Regional programs to assume the cost of contraception for financially disadvantaged women and men

A national survey of local pregnancy counselling services

Background

Following changes in social and health law implemented during the last decade, financing of contraception has become difficult for people on low incomes. Before the so-called Hartz reforms the cost of prescription contraceptives for eligible women was funded by social welfare offices. Since 2004 the flat-rate benefit for long-term unemployed does not allow for contraception costs. In addition to women and men receiving unemployment or social welfare benefits, low wage earners, students, trainees, and asylum-seekers are in a situation where access to individually suited types of contraception is restricted. The discontinuation of national rules has led to far-reaching regional variations in the availability of publicly funded contraceptives. The law is interpreted differently and the costs of prescribed contraceptives are covered in varying ways. Moreover, in view of the perceived need many local authorities have reopened access to free contraceptives for low-income people or established alternative support models. No overview data on these programs exist.[1]

Methods

In cooperation with the federal association of pro familia researchers of the faculty of health sciences of the University of Bielefeld carried out a nationwide survey to gain an overview of regional public programs providing contraceptive coverage for financially disadvantaged women and men. The aim was to identify regional differences in programs and barriers to access. The survey relied on local counselling centres of pro familia as important and reliable information sources. To get a broad picture of the situation in Germany, the researchers also asked selected counselling centres of other providers to complete the questionnaire. Counsellors were asked to participate in the survey even if no regional or local program was in place. The questionnaire included some items for this case. The survey was carried out online. Participants were asked whether public programs for contraceptive coverage exist in their municipality, who is eligible, which contraceptives are included and how utilization is controlled. In addition, counsellors were asked to give their opinion on local need and evaluate local regulations. From January 30th to May 13th this year 432 counselling centres took part in the survey. 71 questionnaires were excluded as they referred to municipalities represented in the sample more than once.

Results

The results provide up-to-date information of 361 municipalities nationwide on where public programs exist and how they are designed. First, Germany's eastern states strike the eye. In Brandenburg, Mecklenburg-Western Pomerania, Saxony, Saxony-Anhalt and Thuringia there are no public programs at all in place, be it on a regional or at state level.[2]

The described regulations of the other federal states of Germany show: Differences in access not only become apparent if one compares East and West but also manifest themselves within the great area states. About 51 percent of participants from North Rhine-Westphalia stated that public programs providing contraceptive coverage for people on a low income have been established in their area, whereas 49 percent answered in the negative. In the other states, too, there are marked regional variations discernible.

What are the reasons if no public program for contraceptive coverage exits? The most frequent reason given is the difficult budgetary situation of local authorities (35 percent), ahead of the absence of a politically perceived need (21 percent). Further reasons (e.g. the perception that regulation of cost coverage is first and foremost the political responsibility of the German federal state) were mentioned by about 19 percent. The high number of counsellors who did not answer this question indicates that the reasons were often unknown.

Regional cost coverage schemes: uneven, confusing, unknown

There are substantial differences whether public programs exist. If yes, the schemes vary considerably in core features.

This applies to the form and range of cost coverage, which is complete in 53 percent of cases and partial in 47 percent. 25 percent of regional programs provide for direct financing, three fourths offer a reimbursement of costs or a subsidy. 16 percent specify a fixed amount, 28 percent a limit, about 15 percent a percentage. Existing programs are nearly exclusively carried by local authorities.

Of special importance for assessing equity of access are differences in eligibility and covered contraceptives. Here are some of the results:

Availabale cost coverage models. Answers of the counselling offices according to federal states

State	Cost coverage available		Cost coverage not available	
	Number	%	Number	%
Baden-Wuerttemberg	34	64,2	19	35,8
Bavaria	5	11,1	40	88,9
Berlin	2	100,0	0	0,0
Brandenburg	0	0,0	19	100,0
Bremen	2	100,0	0	0,0
Hamburg	0	0,0	1	100,0
Hesse	7	26,9	19	73,1
Mecklenburg-Western Pomerania	0	0,0	10	100,0
Lower Saxony	34	68,0	16	32,0
North Rhine-Westphalia	36	51,4	34	48,6
Rhineland-Palatinate	1	5,9	16	94,1
Saarland	0	0,0	5	100,0
Saxony	0	0,0	10	100,0
Sachsen-Anhalt	0	0,0	8	100,0
Schleswig-Holstein	2	14,3	12	85,7
Thuringia	0	0,0	20	100,0
Total	123	34,9	229	65,1

People receiving long-term unemployment benefits are eligible for financial support in nearly all programs (97.5 percent). Welfare recipients were named by the great majority of counsellors (83 percent), people on low incomes not receiving unemployment or welfare benefits, on the other hand, by less than 50 percent. Eligibility criteria are restricted to women in 29 percent. Only a small number of schemes include a minimum age or an age limit.

With respect to the covered contraceptives there are clear priorities. Copper IUD, hormonal IUD, three-month injections, hormone implants and the pill are covered by more than 75 percent of all programs. The cost of emergency contraception, chemical contraceptives and condoms, on the other hand, is not often borne. Nearly 72 percent of programs include cost assumption for sterilisation. Furthermore, the procedures are designed differently. The application procedure can be mentioned as an example. Most applications are filed through pregnancy counselling centres (62,5 percent), but several other institutions and authorities are with differing degrees involved in the procedure (local authorities: 31,7 percent, other advisory offices: 10 percent, Jobcenters: 7,5 percent).

On top of that, there are great differences in how public programs are promoted. 57 percent of carriers do not actively inform potential clients about the scheme. Where programs are promoted, varying media and actors are used to transfer the information, for example flyers, postings, the press, gynaecologists, or counselling centres.

Conclusion

The data presented here offer a broad and up-to-date insight into regional variations in access to publicly funded contraceptives for people on a low income. They form a solid basis for assessing this regulatory area and point to the political need for regulation at national level. Regional programs are uneven, confusing and often unknown. The group of eligible persons, the application procedure, the amount of coverage, and the contraceptives covered depend on the place of residence. In most cases, programs are initiated by local authorities.

In the United Kingdom, the term “postcode lottery” is used if local decision-making leads to different levels of health and social services. In Germany, low-income people face a postcode lottery regarding their chance to gain access to publicly funded contraceptives. The cost of contraceptive services and supplies for individual women can be considerable. As studies have shown, the cost can influence choice of methods. Providing contraception for financially disadvantaged women and men through public schemes can help preventing unintended pregnancies. Preventing unintended pregnancies leads to fewer unintended births and fewer abortions. If access to contraception is considered in accordance with the United Nations a universal human right and is therefore seen as an aspect of social life relevant for welfare state policy, the German postcode lottery is clearly not acceptable. A welfare state is marked by legally established entitlements giving rise to benefits according to need on a national basis. A situation, in which access to benefits depends on regionally and locally varying policies, is incompatible with this principle.

1 For detailed information see http://www.profamilia.de/pro-familia/kampagne-kostenfreie-verhuetungsmittel.html

2 In Mecklenburg-Western Pomerania, a government supported pilot project started in November 2013. It is restricted to certain areas and will continue until the end of this year. The project is currently being evaluated. Since October last year no new participants have been accepted.

Masthead

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