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Improving Success in Higher Education through Increased Access to Reproductive Health Services

Introduction

Pregnancy and childbearing have implications for a number of economic and social outcomes, including educational attainment (Sonfield et al. 2013). Yet young people are often left without the knowledge and tools to make informed reproductive health decisions. The majority of adolescents and young adults are sexually active but many hold incorrect or limited information about how to effectively avoid unintended pregnancies (Kaye, Sullentrop, and Sloup 2009). This lack of information is particularly relevant for young people enrolled in college, whose educational pathway may be disrupted by an unplanned pregnancy (Bradburn 2003).

As higher education increasingly embraces a holistic approach to improving student outcomes, interventions designed to support students' non-academic needs should include efforts to connect students with comprehensive reproductive health care. Access to a range of reproductive health services, including both contraception and abortion, is key to addressing students' health needs and supporting their educational aspirations.

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This briefing paper presents evidence on the association between childbearing and educational outcomes, illustrates the importance of addressing students' reproductive health needs, and provides policy recommendations to improve college students' access to reproductive health services and—in turn—their chances for educational and economic success.

Evidence on the Association between Childbearing, Reproductive Health Access, and Educational Outcomes

Many factors affect a woman's ability to obtain a college degree and research shows that students who are pregnant or parenting face obstacles that can make it harder for them to graduate successfully (Costello 2014; Noll, Reichlin, and Gault 2017; Reichlin Cruse et al. 2018). Completion rates for parenting students tend to be much lower than for college students who are not parents. According to an analysis of the

Beginning Postsecondary Student survey, just one-third of all student parents earn a degree or certificate within six years of enrolling in college, compared with over half of non-parent students (IWPR 2019). Stop-out rates for parents are also higher—52 percent leave school without a credential in that time frame, compared with 32 percent of students without children, and another 15 percent are still enrolled (IWPR 2019).

While later childbearing is associated with a greater likelihood of enrolling and graduating from college, it is difficult to separate the effects of childbearing on educational attainment from the role of unobserved personal and family characteristics that may also affect the likelihood of earning educational credentials (Hofferth, Reid, and Mott 2001; Hoffman 2006; Hoffman 2015). Though not all student parents become parents as teens, the majority of the available literature uses teen childbearing to examine the relationship between parenting and educational attainment. Kane et al. (2013) found that women who gave birth as teens had between 0.7 and 1.9 fewer years of schooling compared with non-teen mothers, with their preferred estimate being a difference of 0.7 years (Kane et al. 2013). This analysis suggests that much—though not all—of the difference in educational attainment for women who gave birth as teenagers, compared with women who did not, is due to underlying characteristics and selection into early parenthood.

In addition to evidence on the association between childbearing and educational attainment, there is a related body of research that has found *causal* effects of access to contraception and abortion. Unlike studies on the effects of teen childbearing, this work uses methods that allow researchers to isolate the causal economic impacts of increased access to contraception and abortion.

Research shows that access to contraception and abortion improved a range of economic outcomes for women, including educational attainment (Bernstein and Jones 2019a; Bernstein and Jones 2019b). When contraception became legally available for young women, college enrollment increased and the dropout rate decreased as a result (Bailey, Hershbein, and Miller 2012; Edlund and Machado 2015; Hock 2007). One study estimated that by the year 2000, over 250,000 women over age 30 were able to obtain bachelor's degrees as a result of access to contraception (Hock 2007). Increased education among women as a result of contraceptive access led to increased labor force participation and higher earnings later in life (Bailey 2006; Bailey, Hershbein, and Miller 2012). Similarly, the legalization of abortion in the 1970s increased both high school graduation and college attendance for Black women—as well as increased labor force participation (Angrist and Evans 2000).

This research highlights the importance of contraception and abortion access to young women's economic security through their ability to pursue higher education. Because student parents face additional challenges in their educational careers, providing access to contraception and abortion to allow women to decide when or whether to become pregnant can be critical to their academic success. These services must be coupled with supports for students who are already parents and those who wish to have children while in school.

