WOMEN'S FUND OF HAWAI'I

Women's Reproductive Health in Hawai'i

COMPREHENSIVE REPORT

2024

Prepared For:

Women's Fund of Hawai i

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Executive Summary

In the last quarter of 2023, the Department of Psychology at the University of Hawai'i Mānoa and *Women's Fund of Hawai'i* partnered to conduct a statewide assessment of knowledge and attitudes about reproductive health for adults in Hawai'i with special attention paid to the access to and barriers of reproductive health services for women aged 18-45. In addition, other factors that may influence participant responses are considered, including physical and mental health, and experiences of intimate partner violence.

PARTICIPANTS

In total, **2,017 participants** completed the survey with the majority **(69%) from the County of Honolulu** followed by the County of Hawai'i (17%), the County of Maui which includes Moloka'i and Lāna'i (9%), and the County of Kaua'i (5%). These sample percentages align with the population data by county. **The assessment was split into two different surveys: 1) women 18-45, and 2) women older than 45 and men 18 and older.** Almost **three-quarters (71%) identified as female**, while one-quarter (25%) identified as male, and the remaining 4% self-identified or identified with gender expansive identities. Demographics collected reflect a diverse sample with the three most frequent ethnicities being **Asian (69%), White (48%),** and **Native Hawaiian/Pacific Islander (38%).**

INTIMATE PARTNER VIOLENCE

Although reproductive health is largely related to women's health, many decisions around family planning are made in conjunction with a partner. This is a topic that can cause stress and violence in relationships if reproductive health goals are not aligned, which may make it difficult for women to access health services, particularly reproductive healthcare (Clark et al., 2014; Grace & Miller, 2023; Moore et al., 2010). As such, participants were asked whether they had a romantic partner in the past year (with 70% of the sample reporting yes) and follow-up questions around intimate partner violence. **Women ages 18-45 reported the highest percentage (82%) of having a romantic partner in the last year and also reported the highest rates of violence.** Of these women, many experienced emotional acts of violence in their romantic relationships, with **42% reporting a partner screaming or cursing at them, 21% reporting they were afraid of their partner, and 14% reporting their partner had threatened them.** Although less frequent, experiences of physical and sexual violence were also reported by this group, with **11% stating a partner had physically harmed them and 11% stating a partner had forced them into sexual activity.** Men and women aged 46 and older also reported acts of violence in romantic relationships, with similar but slightly lower rates to women aged 18-45.

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GENERAL HEALTH

Mental and physical health were assessed through the number of mentally and physically unhealthy days reported in the last month. **Females 46 and older had the highest number of physically unhealthy days in the last month of any group** (6.47 versus 5.26 for women 18-45 and 4.69 for men). This compares to the national average of 4.34 physically unhealthy days. **Females aged 18-45 had the highest number of mentally unhealthy days** (10.17 versus 5.3 for women over age 45 and 4.35 for men). This compares to the national average of 4.66 mentally unhealthy days.

Health Care Service Utilization

Regarding access to general healthcare, **the majority of women aged 18-45 (62%) who said they had a place to receive healthcare** when they needed it sought services at a doctor's office. Of those who did not have a place to receive healthcare, 53% of women reported it was because they did not need it in the past two years. For those who sought out and received healthcare services, **the top three general health services received were check-ups (66%), well woman visits (55%), and mental health services (30%).Mental healthcare was also the service that the greatest percentage of women (21%) wanted but could not access.** The top three barriers to receive healthcare for women were: 1) they did not know where to get it, 2) they could not get an appointment soon enough, and/or 3) they could not get off work.

REPRODUCTIVE HEALTH CARE

When women were asked about reproductive healthcare specifically, data show that access to such services was important to them. **For women aged 18-45, almost two- thirds (64%) reported it was important for them to avoid pregnancy, largely due to personal and/or financial reasons. Just under half (43%) of women of childbearing ages indicated they had received contraception services in the past two years**, primarily at their doctor's office (68%). With regard to abortion care, while the majority (81%) of women 18-45 did not need these services in the past 2 years, **13% of women indicated that they had a source they used when they needed abortion services,** primarily at their doctor's office or Planned Parenthood. As of 2024, there are only two Planned Parenthood locations in the state of Hawai'i, on the islands of O'ahu and Maui.

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Contraception Utilization

Regarding the sample's access to and use of contraception methods and services, birth control pills and condoms were the most commonly received. Approximately one-third of women accessed each of these methods, with 32% indicating that they received birth control pills and 29% received condoms. Other birth control methods such as patches, shots, and implants were also sought out but not as frequently as birth control pills and condoms. The most frequent barriers to receiving contraception services were: 1) that the services were too far, 2) participants did not have reliable transportation, 3) they did not know where to get the service, or 4) they could not get an appointment soon enough.

Abortion Care Utilization

As for abortion services, the most frequently requested and received services were pregnancy testing and pregnancy dating. Only about one in ten women (13%) sought out an abortion in the past two years, with the majority going to their doctor's office (35%), Planned Parenthood (23%), or a walk-in clinic (14%) to receive these services. The majority of women aged 18-45 (81%) indicated that they did not need abortion services in the past two years. A small but important percentage of women (6%) wanted an abortion but were unable to access services for similar reasons as not being able to access contraception services (i.e., transportation issues, not knowing where to get the service, or not being able to get an appointment soon enough).

Perceived Accessibility of Reproductive Healthcare

All participants were asked about their perceptions of contraception and abortion care accessibility on their island. These data were split into three groups, women aged 18-45; women 46 and older; and adult men, to examine differences in knowledge among the samples. For contraception services, there were no significant differences in perceptions, with all three samples reporting that it was somewhat or very easy to access contraception on their island (70% of women 18-45; 83% of women 46 and older; and 73% of men). However, **fewer women aged 18-45 indicated that they believe it is somewhat or very easy to get a medical (28%) or surgical abortion (21%) on their island, compared to women 46 and older (33% medical; 29% surgical) and adult men (37% medical; 33% surgical).**

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Perceived Acceptability of Reproductive Healthcare

Reproductive healthcare acceptability was also evaluated among the three samples by assessing their attitudes of whether women should have access to contraception and abortion care. **Both samples of women were more likely to agree that women should be able to get birth control should they want it** (87% of women aged 18-45; 90% of women 46 and older; compared to 79% of men). **The results for acceptability of abortion care were similar, again with both samples of women more likely to agree that women who want a medical or surgical abortion should be able to receive one** (61% for women aged 18-45; 65% of women 46 and older; compared to 56% of men).

RECOMMENDATIONS AND FUTURE DIRECTIONS

There is certainly cause for optimism as the data show that many women are receiving the healthcare they seek, and have a place to receive healthcare (doctor, clinic, etc.). However, there is room for improvement. Primary barriers to receiving services include 1) physical accessibility/distance, 2) not knowing where to receive services, and 3) not being able to get an appointment soon enough, often because of the limited number of providers in their area. An additional barrier commonly mentioned is that women could not get time off work to go to an appointment. Consequences of not receiving care include reductions in quality of life and general health (Weitz, 2020). In fact, in this sample, we do see the number of physically and mentally unhealthy days per month for women in Hawai'i is higher than in national data. These results suggest recommendations in **service provision and increasing knowledge on where to receive services.**

Recommendations for **service provision** will likely need to start with **increasing public and employer awareness of the importance of accessing reproductive healthcare**, and the consequences of not doing so (e.g., missed days of work; increased stress, which can lead to a cascading of health problems that could cost the state and employers more money in the long run). Just as important is the recommendation to **increase the number of health providers** (i.e., physicians, specialists) in Hawai'i, perhaps by providing some form of incentivization to help with recruitment and/or retention efforts. **Mental health was also an area where shortages of providers were reported.** In addition to lack of providers is where existing providers are located. For some, the distance is too far; in some cases, women need to travel to another island to receive services. Therefore, it is important to **provide assistance should travel be necessary to access services.**

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Recommendations for **increasing knowledge of where to receive services** also should include **public awareness campaigns.** This will be especially important for those in rural areas or who may have trouble with affording care (even those with health insurance, as out-of-pocket costs can be difficult to manage). Additionally, **providers need to ensure that their provider/facility databases are updated** (e.g., who is currently taking patients, where are facilities located, what types of insurance or sliding scale options are available). Ideally these databases are interactive for patients. While some databases do exist, these are often hard to navigate and/or are out-of-date. Methods for dissemination of this information should also be developed. Finally, while many of these recommendations are geared toward adults, it is also important to **educate youth on the importance of engaging in healthy behaviors** (for both general and reproductive health).

Turning to future directions, while these data provide an important first snapshot of reproductive health in Hawai'i, there is more work to be done. To build on these findings, future work could conduct focus groups with the public and also relevant stakeholders on the types of messaging that would be most effective in raising awareness of the need for services, as well as where these services should be located.

Also, a deeper exploration of attitudes on contraception and abortion care would be helpful. While the percentages of agreement to the statement that a woman should be able to receive birth control if she wants it were high, when asked the same question with regard to abortion care, the percentages of agreement were much lower. Further inquiry would help to clarify the public's attitudes and allow for constructive dialogue on next steps for policy and practice.

Finally, taking a more qualitative approach to data collection will allow for a deeper understanding of women's experiences and the connections between these experiences and their subsequent health. For example, our data suggest a significant minority of women who have experienced intimate partner violence, which may impact health seeking. As well, women in our sample report a high number of physically and mentally unhealthy days (6.5 and 10.2 days per month, respectively). More information on how these experiences link together can help guide the development of strategies to improve women's health and wellbeing across the state.

