Influence of Socioeconomic Status on Access and Quality of Reproductive Healthcare

Midwest Interprofessional Practice, Education, and Research Center
Creating Teams for Patient Centered Care

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Introduction

Purpose

To examine the effect of socioeconomic status (SES) on access and quality of reproductive healthcare for women.

Significance

Inadequate access and quality of reproductive healthcare is an issue that leads to negative health outcomes for a large portion of the population. Better understanding access and care inequalities will aid in prevention of negative health outcomes related to insufficient reproductive health care.

What is Reproductive Health?

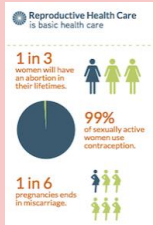
Reproductive health revolves around the ability to have a responsible and healthy reproductive system. It involves having a healthy sex life and having the capability to reproduce and the freedom to decide if, when, and how to do so (Long et al., 2019).

Family Planning

Birth Control & Abortion

- With respect to income, 12% of women earning less than 150% of the Federal Poverty Line (FPL) were not using contraception, compared to 9% of those earning more than 300% of the FPL (Dehlendorf, 2010)
- 62% of pregnancies are unintended among those earning <100% of the FPL, compared to 38% of pregnancies in those earning >200% of the FPL (Dehlendorf, 2010)
- In one study, 49% of abortion patients had a family income below the federal poverty level—up from 27% in 2000. An additional 26% of abortion patients had an income that was 100–199% of the poverty threshold. In other words, 75% of abortions reported in this study were among low-income patients (Boonstra, 2016)

(World Health Organization, n.d.)



(Reproductive Health Access Project, 2015)

Sexual Education

Educators

- Sexual education covers all topics related to sex and sexuality. Sexual education is most commonly taught by parents, K-12 faculty members in an educational setting, or local resource facilities. However, sexual education may not be taught at all.

Demographics

- Low income and education levels contribute to higher pregnancy rates.
- Young women who received comprehensive sex education had a lower risk of pregnancy than young women who received abstinence-only or no sex education (Kohler et al., 2008)
- The more abstinence is stressed in state laws and policies, the higher the average adolescent pregnancy and birth rate in that state (Stanger-Hall & Hall, 2011)
- Poverty can be a cause of teen pregnancy

Improvements in Reproductive Education

- Posting information on bulletins stating where to go for gynecological health (Gelberg et al., 2004)
- Extended clinic hours and opening more clinics in areas frequented by women in low income communities (Gelberg et al., 2004)
- More child care services so that women can seek care themselves (Gelberg et al., 2004)
- Changes in state legislations surrounding reproductive health and services (Bossick et al., 2020)
- Inclusion of more laws within and between states (Bossick et al., 2020)
- Expansion in policies that covers the entire United States, including territories and tribal lands (Bossick et al., 2020)

Reproductive Health

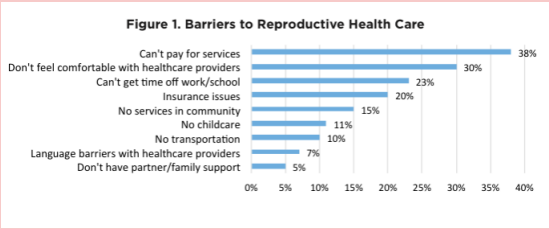
Prenatal Care & Birth Quality

- A majority of women who do not receive prenatal care are those of low SES. In Arizona specifically, the percentage of women delivering at a public hospital without prenatal care doubled in a 2 year period reaching 14% (Johnson et al., 1994)
- Women receiving no prenatal care are more likely to experience a pregnancy related death than those who do receive prenatal care. Additionally, approximately 25% of women in the United States begin prenatal care late and pregnancy. This percentage rises to 34% for African American women and to 41% for American Indian women and Native women (Maternal Health Task Force, 2021)
- Women of low SES are more at risk for immediate causes of infant mortality such as birth defects, preterm birth, Sudden Infant Death Syndrome (SIDS) and maternal complications (Pabayo et al., n.d.)

Barriers

Access Barriers to Family Planning and Women's Health Includes:

- The cost of receiving care (Gelberg et al., 2004)
- Limited clinic hours (Gelberg et al., 2004)
- Difficulty or inability to get appointments (Gelberg et al., 2004)
- Transportation (Gelberg et al., 2004)
- Comfort level with health care providers
  - Many women from low income communities felt stigmatized by their health care providers (Gelberg et al., 2004)
- State legislation restricting access to reproductive health and the number of services that women from low income communities can receive (Bossick et al., 2020)



(Potter, 2015)

Conclusion

- Women of low SES receive inadequate reproductive healthcare including sexual education, preventative gynecological healthcare, contraceptive techniques, abortion resources/clinics, and prenatal and birth care.
- We can improve access and quality of reproductive healthcare by:
  - Providing free reproductive healthcare courses (sexual, family planning, and prenatal care education)
  - Increasing access to contraceptive resources
  - Reducing reproductive healthcare costs
  - Increasing the number of clinic locations as well as clinic hours of operation
  - Greater access to sufficient prenatal care
- By better understanding the nature of these disparities, policy makers and healthcare providers may correct such inequalities.
- Concerning interprofessional education and patient safety, it is important to improve health outcomes for all women, specifically women of low SES.

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