

Contraceptive Challenges Facing Community College Students

Key Findings

- Many community college students face barriers to contraception, including privacy concerns, lack of awareness, and affordability.
- One-third of students delayed contraceptive care they thought they needed, with mental health challenges being a key factor.
- While policies in states like California help reduce barriers to contraception, gaps remain, worsened by the reversal of *Roe v. Wade*.

Introduction

Community college students need access to comprehensive reproductive health care to support them in achieving both their educational and reproductive goals. This brief highlights barriers to contraceptive access among young people attending community college and outlines policies and programs that can support access. Drawing on data from a longitudinal study conducted with more than 2,000 female community college students in Texas and California, challenges to accessing contraceptive care are widespread and exist in states with both supportive and restrictive reproductive health policies.



90%
of community college students
report that pregnancy prevention is
important for them.

More than nine million young people seek higher education through community colleges each year, but their reproductive health needs are often overlooked, and they have lower access to care than four-year college students.¹ Despite having similar needs, four-year college students are much more likely to have access to reproductive health care. In a groundbreaking University of California San Francisco (UCSF) study, the vast majority of community college students surveyed said pregnancy prevention is important and that contraception could help them during their education.²

Yet, an array of restrictive state and campus policies, competing funding priorities, stigma, and misinformation³ increase barriers to contraception and make preventing an undesired pregnancy more difficult.

Contraceptive access has been further undermined in the wake of the Supreme Court's ruling overturning the constitutional right to abortion.⁴ States with restrictive abortion policies also tend to underfund contraceptive programs, which has resulted in a decline in contraceptive access in restrictive states.⁵

The findings below make the case for increasing support for community college students' contraceptive needs. This group of students has high aspirations and believes strongly in the promise of education as a means of economic advancement. Yet, they face more barriers and challenges than other cohorts of students. The policies outlined in this brief offer college leaders, advocates, and policymakers ways to expand supports in order to bridge the gap between students' immediate needs and ultimate goals.

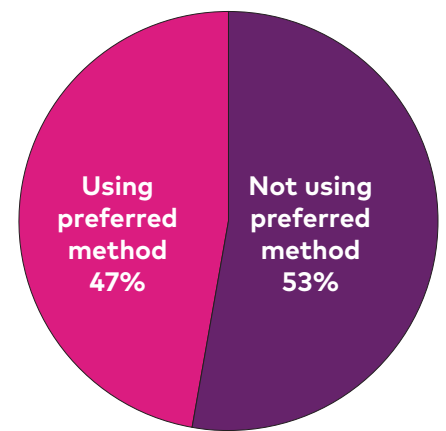
Low Use of Preferred Contraceptive Method

Being able to use a preferred method of contraception is an important measure of the extent to which people are facing barriers to contraceptive access. In the United States, approximately 25 percent of women aged 15–44 are not using their preferred method of contraception.⁶ Among the community college students surveyed in Texas and California, **more than half (53 percent) were not using their preferred method** (Figure 1).⁷

Key barriers to contraception for community college students include:

- Privacy concerns;
- Not knowing where to get contraceptives; and
- Affordability—only **13 percent** of students were aware of state programs⁸ that help cover the cost.⁹

Figure 1. Most Community College Students Are Not Using Their Preferred Method of Contraception



Texas students were less likely to be using their preferred method than California students, and **uninsured students** were even less likely:

- In Texas, **72 percent** and in California, **46 percent** of uninsured students were not using a preferred method.
- Unmet preferences were largely for prescription methods such as IUDs, implants, injectables, pills, patches, and rings. These are also the more effective methods.

These findings indicate that California's more supportive reproductive health policies may reduce some barriers to contraceptive access, but gaps remain in both settings.

Delays in Seeking Contraception

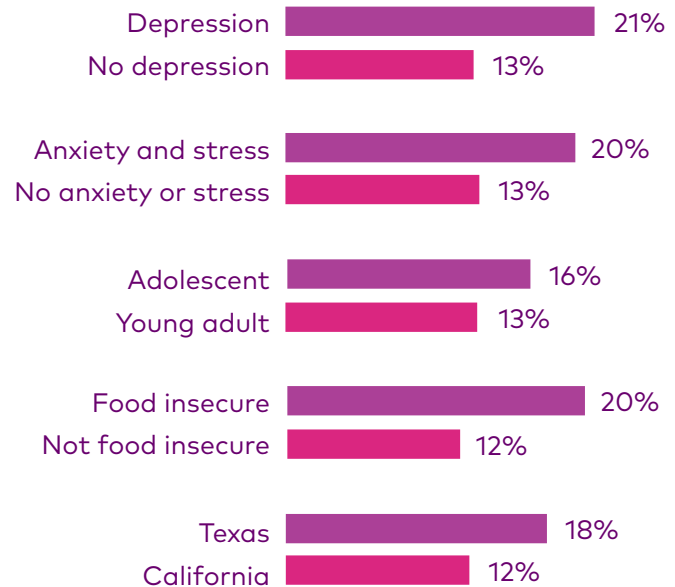
Another key indicator of contraceptive access is whether people can get it when they need it. The research findings show that **more than one-third (35 percent)** of students reported **delaying contraceptive care** they felt they needed during the study.¹⁰ **Mental health distress** among young people was associated with delayed contraception; those experiencing depression, anxiety, and stress were more likely to delay. Other factors associated with delays included **adolescence** (ages 18–19 vs. 20–25 years), **food insecurity**, and living in **Texas** (Figure 2).