Contents

Introduction

Women make up more than half the United States population and about half the national workforce. Women are more likely than men to be caregivers, and they make 80% of all healthcare decisions. However, women spend 25% more of their lives in poor health relative to men and have an average of $135 more out-of-pocket healthcare expenses per year than men (Ellingrud et al., 2024).

Access to healthcare for women in the United States has been a topic of ongoing concern. Despite the progress that has been made in certain areas, there are still challenges that many women face in accessing the care they need. A recent study showed that women seeking reproductive healthcare were increasingly more likely to report challenges around accessing these services, with more reports in 2021 than in 2017 (Adler et al., 2023). Importantly, 45% of women experienced at least one barrier to reproductive healthcare services in 2021, up 10% from 2017, and 19% reported at least three barriers, up from 16% in 2017.

Women's access to general and reproductive healthcare is shaped by a broad range of factors, including income, insurance coverage, affordability of healthcare, childcare, and the availability of local healthcare providers. Access to reproductive healthcare, including contraception and abortion services, remains a contentious and politicized issue in the United States, with some states enacting laws that make it difficult for women to access certain services. While laws restricting access to reproductive care have *not* been enacted in Hawai'i, stigma surrounding reproductive health is an additional barrier that can prevent women from seeking care.

To gain a better understanding of the landscape in Hawai'i, *Women's Fund of Hawai'i* commissioned the University of Hawai'i at Mānoa to develop and implement a state-wide survey to evaluate accessibility of reproductive care for women in Hawai'i and identify areas where further improvement is needed. Specifically of interest, is to identify specific barriers that impede access to a broad range of healthcare services, including perceived accessibility and acceptability of reproductive services. Additionally, this report includes data on participants' experiences of intimate partner violence, a construct that has been shown to relate to women's physical and mental health as well as accessibility of healthcare services (Moore et al., 2010; Potter et al., 2021).

The information provided in this report may be used to support data-driven decisions on ways to increase accessibility and affordability and decrease stigma related to general and reproductive healthcare services (i.e., contraception and abortion care) for women in Hawai'i. Recommendations are provided at the end of the report to serve as a roadmap for next steps, including advocacy efforts and future research.

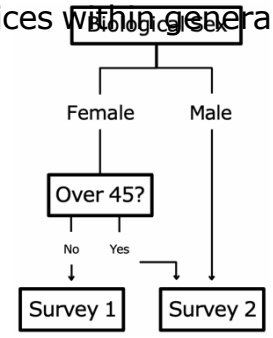
Methods

Survey Development and Structure

The Women's Health Survey developed and implemented in this study consisted of questions that were similar to those used in other states to assess constructs related to women's general and reproductive healthcare (Boudreaux & Rendall, 2019; Frederiksen et al., 2021; Meadows et al., 2022), as well as a screening tool to assess experiences of intimate partner violence, and an established measure related to general health (CDC, 2000). All survey items were reviewed and refined in collaboration with stakeholders from *Women's Fund of Hawai'i*, Hawai'i Planned Parenthood, and YMCA Kaua'i.

The survey was organized so that, depending on the biological sex and age of the respondent, they were routed to a set of questions that was relevant for them. Specifically, participants were comprised of females of reproductive age (18-45 years), females who were 46 years and older, and males over 18 years. While the primary focus of the study was on women's reproductive health (thus, females 18-45 were oversampled), understanding more generally the knowledge and attitudes of adult residents of Hawai'i is important in making recommendations and developing awareness and advocacy endeavors to increase access to reproductive healthcare. With this in mind, the survey was split into the following:

1) The survey for females aged 18-45 years assessed use of specific services within general and reproductive healthcare, including various types of contraception and abortion care. The survey also included questions about the perceived accessibility and acceptability of contraception and abortion care services for women in Hawai'i.
2) The survey for females 46 years and older and adult males focused primarily on perceived accessibility and acceptability of reproductive healthcare services for women in Hawai'i.



Participant Recruitment

The sample included individuals from all counties. Recruitment of participants and data collection was managed by SMS Hawai'i. Data collection took place between October and December of 2023. Total sample included **994** females between 18-45, **488** females 46 and older, and **535** adult males.

Organization of this Report

The organization of this report corresponds to the main sections of the survey, including: 1) Demographics; 2) Intimate Partner Violence; 3) General Health and Healthcare; 4) Contraception Services; and 5) Abortion Care. The report focuses on females 18-45, to understand their use of and barriers to accessing services. Comparisons will be made across all three sample groups on knowledge of services in Hawai'i and attitudes of whether females should have access to reproductive healthcare services in the state.

Participant Demographics

Island Distribution

Individual Demographics

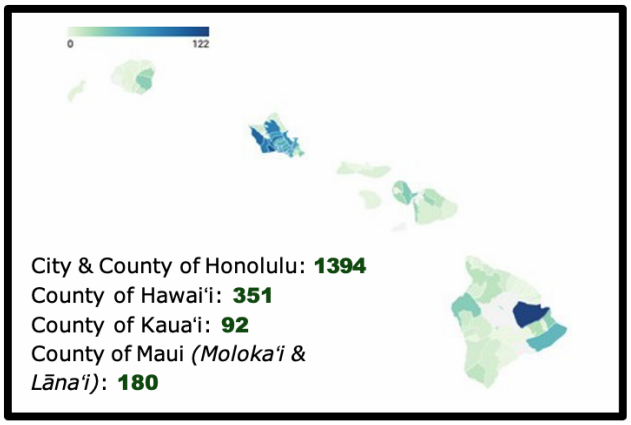
Demographics

A total of 2,017 participants were surveyed on their experiences, knowledge and attitudes related to women's general and reproductive health. The majority of the total sample consisted of female participants, with over two- thirds identifying as female, a quarter identifying as male, and less than 4% identifying as gender expansive or self-identifying.

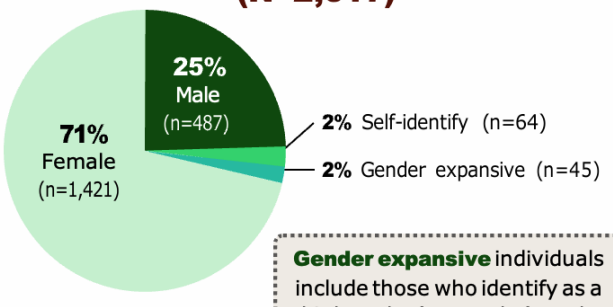
The majority of survey participants reside on Oʻahu (69%). The sample percentages by county align with the county population data. Approximately 75% of participants have been living in Hawaiʻi for more than 10 years. The darker sections of the map (right) indicate counties with higher concentrations of survey respondents.

Regarding race and ethnicity, over two-thirds of the participants identified as Asian/Asian American, almost half identified as White, and over a third identified as Native Hawaiian/Pacific Islander. These categories are broken down further below.

Distribution of Participants by County



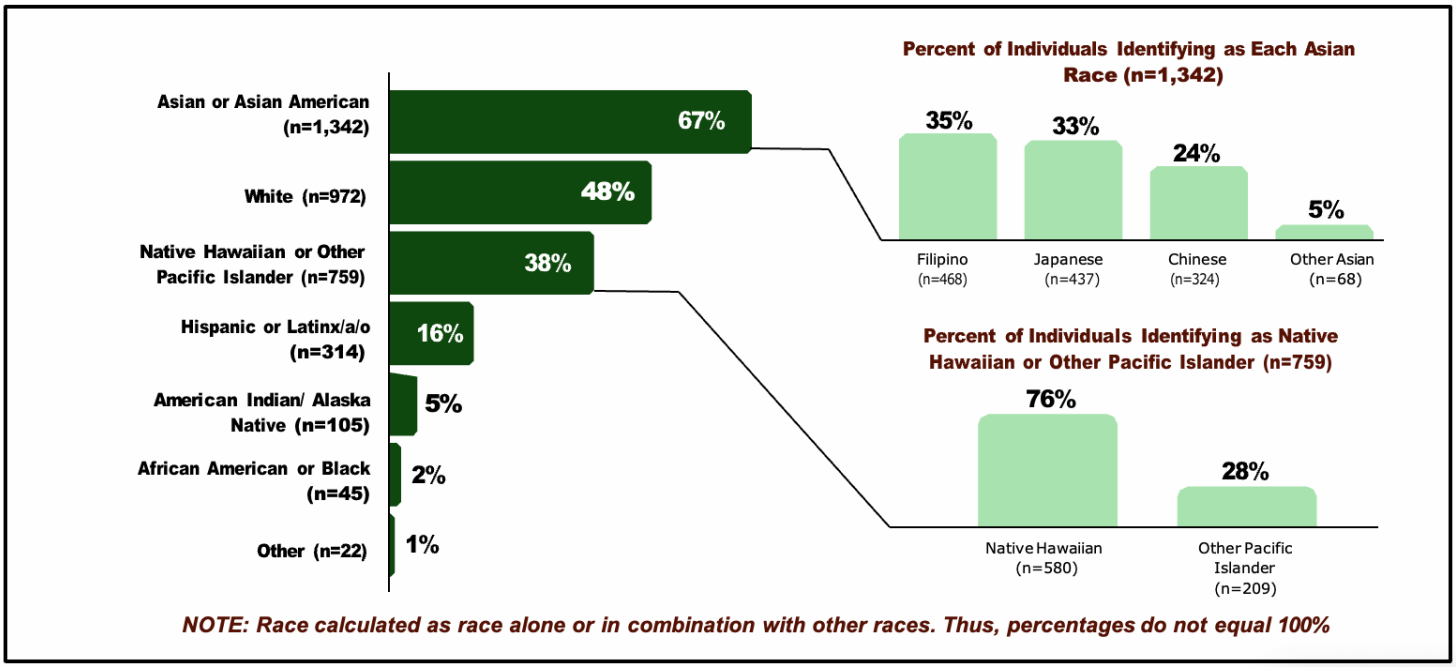
Individuals Identifying as Each Gender (N=2,017)



