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Minors' Experiences Accessing Confidential Contraception in Texas

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A B S T R A C T

Purpose: Texas is one of 24 states that restricts minors' ability to obtain contraception without parental consent, unless they access confidential services at federally funded Title X clinics. This study explores Texas minors' reasons for and experiences seeking confidential contraception.
Methods: Between September 2020 and June 2021, we conducted in-depth phone interviews with 28 minors aged 15–17 years. Participants were recruited via the text line and Instagram account of an organization that helps young people navigate Texas' parental consent laws. Interview transcripts were coded and analyzed using inductive and deductive codes in our thematic analysis.
Results: Participants wanted to be proactive about preventing pregnancy by using more effective contraceptive methods but faced resistance from adults when they initiated conversations about sex and contraception or tried to obtain consent. In the absence of adult support, they turned to online and social media resources for information about types of contraception but encountered challenges finding accurate information about where to obtain methods in Texas without a parent. Only 10 participants were able to attend an appointment for contraception. Parents' increased monitoring of minors' activities during the COVID-19 pandemic, combined with transportation and appointment-scheduling barriers, made it difficult for minors to attend in-person visits, particularly if clinics were farther away.
Discussion: Minors in Texas faced a range of barriers to finding accurate information and obtaining confidential contraceptive services, which were exacerbated by the COVID-19 pandemic. Expanding options for accessible confidential contraception, along with repealing parental consent laws, would better support minors' reproductive autonomy.
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IMPLICATIONS AND CONTRIBUTION

Minors in Texas want to use more effective contraceptive methods but cannot obtain parental consent for several reasons. Barriers to accessing contraception without parental consent were exacerbated by COVID-19. Repealing parental consent laws, increasing Title X telehealth services, and allowing contraceptive delivery would increase access for minors needing confidential care.

Adolescence is a formative period when many young people begin exercising their reproductive autonomy and become sexually active. One in five (19%) ninth grade students in the United States have had vaginal sex, and this percentage increases

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to more than half of students (57%) in 12th grade [1]. However, use of highly effective contraception is low. A nationally representative survey in 2017 found that 47% of high school females relied on condoms or withdrawal the last time they had sex and 18% used no method [1]. Only one-third (34%) reported using a highly effective method, such as oral contraceptive pills, the injectable, intrauterine device, or implant [1]. Low rates of highly effective contraceptive use are often related to the substantial barriers that young people, particularly minors (i.e., those aged less than 18 years), face when trying to use these methods. These barriers include limited knowledge of the healthcare system, the emotional labor of engaging a guardian or finding a provider on their own, financial costs of paying for contraception and attending medical appointments, transportation, and confidentiality concerns—all of which restrict minors' ability to exercise reproductive autonomy [2–4].

State laws that require minors to involve a parent to obtain highly effective contraception further exacerbate these challenges because minors are often uncomfortable disclosing their sexual activity to a parent or are worried about how their parents would react [5]. Previous studies have reported that mandated parental consent for contraception would likely result in many minors discontinuing sexual and reproductive health (SRH) services and using less effective methods or no method, which could result in higher unintended pregnancy rates [6–8]. Proponents of parental consent laws argue that minors are incapable of making competent decisions about their healthcare, but research demonstrates that minors are able to act in their best interest and this has been recognized by federal policies that allow minors to obtain contraceptive care without parental involvement, including at federally funded Title X clinics [9,10].

Aside from documenting concerns with parental consent laws [6–8], few studies have focused on minors explicitly and none to date have documented minors' experiences navigating confidential contraceptive care. In this study, we explore female minors' need for and experiences accessing highly effective confidential contraception in Texas. Texas has among the highest rates of teen pregnancy in the United States [11,12] yet requires parent or legal guardian consent (verbal or through a signed parental consent form issued from the clinic) for minors seeking contraception. Only minors who are married, enrolled in Medicaid, or emancipated from their parents can consent to their own contraceptive care in Texas, but confidentiality is not guaranteed [11]. As such, federally funded Title X clinics, which are required to provide confidential care, are an important source for contraceptive care for minors in Texas who do not want to involve their parent. However, Title X services are not accessible for some Texas minors, particularly minors living in rural parts of the state. Shifts in the provider network, including the exclusion of Planned Parenthood following changes in state and federal policies, and transportation barriers in Texas have also made it difficult for minors to reach Title X–funded locations [13,14]. In addition, the COVID-19 pandemic created new barriers—such as temporary clinic closures, reduced hours and staff, and heightened anxiety around seeking care—that further exacerbated minors' ability to access services. By assessing how minors navigate barriers to care in this setting, we are able to identify approaches to facilitate their access to highly effective contraception and support reproductive autonomy.

