆ Polarizing politics → picket lines, demonstrations → fear◆ Protesters

DATA ANALYSIS AND RESULTS

Responses that were sorted into the Poverty circle were related to lack of transportation, inability to get time off work, inability to get time away from childcare. Responses that were sorted into the Lack of available information and resources circle were related to lack of familial support and lack of systemic support (not enough advertising of available services). Also, in Northern California these sorts of facilities aren’t as abundant, and for some women the long trip isn’t worth the money and time they’d lose. Stigmas include societal tendencies and fear of protesters outside of the facility. Most of the barriers people mentioned fell into the second circle, Lack of available Information and Resources.



ACKNOWLEDGEMENTS / REFERENCES

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3. “Current Laws.” *NARAL Pro-Choice California*
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