Offering contraceptive services on campus or through a referral system makes it much more accessible to students. Co-locating this care with mental health care can be even more effective in getting students the services and health care they need.

Telehealth has great potential to expand access to contraception. However, nearly one-quarter of young adults in the study reported difficulties accessing telehealth for contraception,¹¹ and very few (6 percent) used telehealth to obtain contraception.¹² In particular:

- Uninsured students were less likely to use telemedicine for contraceptive care.
- Telehealth access challenges were greater for those with food or housing insecurity.

Figure 2. Students Delayed Contraception (in past 3-6 months)



Supportive Policies May Mitigate Barriers, but Access Gaps Remain

Since the decision to reverse *Roe v. Wade*, delays in contraceptive care and difficulties obtaining a preferred method have increased, especially in states with abortion bans.¹³ The experiences of Texas and California students highlight the role of policy in access (Boxes 1 and 2), in addition to the need for greater investment in contraceptive care, even in supportive states.

Box 1. Key Texas Policies That Limit Reproductive Rights

- No Medicaid expansion
- Limited sexual health education with an abstinence focus
- Total abortion ban
- No pharmacy-prescribed contraception
- State family planning programs with narrow eligibility, often excluding those most in need
- Parental consent is required for minors to access Title X services

Box 2. Key California Policies That Help Support Reproductive Rights

- Medicaid expansion
- Comprehensive sexual health education
- Legal access to abortion
- Access to pharmacy-prescribed contraception
- State family planning programs with broad eligibility
- Minors can access Title X services without parental consent

Policy Recommendations to Improve Contraceptive Access and Equity

Policymakers at all levels—community colleges and systems, state, and federal—can take concrete steps to improve contraceptive access for students. Proven policy solutions include:

1. **Fund and advocate for programs that provide outreach, education, and connection to services.** Support community-based initiatives that reach students who have low contraceptive access by fostering partnerships between clinics, colleges, and youth-focused development organizations.
2. **Support training for providers in primary care and community clinics on contraceptive provision.** Broadening the network of providers who can educate their patients and offer a full range of methods would improve access for those unable to reach specialized clinics.
3. **Invest in new ways to access contraception, including telehealth and over-the-counter contraception.** Telehealth can increase access, especially in rural and underserved areas. Coverage for telehealth is essential to make sure it improves access in a meaningful and equitable way.¹⁴

Opill, the first over-the-counter oral contraceptive pill, launched in 2024.¹⁵ Universal insurance coverage of this contraceptive option and an affordable price point for those without insurance are essential to making this contraceptive widely accessible.

4. **Expand Medicaid in all states.**¹⁶ Expanding Medicaid in the ten states that have yet to do so could provide about 1.5 million more people with health insurance, giving them access to no-cost contraception.
5. **Affirm the right to contraception at the state and federal levels.**¹⁷ Taking legislative action to enshrine the right to use all methods of contraception into law would safeguard access to reproductive health care.

Conclusion

Using data from a study of community college students, this brief has shown that barriers to contraception are widespread and unequally distributed. As abortion restrictions increase, ensuring equitable contraceptive access has become even more critical for safeguarding bodily autonomy, gender equity, and workforce participation.

Key policy actions, such as affirming the right to contraception, expanding Medicaid, supporting telehealth and over-the-counter options, and increasing outreach, are necessary steps toward broader contraceptive access and reproductive freedom.

This brief was prepared by Dr. Martinique Free and Ms. Christine Clark (IWPR); Dr. Kristen Burke, Dr. Jennifer Yarger, Ms. Hannah Hecht, Dr. Cynthia Harper (UCSF); Dr. Kristine Hopkins (UT Austin); and Ms. Francis Bernabe (Essential Access Health). It was made possible with the support of the William and Flora Hewlett Foundation and the Freedom Together Foundation. To learn more about the research in this brief, visit the REACH Youth study website: <https://beyondthepill.ucsf.edu/our-work/our-studies/reach-youth/>.

Endnotes

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