SDG REPORT CARD

Essential Health Services for Young Women and Girls

SDG 3.8 *Rithya Cheela and Ishika Pulimamidi*

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US GRADE

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Marginal Progress

The United Nations' Sustainable Development Goals (SDGs)

were created for a more sustainable future, with **SDG 3** focusing on good health and well-being. Within SDG 3, **Target 3.8** aims to "achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all." **Indicator 3.8.1** focuses on coverage of essential health services (United Nations 2026).

The United States has made only marginal progress towards SDG 3.8.1.

Although access to essential health services has progressed across parts of the United States since the Sustainable Development Goals were adopted ten years ago, systemic disparities remain. Young women and girls, especially those facing socioeconomic, geographic, and demographic disadvantages, face major obstacles to care. Cost and rural location are the most significant challenges.

US adolescents face barriers to health care due to multiple factors.

- lack of health insurance or other financial resources (Abu Lekham et al. 2025)
- geographical disparities due to rural location (Abu Lekham et al. 2025)
- residence along the US-Mexico border (Hubach et al. 2022)
- racial and ethnic minority status (Price et al. 2013)
- youth incarceration (Winkelman et al. 2022)
- poverty and food insecurity compound financial barriers to care
- female-headed households are especially vulnerable.

Cost is a serious obstacle to essential health services.

Given their young age, many US girls and teens ages ten to nineteen years are unable to acquire their own insurance and financial means, especially in rural areas (Abu Lekham et al. 2025). Young women also face higher barriers to bodily autonomy as well as increased gender-based violence, giving them distinct and disproportionate needs for healthcare. Services addressing reproductive, maternal, newborn, and child health, infectious diseases, noncommunicable diseases, and service capacity and access, therefore, are often out of reach for this youthful demographic.

Failing grade for health care plans

In a recent report on patient experiences, women gave "Access to Treatment Through Healthcare Plans" a failing grade of 59.6, citing confusion about their plans and difficulty accessing medications and affording deductibles. This finding suggests that navigating and understanding insurance itself can become a barrier to care (Beisel 2025).

576,000 women

below the poverty line lack health insurance, in US states that have not adopted ACA Medicaid expansion.

They have too much income to qualify for Medicaid and too little income to qualify for Marketplace tax credits.

KFF 2026

4 in 10 US women

could not afford their health insurance deductible in 2024.

46% anticipated being unable to afford it in 2025.

Beisel 2025

Rural girls

and young women experience multiple barriers to sexual and reproductive care:

few transportation options
no health insurance
few financial resources
language or cultural barriers
limited medical services
fear of seeking help

Abu Lekham et al. 2025

An NIH study found that being unmarried and living in poverty were the main predictors of experiencing cost barriers to care, following the introduction of the Affordable Care Act (Kilchenstein et al. 2022)

Recent US executive actions have created uncertainty.

With gender equality regulations being reversed, **funding for programs addressing women's specific health needs is being cut** (Greer, Scott L., et.al. 2025). Under the 2025 Budget Reconciliation Law, for example, over 2 million women of reproductive age risk losing Medicaid coverage due to new work requirements. With low-income women of color and youth disproportionately covered by Medicaid, it is predicted that these groups will face the heaviest impact (Altman 2025). Similarly, minorities seeking access to health and nutrition programs, especially immigrant communities, face reintroduced barriers, thus further marginalizing children in the process (Altman 2025). Given these changes, **cost is likely to remain a significant obstacle for young women and girls seeking quality healthcare in the United States.**

Adolescents on the border

between the US and Mexico experience the same barriers to reproductive care as rural teens plus more:

extreme poverty
housing insecurity
deported parents
lack of basic necessities
rising risks of sexually transmitted infections

Hubach et al 2022

US Women's Caucus Recommendations

Legislators must **prioritize affordable and equitable access to essential health services** for young women and girls. Universal health coverage requires both access to care and financial protection, ensuring that cost does not prevent youth from receiving necessary services or result in financial hardship.

Expand Medicaid eligibility
and close coverage gaps for low-income women and girls to ensure that young women living in poverty can access affordable coverage.

Reduce out-of-pocket costs
for essential health services, including deductibles, copayments, medications, preventative, and reproductive healthcare, to protect young women from financial hardship.

Expand healthcare navigation
and financial-assistance education through schools and healthcare providers so young women can understand their coverage and available resources.

Invest in underserved communities
by expanding community health centers, rural providers, transportation assistance, and accessible telehealth services to address logistical and geographical barriers to care.

References

Abu Lekham, Laith et al. 2025. *Enhancing youth access to reproductive health services in rural communities through clinical and educational interventions in upstate New York.*
Altman, Heidi et.al. 2025. *The Anti-Immigrant Policies in Trump's Final "Big Beautiful Bill," Explained.*
Beisel, Cassie 2025. *The Cost of Being a Woman in the U.S. Health Care System: Still Too High.*
Greer, Scott L., et.al. 2025. *Trump's second presidency begins: evaluating effects on the US health system.*
Hubach, Randolph D. et al. 2022. *Barriers to sexual and reproductive care among cisgender, heterosexual and LGBTQIA+ adolescents in the border region.*
KFF 2026. *Women's Health Insurance Coverage.*
Kilchenstein, Danielle et al. 2022. *Cost barriers to health services in US adults before and after the implementation of the Affordable Care Act.*
Price, James H. et al. 2013. Racial/ethnic disparities in chronic diseases of youths and access to health care in the U.S.
United Nations 2026. *The Sustainable Development Goals Extended Report 2026.*
Winkelman, Tyler et al. 2022. *Universal health coverage and incarceration.*