Reproductive Health Needs among Today's College Students

Historic research has demonstrated the effect of the legality contraception and abortion on women's educational and economic outcomes, but legality does not necessarily equate to access. For many young people, access to contraception and abortion services is limited due to factors such as cost, lack of knowledge, and physical access to comprehensive health care providers. This limited access is particularly troubling, given that young people are at greater risk for unintended pregnancies and sexual risk behaviors, with many lacking adequate knowledge of pregnancy risk and contraceptive options. Increasing access to family planning information and services for college students is an opportunity to meet the needs of this key population of adolescents and young adults.

Family Planning Needs among Adolescents and Young Adults

The Prevalence of Unplanned Pregnancy among College-Aged Adults

Although just under half of all pregnancies in the United States are unintended, this proportion is higher for adolescents and young adults. In 2011, the most recent year of data available, 76 percent of pregnancies among 18-19 year olds were unintended and 59 percent were unintended among 20-24 year olds (Finer and Zolna 2016).

Young women of color and women with low incomes have higher rates of unintended pregnancy than White and higher-income women. Sixty-four percent of pregnancies among Black women and 50 percent among Latina women were unintended in 2011, compared with 38 percent for White women (Finer and Zolna 2016). Young adults with low incomes are more likely than their higher-income counterparts to have an unintended pregnancy: 65 percent of pregnancies were unintended among women living below 100 percent of the federal poverty level (FPL), compared with 55 percent for women with incomes 100-199 percent of the FPL, and 38 percent for women with incomes 200 percent or greater (Finer and Zolna 2016). These rates suggest that college-aged adults, and particularly young people from historically marginalized communities, have a need for family planning information and access to services that can help them prevent unintended pregnancy.

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Knowledge of Contraception and Family Planning among College Students

Lack of contraceptive knowledge among adolescents and young adults likely contributes to their relatively high rates of unintended pregnancy. Misinformation and misperceptions about contraception, particularly hormonal birth control, are prevalent (Guendelman et al. 2000; Sangi-Haghpeykar et al. 2006). Among women ages 18-29, research has found lower awareness of various contraceptive methods

among Latina women, particularly those born outside of the United States, and teenagers. (Craig et al. 2014).

A study of community college students in California found that participants expressed both strong desires to avoid pregnancy in the next year and high aspirations for educational attainment. Yet their awareness of actual pregnancy risk and contraceptive knowledge were low, with many holding fears and negative beliefs about contraception (Cabral et al. 2018). In a separate survey of community college students, three-quarters of students reported that avoiding pregnancy was very important to them, with 8 in 10 respondents feeling that having a child while in school would make it harder to accomplish their goals. Yet respondents reported low levels of knowledge about many contraceptive methods (Prentice, Storin, and Robinson 2012). These findings demonstrate a discrepancy between young people's desire to avoid pregnancy and the knowledge and ability to successfully do so.

Use of Reproductive Health Services among College Students

How do these attitudes and beliefs around pregnancy prevention translate to actual use? Among adolescent women ages 15-19, 82 percent reported using a contraceptive method in 2006-2010, with 59 percent using a highly-effective method (Guttmacher Institute 2018). Data on contraceptive use among college students in particular are fairly limited. A 2016 National College Health Association survey found that 55 percent of college women used a method of contraception at most recent intercourse (American College Health Association 2016). The majority of these women reported using oral contraceptives. Data on abortion use among college students are also particularly scarce. Among abortion patients nationally, however, 60 percent are in their 20s, and 8 percent are ages 18-19 (Jerman, Jones, and Onda 2016).

Availability of Reproductive Health Services on Campus

More research is needed on how colleges are meeting their students' sexual and reproductive health needs, but it is clear that approaches and services vary widely among postsecondary institutions. In addition to traditional campus health centers, services and information often occur through peer-to-peer education programs, online information, and other forms outside of typical clinical interactions (Eisenberg et al. 2012). Access to these clinical environments, however, is necessary for many forms of contraceptive and abortion care.