Methods

Recruitment

Between September 2020 and June 2021, we recruited participants via Jane's Due Process' text line and Instagram 'story' function. Jane's Due Process is an organization that helps minors in Texas navigate parental consent laws by providing information about contraceptive methods, the location of Title X clinics closest to them, and the information they need to obtain confidential services at no cost. Volunteers at the organization asked minors who had reached out for assistance with confidential contraception if they would be willing to participate in an interview for a research study. If they agreed, the minor's contact information was provided to the study team. The study team then contacted each potential participant up to three times to confirm their eligibility and schedule an interview. Participants were eligible if they were aged 15–17 years, currently living in Texas, English or Spanish speaking, and had tried to access contraception without their parents' involvement in the past year. After determining eligibility, research staff described the study and obtained participants' verbal assent to participate and have their interview recorded. Of the 70 minors who provided contact information, we were able to reach 58 for eligibility screening. Eight were not interested in participating and 22 were ineligible, primarily because they were not actively seeking contraception. The authors' university Institutional Review Board approved the study protocol and waived parental consent because the study focused on minors seeking confidential contraception.

Data collection

Two of the study's authors, who had prior qualitative interviewing experience in reproductive health, conducted 30-minute to 60-minute phone interviews with participants. Participants who stated that they had scheduled or planned to schedule a clinic visit at the time of the interview were asked if they could be recontacted for a 20-minute to 30-minute follow-up interview about their experiences seeking care. Participants received a $30 electronic gift card for the initial interview and an additional $10 for the follow-up interview. If a participant had already attended a clinic appointment at the time of their initial interview, they were asked the additional questions from the follow-up protocol about their experiences seeking care and received a $40 electronic gift card.

Data analysis

We developed the interview guide based on our prior research on minors' conversations with adults about contraception, how Texas parental consent policies affect minors' access to care, and conversations with Jane's Due Process [14,15]. We asked participants to discuss prior conversations they had with their parents about contraception and their reasons for and concerns about seeking contraception without involving a parent. For those who had tried to obtain confidential services at a health center, we explored their process seeking care, including barriers locating and getting to clinics, and their experience at their appointment. Interview recordings were transcribed; the research team reviewed the transcripts for accuracy and removed identifying information.

Based on prior qualitative research, we anticipated conducting 30 interviews would reach thematic saturation [16]. We monitored participant characteristics to ensure we included a diverse sample with a range of experiences and regularly reviewed interview summaries and transcripts to assess data quality and variability. Based on these metrics and the closure of the academic school year, which we expected would affect some themes related to barriers to care, we stopped data collection after 28 interviews.

We developed a preliminary codebook using deductive approaches that were informed by an initial review of the transcripts, the interview protocol, and team discussions. Then, four members of the research team independently coded two transcripts and reconvened to compare, refine, and use inductive approaches to add codes to capture new ideas. This hybrid approach using both deductive and inductive coding and theme development has been used to improve data interpretation and presentation [17,18]. The remaining interviews were double-coded by two members of the research team following the same process. We used NVivo 14 for coding and data management. Pseudonyms are used throughout the manuscript to deidentify participants.

Results

Participant demographics

Overall, 28 minors participated in the study. Four had already attended a clinic appointment at the time of initial interview. An additional 16 participants indicated in their initial interview that they were planning to attend a clinic appointment soon. Six of those participants attended a clinic appointment and participated in a follow-up interview. Results pertaining to participants' clinic appointment experiences are drawn from the follow-up interviews (n = 10). All participants identified as female and English-speaking. Table 1 shows approximately half of participants (n = 15) were aged 17 years and self-identified as Hispanic (n = 13). Almost all participants (n = 27) had engaged in sexual activity (oral sex, vaginal sex, anal sex, and/or manual stimulation) with an opposite sex partner and nearly three-quarters (n = 20) had engaged in sexual activity with an opposite sex partner in the past month. Nearly half (n = 13) reported they were bisexual. Participants came from varying geographic locations in Texas, but most resided in metropolitan areas. Nearly one-third (n = 9) had insurance through their parent's employer and six were enrolled in Medicaid or the state Children's Health Insurance Program. Five were uninsured and eight were unsure what type of insurance they had, if any. Table 2 provides an overview of the themes presented below that emerged from participant interviews.

