

INCREASE ACCESS TO FAMILY PLANNING AND ABORTION INFORMATION AND SERVICES





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Family planning information and services provide individuals with the tools necessary to time and plan pregnancies and prevent unintended pregnancies. In addition, these services are critical to ensuring women, men, and young people are able to access safe abortion services; protect against human immunodeficiency virus (HIV) and sexually transmitted infections (STIs); access confidential testing and treatment for HIV and STIs; and access screening for cervical and breast cancer. Accessible family planning education and services are critical to guaranteeing the human right to self-determination.

THE IMPORTANCE OF FAMILY PLANNING

Family planning has numerous benefits for the health and well-being of women, young people, families, and communities. Beyond the benefits of enabling women to determine when and whether to become pregnant, family planning services also facilitate the delivery of screenings and treatment for HIV and STIs and other conditions such as cervical and breast cancer.¹

A typical woman in the United States spends three decades of her life trying to avoid an unintended pregnancy.² For U.S. women of reproductive age (15–44 years of age), use of contraceptive services and supplies is extremely common; 98% of women who have had intercourse have used contraception.³ Nationally, the most popular method is the oral contraceptive pill, followed by female sterilization and the condom.⁴ However, depending on age, there are differences in the contraceptive methods women choose. Among U.S. women 15–19 years of age currently using contraception, the oral contraceptive pill is used by 16.9% and the condom is used by 14.1%. Among women 20–24 years of age currently using contraception, 31.9% are using the oral contraceptive pill and 21.8% report using condoms.⁵

Despite widespread experience with contraceptives among U.S. women, nearly half of all pregnancies in the United States are unintended, meaning women report that their pregnancies were either mistimed or unwanted. Of these unintended pregnancies, 44% are carried to term and 42% end in abortion.⁶ Ninety-five percent of unintended pregnancies occur among women who are not using contraceptives at all or are using them inconsistently.⁷ The proportion of unintended pregnancies remains highest among women under 20 years of age, which reflects teens' relatively inconsistent use of contraception.⁸ Among sexually active teens ages 15–19, approximately 59% report using a form of contraception consistently.⁹ Unintended pregnancies that are carried to term are associated with delayed initiation of prenatal care and increased likelihood of smoking and alcohol use during pregnancy. Unwanted pregnancies, which are not just mistimed but unwanted, are more likely to result in low birthweight and even infant mortality.¹⁰ Women carrying these pregnancies are also more likely to smoke and consume alcohol during pregnancy, and following delivery are less likely to breastfeed and more likely to report postpartum depression.¹¹

THE CRITICAL ROLE OF FEDERAL FAMILY PLANNING PROGRAMS

It is estimated that around 17.5 million U.S. women are in need of publicly funded contraceptive services.¹² In 2002, the direct medical costs of unintended pregnancy in the United States reached \$5 billion, while savings from avoiding unintended pregnancies through contraceptive use were estimated to be \$19 billion.¹³ For every dollar spent on family planning services, \$4.02 is saved by averting an unintended pregnancy.¹⁴ In 2002, 42% of women of reproductive age had received family planning services within the last year; 30% of these women went to private doctors while 14% went to a publicly funded clinic.¹⁵

Medicaid and the Department of Health and Human Services' Title X Family Planning program are the two main sources of public funding for family planning services. Medicaid accounts for 70% of the public dollars spent on family planning.¹⁶ Many states have opted to expand the number of women eligible for family planning services through Medicaid family planning waivers.¹⁷

Established in 1970, Title X is the only federal program devoted solely to family planning services, supplies, and infrastructure.¹⁸ No Title X funds can be used for abortion

services. In 2006, the Title X program supported family planning services received by 4.7 million U.S. women, of whom 67% had incomes at or below the federal poverty level and 61% were uninsured.¹⁹ In addition, women under 25 and women of color are more likely to rely on Title X for family planning services.²⁰ Despite the critical role Title X plays in ensuring access to family planning services—especially among those who do not meet the eligibility requirements

for coverage under Medicaid—funding for Title X has been stagnant, and the program faces a number of critical challenges that increased funding could help address. One key challenge is providing services to all women needing publicly subsidized contraceptive services, including hard-to-reach clients and clients with special needs, such as homeless or disabled women, women with substance-abuse issues, and immigrants who are ineligible for Medicaid.