Gender expansive individuals include those who identify as a third gender (e.g., Māhū) or who do not identify with a certain gender (e.g., non-binary)

Percent of Individuals Identifying as Each Racial Category (N=2,012*)

*Missing data for 5 individuals

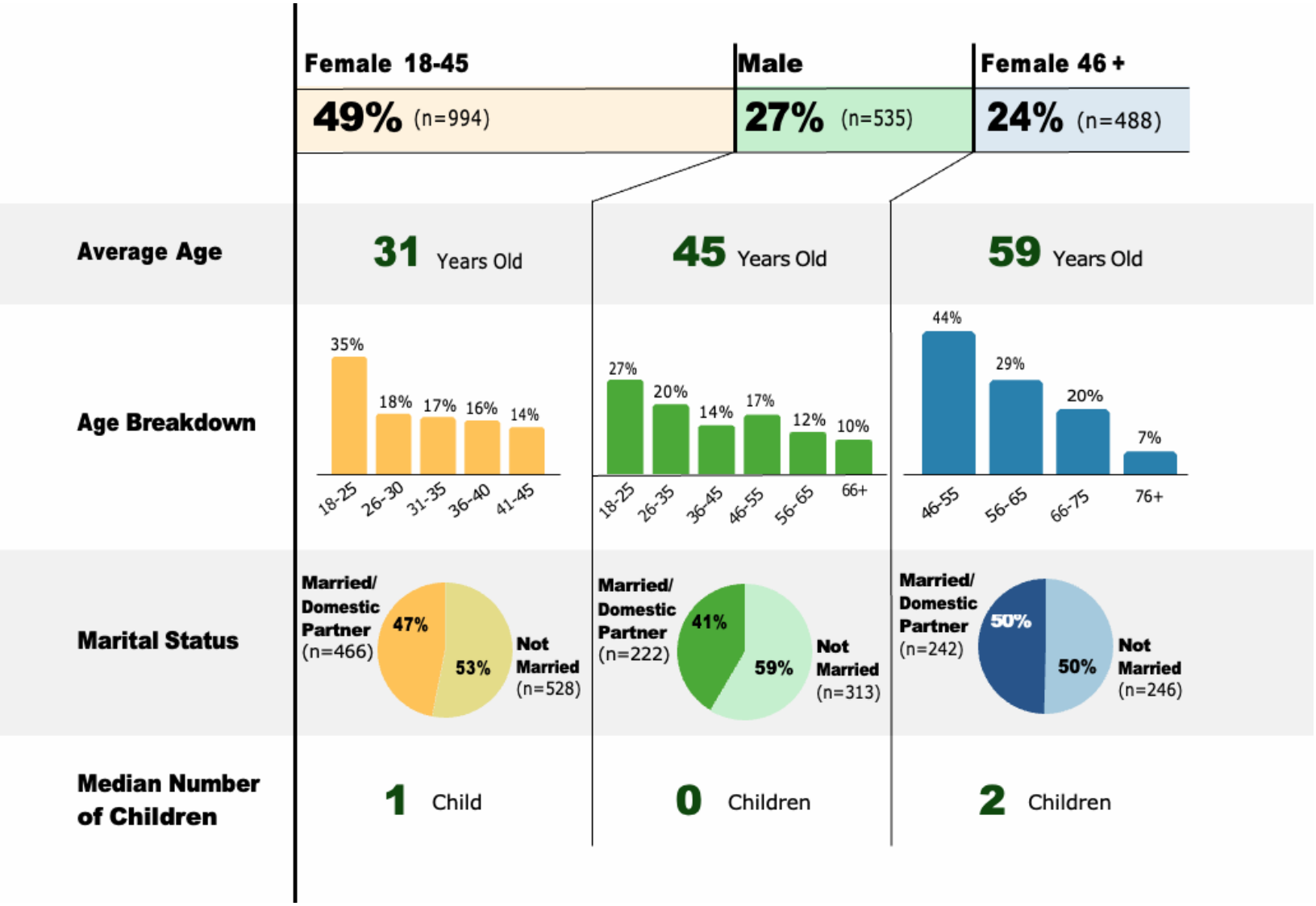


NOTE: Race calculated as race alone or in combination with other races. Thus, percentages do not equal 100%

Demographic Comparisons Across Survey Groups

Demographic profiles are presented to reflect the three distinct survey response groups. Across all three groups, females of all ages were more likely to be married or in a domestic partnership with children compared to their male counterparts. When looking at household structure, females 18-45 resided in households with a higher average number of individuals living in the home compared to males and females 46 and older (i.e., four compared to three individuals).

While all three groups had similar education levels and employment rates, younger females were more likely to live in households at or below the federal poverty level compared to males and females 46 and older. However, even without age as a distinguishing factor, females of all ages were more likely to live at or below the federal poverty level compared to males.



Demographic Comparisons Across Survey Groups

	Female 18-45	Male	Female 46 +
	49% (n=994)	27% (n=535)	24% (n=488)
Average Number of Individuals in Household	4 Individuals	3 Individuals	3 Individuals

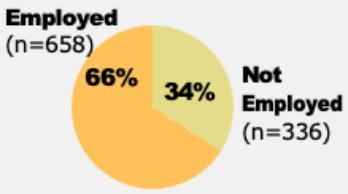
Annual Household Income						
$0 - 29,999	28.4%	$0 - 29,999	23.5%	$0 - 29,999	24.2%
$30,000 - 49,999	15.7%	$30,000 - 49,999	12.0%	$30,000 - 49,999	18.6%
$50,000 - 69,000	14.6%	$50,000 - 69,000	14.6%	$50,000 - 69,000	11.4%
$70,000 - 89,999	13.2%	$70,000 - 89,999	13.7%	$70,000 - 89,999	11.7%
$90,000+	27.7%	$90,000+	36.3%	$90,000+	34.0%

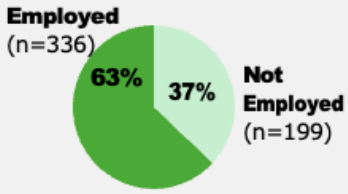
Women 18-45 are more likely to live in households at or below the federal poverty level

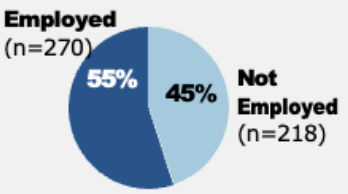
On average, women 18-45 had more individuals living in the household than men and women 46 and older. The federal poverty level is determined by the number of individuals living in the household. For Hawai'i, households with three members is $29,690 and households with four members is $35,880. These levels exceed national levels of $25,820 and $31,200 respectively, due to Hawai'i's high cost of living (American Council on Aging, 2024).

The state's median household income is $83,102. Although, experts suggest that to live comfortably in Hawai'i, families should have a minimum annual income of $125,000 to $150,000.

Employment Status







Highest Level of Education Completed					
Some High School	6.3%	Some High School	7.7%	Some High School	4.7%
High School Graduate	30.7%	High School Graduate	23.6%	High School Graduate	16.8%
Some Trade School	1.4%	Some Trade School	3.6%	Some Trade School	2.7%
Some College	20.7%	Some College	19.8%	Some College	23%
Trade School Certificate	0.9%	Trade School Certificate	2.6%	Trade School Certificate	4.3%
Associate's Degree	10.1%	Associate's Degree	8.2%	Associate's Degree	10.9%
Bachelor's Degree	22.0%	Bachelor's Degree	23.9%	Bachelor's Degree	23.4%
Master's Degree	6.4%	Master's Degree	7.1%	Master's Degree	11.9%
Doctoral Degree	1.4%	Doctoral Degree	3.6%	Doctoral Degree	2.5%

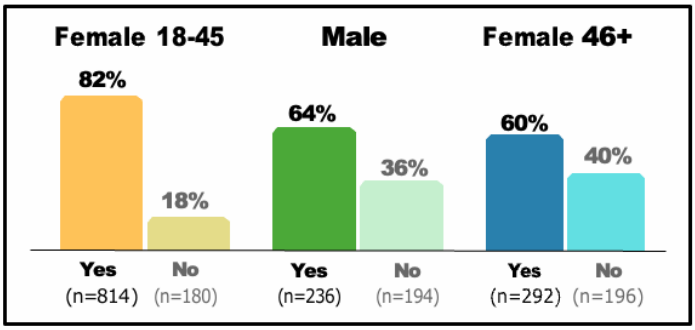
Intimate Partner Violence

Intimate Partner Violence

In order to comprehensively understand women's health, both overall as well as reproductive health, participants were asked about interactions with partners and ex-partners in the past year.

Individuals in the Female 18-45 group were more likely (82%) to have had a romantic partner in the last year than their Male (64%) and Female 46+ (60%) counterparts.

