



Reproductive Health Care and LBT Adults

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The United States Supreme Court recently considered two important cases impacting reproductive rights and health. In *Little Sisters of the Poor v. Pennsylvania*, the Supreme Court is poised to decide whether employers with religious or moral objections have the right to deny people free birth control coverage under the Affordable Care Act.¹

Reproductive rights are critical to cisgender sexual minority women and transgender adults assigned female sex at birth. Over 48 million² people of reproductive age assigned female sex at birth currently use contraceptives, including up to 3.9 million³ cisgender sexual minority women and transgender adults.

Research has shown that:

- Unplanned pregnancies are more common among bisexual girls and among bisexual women than their heterosexual peers.⁴
 - More than one in ten (13.1%) high school girls⁵ and 6.2% of women ages 18-49 self-identify as bisexual.⁶
 - The odds of pregnancy among sexually active self-identified bisexual girls are 1.72 greater than their heterosexual high school age peers.⁷
- Among women ages 15-44, the odds of an unwanted pregnancy are 1.75 times greater for bisexually identified women than their heterosexual peers.⁸
- Unplanned pregnancies are also experienced by transgender people assigned female sex at birth.⁹
- Many (63%) sexual minority and transgender young adults (ages 18-35) intend to have children, either creating or expanding their families, with over 40% considering using Assisted Reproductive Technology (ART) to do so.¹⁰ ART can be costly, is not covered by insurance in most states,¹¹ and may only be available to couples who meet infertility criteria in those states that do mandate ART coverage.¹²
- Poverty is more common among bisexual women, transgender people, and LGBT people of color as compared to their cisgender, heterosexual White counterparts.¹³

- In the US, about one in three cisgender bisexual women (29.4%), transgender adults (29.4%), LGBT Black (30.8%), Latino/a (37.3%), and American Indian or Alaska Native (32.4%) adults are living in poverty.¹⁴ Thus, financial barriers to contraceptive access¹⁵ would have a disproportionate impact on these groups within the larger LGBT population and would also limit access to ART.

In *June Medical Services LLC. v. Russo*,¹⁶ the Supreme Court declared unconstitutional a Louisiana law that would have required doctors who provide abortions to have hospital admissions privileges, despite the fact that abortion is safe, people who have abortions are rarely referred from clinics to hospitals, and when they are, they are easily admitted. Had the Supreme Court decided differently, the number of clinics providing abortions in Louisiana would have decreased from three¹⁷ to one.¹⁸

Eighty-nine restrictions on abortion have been passed in Louisiana since *Roe v. Wade* was decided, more than any other state.¹⁹ The Supreme Court's decision will allow for the minimal provision of these services in Louisiana to continue, allowing in-state access to over one million people of reproductive age assigned female sex at birth (15-49),²⁰ including an estimated 86,000 cisgender sexual minority women and transgender adults (LGT).²¹ The majority (71.2%) of these adults are cisgender bisexual women²² and are persons of color, including 35% who are Black and 18% who are of other diverse heritages.²³

More broadly, nearly 34 million²⁴ people who were assigned female sex at birth and are of reproductive age, including an estimated 2.7 million²⁵ cisgender sexual minority women and transgender adults, live in the 21 states that require doctors to have admissions privileges at local hospitals (Missouri, North Dakota); have enacted admitting privileges that are not currently in effect (Alabama, Arkansas, Kansas, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, Wisconsin); or live in states with a governor and legislature opposed to abortion (Arizona, Florida, Georgia, Indiana, Iowa, Michigan,* Ohio, South Carolina, South Dakota, West Virginia).²⁶

*Although Michigan's governor is not opposed to abortion, the state's citizen petition process allows the state legislature to pass laws without the governor's approval.

ENDNOTES

¹ Liptak, A. Supreme Court Divided Over Obamacare's Contraceptive Mandate. New York Times. May 6 2020. Available from: <https://www.nytimes.com/2020/05/06/us/politics/supreme-court-obamacare-contraception.html>.

² The number of women of reproductive age (ages 15-49) in the US in 2019 across all states (total 74,637,752) was obtained from the US Census Bureau (based on projections from the 2010 Census) at <https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html>, *Annual Estimates of the Resident Population for Selected Age Groups by Sex: April 1, 2010 to July 1, 2019*. The percentage of US women of reproductive age who use contraceptives (64.9%), as reported on the 2015-2017 National Survey of Family Growth, was applied to the population estimate (74,637,752) to arrive at an estimate of 48,439,901 women of reproductive age who currently use contraceptives. Contraceptive use source: Daniels K, Abma JC. Current contraceptive status among women aged 15-49: United States, 2015-2017. NCHS Data Brief, no 327. Hyattsville, MD: National Center for Health Statistics. 2018.