THE NEED FOR SAFE AND ACCESSIBLE ABORTION SERVICES

In addition to access to contraceptive services and supplies, a woman's self-determination is also supported by her legal right to abortion. In the United States, abortion is a common medical procedure and experience for women; about one-third of women will have an abortion at some point during their reproductive years.²¹ In the United States, 88% of abortions occur at twelve weeks or earlier in pregnancy.²² Most abortions occur among women in their twenties (56.5%).²³

Women cite many reasons for choosing to terminate their pregnancies. Seventy-four percent of women who have had an abortion state that having a child would have directly interfered with their education, work/employment, or ability to care for other children; 73% say they could not afford a

child. Furthermore, four in ten women state they feel they have completed childbearing; about one-third were not ready to have a child.²⁴ Many women also terminate their pregnancies because it is medically indicated; that is, the pregnancy or birth endangers a woman's health and life, as well as that of the fetus.

While abortion is a critical experience in women's lives, the procedure is stigmatized and marginalized. To truly exercise their right to abortion, women must have access to abortion counseling that is medically accurate and unbiased as well as services that are affordable and free from judgment and harassment. In addition, contraceptive services should be available at the time of abortion to help women prevent subsequent unintended pregnancies.

UNINTENDED PREGNANCY AND ABORTION DISPARITIES

Unintended pregnancy is an area of reproductive health where disparities based on income, race, and ethnicity are particularly wide. Recent analysis has shown that while the unintended pregnancy rates nationwide have stabilized, unintended pregnancy rates for poor women increased by 29% between 1994 and 2001.²⁵ Poor women are almost four times more likely to have an unintended pregnancy, about three times more likely to have an abortion, and five times more likely to have an unintended birth than higher-income women.²⁶

However, while low-income women are more likely to experience an unintended pregnancy, their ability to exercise their right to abortion is greatly limited. The Hyde Amendment, which prohibits the use of federal Medicaid funds for abortion services except in the cases of rape, incest, and life endangerment, drastically reduces low-income women's ability to afford abortion procedures. Seventeen states use state funds to cover some abortion services for women on Medicaid.²⁷ Low-income women are almost twice as likely as more affluent women to face difficulties in arranging for abortion services, mostly due to the time needed to secure payment for the services.²⁸ Further, recent research shows that restrictions on Medicaid funding for abortions force a quarter of the women who would have used Medicaid

funding for an abortion procedure to carry that pregnancy to term.²⁹

Further, the unintended pregnancy rates vary drastically by race and ethnicity; Black women experience an unintended pregnancy rate almost three times the rate of White women, while Hispanic women's unintended pregnancy rate is double the rate of White women.³⁰ The disparities among women experiencing unintended pregnancy are then reflected in abortion and unintended birth rates.

Reasons for increased rates of unintended pregnancy among low-income women and women of color are complex and continue to be explored; however, lack of access to contraceptive education and services and, for women of color, a distrust of and dissatisfaction with contraception and family planning services are factors leading to the continued unintended pregnancy rate disparities among populations.³¹ Women of color who are at risk for unintended pregnancy are more likely to report using no method of contraception or to experience gaps in use of contraception.³² Low-income women, women of color, and women on Medicaid are more likely to either use no contraception or experience gaps in usage.³³ Furthermore, lack of insurance coverage has been found to be a strong indicator for whether women at risk of unintended pregnancy are not using contraception.³⁴

THE NEED FOR FAMILY PLANNING AND ABORTION INFORMATION AND SERVICES IN URBAN AREAS

Urban areas are home to greater proportions of women of reproductive age and have higher fertility rates than national averages, resulting in a large demand for family planning services.³⁵ Unintended pregnancy rates among urban low-income women have been found to be higher than national averages.³⁶

For women facing unintended pregnancy, abortion information and services are critical to ensuring their health and right to determine their lives. Abortion services are most often accessed in urban areas due to increased availability. Many areas across the United States do not have doctors or clinics that are equipped or willing to provide safe abortion services—87% of counties do not have an abortion provider, and 35% of women ages 15–44 live in these counties.³⁷ There

are regional variations in women’s access to abortion; in the South, 91% of counties do not have an abortion provider, and in the Midwest, the number is as high as 94%.³⁸ The lack of providers outside major metropolitan areas means that women disproportionately seek abortion services in urban areas. Nearly one in four women obtaining an abortion travels more than fifty miles to reach a provider, and 8% travel more than one hundred miles.³⁹ Although there are a variety of health care facilities in urban areas that have the potential to meet this need for safe abortion services, research indicates the number of abortion providers in metropolitan areas is decreasing. In addition to the women from non-metropolitan areas relying on urban abortion services, 24% of women living in metropolitan areas are without local abortion services.⁴⁰