Table 1
Characteristics of minors seeking confidential contraceptive services (n = 28)

	n	%
Age		
15	6	21
16	7	25
17	15	54
Race/ethnicity		
Hispanic	13	46
White	6	21
Asian	5	18
Black	3	11
Indigenous	1	4
Sexual activity		
Ever engaged in sexual activity with opposite sex	27	96
Engaged in sexual activity with opposite sex in past month	20	71
Sexual orientation		
Bisexual	13	46
Heterosexual	12	43
Pansexual	2	7
Not sure	1	4
Geographic location		
Major metro area	15	54
Suburb of major metro area	9	32
South Texas	2	7
Unknown	2	7
Insurance		
Parent's employer	9	32
Unknown	8	29
Uninsured	5	18
Medicaid	5	18
Children's Health Insurance Program	1	4
Could obtain transportation to medical appointment		
Yes	19	68
No	6	21
Maybe	3	11
Completed a follow-up interview	10	36

Theme 1: minors faced resistance from adults when asserting their reproductive autonomy

Most participants (n = 25) reported that their parents had either never talked to them about contraception or only had a one-time conversation, which minors had to initiate. When participants brought up conversations about contraception, they often felt their parents evaded or shut down the conversation. Leah, a 17-year-old who had been trying to get contraception for three years recalled how: "I have gone to my mom, and she is open to the conversation… But it is always like, 'I will make an appointment later,' and it has never happened. I do not think she wants to understand that her daughter actually needs [contraception] for the sole purpose of birth control to prevent pregnancies." Participants attributed their parents' avoidance of these conversations to a lack of comfortability talking about sex. In fact, one-quarter of participants reported their parents avoided these conversations because they themselves were not educated on contraception. Olivia, a 17-year-old whose mother "believes a lot of myths about birth control" described her experience this way: "I brought [contraception] up and my mom was shutting it down saying how it was unnatural, so that is why I cannot go to her about any of these questions."

More than one-third of participants reported their parents did not condone premarital sex, resulting in participants feeling unable to ask them questions about contraception or obtain their consent. Anna, a 17-year-old reliant on condoms in her first serious, sexually active relationship, relayed how "Mentioning birth control to my mom would be, in her mind, saying that I am having premarital sex, that I am openly sinning, so it is not something I broach with her." Other participants who tried having conversations with their parents about contraception despite their parents' religious beliefs reported negative encounters, such as their parents accusing them of "sleeping around," threatening to revoke their privileges, and condemning their actions as "sinful." Similarly, one-quarter of participants

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Table 2
Overview of findings

Theme	Details	Example quotes
1. Minors face resistance from adults when asserting their reproductive autonomy.	• Parents were avoidant of discussing contraception with minors. • Parents disapproved of contraceptive use for a myriad of reasons. • Minors were unable to speak confidentially with a clinician.	• "I brought [contraception] up and my mom was shutting it down saying how it was unnatural, so that's why I can't go to her about any of these questions." • "I never get any alone time with my doctors. And I feel like, even if I did, my doctors would just be like, 'She's irresponsible. We'll tell her mother.'"
2. Minors were proactive about getting accurate information on contraception.	• Minors relied on friends, Internet searches, and social media for information on contraception.	• "In school, they don't teach about [reproductive health]. I get [information] on Google and I look for medical websites or blogs from doctors. Or, on TikTok, there's a doctor that tries to teach teens that don't have access to those types of information." • "I have friends that are on birth control and they told me about it. I hadn't even known about it before and I didn't think of that as a possibility for myself until I looked more into it [online]."
3. Minors experienced barriers to clinic-based services.	• Minors experienced multiple logistical barriers to scheduling clinic appointment. • Minors experienced additional barriers at their clinic appointment. • These barriers were exacerbated by the COVID-19 pandemic.	• "They didn't have anything after 4:00 P.M. …and they didn't have any days to go on the weekend. I was very frustrated with that because I was like, 'I go to school, so I won't have time to go to a clinic.'" • Since the pandemic is going on, it would be difficult [to leave] since [my parents] will be like, 'Oh, where are you going?' Whereas before [the pandemic], I could just go out like normal."
4. Minors' offered recommendations for improving access to information and services.	• Repeal parent consent laws. • Require parents to step out of the room at doctor's appointments. • Provide teen-friendly services including extended hours, transportation, telehealth appointments, delivery services, trained staff, and social media resources.	• "I think it should always be brought up [that] the parent has to step out so your child would be able to say anything that they might want to say but feel they can't because their parent is in the room. I feel like that should always be required." • "I would say – this is going to sound kind of silly but like trying to have their own transportation [at the clinic]… because most of the time their parents take them places or a family members take you places, so it's hard to get places." • "I think it would be helpful just for us to be referred to the [Jane's Due Process] hotline at least… I know social media is a great way to get information out, so social media accounts could share the hotline's number. Maybe just making it known that you can get these services confidentially, free of cost through social media. I would say schools, but I know none of the public schools are that progressive."

