CONTRACEPTIVE EQUITY: BLACK WOMEN'S CHOICES VERSUS PROVIDER BIAS

Access to contraceptives helps women "complete their education, get and keep a good job, support themselves and their families financially, and invest in their children's future."[1] Every woman has the right to make informed decisions about her fertility and to plan her family without coercion by either her doctor or her government. She should be able to choose her contraceptive method based on her own living conditions and circumstances. This should mean that she can plan whether or when to start or add to her family without outside interference. Yet, a woman's choice of contraceptive method is largely influenced by whether she has health insurance, the types of contraception her insurance covers, her income, and how accessible health care and contraception are where she lives.[2]

Contraception can be expensive, so it is most accessible to women whose insurance covers it. As of 2018, 29 states require insurance plans that cover prescription drugs to "also cover prescription contraceptives."[3] Low-income women receive assistance with contraceptive costs through Federal and State programs, including Title X and Medicaid. Women may choose (or be encouraged to choose) different methods depending on whether they have public versus private insurance. Women who have public insurance are more likely to choose sterilization, and less likely to use the Pill, than women with private insurance.[4]

But the United States has a long and troubling history of reproductive oppression during which it has sought to control and limit the fertility of Black women, low-income women, and other marginalized women. As public health officials and family planning advocacy groups become enamored with the efficiency and affordability of the latest birth control fad – long-acting, reversible contraceptives (LARCs) - Reproductive Justice advocates have become increasingly concerned with the bodily autonomy and choice offered to Black women.

In Our Own Voice is a signatory of an important joint statement of principles on LARCs that addresses past contraceptive abuses and makes recommendations to avoid abuses in the future. As of today, the statement written by SisterSong: National Women of Color Reproductive Justice Collective and the National Women's Health Network has been signed by 115 organizations and individuals.

LARCS BY THE NUMBERS

When the Affordable Care Act was signed into law, it mandated coverage of all 18 contraceptives approved by the Food and Drug Administration (FDA). It also addressed the challenges presented by the lack of insurance coverage by requiring private insurers to cover contraception without excessive cost-sharing such as deductibles and co-pays.

As a result of the ACA mandate, the most effective forms of contraception — called long-acting reversible contraceptives (LARCs) — are now covered, and more women are using them. In fact, LARCs' use has increased almost fivefold over the past decade among women aged 15 to 44 (from 1.5 to 7.2 percent).[5] Between 2002 and 2010, the use of LARCs tripled among white women and increased

fourfold among Black women (rates declined ten percent among Latinas).[6] The use of LARCs grew at a similar rate among Latinas and white women from 2006 to 2013 (129 and 128 percent, respectively); rates among Black women increased 30 percent during this time.[7] [8] [9]

Although Black women take full advantage of available contraceptive options to plan their families, they use contraceptives at lower rates than women of other racial and ethnic backgrounds.[10] In fact, only 83 percent of Black women use contraception compared to 90 percent of Asian women, and 91 percent of Latina and white women.[11] Black women are also more likely to use Depo-Provera than oral contraceptives, which are primarily used by white women.

BLACK WOMEN AND CONTRACEPTION: A HISTORY OF COERCION AND MISTRUST

Among the reasons why a Black woman may not access contraceptives at the same rates as other women is a deep-seated distrust of the healthcare system. For years, Black women faced coercive contraceptive practices and policies, misinformation about the use of contraceptives, and unethical contraceptive testing. Family planning decisions were often made for us with the goal of either controlling our population growth or in the name of advancing the research in the field of contraceptives (e.g., Norplant and Depo-Provera). This practice continues to this day, as race and socioeconomic status continue to be factors with certain women being pressured into using longer-acting contraceptives over more easily reversible options.[12]

In the 1990s, policies were designed to coerce Black women into accepting sterilization or the Norplant implant in order to receive public benefits and/or avoid incarceration. For example, South Carolina introduced a bill that required women "with two or more children to have a Norplant inserted as a condition of being able to receive welfare benefits. "[13] Other states considered requiring the use of Norplant for women to receive public benefits at all, or in exchange for a reduced prison sentence. It also includes sterilization and administration of contraceptives without women's knowledge or permission, as occurred in many states well into the 1970s.[14]

Lest people think that this is just history, they should know that between 2006 and 2010, the California Department of Correction is said to have authorized sterilizations of nearly 150 female inmates. Although these tubal ligations were done in violation of prison rules, the state paid doctors $147,460 to perform the operations. In 2017, a Tennessee judge was reprimanded for offering to reduce jail sentences for convicted women who underwent a sterilization procedure, a coercive practice in violation of personal liberty and bodily autonomy.[15] The judge claimed this is offered to repeat offenders so they can "make something of themselves."[16]

PROVIDER BIAS IN THE ERA OF LARCS

Enthusiasm for the use of any form of contraception must not infringe upon women's reproductive autonomy. Efforts to advance the use of LARCs must not repeat past practices. Yet, women - "particularly young women, elderly women, women of color, LGBTQ individuals, and low-income women - frequently report that clinicians talk down to them, do not take their questions seriously, and treat them as though they do not have the basic human right to determine what happens with their bodies."[17]