RECOMMENDATIONS TO INCREASE ACCESS TO FAMILY PLANNING AND ABORTION INFORMATION AND SERVICES

Family planning and abortion services that are of high quality, safe, and accessible ensure women have the ability to determine the timing and size of their families. Given the continually high rates of unintended pregnancy in the United States, access to these services is increasingly imperative to the health of urban communities. In addition to providing reproductive health services, family planning clinics also serve as many women's primary source of medical care and provide screenings for breast and cervical cancer. Family planning services have fiscal benefits in addition to widespread improvements in the health of women, men, and youth. When unintended pregnancies do occur, it is critical that women have the right to choose and access abortion services. Communities rely on family planning services and need local advocates and policymakers to support and protect access.

WE CALL ON LOCAL LEADERS TO INCREASE ACCESS TO FAMILY PLANNING AND ABORTION INFORMATION AND SERVICES BY:

Ensuring that the family planning services provided by cities and counties are available and continue to offer quality care. Quality family planning services need to be provided in a safe and accessible manner to ensure utilization. Further, in order to increase successful contraceptive use by women, access to a broad range of contraceptive services and supplies needs to be fully integrated into the health care system.

- We urge local governments to support the family planning providers and clinics in their communities.
- We urge local public health officials to provide continuing education to providers on cultural competency and current best contraceptive provision practices.
- We urge local health departments to provide routine reproductive health screenings as part of primary care and provision of or referral to other providers for contraceptive supplies and services.

Supporting and creating public education awareness campaigns and outreach efforts for local family planning services. Increasing access to family planning includes supporting both clinical services and education. Public education campaigns can inform and alert women about the importance of family planning as well as how to easily access services in their community.

- We urge local health departments to collaborate with local advocacy groups to implement public education campaigns that can educate the community about contraception, help change

social norms about sexuality to increase acceptance of contraceptive use, particularly among young people, and produce resource guides to direct women to the services they need.

- We urge local leaders to include information about family planning services in city or county websites and helplines.

Securing and protecting women's rights to family planning and abortion services. In order to exercise their fundamental right to abortion, women need access to safe and affordable services. Ensuring that family planning and abortion clinics and their patients are protected is key to guaranteeing the fundamental human right to self-determination and privacy.⁴¹

- We urge local elected leaders to enact buffer zone legislation to protect the rights and preserve the safety of providers and their patients who need to access clinic services.
- We urge local leaders to affirm that the full range of reproductive health care services, including abortion, is a human right.
- We urge local elected leaders to ensure that low-income women can realize their right to choose by allocating city or county funding to cover abortion counseling and services.

Advocating for the federal government to increase funding and eliminate restrictions on coverage for reproductive health care. Increasing access to critical family planning and abortion services will require funding and the elimination of coverage bans. More federal funding is needed to support Title X clinics, including their basic infrastructure needs such as paying utility bills and purchasing equipment, providing newer and more effective, long-lasting methods of contraception, and offering state-of-the-art diagnostic tests that promise improved detection rates for STIs and cervical cancer.

- We urge local leaders to call on the federal government to increase funding for the Title X program.
- We urge local leaders to call on the federal government to repeal the discriminatory Hyde Amendment.

LOCAL EXAMPLES:

- In **New York City**, public funds were allocated for public education campaigns to increase awareness about contraception, and the city's 311 free helpline now provides resources on available local family planning services.
- In **Madison, WI**, the City Council passed an ordinance ensuring pharmacies that do not stock emergency contraception post a sign giving information about emergency contraception and where to obtain it.
- In **Austin, TX**, the City Council passed an ordinance to ensure that any pharmacy contracting with the city would be required to fill clients' birth control prescriptions at the time the prescription was presented at the pharmacy.
- In **Pittsburgh**, the City Council passed a buffer zone ordinance to protect women from undue harassment when accessing services at reproductive health clinics.

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The Urban Initiative for Reproductive Health is a program of the National Institute for Reproductive Health (National Institute).

The National Institute is an innovation institute for state and local organizations working on reproductive health issues. We offer strategic guidance, hands-on support and funding to help state and local leaders remove barriers to health care, win public battles and change public policies. Together, we are helping women in communities across the country gain access to the full range of quality reproductive health care options, the freedom to exercise their reproductive rights and the opportunity to have healthy pregnancies.

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