reported their parents thought they were too young to be sexually active and subsequently did not feel comfortable talking to them about contraception. Jade, a 17-year-old whose mother told her she was too young to use contraception explained how "I have conservative Asian parents, so talking about birth control methods was awkward… because it is taboo to have sexual intercourse at my age."

Minors' difficulty exercising reproductive autonomy also extended to clinic settings. Most participants reported they had never had the opportunity to speak privately with a doctor and felt frustrated that their doctor never asked their parent to step out of the room. Jasmine, a 17-year-old who reported that her mother would take away her phone and ability to leave the house if she disclosed her sexual activity, explained her concerns: "[My mom] is always in the room, so it is not like I can tell my pediatrician, 'Can you make my mom step out?' If I were to do that, she would for sure know what was going on." Others reported that even if they were able to speak privately with a provider, they did not trust their provider to maintain patient confidentiality. Eva, a 17-year-old who had been sexually active for over 3 years and wanted a more effective method commented: "I never get any alone time with my doctors. And I feel like, even if I did, my doctors would just be like, 'She is irresponsible. We will tell her mother.'"

Theme 2: minors were proactive about getting accurate information on contraception

Participants relayed that formal channels of information they should be able to rely on were not available to them. Nearly all participants reported that they received no sexual health education at school or that the information they received was not comprehensive. In the absence of information from trusted sources, including parents and medical providers, nearly all participants had taken the initiative to educate themselves about contraception using the resources available to them—friends, Internet searches, and social media. Emma, a 16-year-old whose school had an abstinence-only curriculum and whose mother was "very against doctors," mentioned that she had to learn about contraception through her friends: "I have friends who are on birth control and they told me about it. I had not even known about it before and I did not think of that as a possibility for myself until I looked more into it [online]."

Participants overwhelmingly listed social media as their go-to source for SRH information. Naomi, a 17-year-old who had conducted extensive online research on contraception stated: "In school, they do not teach about [reproductive health]. I get [information] on Google and I look for medical websites or blogs from doctors. Or, on TikTok, there is a doctor who tries to teach teens that do not have access to those types of information." Similarly, Leah mentioned that "some OBGYNs have Twitter accounts that are good resources for young girls to look at because they post Q&As on Twitter." However, Leah also discussed how you must be careful when looking for information online because "there is a lot of false information about birth control that people spread." The consensus among participants was that they have to educate themselves on contraception through online searches to know their options.

Through these searches, participants gained awareness about multiple options for effective contraception and unanimously reported wanting to use a more effective method. Despite this, nearly all participants relied on condoms, withdrawal, or emergency contraception during sexual encounters because these are the "most accessible and affordable options." Participants, however, were aware of the lower efficacy of these methods at preventing pregnancy and several voiced concerns about how an unplanned pregnancy would impede their future goals. One 17-year-old, Alexis, remarked: "I have a lot of goals that I want to achieve but a kid would definitely ruin that. Let me push that back, and whenever I am ready, I will have kids." Participants' desires to be responsible and obtain their future goals led them to try and identify ways to obtain more effective contraception without their parents' involvement.

Theme 3: minors experienced barriers to clinic-based services that were exacerbated by the pandemic

Prior to contacting Jane's Due Process, participants had encountered difficulties obtaining contraceptive services without parental consent. A few participants mentioned learning about delivery services for contraceptive pills and had tried to enroll but discovered they did not qualify as a minor in Texas. Several others had contacted Planned Parenthood only to learn they could not be seen without a parent. However, most participants had not reached out to a clinic before finding Jane's Due Processes' text line because they were not sure where to go or had concerns about cost and confidentiality.

