

ACCESS TO CONTRACEPTIVES AT PUBLIC UNIVERSITIES VERUS ACCESS TO  
CONTRACEPTIVES AT PRIVATE UNIVERSITIES

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## Abstract

In this paper, the access to contraceptives will be analyzed and compared between public and private universities within the United States. The question is which form of a higher education institution has less barriers to access contraceptives from the institution's health center. Factors taken into consideration for determining level of accessibility at each type of institution will be: (1) are contraceptives available through the institution's health center, (a) if so which types of contraceptives are offered (only pill, or combination of pill and other contraceptives), (b) if not, how far away is the nearest pharmacy to receive the contraceptive, (2) policies the institution has in place already, if any, regarding the promotion or distribution of contraceptives,

## Introduction

Reproductive health has been a long standing debate within America for many decades. In 2006, women 17 and under were able to receive a new form of an emergency contraceptive with a prescription and 18 and older could receive it Over The Counter (OTC). This was a breakthrough within reproductive rights for teenagers. Then in 2009, it was passed that, "after showing proof of age" ([https://www.nytimes.com/2009/04/23/health/23fda.html?\\_r=1](https://www.nytimes.com/2009/04/23/health/23fda.html?_r=1)) 17 year olds can receive Plan B OTC. However, there is not always a crossover of these rules to college and university pharmacies and health centers. James Trussell, a faculty associate at Princeton University said that, "It's really hard to say how much access is really impeded because it would depend entirely on where college campuses are located," (<https://www.insidehighered.com/news/2012/02/20/student-access-plan-b-varies-college-campuses>). This is a major argument into how these hindrances to access affect certain types of campuses more than others. For instance the article references, "a student in New York City would have a much easier time accessing Plan B off-campus than one in a rural town with no public transportation and only one or two pharmacies." (<https://www.insidehighered.com/news/2012/02/20/student-access-plan-b-varies-college-campuses>). Due to the many variables going into whether or not a college or university

student health center will provide Long Acting Reversible Contraceptives or Emergency Contraceptive Pills (ECPs).

### Types of Contraceptives

There are many different contraceptive options for both males and females. Two of the most prominent categories of contraceptives are Long Acting Reversible Contraceptives (LARCs) and Emergency Contraceptive Pills (ECPs).

### LARC vs ECP

Long Acting Reversible Contraceptives (LARC) are “reversible birth control that provides long-lasting (think years) pregnancy prevention.” (<http://www.ashasexualhealth.org/understanding-larc/>) . Some examples of LARCs are Intra Uterine Devices (IUDs) and hormonal implants which get placed in the arm. Emergency Contraceptive Pill (ECP) is a pill taken within 72 hours of unprotected sexual intercourse to prevent pregnancy.

### History of Access

In August 2006, the name brand ECP Plan B, which is a levonorgestrel pill taken within 72 hours of having unprotected sexual intercourse, was approved to be sold as an Over The Counter (OTC) drug to females 18 years old and above. It was also approved as a prescription only drug for female patients 17 and under. (<http://phx.corporate-ir.net/phoenix.zhtml?c=60908&p=irol-newsArticle&ID=926964>) Then in 2009 the FDA said that anyone 17 years old and older can get Plan B OTC. ([https://www.nytimes.com/2009/04/23/health/23fda.html?\\_r=1](https://www.nytimes.com/2009/04/23/health/23fda.html?_r=1)) Later on, in May 2013, The Obama Administration had approved to lower the age of access to 15 years old. However the struggle with this was that, “This could entail some level of parental involvement”( <https://www.washingtonpost.com/news/wonk/wp/2013/05/01/plan-b-will-be->

[available-to-15-year-olds-but-they-might-need-a-passport-to-get-it/?utm\\_term=.8986c4c96113](https://www.washingtonpost.com/news/wonk/wp/2013/05/01/plan-b-will-be-available-to-15-year-olds-but-they-might-need-a-passport-to-get-it/?utm_term=.8986c4c96113)).

