Racial and Ethnic Disparities in Contraceptive Care

Association of Reproductive Health Professionals - Annual Meeting

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Nothing to Disclose
Unequal Progress on Unintended Pregnancy

• Overall unintended pregnancy rates have stagnated, yet...

• Unintended pregnancy has increased by 29% among poor women while decreasing 20% among higher-income women.
Poor Women Account for a Disproportionate Share of Unintended Pregnancies

Women at risk of unintended pregnancy

Unintended pregnancies by women’s poverty status
Poor Women Are Also Overrepresented Among Abortion Patients

- <100% of poverty: 42%
- 100–199% of poverty: 27%
- 200–299% of poverty: 14%
- ≥300% of poverty: 17%
Black Women Account for a Disproportionate Share of Unintended Pregnancies

Women at risk of unintended pregnancy

- Black 14%

Unintended pregnancies by women’s racial status

- Black 26%
Hispanic Women Also Account for a Disproportionate Share of Unintended Pregnancies

Women at risk of unintended pregnancy

Hispanic; 14%

Unintended pregnancies by women’s ethnic status

Hispanic; 22%
And Both Groups Are Overrepresented Among Abortion Patients

- Hispanic: 25%
- Non-Hispanic white: 36%
- Non-Hispanic black: 30%
- Other: 9%
Heroic Media Ad

The most dangerous place for an African American is in the womb.
Endangered Species Campaign

Black children are an endangered species

Too Many Aborted.com
Abortion-Contraception Link

“I haven’t seen a woman yet who needed an abortion who wasn’t already pregnant.”

Jocelyn Elder, MD
Surgeon General
Historical Timeline

• 1890s thru 1920s — Eugenics Movement

• 1930s — Involuntary sterilization laws enforced to eradicate social ills

• 1960s and 1970s — Emphasis on population control

• 1970 — Federally-funded family planning clinics created
Racial Disparities in Vasectomy vs Tubal Ligation

- White: 16
- Latino: 20
- Black: 22

2006-2008 NSFG
Disparities in Practice

• Multiple studies have documented provider bias against African Americans and people from lower socioeconomic groups.\textsuperscript{1,2}

• Dehlendorf et al. demonstrated disparity based on socioeconomic status, in which poor Whites were less likely to be prescribed highly effective contraception than Whites of higher socioeconomic status.\textsuperscript{3}

• Racial variation in tubal sterilization rates documented misinformation about sterilization and limited awareness of contraceptive alternatives among African American women.\textsuperscript{4}


7) Sonfield A, Hasstedt K, Kavanaugh ML, Anderson R. The social and economic benefits of women’s ability to determine whether and when to have children. 2013.

CASE DISCUSSION