College Students' Access to Contraception

While information on the availability of contraception on college campuses is relatively scarce, the American College Health Association (ACHA), a membership network for higher education institutions' health professionals, provides some clarity. A 2017 ACHA member survey of 110 colleges and universities found that around 30 percent of respondent institutions' school health centers provided long-acting reversible contraception (LARC), such as intrauterine devices (IUDs) and the implant (American College Health Association 2019). Provision of oral contraceptive prescriptions was much more common (91 percent of respondents reported this, though just over half reported actually dispensing the medication), as were referrals to outside providers for IUDs and implants (roughly three-quarters of respondents). A majority also reported providing over-the-counter emergency contraception (71 percent) through the campus's student health services (American College Health Association 2019).

Even when campuses do provide family planning services, however, students often have limited knowledge of what services are available (Bersamin et al. 2017). If students are not aware of reproductive health services available on campus, they may not seek that care at their health center. In addition, young people may be deterred from seeking reproductive health care because of embarrassment, insecurity, and fears around confidentiality (Bender and Fulbright 2013). Because contraception and other health issues related to sexual behavior are often stigmatized, students may have privacy concerns and choose not to seek those services unless they perceive their care as confidential. School health center staff echoed these concerns in the ACHA survey; 65 percent reported that patients voiced confidentiality concerns and only around 23 percent said that state law required the insurance explanation of benefits be sent to the student rather than parent or plan subscriber (American College Health Association 2019).

Emergency contraception (EC) is one important means of family planning—especially for students who may not have access to other forms of contraception, those who experienced contraceptive failure, or victims of sexual assault. Although one of the two types of oral emergency contraception is available over the counter (while the other is by prescription only) actual access varies on college campuses. Many schools do not provide EC in campus health centers and a 2017 survey found that 40 percent of pharmacies did not stock over-the-counter EC on the shelf (American Society for Emergency Contraception 2018; Miller and Sawyer 2006). Confidentiality is also a major barrier for students—both at college health centers and off-campus pharmacies (Hickey and White 2015). Confidential access is particularly important for young people and individuals who are seeking EC after experiencing sexual assault.

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College Students' Access to Abortion

In addition to difficulties in accessing contraception, college students face obstacles in obtaining abortion care. There are a number of barriers to both physical access to and funding for abortion, and these challenges are often exacerbated for college students. Funding is highly restricted for abortion, with many insurers not covering the procedure, and many states restricting insurance coverage for abortion care (Guttmacher Institute 2019). For students on their parents' insurance, even those whose insurance covers abortion may not wish to use it due to confidentiality concerns. For women with low incomes, funding presents an even greater challenge: federal Medicaid funds are prohibited from covering abortion care and many states apply the same restrictions to their state Medicaid funding (Henshaw et al. 2009). Many states also have additional restrictions on abortion, such as two-visit requirements, waiting periods, and gestational limits, that can heighten the barriers women face to accessing abortion care (Jerman et al. 2017; Karasek, Roberts, and Weitz 2016).

Physical access to abortion is highly dependent on where students live. In 2014, nearly one fifth of all U.S. abortion patients traveled over 50 miles one way for their appointment (Fuentes and Jerman 2019). Even in California—a state with few restrictions on abortion and a relatively higher density of clinics than

many parts of the country—over 60 percent of students lived over half an hour's travel from a clinic, with an average cost of the procedure over $600 and a week's wait time to the next available appointment (Upadhyay et al. 2017). Many students do not have access to a car and may rely on public transportation, if available. Traveling for care can be especially difficult in between class schedules, compounded by outside work and academic responsibilities.

Disparities in Access: Community vs. Four-Year Colleges

The availability of sexual and reproductive health services on college campuses varies widely (Eisenberg et al. 2012). Access to such care depends on a variety of factors, including institution type. Bachelor's degree-granting institutions, for example, are often residential and tend to have on-campus health centers that provide a range of care to students. These institutions also tend to offer health insurance plans for students. In contrast, community college students, who make up 42 percent of the undergraduate population in the United States, face a range of obstacles to accessing reproductive health care (Ma and Baum 2016). Community colleges are less likely to have health centers on campus where students can access care, with two-year institutions making up a small percentage of ACHA members (Floyd 2003; National Campaign to Prevent Teen and Unplanned Pregnancy 2012). Community college students are also less likely to be insured, which may be in part because fewer community colleges offer school health plans (Hopkins et al. 2018).