Due to the fact that 15 year olds have limited access to state and federal forms of identification, parents would be involved in aiding them in access. A month later, after a federal judge ruled “that the Food and Drug Administration needs to make emergency contraceptives available over the counter with no age restrictions.”([https://www.washingtonpost.com/news/wonk/wp/2013/05/01/plan-b-will-be-available-to-15-year-olds-but-they-might-need-a-passport-to-get-it/?utm\\_term=.8986c4c96113](https://www.washingtonpost.com/news/wonk/wp/2013/05/01/plan-b-will-be-available-to-15-year-olds-but-they-might-need-a-passport-to-get-it/?utm_term=.8986c4c96113)). However the Obama Administration wanted to appeal the judge’s order by keeping the age at 15 instead of overall access. Then the Obama Administration’s Department of Justice said that they would not be appealing the court after they “concluded that it might lose its case with the appeals court and would have to decide whether to appeal to the Supreme Court.”([https://www.nytimes.com/2013/06/11/us/in-reversal-obama-to-end-effort-to-restrict-morning-after-pill.html?emc=na&\\_r=0](https://www.nytimes.com/2013/06/11/us/in-reversal-obama-to-end-effort-to-restrict-morning-after-pill.html?emc=na&_r=0))

<https://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM109775>

[https://www.nytimes.com/2009/04/23/health/23fda.html?\\_r=1](https://www.nytimes.com/2009/04/23/health/23fda.html?_r=1)

[https://www.washingtonpost.com/news/wonk/wp/2013/05/01/plan-b-will-be-available-to-15-year-olds-but-they-might-need-a-passport-to-get-it/?utm\\_term=.abf0691b78fd](https://www.washingtonpost.com/news/wonk/wp/2013/05/01/plan-b-will-be-available-to-15-year-olds-but-they-might-need-a-passport-to-get-it/?utm_term=.abf0691b78fd)

[https://www.nytimes.com/2013/06/11/us/in-reversal-obama-to-end-effort-to-restrict-morning-after-pill.html?emc=na&\\_r=0](https://www.nytimes.com/2013/06/11/us/in-reversal-obama-to-end-effort-to-restrict-morning-after-pill.html?emc=na&_r=0)

## Title X

Title X is part of the 1970 Public Health Service Act. According to the U.S. Department of Health and Human Services (DHHS), “The Title X program is designed to provide access to contraceptive services, supplies, and information to all who want and need them.”(<https://www.hhs.gov/opa/title-x-family-planning/about-title-x-grants/funding-history/index.html>)

### Degree of Access

As mentioned within the introduction, access has the possibility to vary based on the area the college/university is located. Whether it be within a rural, suburban, or urban setting,

### Analysis of 2002 Data

As the result of a 1999 survey, Susan McCarthy saw that in a frequency distribution of colleges and universities sampled for the survey, “52.2% of the student health centers reported that they offered ECPs, and 47.8% reported that they did not”(http://web.a.ebscohost.com/ehost/detail/detail?vid=0&sid=82cf7cc6-3fe1-4960-8924-865f26ad401c%40sessionmgr4010&bdata=JnNpdGU9ZW hvc3Qt bG12ZQ%3d%3d#db=hch&AN=7214147&anchor=AN0007214147-16). The author noted in the analysis that “Student health centers at private universities and colleges were significantly less likely to offer ECPs (OR = 0.60,  $p \leq .05$ , CI = 0.40-0.92) than those at public universities and colleges.”(http://web.a.ebscohost.com/ehost/detail/detail?vid=0&sid=82cf7cc6-3fe1-4960-8924-865f26ad401c%40sessionmgr4010&bdata=JnNpdGU9ZW hvc3Qt bG12ZQ%3d%3d#db=hch&AN=7214147&anchor=AN0007214147-16). This means that it is 40% less likely that student health centers at private colleges and universities to provide ECPs.

### Analysis of 2003 Data

Utilizing the 2000 Edition of The Carnegie Classification of Institutions of Higher Education, this survey “was distributed to 139 US college health centers to assess availability of ECPs.”(https://www.sciencedirect.com/science/article/pii/S0010782403000453#aep-abstract-sec-id9)

### Analysis of 2014 Data

This study looks into four different barriers to receiving reproductive health services. This analysis will focus on the barrier entitled “service access”. This study was conducted at “a northern California state university.”(<https://link.springer.com/article/10.1007/s10900-016-0242-2#Sec10>) They studied the responses of 18-19 year old students who had completed at least two semesters. With a total number of 251 students, both male and female participating. For the purposes of this analysis we will only review the responses of the female participants.

### Analysis of 2018 Data

This study looked at the Sexual and Reproductive Health (SRH) resources available at colleges and universities in the state of Georgia. They also compared the location and services of Title X clinics to colleges and universities. The map showing this for four year institutions is shown in (name of map here). They also compared the different services between two and four-year institutions. In Table X is data of the four year institutions within the sample with health centers. It breaks up the health centers by what type of family planning they provide. 9 out of 41 provide birth control. 13 out of 41 provide ECPs. This is a very small portion of the 96 total schools that were included in this study. 71.8% $(9/96)$  of the total amount of schools were four year institutions. Of those four year institutions 59.4% $(41/69)$  of them have health centers.