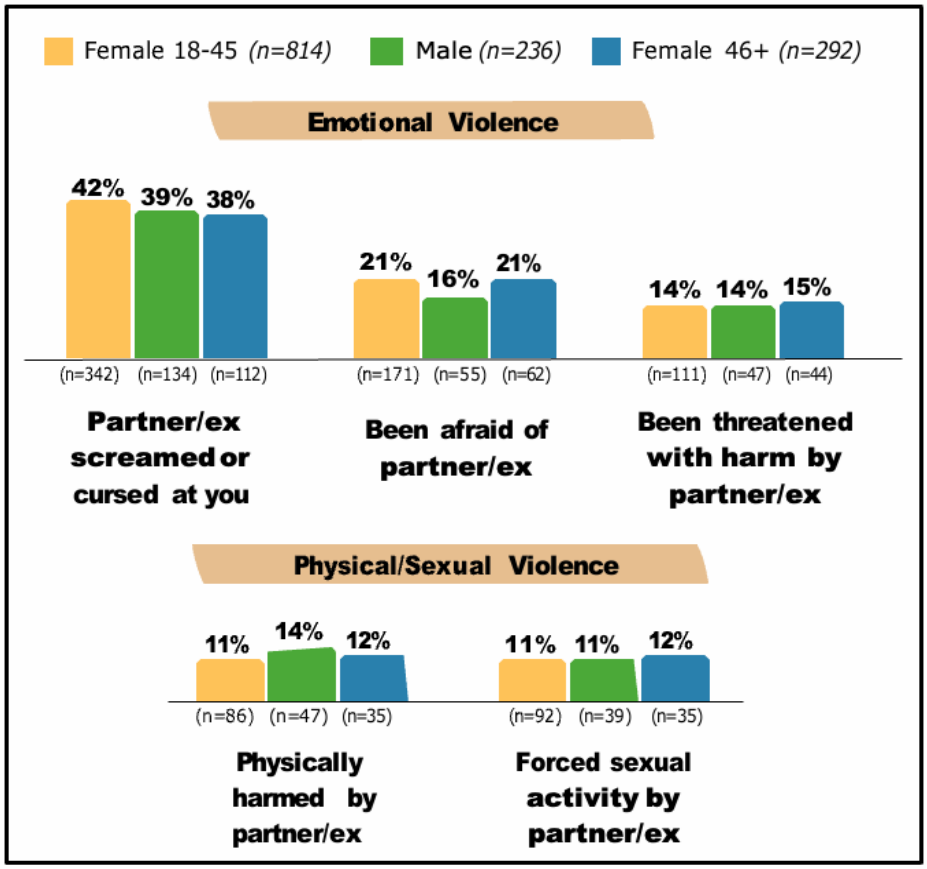
Individuals That Reported Having a Romantic Partner In The Past Year



Those who indicated having a relationship in the past year were asked questions regarding the frequency of specific interactions they had with their partner or ex-partner during this time. While the majority of all individuals in an intimate relationship reported never or rarely experiencing each interaction, a significant percentage of participants reported experiencing intimate partner violence sometimes, often, or frequently.

> *There should be more help as far as protecting women from repeatedly returning to abusers. We have nowhere we can run and stay hidden from abusers and law enforcement has very little power to protect us.*

Percentage of Individuals with an Intimate Partner in the Past Year Experiencing Each Interaction "*Sometimes - Frequently*"



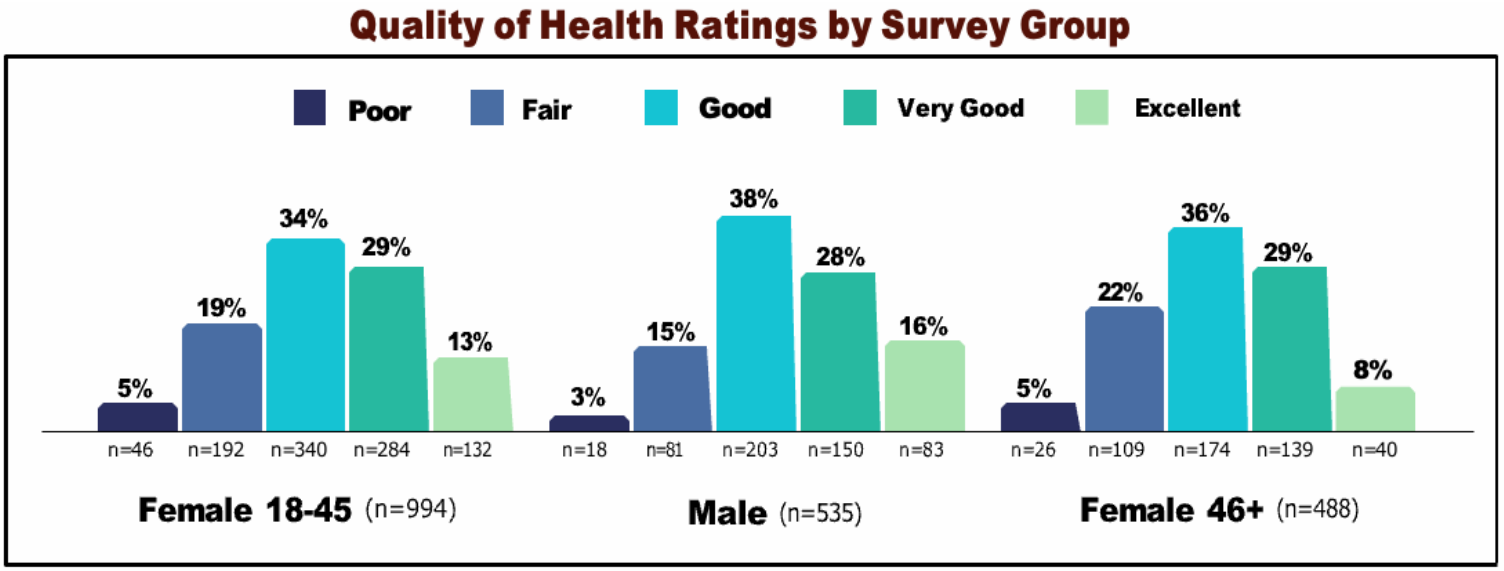
Intimate partner interactions are separated between **emotional acts of violence**, which include verbal aggression/threats, as well as fear of the other person, and **physical and sexual acts of violence**.

All groups were more likely to experience interactions where their partner/ex-partner screamed or cursed at them than any other interaction.

General Health

Healthy Days
General Healthcare

Overall Wellness: Healthy



When asked how participants would rank their current overall health, participants across all groups were more likely to report the quality of their health as ***"Good"***, a moderate rating of general health. Between group comparisons did not reveal any notable differences in ratings of health, suggesting that males and females perceive their quality of health similarly.

Average number of days in the past 30 days that...

	Female 18-45	Male	Female 46+
physical health was <u>not</u> good:	5.26	4.69	**6.47**
mental health was <u>not</u> good:	**10.17**	6.02	6.61
poor physical/mental health kept you from doing usual activities:	**7.78**	4.35	5.3

Number of Unhealthy Days: National Averages

Physically Unhealthy Days:	**4.34**
Mentally Unhealthy Days:	**4.66**

Participants were then asked to quantify the number of days, in the past 30 days, that their physical and mental health was poor as well as how many days poor physical/mental health kept them from doing their usual activities. Females 46 and older had the highest average number of physically unhealthy days (**6.47**), and females aged 18-45 had the highest number of mentally unhealthy days, with an average of **10.17** days, or 34% of the past month. Notably, all three groups reported higher average numbers of both physical and mental unhealthy days than the national averages. Further, females 18-45 reported that their poor physical/mental health kept them from doing their usual activities for approximately one week out of the month.

Overall Wellness: Healthy

General healthcare encompasses a wide range of various services such as annual screenings, specialized care, behavioral health care, among many others. To better understand the types of services females aged 18-45 are seeking and utilizing, as well as barriers to receiving such services, participants were asked questions regarding their experience with general healthcare services in the past two years, including where they accessed those services.

62% Of women 18-45 (n=614) had a source to receive healthcare in the past 2 years

Primary Locations Include:

1. Doctor's office (62%, n=379)
2. Walk-in clinic (14%, n=84)
3. Community/Public health center (10%, n=60)
4. Emergency room (9%, n=58)

38% Of women 18-45 (n=380) did not have a source to receive healthcare source in the past 2 years

Reasons for not having a source:

1. Did not need medical care (53%, n=200)
2. Did not know where to go (16%, n=60)
3. Could not afford the services (14%, n=53)
4. Worried it would not be covered by insurance (13%, n=48)