A 2014 IWPR survey of nearly 550 female students attending Mississippi community colleges found that 46 percent did not use birth control, and only three percent of respondents who said they used contraception obtained it on campus. Most respondents (72 percent) were not aware of whether contraceptive services were available on their campus. When campuses did provide contraceptive-related information, however, over 80 percent of students surveyed reported finding it helpful (Hess et al. 2014).

Although community college students are often left out of discussions of student health, they report sexual risk behaviors at higher rates than students at four-year institutions (Hopkins et al. 2018; Trieu, Bratton, and Hopp Marshak 2011). A sample of female community college students in Texas demonstrated substantial unmet demand for contraception, with many women desiring more effective methods than they were currently using. Financial and insurance barriers were cited as reasons for not using their preferred contraceptive methods (Hopkins et al. 2018).

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Policy Avenues for Expanding College Students' Access to Reproductive Health Care

Enabling women to better control their reproductive lives and avoid unintended births is likely to support women's educational aspirations. There are a number of policy solutions that could help college students

access the family planning services that can help them achieve their educational and economic goals. This section describes some of potential avenues through which state and federal policy could be improved to expand access for the college student population.

Policy that Improves College Students' Access to Contraception and Abortion

Medication Abortion on Campus

To address barriers in access to abortion, California student activists and advocates have pushed for legislation mandating California public colleges to provide medication abortion on campus—a safe, two-pill regimen used for abortions up to ten weeks gestation (Carrión 2019). Governor Newsom signed the bill in October 2019, which requires all California State University and University of California campus health centers to provide medication abortion (as of the passage of the bill, no California public universities offer medication abortion in their health centers) (Leyva 2019). The bill also provides funding for implementation, including training and equipment. Legislators have now introduced similar bills in Massachusetts and New York (Epstein 2019; Sabadosa 2019).

Emergency Contraception Vending Machines

Student activists at colleges around the country have taken the lead in getting EC pills stocked in vending machines on college campuses. Some states have laws prohibiting the sale of medicine in vending machines, creating a legal barrier to implementing vending machine distribution of EC. In response to the work of local student activists, Maine recently passed a law allowing the sale of nonprescription medication in vending machines (Terry 2019). States whose laws currently do not permit the sale of nonprescription medicine in vending machines can pass laws similar to those passed in Maine and other states, so that students can access EC in a way that is affordable, convenient, and confidential.

Pregnancy Prevention Education in Mississippi and Arkansas

In states that have high teen pregnancy rates, some success has been found in the promotion of reproductive health education for college students. Both Mississippi and Arkansas passed laws mandating education about unplanned pregnancies for college students (Doty 2019; Ferguson 2015). Although it is up to individual schools to create and implement education plans, partnerships with women's funds and reproductive health organizations have been successful in assisting schools with establishing programs aligned with best practices (Power to Decide 2018).

Other Contraceptive Access Policies

Policies that expand contraceptive access—particularly to younger women and women with low incomes—would also help college students prevent unintended pregnancy. For example:

- **Making oral contraceptives available over the counter** would allow women to obtain hormonal contraception without visiting a physician. If over-the-counter birth control pills were made available at low or zero out-of-pocket cost, interest and uptake would be high—potentially

resulting in a 7 to 25 percent decrease in unintended pregnancies (Foster et al. 2015; Grindlay and Grossman 2018). To ensure affordability, these policies would have to also mandate insurance coverage of over-the-counter contraception.

- **Requiring insurers to cover 12-month supplies of oral contraception** could also increase access—particularly for college students for whom frequent pharmacy trips are incompatible with school schedules or locations. Women who received one-year supplies have been shown to be at lower risk for unintended pregnancy (Foster et al. 2011).