### Conclusion

Appendix

<http://web.a.ebscohost.com/ehost/detail/detail?vid=0&sid=82cf7cc6-3fe1-4960-8924-865f26ad401c%40sessionmgr4010&bdata=JnNpdGU9ZWhvc3QtG12ZQ%3d%3d#db=hch&AN=7214147&anchor=AN0007214147-16>

From 2002

Table 1

<b>Characteristics of Respondents to Survey in 1999 n=358</b>			
	<b>Characteristic</b>	<b>Respondents Number</b>	<b>Respondents Percentage</b>
<b>Region</b>	<b>Northwest</b>	120	33.5
	<b>Midwest</b>	92	25.7
	<b>South</b>	99	27.7
	<b>West</b>	47	13.1
<b>Type of Institution</b>	<b>Public</b>	181	50.6
	<b>Private</b>	174	48.6
	<b>no response</b>	3	0.8
<b>Setting</b>	<b>Urban</b>	141	39.4
	<b>Suburban</b>	100	27.9
	<b>Rural</b>	112	31.3
	<b>No response</b>	5	1.4
<b>Data from Student Health Centers (n=187) that Offer ECPs</b>			
	<b>Variable</b>	<b>Respondents Number</b>	<b>Respondents Percentage</b>
<b>Stages of change status</b>	Started to offer ECPs in past y (action)	30	16.1
	Have offered ECPs for 1-5 y (maintenance)	71	38.0
	Have offered ECPs for 6-10 y (maintenance)	32	17.1
	Have offered ECPs for ≥ 10 y (maintenance)	43	23.0
	Other	3	1.6
	No response	1	0.3



Data from Student Health Centers (n=187) that Offer ECPs			
<b>Publicize ECPs availability</b>	Yes	110	59.8
	No	70	37.4
	Not sure	4	2.1
	No response	3	1.6

<https://www.sciencedirect.com/science/article/pii/S0010782403000453>

From 2003

Demographics of Campus surveyed for Prescription ECPs						
Characteristics	Total Sample		ECPs Prescribed		ECPs not prescribed	
	n	%	n	%		
<b>Public</b>	69	49.6	54	78.3	15	21.7
<b>Private</b>	70	50.4	39	55.7	31	44.3
<b>Religious affiliation</b>	40	28.8	12	30.0	28	70.0
<b>No religious affiliation</b>	99	71.2	81	81.8	18	18.2

total n=139

total ECP prescribed n=93

total ECPs not prescribed n=46

<https://link.springer.com/article/10.1007/s10900-016-0242-2>

Receipt of Reproductive Health Care (R-RHC)

Study of students from a northern California State University

From 2014

Location of Reproductive Health Services utilized in the past 12 months			
Reproductive health care settings	Full Sample (%)	Male (%)	Female(%)
<b>primary care setting</b>	27.9	21.5	31.7
<b>School or school-based/university clinic</b>	27.6	17.9	33.9
<b>family planning clinic</b>	10.9	7.5	13.0

n=212

<https://www.tandfonline.com/doi/figure/10.1080/07448481.2018.1462825?scroll=top&needAccess=true>

From 2018

GA 4 Year Colleges and Universities with Health Centers		n=41
<b>Services</b>	Institution	Total
<b>Family Planning</b>	Birth control pills	9 (22%)
	Emergency Contraception	13 (32%)

Cross tab I created from the data from this website

	Private (50%)	Public (20%)	Total
<b>Birth control pills</b>			
<b>emergency contraception</b>			
<b>Total</b>			

**Breakdown of Colleges and Universities Based on Year length and Type of Institution**

	Private	Public	Total
<b>2 year</b>	8 (29%)	19(70%)	27*
<b>4 year</b>	40 (57%)	29 (42%)	69
<b>Total</b>	48(50%)	48 (50%)	96