³ To estimate the number of cisgender sexual minority women and transgender adults ages 15-49 who use contraceptives, the weighted percentage of female LGBT Gallup Daily Tracking respondents ages 18-49 in the US in 2017 (8.1%) was applied to 2019 Census estimates of the US female population ages 15-45 (total 74,637,752) and then multiplied by 64.9% as described in the prior footnote to arrive at estimate of 3,923,632. The sex question posed by Gallup, "I am required to ask, are you male or female?" creates the opportunity for the misclassification of transgender people along the lines of sex assigned at birth. To explore this possibility, we examined BRFSS data and found that similar proportions of male to female transgender adults and female to male transgender adults reported female sex and concluded that misclassification was probably fairly even. Thus, we believe that our estimate is reasonable in that it likely includes some transgender women who are not at risk of getting pregnant and excludes about the same number of transgender men who may be at risk of pregnancy in roughly similar proportions. See <https://www.gallup.com/224855/gallup-poll-work.aspx> for more information about the Gallup Daily Tracking Survey. Information about current contraceptive use among sexual minority women and transgender adults is fairly limited; however, research suggests that many sexual minority women have used contraceptives in their lifetimes (Charlton et al., 2019), that some transgender adults are contraceptive users (see footnote 9), and also indicates that rates of sexual assault, which could warrant emergency contraception, are higher among LBT youth and adults than their cisgender, female counterparts. Contraceptive use source: Charlton, B.M. et al. Contraceptive use by women across different sexual orientation groups. *Contraception*, 100 (2019). p. 202-208. Sexual assault sources: Saewyc, E.M., et al., Sexual intercourse, abuse and pregnancy among adolescent women: Does sexual orientation make a difference? *Fam Plann Perspect*, 1999. 31(3): p. 127-31. Drabble, L., Trocki, K. F., Hughes, T. L., Korcha, R. A., & Lown, A. E. (2013). Sexual orientation differences in the relationship between victimization and hazardous drinking among women in the national alcohol survey. *Psychology of Addictive Behaviors*, 27, 639-648; Walters ML, Chen J, Breiding MJ. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation. Atlanta: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2013. James, S.E., et al., The Report of the 2015 U.S. Transgender Survey. 2016, National Center for Transgender Equality: Washington D.C. Available from: <https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF>.

⁴ Everett, B.G., et al., Sexual Orientation Disparities in Pregnancy Risk Behaviors and Pregnancy Among Sexually Active Teenage Girls: Updates from the Youth Risk Behavior Survey. *LGBT Health*, 2019. 6(7): p. 342-349. Lindley, L.L. and K.M. Walsemann, Sexual Orientation and Risk of Pregnancy Among New York City High-School Students. *Am J Public Health*, 2015. 105(7): p. 1379-86. Everett, B.G., K.F. McCabe, and T.L. Hughes, Sexual Orientation Disparities in Mistimed and Unwanted Pregnancy Among Adult Women. *Perspect Sex Reprod Health*, 2017. 49(3): p. 157-165.

⁵ Kann, L., et al., Youth Risk Behavior Surveillance -- United States, 2017, *MMWR Surveillance Summaries*, Centers for Disease Control and Prevention. p. 1-114.

⁶ Analyses of 2018 Behavioral Risk Factor Surveillance Survey (BRFSS) data conducted by the Williams Institute. See <https://www.cdc.gov/brfss/> for more information about the BRFSS and the optional sexual orientation and transgender status ("SOGI") questions included on the BRFSS survey by 28 states.