- **Allowing pharmacists to prescribe birth control** provides an opportunity to increase contraceptive access among women who can access a pharmacy but have difficulty seeing another health care provider. Laws that allow pharmacists to prescribe birth control are currently present in some form in nine states. These laws must address challenges such as coverage of consultation fees and other cost-sharing, as well as barriers to staffing pharmacies with trained pharmacists and reimbursing pharmacists for these services (Kaiser Family Foundation 2019a).

Funding to Improve Students' Access to Reproductive Health Services

In addition to legal changes, federal funding streams can have an important effect on the availability of contraception and abortion, particularly for women with low incomes and women of color.

Publicly-Funded Family Planning

Title X is a federal grant program that began in 1970 to provide comprehensive and confidential contraceptive services, treatment of sexually transmitted infections, and preventive services such as cancer screenings, education, and pregnancy tests and counseling (Gold 2001). Title X helps meet contraceptive need for women who have low incomes but who do not meet the narrow eligibility requirements of Medicaid. College students can benefit from services funded by Title X dollars through receiving off-campus care at a Title X-funded clinic or care from a college health center that receives Title X funding directly.

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Regulations effective as of July 2019 (with some pieces of the rules going into effect in 2020), referred to as a "domestic gag rule," are limiting the activity of clinics and other providers who receive Title X funding (Sobel, Salganicoff, and Frederiksen 2019). Though Title X does not fund abortion services, the new rule places strict requirements for the physical and financial separation of abortion-related activities from Title X-funded services. These requirements make it difficult for health centers that provide abortion

care as well as Title X-funded services to operate, and interfere in the provider-patient relationship by prohibiting discussion of non-directive, all-options pregnancy counseling.

Providers receiving Title X funding are also prohibited from providing abortion referrals to patients who are seeking abortion care (Sobel, Salganicoff, and Frederiksen 2019). As a result, many Title X grantees have withdrawn or put a hold on use of funds from the program rather than comply with the regulations, including Planned Parenthood, several state Title X programs (such as Maine, Oregon, and Washington), and over 500 additional clinics (Kaiser Family Foundation 2019b).

Restrictions on the use of Title X funds threaten women's access to contraceptive care—including those who are college students—and disproportionately affect women with lower incomes. Removing restrictions to and expanding funding for Title X would allow college students greater access to affordable family planning services, which in turn may help them succeed in their academic careers.

Personal Responsibility Education Program (PREP)

The Personal Responsibility Education Program (PREP) is a competitive grant program administered by the Family and Youth Services Bureau, within the Department of Health and Human Services. The program funds evidence-based programs on sexually transmitted infection and pregnancy prevention, focused both on abstinence and contraception. Activities funded by PREP grants serve adolescents and young people ages 10-19 or pregnant or parenting women under 21 (Family and Youth Services Bureau 2019). Education programs funded by PREP, if comprehensive and medically-accurate, can help meet the contraceptive knowledge gap faced by college-aged adolescents.

Conclusion and Recommendations

Recent and historic evidence of the link between access to contraception and abortion and educational success suggest that expanded access to comprehensive family planning services and information can improve educational outcomes. Although considerations of pregnancy and reproductive health are often left out of efforts to improve college outcomes through holistic supports, the ability to plan when and whether to have children has significant implications for young women's abilities to persist in and complete college. To help college students better plan their reproductive lives, and in turn, promote their ability to achieve their educational goals, states, campuses, and the federal government should consider the following recommendations:

- Campuses and states should make the range of affordable and reliable birth control options available to college students on campuses (and over-the-counter when applicable), through partnerships with health centers, and through other alternative methods, such as vending machines or mobile clinics.

- States, the federal government, and the philanthropic community should expand investments in making the full range of family planning and sexual health care—including abortion—affordable and accessible, and provide resources to ensure the reproductive health needs of college students with low incomes are met.

- Students who are pregnant or parenting, or wish to become parents, also need greater support to meet their education goals. The federal government should maintain and expand key grant programs that fund targeted programming for pregnant and parenting young people, including those enrolled in college, to help them make informed choices about their reproductive health and increase the supports available to them while pursuing postsecondary education.

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