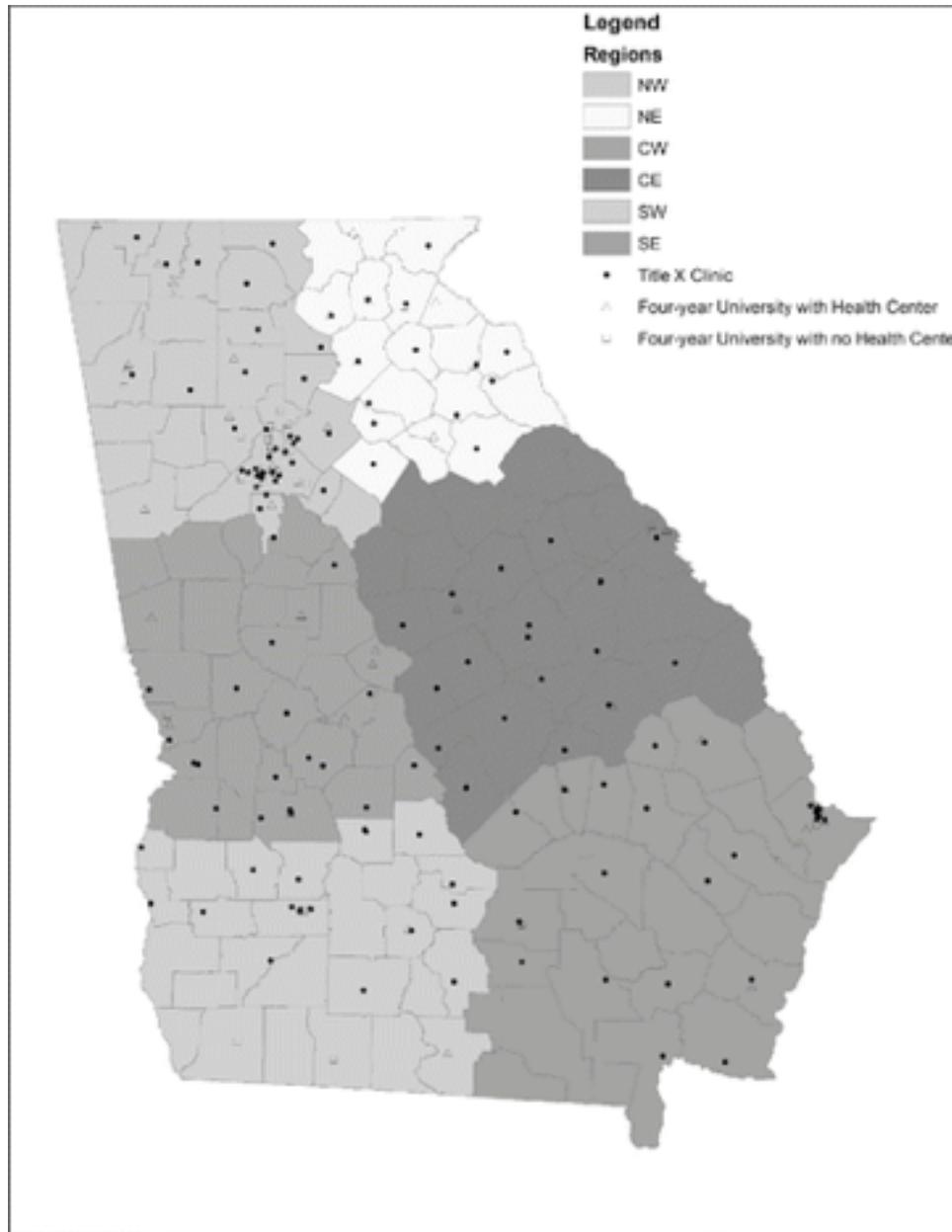
\*Data reported 26 but miscounted

Map of Georgia Title X clinics and 4 year colleges and universities, campus health center stars indicated

“The number of students attending each institution was recorded and then classified as: Extra Small (fewer than 1,000 students), Small (1,000-4999 students), Medium (5,000-9,999 students), Large (10,000-19,999) and Extra Large (20,000 students or more) to account for annual variation and differences in reporting (exact or rounded) by the institutions.”

<https://www.tandfonline.com/doi/figure/10.1080/07448481.2018.1462825?scroll=top&needAccess=true>

Map of Four year universities in Georgia with and without Health Centers and Proximity to Title X Clinics



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[https://www.washingtonpost.com/news/wonk/wp/2013/05/01/plan-b-will-be-available-to-15-year-olds-but-they-might-need-a-passport-to-get-it/?utm\\_term=.8986c4c96113](https://www.washingtonpost.com/news/wonk/wp/2013/05/01/plan-b-will-be-available-to-15-year-olds-but-they-might-need-a-passport-to-get-it/?utm_term=.8986c4c96113)

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<https://www.sciencedirect.com/science/article/pii/S0010782403000453>

<http://web.a.ebscohost.com/ehost/detail/detail?>

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<http://web.a.ebscohost.com/ehost/detail/detail?vid=0&sid=82cf7cc6-3fe1-4960-8924-865f26ad401c%40sessionmgr4010&bdata=JnNpdGU9ZWwhvc3QtbGl2ZQ%3d>

<http://web.a.ebscohost.com/ehost/detail/detail?vid=0&sid=82cf7cc6-3fe1-4960-8924-865f26ad401c%40sessionmgr4010&bdata=JnNpdGU9ZWwhvc3QtbGl2ZQ%3d%3d#db=hch&AN=7214147&anchor=AN0007214147-16>