MEDICAL COSTS MAY PREVENT SEEKING HEALTHCARE

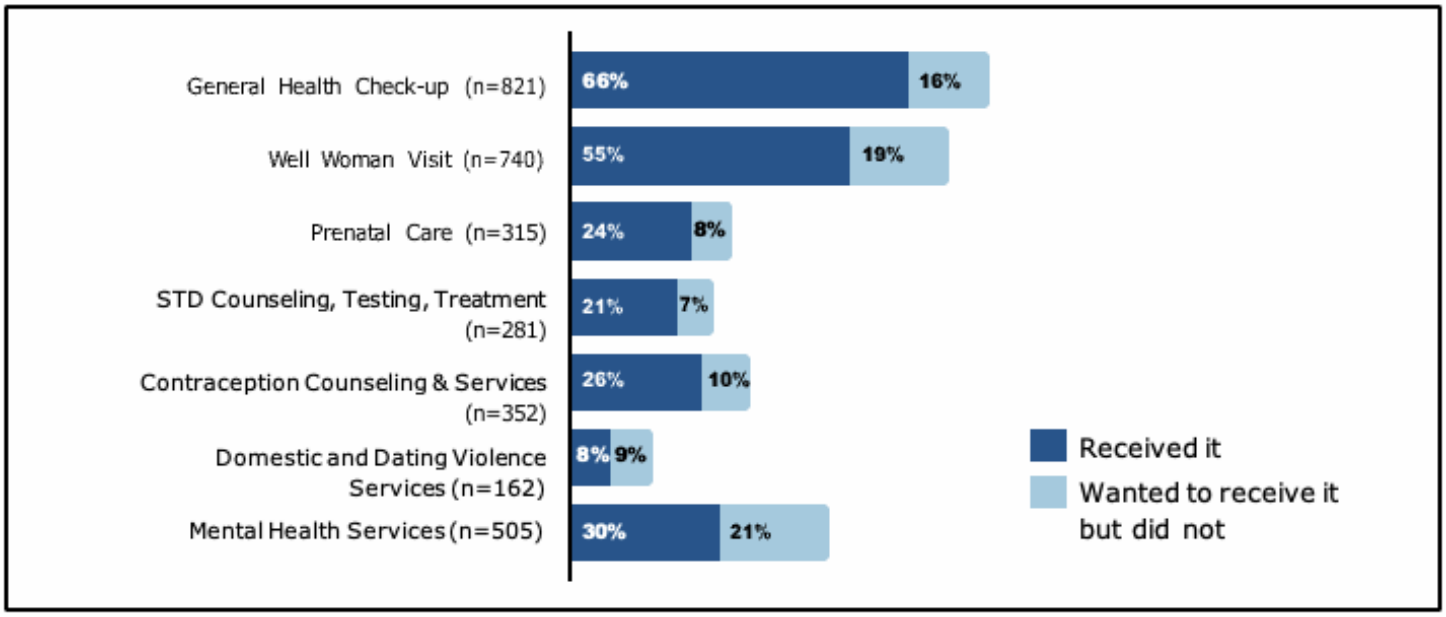
A national survey in 2022 found that more than a quarter of women between 18-64 reported having issues with paying medical bills in the last year (Long et al., 2022). Another study conducted in 2022 show that nearly half of women (45%) have forgone health care services, with a quarter of them citing out-of-pocket costs as the primary reason (AWHP, 2023). In Hawai'i, approximately 5% of women reported not seeing a doctor in the last year due to cost (KFF, 2022a). Issues with insurance coverage have also been a concern for many women. Another study found that one in five (21%) women with Medicaid and one in three women with employer-sponsored coverage indicate that their plan did not provide or provided less coverage than expected (Long et al., 2022). In 2016, the Affordable Care Act allowed the state of Hawai'i to expand Medicaid eligibility qualifications. Providing thousands of Hawai'i residents with increased accessibility to affordable health care (Hawaii Department of Human Services, n.d.). Although the Affordable Care Act requires most health insurance plans to cover birth control, annual check-ups, and cervical cancer screenings among other services, a considerable share of women are unaware of these requirements. National data suggests that 40% of women were unaware of the birth control coverage requirement (Long et al., 2022).

Medical insurance is crucial for many to be able to access and afford necessary healthcare services. The majority (**91%**) of women aged 18-45 reported having some type of medical insurance. Of those, primary sources of insurance are through **1) An employer, either their own or a family member's, 2) Hawai'i Medicaid or Children's Health Insurance Program (CHIP),** or **3) Purchased directly from an insurance company**. Even with insurance, women report that availability of doctors is insufficient (more on this below in section on **Further Consideration of Barriers**).

> *"[I'd like to see] insurance accepting more doctors within their network so it doesn't limit which provider the woman can see."*

General Healthcare Use and

Percentage of General Healthcare Services Women Sought Out In The Past 2 Years (N=994)



Of the sample of women 18-45 who indicated that they sought out specific healthcare services, the most frequently *sought out and received* services were **general health check- ups** (66%), **well woman visits** (55%), and **mental health services** (30%). While these services were the most received, they were also the most *sought out but **not** received* services. This suggests that while these services are in high demand, there are significant barriers that prevent women 18- 45 from receiving the healthcare services they need.

Participant recommendations on ways to improve healthcare call for an increase in facilities/providers, educational resources, and services offered, as well as improved insurance coverage and affordable options.

> *"Need improved access to comprehensive reproductive healthcare, including family planning, prenatal care, and maternal health services."*

> *"[I would like to see] appointment availability improve because sometimes I can't see a provider for many weeks out."*

General Healthcare Use and

NATIONAL AND STATEWIDE PHYSICIAN SHORTAGES CONTINUE TO GROW

The United States has observed a national shortage of practicing physicians and recent trends suggest that this shortage will continue to rise in the foreseeable future (Zhang et al., 2020). Statewide physician shortages demonstrate that Hawai'i is not excluded from this health crisis and geographical constraints pose additional challenges to overcoming this issue. In 2023, the state has seen a decrease in practicing physicians. While there is a high demand for specialized physicians, the greatest deficit is seen for primary care physicians (Hawaii-Pacific Basin AHEC, 2024).

Deeper Dive: Women's Mental

Receiving mental health services has been shown to be a healthcare priority for many women nationwide (Diep et al., 2022) as well as at a local level, for the state of Hawai'i. On average, women 18-45 reported over double the national average number (10.17 compared to 4.66 days) of mentally unhealthy days in a month. Comparisons across the three sample groups demonstrate that women 18-45 experience significantly higher mentally unhealthy days per month compared to the other two groups (i.e., women 46+ and men).

Out of all the general healthcare services sought out in the past two years, mental health services had the greatest percentage of women aged 18-45 (21%) who indicated that they **wanted to receive this type of care but did not receive it.** The **barriers** most frequently listed by women not receiving mental health services were that they **did not know where to get it** (43%), they **could not afford the out-of-pocket cost** (20%), they were **worried about being treated unfairly or poorly by providers** (18%), and/or they **could not get time off work** (18%).

Number of Mentally Unhealthy Days in The Past Month

Females 18-45 Sample Average of Mentally Unhealthy Days:	**10.17**
National Average of Mentally Unhealthy Days:	**4.66**

Some women emphasize the relationship between mental and emotional well-being and various aspects of reproductive health.

> *[I would like to see] mental health services [be integrated] into reproductive health services to address the psychological aspects of women's reproductive health, including postpartum depression and emotional well-being.*

MENTAL HEALTH DEMANDS OUTWEIGH AVAILABLE RESOURCES FOR WOMEN

There is a growing demand for mental health services, particularly among women. A recent national poll found that 90% of Americans believe there is a **mental health crisis** (Lopes et al., 2022). Regardless of age, women experience several mental health conditions at higher rates than men. More specifically, women are almost twice as likely to have depression and anxiety than men (Brody, Pratt, & Hughes, 2018). Findings from a nationally representative sample collected via the 2022 KFF Women's Health Survey (WHS), indicated that a significant percentage of women did not access the mental health services they felt they needed over the past two years (Diep et al., 2022). Findings also demonstrate that more than one-third of the women who tried to get mental health care had to wait more than a month to get an appointment. Among those who indicated that they could not get an appointment, women cited limited provider availability and cost as the primary reasons they were not able to access mental health care.

Deeper Dive: Women's Mental

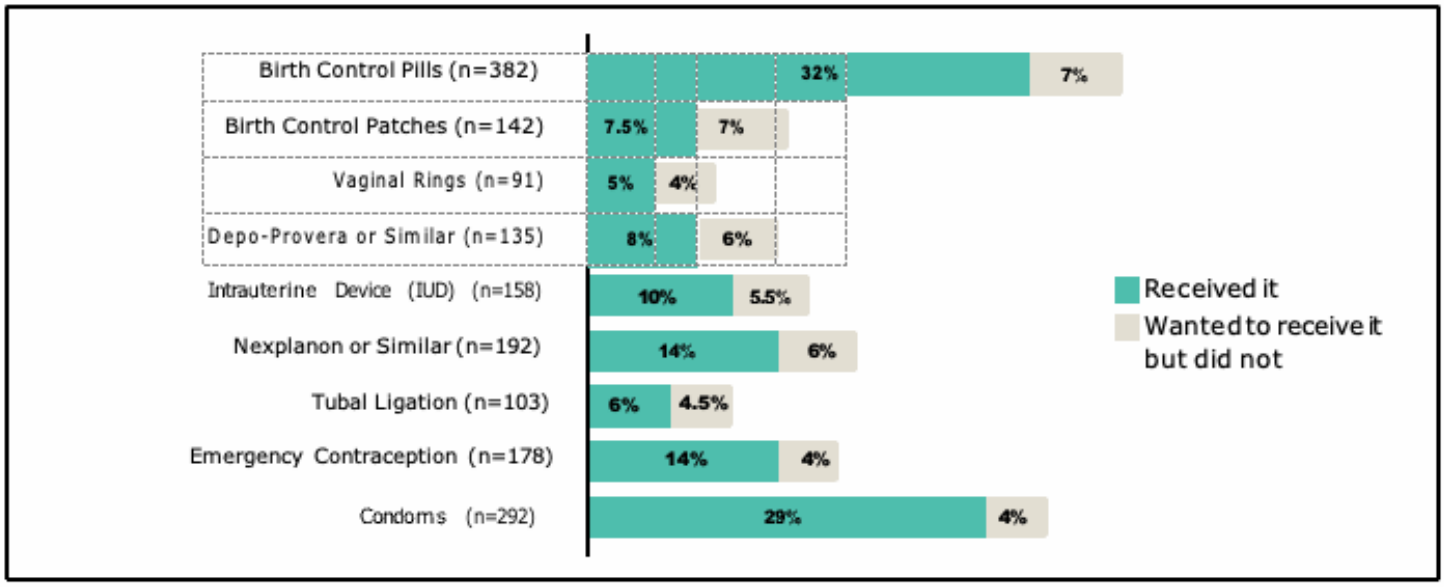
Contraception

Access
Usage
Barriers
Perceptions

Contraception Access, Use, and Barriers

Percentage of Contraception Devices or Services Sought Out in the Past 2 Years (N=994)

(Alone or in combination with other devices or services)



43% of women 18-45 years of age indicated that they had received contraception services in the past two years, with the most common being birth control pills and condoms. Primary sources where they received these services include their doctor's office (68%), a community/public health center (9%), or a walk-in clinic (8%).