Even after learning about free, confidential contraceptive care at Title X–funded clinics through the text line, participants still encountered barriers to obtaining services. Ultimately, only 10 of the 28 participants were able to attend a clinic visit during the study period. One of the most common barriers cited was transportation. Only two-thirds of participants ($n = 19$) had access to a car or said their partners, friends, or other family members were willing to drive them to an appointment. The onset of the COVID-19 pandemic exacerbated these transportation barriers. Many participants reported that their parents were stricter about where they were going. Naomi, who was attending school virtually and did not have access to transportation, said "Since the pandemic is going on, it would be difficult [to leave] since [my parents] will be like, 'Oh, where are you going?' Whereas before [the pandemic], I could just go out like normal." Because of this concern, she delayed scheduling a clinic appointment indefinitely. Similarly, three participants reported they were unable to schedule an appointment because their parents tracked their location using cellphone applications and could see if they were at the clinic.

Participants also had difficulty finding an appointment that worked with their schedule. They reported that most clinics only offered appointments on Monday through Friday during school hours but they could not go because their parents would be notified that they missed class. Appointment availability was further limited in response to the pandemic because many clinics had shortened their hours or reduced the number of days they were providing services. Sixteen-year-old Eliza shared her frustrating experience with the first clinic she called saying, "They did not have anything after 4:00 P.M. …and they did not have any days to go on the weekend. I was very frustrated with that because I was like, 'I go to school, so I won't have time to go to a clinic.'"

Participants who were able to attend a clinic appointment still reported barriers obtaining care, such as unclear guidance from the clinic about the documentation and financial information needed at the appointment. One participant, Monica, reported

feeling overwhelmed by the unexpected requests for personal information, such as her social security number, income, and address at her first appointment. The 17-year-old recounted how "[the clinic] would not see me if I did not have any of that stuff. And they did not mention any of that (on the initial phone call), so I came unprepared." Ultimately, she was unable to be seen that day and had difficulties convincing her sister to drive her to the rescheduled appointment.

Theme 4: minors' recommendations for improving access to information and services

Participants were unanimously frustrated with Texas' parental consent laws. They discussed how society expects them to act like adults in the event they get pregnant, yet policies treat them like children who are incapable of making their own contraceptive decisions. Anna frankly stated: "Adults in power can tell you if you can get a pregnancy test or an STD test [without your parent], but if you are actually pregnant, then you just have to live with it." Ashley, a 15-year-old, who had never been able to speak privately with a doctor, explained why the parental consent law did not seem necessary: "I think that birth control should be accessible to everyone regardless of their age. As long as you know you are trying to protect yourself, there is no need for the parents to be involved, especially if you have a doctor who is looking over the whole thing." This frustration resulted in several participants suggesting that doctors be required to ask parents to step out of the room during appointments so that teens could ask healthcare professionals questions about contraception and get information on where to acquire confidential services.

Participants also discussed how it would be considerably easier for minors to access confidential contraception if organizations provided transportation to and from clinic appointments and if Title X clinics could offer virtual appointments and teen-friendly hours. There was also support from multiple participants for contraceptive delivery services. One participant, Olivia, moved from a state where she was able to obtain contraception through an online delivery service. Compared to her frustrating experience in Texas where clinic staff told her an initial appointment would be $80, she recalled how online delivery was much smoother: "All I had to do was give my information and then just pay like $20… I got it delivered to my house. Luckily, they have discreet packaging. I got it myself, and then I just took it to my room."

In addition, several participants mentioned that their experience accessing services could have been improved if clinics were more teen-friendly. For most minors, this was their first experience accessing care by themselves and the experience felt daunting and uncomfortable. Leah commented how her consultation was "super-fast," and she felt the provider was "ready to get me off the phone." Monica recounted how, because of COVID-19 precautions, the clinic would not allow her sister to go in so she had to attend the appointment alone and it was "pretty scary" because "the workers were kind of rude."

Discussion

For sexually active minors, parental consent laws surrounding contraception can create barriers to care and impede minors' abilities to exercise reproductive autonomy [2–4]. This study builds off the existing literature on barriers to confidential contraception for minors by examining how minors navigate these barriers. In this study, we found that minors in Texas who did not feel they could involve their parent in obtaining contraception had to address information gaps, rely on other social support networks, and learn an unfamiliar healthcare system on their own to be proactive about their health. In the absence of being able to repeal parental consent laws, the challenges they faced point to several opportunities to strengthen minors' linkages to reproductive healthcare.