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- ⁷ Everett, B.G., et al., Sexual Orientation Disparities in Pregnancy Risk Behaviors and Pregnancy Among Sexually Active Teenage Girls: Updates from the Youth Risk Behavior Survey. *LGBT Health*, 2019. 6(7): p. 342-349.
- ⁸ Everett, B.G., K.F. McCabe, and T.L. Hughes, Sexual Orientation Disparities in Mistimed and Unwanted Pregnancy Among Adult Women. *Perspect Sex Reprod Health*, 2017. 49(3): p. 157-165.
- ⁹ Light, A., et al., Family Planning and Contraception Use in Transgender Men. *Contraception*, 2018. 98: p. 266–269.
- ¹⁰ Harris, E., & Hopping-Winn, A. (2019). *LGBTQ Family Building Survey*. Family Equality Council. Available from: www.familyequality.org/fbs2018.
- ¹¹ National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. *ART and Insurance*. [cited 2020 July 4]. Available from: <https://www.cdc.gov/art/key-findings/insurance.html>.
- ¹² Centanni, C. *Using ART to Make a Baby: How Rhode Island's Insurance Coverage Mandate is Preventing Same-Sex Couples from Having Biological Children*. Roger Williams University Law Review, 2019. 24(2): p. 331-357.
- ¹³ Badgett, M.V.L., S.K. Choi, and B.D.M. Wilson. *LGBT Poverty in the United States: A Study of Differences between Sexual Orientation and Gender Identity Groups*. 2019: The Williams Institute, UCLA, Los Angeles, CA. Available from: <https://williamsinstitute.law.ucla.edu/publications/lgbt-poverty-us/>.
- ¹⁴ Ibid.
- ¹⁵ Dehlendorf, C., L.H. Harris, and T.A. Weitz. Disparities in Abortion Rates: A Public Health Approach. *Am J Public Health*, 2013. 103(10): p. 1772-9.
- ¹⁶ *June Med. Servs. v. Russo*, No. 18-1323 (U.S. Jun. 29, 2020).
- ¹⁷ Pittman, K. *I run a Louisiana abortion clinic. Despite Supreme Court win, I'm nervous for our future*. USA Today. June 30, 2020. Available from: <https://www.usatoday.com/story/opinion/voices/2020/06/30/supreme-court-june-medical-services-abortion-rights-access-column/3283212001/>.
- ¹⁸ *June Med. Servs. v. Russo*, No. 18-1323 (U.S. Jun. 29, 2020).
- ¹⁹ Nash, E. *Louisiana Has Passed 89 Abortion Restrictions Since Roe: It's About Control, Not Health*, The Guttmacher Institute. November 2, 2020, updated June 29 2020. Available from: <https://www.guttmacher.org/print/article/2020/02/louisiana-has-passed-89-abortion-restrictions-roe-its-about-control-not-health>.
- ²⁰ The number of women of reproductive age (ages 15-49) in Louisiana in 2019 (1,060,192) was obtained from the US Census Bureau (based on projections from the 2010 Census) at <https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html>, *Annual Estimates of the Resident Population for Selected Age Groups by Sex: April 1, 2010 to July 1, 2019*.
- ²¹ To estimate the number of cisgender sexual minority women and transgender adults ages 15-49 in Louisiana, the weighted percentage of female LGBT Gallup Daily Tracking respondents ages 18-49 in the US in 2017 (8.1%) was applied to 2019 Census estimates of the Louisiana female population ages 15-45 (1,060,192) as described in footnotes 3 and 20. This number (85,876) was rounded to the nearest 1,000.
- ²² Analyses of aggregated 2018 Behavioral Risk Factor Surveillance Survey (BRFSS) data collected from LBT women ages 18-49 conducted by the Williams Institute. See <https://www.cdc.gov/brfss/> for more information about the BRFSS and the optional sexual orientation and transgender status (“SOGI”) questions included on the BRFSS survey by 28 states.
- ²³ Analyses of 2017 Gallup Daily Tracking Survey data collected from Louisiana LGBT female respondents ages 18-49 conducted by the Williams Institute.

²⁴ The number of women of reproductive age (ages 15-49) in 2019 in each of 20 states that require hospital admission privileges or are at risk of passing such restrictions (33,772,013), as enumerated in Nash and Donovan cited in footnote 26 below, was obtained from the US Census Bureau (based on protections from the 2010 Census) at <https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html>, *Annual Estimates of the Resident Population for Selected Age Groups by Sex: April 1, 2010 to July 1, 2019*.

²⁵ To estimate the number of cisgender sexual minority women and transgender adults ages 15-49 in each of 20 states that require hospital admission privileges, or are at risk of passing such restrictions, as enumerated in footnote 26, the weighted percentage of female LGBT Gallup Daily Tracking respondents ages 18-49 in the US in 2017 (8.1%) was applied to the 2019 Census estimates of each state's female population ages 15-45 (total 33,772,013) as described in footnotes 3 and 24 to arrive at estimate of 2,735,530.

²⁶ Nash, E. and M.K. Donovan. *Will the Supreme Court Let Unnecessary Admitting Privileges Requirements Imperil Abortion Access?* May 11 2020, updated June 29 2020. The Guttmacher Institute. Available from: <https://www.guttmacher.org/article/2020/05/will-supreme-court-let-unnecessary-admitting-privileges-requirements-imperil>.

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