The remaining 57% of women 18-45 did not have a source to receive contraception services in the past two years. While most of these women did not require such services, others reported specific reasons for wanting but not receiving them.

Primary Barriers for Not Receiving Contraception Devices/Services (n=476)

1. It was too far and/or did not have a reliable form of transportation
2. Could not get an appointment soon enough
3. Did not know where to get it

NATIONAL EFFORTS TO EXPAND ACCESS TO CONTRACEPTION

In 2023, the U.S. Food and Drug Administration [FDA] approved the first daily oral contraceptive that will be available for over-the-counter (OTC) purchase (U.S. FDA, 2023). This approval bolsters efforts to expand access to contraception for individuals who may not be able see a healthcare provider. However, insurance coverage is severely limited across the country for OTC contraception, which also include emergency contraception. To date, there are only 7 states that require state-regulated private health plans to cover OTC contraception. Hawai'i is not one of the states that have passed laws mandating insurance coverage for OTC contraception (Long et al., 2023).

Perceptions on

Participants were asked a series of questions to gauge their perceptions on accessibility and acceptability, as well as knowledge of where to get birth control devices and services. While participants are overall more likely to presume it is easy to receive contraception services on their island, many believe that more can be done to expand the awareness, access, and affordability of these services. Suggestions include providing education on contraception through community outreach (especially for vulnerable populations and rural communities), educational institutions, and media. Additional suggestions include making birth control accessible and affordable without a prescription, as many may experience difficulties with scheduling an appointment with their physician in a timely manner. However, there were differences in attitudes about whether women should be able to access birth control, with men significantly less likely to endorse agreement compared to both samples of women.

Average perception of difficulty to receive birth control if wanted on their island

(1 = Very Easy; 5 = Very Difficult)

Group	Difficulty
Female 18-45 (n=987*)	1.95
Male (n=535)	1.93
Female 46+ (n=488)	1.75

**7 participants reported they do not know/are unsure*

Average agreement that women who want birth control should be able to get it

(1 = Strongly Disagree; 5 = Strongly Agree)

Group	Agreement
Female 18-45 (n=994)	3.54
Male (n=535)	3.35*
Female 46+ (n=488)	3.64

**Males reported less agreement than females, p < .001.*

The majority (65-78%) of all participants somewhat or strongly agree that they would know how to help someone get birth control if they needed it. When asked to provide specific ways they would do so, primary methods include referring individuals to a doctor/clinic or Planned Parenthood. Additionally, men and women over 45 were more inclined to refer someone to a store for non-prescriptive contraception (e.g., condoms), whereas women 18-45 were likely to provide those seeking help with a list of resources from online materials and/or personal experiences.

Average agreement with the statement *"If someone I knew needed birth control, I would know how to help them get it"*

(1 = Strongly disagree; 5 = Strongly agree)

Group	Agreement
Female 18-45 (n=994)	3.05
Male (n=535)	2.77
Female 46+ (n=488)	3.15

> *"If someone I know needed birth control, I would first make myself available to help them obtain it and give it to them. If I was unable to get it myself then I would aid them by directing them to clinics such as planned parenthood or any woman's clinic on island that offer birth control. I would definitely bring up online opportunities to obtain birth control as well if they aren't comfortable doing anything in person. If they wants to do some more research, they could call a doctor and I would be there with them to continue their research."*

Deeper Dive: Family

WOMEN ARE HAVING CHILDREN LATER IN LIFE

Fertility rates in the United States have remained relatively stable over the past 20 years. However, childbirth trends demonstrate that women are increasingly having children at later ages, shifting from early adulthood (i.e., 25-29 years) to early/middle adulthood (i.e., 30-34 years) (National Center for Health Statistics, 2021). Contraceptives are a crucial component to this aspect of family planning, providing individuals and families with the opportunity to effectively avoid unwanted or unsafe pregnancies. In addition to preventing pregnancy, contraceptive devices and services also have non-contraceptive benefits such as reducing the risk of ovarian cancer via oral contraceptives and protecting against sexually transmitted diseases via barrier methods (Bahamondes et al., 2015).

Almost two-thirds (64%) of all women 18-45 years old reported that it is moderately to extremely important to avoid becoming pregnant at this time. Primary reasons for this avoidance include **personal** reasons, **financial** reasons such as the cost of raising a child, and **scheduling** challenges such as difficulty in finding appropriate childcare that fits their schedules. This reflects a recent national survey, which found that 60% of women 18-49 years old said it was very important for them to avoid becoming pregnant in the next month (Frederiksen et al., 2021).

For women who were concerned with avoiding pregnancy, the majority (69%) had wanted and received some form of contraception within the past two years. However, not all women of childbearing ages, who wanted to avoid pregnancy, sought contraceptive methods, which is observed for a small percentage (26%) of women in this sub-group. Further analysis showed that these women were more likely to not be in a relationship.Finally, a small percentage of participants (5%) in this sub-group reported wanting contraception but were unable to receive any method in the past two years.

64% (N=634) Of women of child bearing ages (i.e., 18-45) report that it is *moderately to extremely* important for them to avoid getting pregnant during this time

- **69%** (n=438) Wanted **and** received some form of contraception, regardless if it was their primary choice or not
- **26%** (n=165) Did not seek out or receive any form of contraception
- **5%** (n=31) Wanted but did **not** receive any methods of contraception

Abortion

Access
Usage
Barriers
Perceptions

Access, Use, and Barriers to Abortion Care

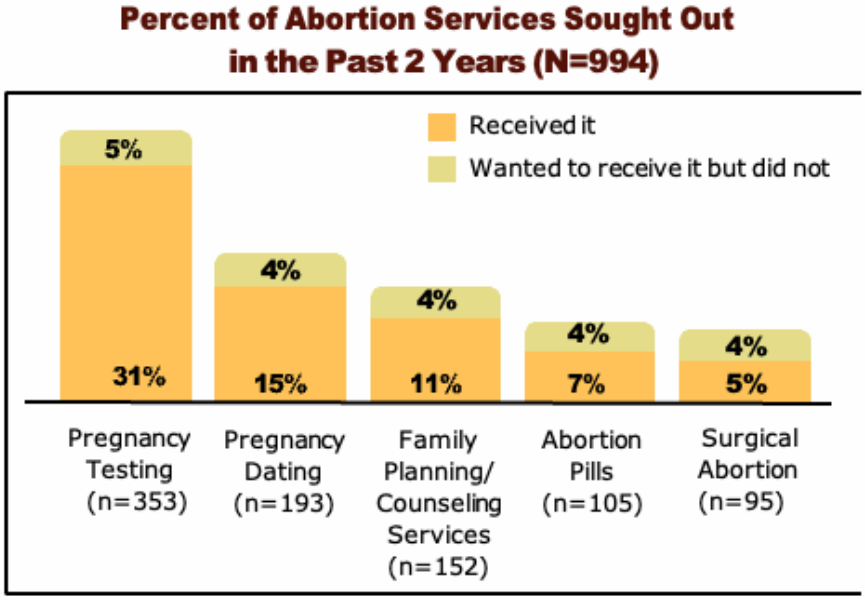
Abortion care services are not restricted to the abortion medication/procedure itself, but are expanded to include services to determine the feasibility of terminating a pregnancy, including pregnancy testing and pregnancy dating.

Pregnancy Testing: A method to determine whether a female is pregnant or not. Primary methods include testing for the pregnancy hormone in urine or blood or by scanning with ultrasonography.

Pregnancy Dating: A method to determine the gestational age of the pregnancy, or how many weeks since a female's last menstrual period.

Medical Abortion: A method using medication or a combination of medications to end a pregnancy.

Surgical Abortion: An invasive procedure (e.g., suction) used in a clinic to end a pregnancy.



81%
Of women 18-45 (n=803) did not seek services in the past 2 years

13%
Of women 18-45 (n=125) sought **and** received abortion services in the past 2 years

6%
Of women 18-45 (n=66) wanted to seek out abortion services but did **not** receive

The majority (**81%**) of women 18-45 did not require abortion services in the past two years. For women who sought out and received abortion services in the past two years (13%), the largest percent visited their **doctor's office** (35%; n=44), followed by **Planned Parenthood** (23%; n=29), and a **walk-in clinic** (14%; n=16) to receive these services.