Healthy adult-teen communication on sex and contraception is particularly important in Texas given the state does not require sexual health education in schools. Although minors in this study sought to obtain contraception without their parent, many initially tried to involve a parent. However, many parents were not receptive to these conversations or reproached minors for raising the topic. Other minors did not discuss their needs with their parents based on prior cues that such a conversation would not be well received. These experiences may indicate that parents lack the information or skills needed to have productive conversations about sex and contraception with minors [19]. Research shows that sexual communication with parents increases safer sex behavior among adolescents [20], therefore, promoting resources that improve parents' knowledge and communication skills around SRH topics can address barriers to healthy parent-teen communication. However, this may not be effective for all families, especially those in which minors feel unsafe or perceive they will be punished for their sexual activity. These challenges with parent-teen communication point to the need for healthcare providers to help minors feel comfortable asking questions about sexual health and contraception during clinical encounters. That minors in our study expressed confidentiality concerns and recounted missed opportunities during healthcare visits suggests that some clinicians may not be following professional medical associations' recommendations to provide confidential care for all adolescents [21–24]. Efforts to improve minors' reproductive autonomy must include ensuring private, confidential time with health professionals.

Supporting prior research [25,26] minors in our study looked to online resources for SRH information when they were unable to get answers from parents, school, or medical providers. However, they were careful to use sources they deemed trustworthy, such as OB-GYN Twitter and TikTok accounts or nonprofit organizations like Jane's Due Process. Linking information learned online with friends' lived experiences using contraception, helped minors understand what methods might work for them, and what online sources could be trusted. Despite efforts to triangulate trustworthy information, minors in our study shared that misinformation is prolific on the internet and reported wanting more verified resources. Certified adolescent health professionals should continue sharing their knowledge on contraception, Title X clinics, and confidentiality on social media platforms so that reliable information can reach minors who are unable to have confidential visits with a provider.

Our results also highlight how the presence of Title X clinics, where minors can get confidential care, is not enough to ensure access. Most participants were not aware of these health centers and instead looked for resources that were easily identified online, such as mail-delivery contraceptive pills, or locations with brand recognition (e.g., Planned Parenthood), which were not able to provide methods to minors without parental consent. This aligns with a recent study which found that minors are reaching out to contraceptive delivery services but, compared to

older women, are less likely to have a contraceptive method dispensed to them [27]. This could be due to an inability to access these services in states with parental consent laws and may explain why relatively few minors engage with these services compared to older women [27].

Even after learning about Title X–funded sites, minors in our study faced logistical and service barriers to obtaining contraception. Supporting prior research [4,23,28–30], these findings highlight the importance of teen-friendly clinics that offer flexible hours, virtual appointments, and patient-centered care. They also highlight how providing contraceptive delivery services through Title X centers would fill an important gap in minors' access to contraception.

Our study also provides new information on the unique ways in which COVID-19 affected minors needing confidential contraception. There was greater parental monitoring and clinic service barriers became more pronounced as health centers needed to modify hours and protocols, which may have compromised teen-friendly services. Although COVID-19 restrictions have now largely been lifted, these findings highlight the importance of ensuring minors' access to confidential, teen-friendly contraceptive access as new infectious disease outbreaks occur, contraceptive care becomes restricted for minors, and abortion care becomes more difficult to obtain following the overturn of Roe v. Wade.

Limitations

This was a small qualitative study and the findings are not generalizable to other contexts. Although any Texas-resident minor who contacted Jane's Due Process was eligible for this study, all participants identified as nontransgender females, and few were from rural areas or spoke a language other than English. Therefore, we likely did not capture the experiences of minors who are less technologically savvy, more isolated, and encounter other structural oppressions, thus efforts should be made to include these populations in future research. Finally, we were unable to conduct follow-up interviews with some minors who may have eventually had a clinic appointment; as a result, there may be additional barriers than those presented in our data. Future research would benefit from comparative studies of barriers to confidential contraception for minors residing in states with parental consent laws compared to similarly situated minors in states without these laws. In addition, future studies should recruit larger samples of minors who were able to attend an appointment to better inform service providers and policy makers about how to better support teen-friendly clinic services and make other improvements to support minors' reproductive autonomy.

Conclusion

This study found that minors are proactive in their search for contraception, from initiating conversations about sex and contraception with parents to learning about contraceptive methods on their own, to navigating logistical barriers to obtain care. Findings demonstrate that parental consent laws for contraception create barriers to necessary healthcare for minors—a group of people who lack agency but deserve reproductive autonomy—and that these barriers were exacerbated by COVID-19. This study also highlights several ways that reproductive autonomy can be improved for minors, such as teaching parents how to talk to teens about sex and contraception, providing comprehensive sexual health education via school and social media, increasing awareness of and access to Title X clinics, providing telehealth and contraceptive delivery services through Title X clinics, ensuring clinicians initiate private conversations with minors about contraception, and making clinics more teen-friendly.

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