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Adolescent health brief

Access to Medication Abortion Among California's Public University Students

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ABSTRACT

Purpose: A proposed California law will require student health centers at public universities to provide medication abortion. To understand its potential impact, we sought to describe current travel time, costs, and wait times to access care at the nearest abortion facilities.

Methods: We projected total medication abortion use based on campus enrollment figures and age- and state-adjusted abortion rates. We calculated distance and public transit time from campuses to the nearest abortion facility. We contacted existing abortion-providing facilities to determine costs, insurance acceptance, and wait times.

Results: We estimate 322 to 519 California public university students seek medication abortions each month. As many as 62% of students at these universities were more than 30 minutes from the closest abortion facility via public transportation. Average cost of medication abortion was \$604, and average wait time to the first available appointment was one week.

Conclusions: College students face cost, scheduling, and travel barriers to abortion care. Offering medication abortion on campus could reduce these barriers.

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IMPLICATIONS AND CONTRIBUTION

Abortion is a commonly needed health service for students attending public universities, but obtaining an abortion may be difficult for students. Offering medication abortion at campusbased student health centers, like other primary healthcare services, could reduce these barriers.

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California's state legislature is considering legislation that would require campus health centers at California's 34 public universities to provide medication abortion [1]. This includes 11 University of California campuses and 23 California State University campuses, encompassing 737,328 students [2,3].

Medication abortion, also known as medical abortion or the "abortion pill", is available during the first 10 weeks of pregnancy and involves the use of two medications: mifepristone and misoprostol. Patients take the mifepristone at a clinic or at home and 6-72 hours later they take the misoprostol at home, where they have uterine contractions and the abortion process ensues. A follow-up visit 5-14 days later is recommended.

Access to abortion care may be important to continued college participation and gender equity. Women who have a child while in college are less likely to graduate than those who do not, and 89% of students say that having a child while in school would make it harder to achieve their goals [4,5]. However, it is unknown whether campus-based services are needed. While unintended

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Abbreviations: UC, University of California; CSU, California State University; UCSF: University of California, San Francisco

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pregnancy and abortion rates are highest among people aged 18–24, the ages of most college-going students [6], data on abortion incidence among college students are unavailable.

This study aimed to assess medication abortion access among California's public university students. Specifically, we estimated current medication abortion use and travel time, costs, and appointment availability at the abortion facilities closest to each of the 34 campuses.

Methods

Medication abortion demand among California's public university students

We generated projected ranges of monthly medication abortion demand using college-, age-, and state-adjusted abortion rates and estimated rates for medication abortion as preferred abortion type. Age-specific abortion rates were taken from the Guttmacher Institute's most recent nationwide projections; the mean of rates for ages 18–19 (1.8%) and 20–24 (2.8%) was used [6]. We then adjusted for higher rates of abortion in California using the statespecific abortion rate (1.96%, compared with 1.46% nationally, for an adjustment factor of 1.34) [7]. Because these estimates are for all abortion types, we then adjusted for the percent of all abortions which are medication abortions. Nationally, 31% of abortions in 2014 were medication abortions; this figure served as our lower bound [7]. Given increasing popularity of medication abortion and potential higher demand with improved availability, we assumed a high bound of 50% of all abortions as medication abortions. Enrollment figures and percent of campus population that was female (as a proxy for the percent of students with uteri) were obtained from US News & World Report [2,3].

Facility information

In November 2017, two research assistants made "mystery shopper" calls to all 152 abortion-providing facilities in California from a database maintained by University of California, San Francisco's Advancing New Standards in Reproductive Health program to verify the types of abortion provided, cost of abortion, acceptance of state Medicaid and other insurances, wait time until first available medication abortion appointment, and weekend appointment availability. This component of the study was approved by University of California, San Francisco's institutional review board.

Distance and time to closest facility

We calculated driving distance and time from every campus to every facility in the state using the Stata TRAVELTIME3 module, which uses a Google Maps API to calculate driving time and distance between points. For each closest facility, we then calculated public transit time from campus to the facility at a standard day and time (Wednesday at 4 P.M.) using Google Maps.

Results

Monthly usage estimates

We estimated that in total, UC and CSU students obtain 1,038 abortions each month, and with campus availability, 322–519 of those would likely to be medication abortions (see Table 1).

Distance and time to closest facility

Mean driving distance from campus to the nearest abortionproviding facility was 5.5 miles one-way. Fifteen campuses (44%) were further than 5 miles from the nearest facility. Median travel time via public transit was 34 minutes one-way. Twenty two campuses (65%) were more than 30 minutes from the nearest provider via public transit. Population-weighted average distance was 5 miles driving and 38 minutes via public transit one-way. Given that two visits are recommended, population-weighted average total driving distance was 20 miles and average total public transit time was 1 hour 32 minutes.

Facility information

The average out-of-pocket cost of medication abortion at the facilities closest to campus was \$604. Almost all facilities closest to campus accepted state Medicaid; one did not, but the next closest facility was only .05 miles further away. Average wait time until first available appointment was 7 days (range 1–20 days). Only five facilities closest to campus (15%) were ever open on weekends.

Discussion

Projections from this study suggest that many students attending California's public universities need abortion care, but barriers for students include traveling to a facility off-campus or attending an appointment on a weekday, for which they may miss classes. While student health centers also have limited or no weekend hours, many offer the ability to make next day or same day scheduled appointments online, making it easier to fit in an appointment in between classes and obtain care sooner. College students have limited financial resources; they are often paying for tuition and room and board, and have reduced time for employment. While it is not yet known how much students would pay for an on-campus medication abortion, the costs are likely to be the same or lower than those going to an off-campus clinic. If students face delays in accessing a medication abortion for any of these reasons, they may exceed the gestational limit of 10 weeks and no longer be able to have a medication abortion.

Travel time is an important consideration for college students, as medication abortion must be obtained off-campus and usually requires two visits. Public transit time is salient because of low car ownership among college students; weighted by campus enrollment, 28% of UC students and 63% of CSU students have a car on campus [2,3].

This study is limited by an assumption that the closest abortion facility is the one that students are referred to or seek care from. However, some campuses may refer students to a campus-affiliated hospital rather than the closest public abortion facility. Additionally, these findings are limited to the campuses examined here and do not describe all barriers to seeking abortion care that college students may face. Estimates of the numbers of abortions are projections based on general population data, and actual abortion rates may differ for this population. Finally, the proposed legislation applies only to medication abortion, not aspiration abortion. Off-campus facilities may still be desirable to students who would prefer an aspiration abortion or who are not sure what type of abortion they want. Both types of first-trimester abortions could feasibly be offered on campus and ideally would be offered, so that student choice is not artificially constrained. Download English Version:

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