A small percentage (6%) of women 18-45 indicated they did not have a source to receive abortion services in the past two years even though they wanted to. For these women, primary reasons for not receiving abortion services include **not being able to afford the service** (4%; n=34), **not knowing where to go** (3%; n=28), and a **fear that it would not be covered by insurance** (3%; n=24).

Perceptions on Abortion

Participants were asked a series of questions, to explore their perceptions on accessibility and acceptability, as well as knowledge of where to get abortion related services. Abortion care is a highly politicized aspect of women's healthcare and understanding public perception on knowledge and acceptability of abortion services may contribute to awareness and advocacy efforts.

On average, all three groups believe it is more difficult to receive a surgical (i.e., invasive procedure) abortion than a medical (i.e., medication) abortion on their island. When examining differences between groups, females 18-45 were significantly more likely to view receiving either type of abortion as more difficult than their male and older female counterparts ($p < .001$). Females 18-45 were more likely to have knowledge on the difficulty of receiving these services than other groups.

Average perception of difficulty to receive a medical or surgical abortion if wanted on their island

(1 = Very Easy; 5 = Very Difficult)

Group	Difficulty	
	Medical	*Surgical*
Female 18-45 (n=744; 662)*	2.77**	2.85**
Male (n=359; 334)*	2.42	2.58
Female 46+ (n=326; 274)*	2.32	2.47

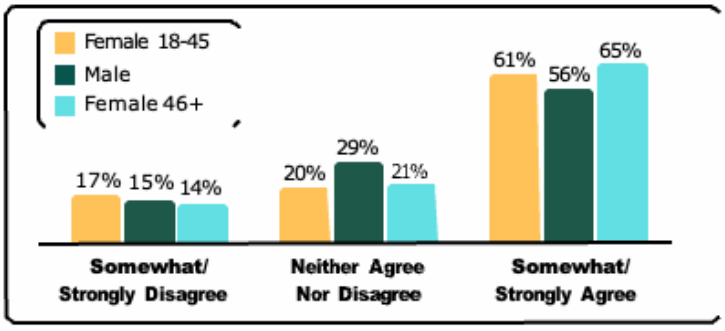
*Missing participants are due to *"don't know"* responses; ** $p < .001$.

NOTE: Across all groups, the number of participants who indicated they "don't know" how difficult getting a medical or surgical abortion ranged from 25-44%. Fewer women in the 18-45 group (Medical 25%, Surgical 33%) reported "don't know" compared to men (33, 38%) and women over 45 (43, 44%).

When examining the acceptability of receiving abortion services, the majority of females between 18-45 years old (61%), females over 46 (65%), and males (56%) indicated that they somewhat or strongly agree that women who want an abortion should be able to get one. However, when examining group differences, males were significantly less likely than both groups of females to report agreement ($p < .05$).

Percentage of Agreement With the Statement:

" Women who want an abortion should be able to get it."



Average agreement with the statement "*If someone I knew needed abortion care, I would know how to help them get it*"

(1 = strongly disagree; 5 = strongly agree)

Group	Agreement
Female 18-45 (n=994)	2.03
Male (n=535)	1.98
Female 46+ (n=488)	1.96

> *I would suggest other options available to them (adoption agencies or continue the pregnancy with the support of their family). If those options do not work I would suggest a visit to their OBGYN to determine how far along they are to have an abortion via medication or if they would need to do surgery.*

All three groups were, on average, unlikely to know how to help someone get abortion care if they needed. For those who know how to help someone, many indicated they would refer them to an OB-GYN or Planned Parenthood, as well as provide informational and emotional support through the decision-making process. Several participants noted that although they were personally against abortion, they would still support the individual through this process.

Further Consideration of Barriers

Barriers to General and Reproductive

The primary barriers endorsed by women aged 18-45 in this survey included **1) physical accessibility/distance, 2) not knowing where to receive services, and 3) issues with scheduling appointments,** as a result of **not being able to get an appointment soon enough or not being able to get time off work.** These barriers were the most frequently endorsed across general healthcare, contraception, and abortion services. It is helpful to provide context to these data by considering how they relate to findings from national surveys.

Physical Accessibility & Transportation

Findings from a recent nationwide study underscored the increase in logistical barriers, including finding transportation, between 2017 and 2021 (Adler et al., 2023). In particular, previous research has found that greater distance from a facility that provides abortion care was associated with delays or inability to obtain services (Dehlendorf et al., 2010; Pleasants, Cartwright & Upadhyay, 2022). Hawai'i residents face unique challenges in obtaining healthcare services, due to the geographical distribution of providers across the state. For example, individuals on Lāna'i are unable to get an IUD without traveling to another island. The statewide physician shortage is most pronounced in rural areas of Hawai'i, resulting in potentially limited access to providers for both general and reproductive health care services (Withy et al., 2017).

> *A lot of times we have to fly to an outer island just to get good healthcare service.*

While there is a statewide shortage of physicians (Hawaii-Pacific Basin AHEC, 2024), the geographic landscape of Hawai'i poses additional challenges to receive healthcare within certain counties and islands. Residential locations for women 18-45 have been shown to affect their ability to receive a desired healthcare service. When looking at the top three services most sought but not received by participants in this survey (i.e., general health check-ups, well-woman visits, and mental health services), those residing in Hawai'i county (i.e., Hawai'i island) were consistently more likely to have *sought out but not received* these services compared to the other counties.

TELEMEDICINE CAN REDUCE SOME BARRIERS, BUT NOT ALL

Telemedicine has been increasingly offered as an alternative means of access to health care, potentially mitigating logistical restraints. However, findings from a nationally representative survey suggest that individuals living in areas with limited internet coverage were less likely to use telemedicine (Zhang et al., 2021). Additionally, many reproductive health services cannot be received via telemedicine, such as pap smears, surgical abortions, and insertion and removal of long-acting contraceptive methods.

Barriers to General and Reproductive

Did Not Know Where To Go

A 2022 national survey on women's reproductive health found that only a quarter (26%) of reproductive age women knew what clinic or provider they could go to for an abortion if they wanted or needed one, with smaller percentages of women in rural areas knowing where they could go compared to women living in more urban areas (16% vs. 28%). Similarly, the survey findings indicated that approximately a quarter of women (27%) either do not know emergency contraceptive pills are available over the counter or have never heard of them (Frederiksen et al., 2022). In fact, only a third (30%) of women report receiving all the information they needed before choosing their birth control method (Frederiksen et al., 2022). The general lack of knowledge about what healthcare services are available and where to receive services is apparent among women of reproductive age and may speak to the need for outreach to expand awareness of and access to reproductive health services.

Compounding this issue and related to physical accessibility is the lack of healthcare providers, which is especially problematic in Hawai'i (Hawai'i-Pacific Basin AHEC, 2024). While islands with high population density (e.g., Oahu) have more contraceptive providers, neighbor islands have fewer providers, resulting in pronounced accessibility gaps (Baniqued et al., 2022; Withy et al., 2017).

> *I would like to see more awareness efforts and more educational services, especially for young women and teenagers.*

Could Not Get An Appointment Soon Enough

A national survey comparing reproductive health care accessibility between 2017 and 2021 found an increase in logistical barriers, such as getting time off of work and/or finding childcare (Adler et al., 2023). Such logistical barriers contribute to reduced access to general and reproductive healthcare, as individuals will delay or forgo certain services. Nearly one- third (31%) of women using oral contraceptives say they missed taking it because they were unable to obtain their next supply in time (Frederiksen, 2021).

> *I think we just need more available doctors... because these days, doctors are so booked up that it's super hard just to be seen and get an appointment.*

In addition to logistical barriers preventing women from receiving care, scheduling issues contribute to limitations in healthcare accessibility. Across the nation, it has become increasingly difficult to schedule an appointment to see a healthcare provider, with the average wait time to see a new physician being 26 days in 2022 (Merritt Hawkins, 2022). The average time to wait for an obstetrics and gynecology appointment is 31.4 days, which has increased by 19% from 2017 to 2022. Delays in medical care may increase mortality risk among those with preventable and treatable medical conditions, suggesting that long wait times may pose a threat to public health.

Barriers to General and Reproductive

Barriers to General and Reproductive

Affordability & Insurance Coverage

Finally, interestingly enough, one barrier that was not as frequently mentioned is affordability and insurance coverage. Nationally, the cost of reproductive health care services has been identified as a major barrier across multiple studies (Decker et al., 2021; Grindlay & Grossman, 2016; Frederiksen et al., 2021; Kavanaugh et al., 2011). In fact, one in five women of reproductive age without insurance said that they had to stop using a contraceptive method because they were unable to afford it, and 17% of low-income women said cost was the primary reason they were not using their preferred contraceptive method (Frederiksen et al., 2022).

> *The problem also comes with insurance. I have a federal plan, and they don't cover abortions. I found this out when I miscarried. They cover miscarriage, but if I wanted to get an abortion, I would have to pay out of pocket.*

This is not to say that respondents from this survey did not mention affordability, but it was not a barrier that was as frequently reported. One reason for this may be that an overwhelming majority (91%) of women aged 18-45 reported having some type of medical insurance. Hawai'i has the third highest rates of health insurance coverage in the country (KFF State Health Facts, 2022b). Over the past several decades, Hawai'i has made significant strides to improve accessibility to health insurance. In 1983, the state passed the Prepaid Health Care Act, requiring employers to provide eligible employees with healthcare coverage, and pay at least half of their premiums (Hawai'i Department of Labor and Industrial Relations, 2018). In 2016, Hawai'i worked to address those whose healthcare needs may still be unmet by expanding Medicaid eligibility under the Affordable Care Act, increasing Medicaid coverage by 62% (KFF State Health Facts, 2024). The most commonly reported were insurance through an employer (42%), HI Medicaid, CHIP or another government insurance (27%), and insurance purchased directly through an insurance company (11%). Having health insurance improves the chances that women will have a regular source of care and access to reproductive health services (Lee et al., 2020). However, despite having health insurance, some still encountered challenges with the availability of providers, finding providers that take their insurance, and the types of services that are covered.