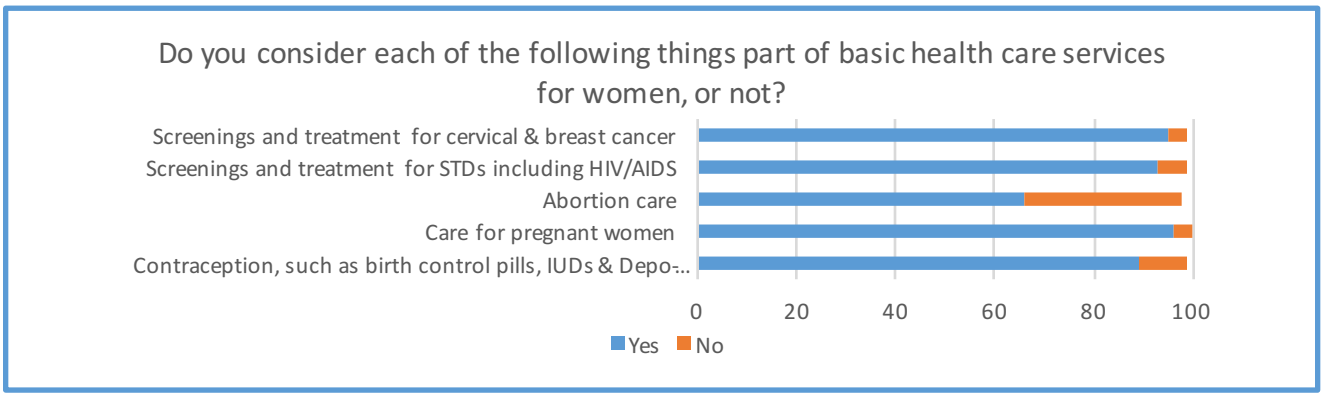
For example, one study found that IUDs were recommended more often to low-income women of color than to low-income white women.[18] And, a recent study in Wisconsin found that "women reported that their preferences regarding contraceptive selection or removal were not honored."[19] They described experiences in which providers undervalued the woman's contraceptive preference; minimized LARCs'

side effects; dismissed patients' concerns about LARCs; disrespected or patronized their patients; and were unsupportive when women wanted to stop using LARCs.[20]

Many Reproductive Justice advocates who are knowledgeable of past practices are concerned about the "variety of ways LARC methods might be promoted or practiced in socially unjust ways."[21] "We see this coercion play out when a program funds the insertion of a free IUD but not its removal, when a clinic must meet a quota for LARC use or risk its own funding, or when a doctor tells a woman she's not responsible enough for a method she can control herself. We see it when state poverty relief is tied to LARC use — as California's was until just this year. And when state Medicaid programs refuse to cover removal — as South Dakota does even now, stating in its 2016 billing manual that it 'will not reimburse for the removal of the implant if the intent is for the recipient to become pregnant.'"[2223]

When *In Our Own Voice* conducted "listening sessions" on reproductive health, we heard from women who sought care for a number of reasons but were not listened to by their providers. One woman who had previously suffered "side effects from birth control pills" and developed ovarian cysts while using a NuvaRing, said she had to do her own research and fight her provider to try different birth control pills[24].

A 2017 *In Our Own Voice* sponsored poll revealed that an overwhelming majority of Black women and men (89 percent) shared the perspective that contraception is a part of women's basic healthcare.[25] In that same poll, a staggering 92 percent of Black women and men agreed that "a woman should be able to get birth control through her health insurance, even if her boss disagrees with the idea of birth control.[26]



THE WAY FORWARD

With the expanded use of LARCs, more comprehensive research needs to be done on provider bias—not from the perspective of providers but through the eyes of the women they serve. Advances in contraceptives and family planning must not repeat past practices that coerced women into accepting a specific method, or discouraged them from choosing a different family planning method (or none at all).[27]

Women must be empowered and enabled to make their *own* assessment and decision about what methods are best for their unique circumstances. "Only affordable coverage of all options and a comprehensive, medically accurate, and culturally competent discussion of them will ensure treatment of the whole human being and truly meet the health and life needs of every woman."[28]

Access to contraceptive information and services is essential. But, it is not sufficient, in and of itself, to ensure women's reproductive freedom. Reproductive Justice recognizes that the primary challenges facing young, low-income, and uninsured women stem not from unintended pregnancy — but from social

disparities that disproportionately impact these groups of women.[29] Women must be empowered and enabled to make their *own* assessment and decision about what methods are best for their unique circumstances. "Only affordable coverage of all options and a comprehensive, medically accurate, and culturally competent discussion of them will ensure treatment of the whole human being and truly meet the health and life needs of every woman."[30]

In Our Own Voice: National Black Women's Reproductive Justice Agenda is a national Reproductive Justice organization focused on lifting up the voices of Black women at the national and regional levels in our ongoing policy fight to secure Reproductive Justice for all women and girls. Our eight strategic partners include Black Women for Wellness, Black Women's Health Imperative, New Voices for Reproductive Justice, SisterLove, Inc. SisterReach, SPARK Reproductive Justice Now, The Afiya Center and Women With A Vision.

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