> *[I would like to see] more accessibility to health services for women who do not have stable insurance that covers these services.*

> *I had to call 20 different doctors to find a female doctor that was open to receiving new patients.*

Spotlight on Hawai‘i Island, Moloka‘i

Along with a statewide shortage of physicians (Hawai‘i-Pacific Basin AHEC, 2024), the geographic landscape of Hawai‘i poses additional challenges to receive healthcare within certain counties and islands. Residential locations of women 18-45 were shown to have an impact on accessing several desired general and contraceptive healthcare services. However, there was no significant difference for those who were unable to receive abortion services based on the county/island they reside in. More specifically, Hawai‘i county (i.e., Hawai‘i island) appears to have a significant deficit in accessing several healthcare services. Further examination of the top three *general* healthcare services that were wanted but not received (i.e., general health check-ups, well-woman visits, and mental health services) revealed that women 18-45 residing in Hawai‘i county were consistently more likely to have not received these services despite wanting to. Primary barriers for these services include **not being able to get an appointment soon enough** and **not knowing where to get it**. Aligned with these findings, the Hawai‘i-Pacific Basin AHEC (2024) show that the most significant shortage of physicians can be seen in Hawai‘i island. When looking at *contraceptive* devices/services, residing in Hawai‘i county significantly impacts access to birth control pills and emergency contraception. Primary reasons for wanting but not receiving these contraceptive devices/services include **not knowing where to get it** and **being too far and/or having unreliable transportation**. Although there are no significant differences with accessibility for abortion services between counties, participants expressed challenges with the lack of services on their island.

> *Hawai‘i island has little to no access to abortion clinics. You must fly to O‘ahu or Maui to visit a Planned Parenthood. Even if you do, you must make an appointment, which is very hard to book.*

> *[I would like to see] more options for specialty care on the Big Island. The return of Planned Parenthood or a free clinic similar [to it].*

MOLOKA‘I AND LĀNA‘I: HEALTHCARE CHALLENGES IN ISOLATED COMMUNITIES

Moloka'i and Lāna'i are the least populated islands in Hawai'i with approximately 7,369 and 3,369 residents on each respective island in 2020 (U.S. Census Bureau, 2021). The present study did not have a large enough sample size for the two islands to draw significant conclusions. However, it is important to highlight barriers these communities encountered when seeking healthcare. While data on this topic is limited, local news outlets report primary barriers for many residents on Moloka'i and Lāna'i include a shortage of providers on island (Huff, 2024) and limited transportation options (Lyte, 2023). Residents from these islands rely primarily on airline travel for specialized care, but recent limited and unreliable flight schedules have contributed to delayed or foregone appointments (Lyte, 2023). Specific to reproductive care, there are 6 providers on Moloka'i that prescribe all forms of female contraception and 3 on Lāna'i that prescribe at least one form of contraception (Baniqued et al., 2022).

Study Limitations

As with all studies, it is important to consider the data in light of limitations related to **sample recruitment, data collection procedures, and survey development**.

Sample Recruitment

The sample for this study was recruited through SMS Hawai'i, a marketing research and consulting firm with expertise in collecting state-level data on a variety of topics. SMS has access to panels of participants, and depending on what sample characteristics are needed, sends out survey opportunities to these panels. The sample was comprised of residents who had previously agreed to be contacted for surveys that fit their demographic characteristics or experiences. Thus, it may be that the sample is somehow different compared to the general population of Hawai'i (more on this below). Another concern is whether data represents all islands. For example, 69.9% of Hawai'i's population lives on Oahu. Survey data show a similar percentage in that 69.1% of the sample reported living on Oahu. Slightly more of the sample reported living on Hawai'i Island compared to state data (17.4% vs. 13.7%), and slightly less of the sample reported living on Maui, Molokaʻi and Lānaʻi compared to state population breakdown by island (8.9% vs. 11.4%). Overall, island representation in the data is comparable to the population by island in the state.

Data Collection Procedures

The sample consisted of those who had previously registered to be included in research studies. It is possible that these participants were somehow different than those who did register. Additionally, it could be that those who chose to participate in this particular study were different than those who chose not to participate, even though all were part of the panel of potential participants. Perhaps their experiences were different, or their knowledge and attitudes were different from those who chose not to participate. Even with these possible limitations, the data provide an important starting point to better understand women's experiences of and barriers to accessing services, as well as whether there are gaps in public knowledge on where these services can be accessed, or issues with support by the general public on whether these services should be provided to women.

Survey Development

It is also important to consider the tool used to collect data. During survey development, the UH research team considered other state-wide surveys from the mainland. Local providers and *Women's Fund of Hawai'i* also offered language changes as well as clarifications that ensured that the correct terminology was used and that the local context was considered. Finally, established assessments and measures were used when available. Though there could still be bias in what was asked and how it was asked, every effort was made to keep questions as open as possible to gather participants' experiences, knowledge, and attitudes.

Recommendations

While the data does show that many of the women who needed healthcare services, did receive them, there were a significant number who did not. Across different types of healthcare for women (general health, contraception, and abortion care), barriers were similar, indicating that addressing the commonalities across these healthcare services could improve women's access to the care they need. Additionally, a large percentage of participants reported not knowing where to go to get services for themselves or someone they know. Therefore, the findings from this report suggest areas for improvement. The main areas that will be discussed are: **1) Service provision and 2) Increase knowledge on where to access services.**

First, within the area of **Service Provision**, the responses from participants show that there are issues with availability and accessibility to services. Among the sample of 18-45 year old women, responses conveyed that availability was a problem in that there were not enough physicians and that wait times to get an appointment to be seen were long, in some cases months. This shortage of physicians in Hawai'i has been repeatedly documented. Other responses centered around accessibility, in that one of the top barriers reported is that women could not get to the services because of physical distance and/or transportation issues. Both problems suggest the same thing: more physicians and locations for women to receive health services, especially for those who live in rural areas, and those living on Hawai'i island, Moloka'i, and Lāna'i are needed. Telehealth options have provided those who cannot get in to see a physician an alternative option, but that, in and of itself, is not sufficient.

The need for more primary care physicians and specialists is especially important because our data show that women (aged 46 and older) reported worse physical health than a national sample; and mental health was even more disparate as women aged 18-45 in this sample reported two times as many mentally unhealthy days per month compared to a national sample. Therefore, a large part of improving service provision is raising awareness of the need for services, and the numbers of women who are not receiving these services, which can have a significant and negative impact on their health.

Service Provision Recommendations

- Increase public awareness of the need for women's health services (including reproductive healthcare) by communicating the percentage of women who sought but did not receive services, and the consequences of not receiving services (Weigel, 2020). Public awareness is also needed for employers, as a significant percentage of women also listed "not being able to get time off work" as a reason for not accessing services.
- Increase the number of physicians/specialists by providing incentives to practice/remain in Hawai'i (e.g., student loan repayment).

Recommendations

- Increase the number of mental health providers in Hawai'i by promoting the following:
  - Work with schools to offer specialization curriculum tracks in middle and high schools to expose youth to the field, including pathways to pursue advanced degrees, and funding for those interested in receiving mental health training.
  - Expand who can provide mental health services. Hawai'i is already taking this step. A bill was signed into law in June 2024, and will take effect July 1, 2026 to grant temporary, provisional licenses to trainees in psychology, mental health counseling, and marriage and family counseling who have completed their degrees and need one year of supervised experience to be fully licensed. This would likely increase access to mental health services.
- Provide assistance for inter-island travel should that be necessary to obtain services. This will be important until the number of providers across the state can be increased.

Second, within the area of **Increasing Knowledge**, in addition to availability and accessibility, one of the barriers to services most often mentioned by women is not knowing where to get services. This was consistent across contraception and abortion care services, indicating that greater awareness of available services is needed. In fact, the total sample, both men and women, were more likely to disagree that they knew how to help a woman who wanted abortion care, reinforcing a lack of knowledge in this area. While more of the sample did respond that they were more knowledgeable on where to get contraception services, the scores were still lower than preferred.

So, the question is how do we increase knowledge of where to get these services? According to the literature, often, women are more likely to seek out information on health services than men, not only for themselves but for others (Dluhos-Sebesto et al., 2021). While a primary care physician is the most trusted source, many are also relying on the internet for health information, which suggests the need for different methods for promoting knowledge transfer in these areas. Additionally, our data show that men would also benefit from information so as to help the women in their lives access services.

Increasing Knowledge Recommendations

- Increase public awareness on where to receive services, including targeted messages for people who live in rural areas or who have a reduced ability to pay.
- Work with providers to update and disseminate their provider/facility recommendation list to make it easier for people to find resources.
- Increase school-based education efforts (e.g., sex education) to ensure that youth are given a foundation for understanding the importance of regular health check-ups as well as specific information for maintaining reproductive health throughout their lives.

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