



the campaign to prevent unplanned pregnancy

MEMORANDUM

TO: Interested Parties

FROM: Ginny Ehrlich, CEO, Power to Decide

DATE: October 18, 2019

RE: Data and Questions for Candidates and Other Interested Parties on Providing the Power to Decide If, When, and Under What Circumstances to Get Pregnant and Have a Child

Power to Decide, the campaign to prevent unplanned pregnancy, works to ensure that everyone—no matter who they are, where they live, or what their economic status might be—has the power to decide if, when, and under what circumstances to get pregnant and have a child. We do this by increasing information, access, and opportunity. We provide objective, evidence-based information about sexual health and contraceptive options, and we work to guarantee equitable access to, and information about, the full range of contraceptive methods. We are a national, non-partisan organization that is committed to common-ground, commonsense solutions and catalyzing innovation in the public and private sectors. We work toward three goals:

- Reduce teen pregnancy rates by 50% by 2026.
- Reduce unplanned pregnancy rates among women age 18–29 by 25% by 2026.
- Reduce racial/ethnic and socioeconomic disparities in teen and unplanned pregnancy rates by 50% by 2026.

We respectfully offer data and questions for candidates to consider as they seek to address policies that will help make continued progress in reducing unintended pregnancy. Access to affordable, quality contraception has been at the forefront of the national dialogue for the past year. New regulations imposed on the Title X program prohibit clinicians from discussing abortion with pregnant patients. As health centers around the country choose to exit the Title X program rather than comply with regulations which they view as compromising patient care, the question on the horizon is what impact this will have on low-income women who rely on the program for access to quality family planning services and on the progress this country has made over many years in expanding birth control access and options so women can decide if, when, and under what circumstances to get pregnant.

The United States has made great strides in recent years in reducing unintended pregnancy. Between 2008 and 2011 unplanned pregnancies for women age 20-24 fell 22% and 13% for women age 25-29. But there are still gaps across the country, especially among women of color and women living in poverty. These are the same women who rely most on the Title X program. With millions of women losing access to affordable contraception we could see these gains reverse.

Since peaking in the early 1990s, the teen birth rate has fallen 72% overall. For nine years, the Teen Pregnancy Prevention Program (TPP Program) has awarded grants to a wide variety of organizations that taught evidence-based, age appropriate, and medically accurate sex education, most of which included both contraception and abstinence. The recent shift from evidence-based programs towards an abstinence-only focus in the TPP program could reverse this trajectory.

When everyone has the power to decide if, when, and under what circumstances to get pregnant and have a child, they have the opportunity to pursue the future they want for themselves. This not only benefits young people, but also supports shared goals around education success, workforce readiness, family well-being, and maternal and infant health—and produces significant savings in publicly funded programs. However, not everyone today has this power. We can build a system of support for young people by providing equitable access to high-quality, evidence-based sex education, high-quality contraceptive access, and a sense of future opportunity. If policymakers are serious about reducing public spending, strengthening economic competitiveness, increasing opportunity, improving the health and well-being of families, and reducing abortion in this country, then it is critical to support policies and programs that have been demonstrated to prevent unplanned pregnancy among teens and young adults.

For those whose political lens is solely focused on eliminating abortion, the news is good there too. Access to contraception means fewer unplanned pregnancies, which means fewer abortions. This is why, for so many years, access to contraception was the unifying issue between those who support and those who oppose abortion. In fact, 94% of adults agree that everyone should have the power to decide if, when, and under what circumstances to get pregnant.¹ However, some politicians are increasingly out of step with the public and deciding that even providing access to affordable, quality contraception is not something they can support.

In order to advance the conversation about these issues, Power to Decide poses a few questions and offers some key data for candidates for public office at all levels, the media, and the American public to consider.

¹ <https://powertodecide.org/what-we-do/information/resource-library/survey-says-power-to-decide>

Key Questions

1. What is your plan to make affordable, quality contraception available to all women, regardless of income or where they live?
2. What would you do to ensure that Title X is able to continue to provide quality, affordable services to low-income women, including access to the full range of contraceptive methods?
3. For women who choose to delay pregnancy or ultimately decide not to get pregnant, what are some of the resources you would continue to ensure they have access to or even expand?
4. Should the government decide whether a pregnant woman is told about all of her medical options, including abortion, if she is receiving federally subsidized care?
5. Should employers decide whether to include birth control or limit women's choices of methods in their health care plans?
6. What would you do to support national standards for high-quality, culturally competent sex education?
7. What would you do to continue evidence-based programs such as the TPP program and the Personal Responsibility Education Program (PREP)?
8. What else would you do to continue to bring down the rates of unplanned teen pregnancy?
9. What will you do to decrease maternal mortality, particularly for women of color?

Key Data

- Title X providers serve a socioeconomically disadvantaged population, most of whom are female, low income, and young. In 2017, Title X-funded providers served approximately 4 million clients.
- About 9 of every 10 users (88%) were female, 65% were under age 30, and 67% had family incomes at or below the poverty level (\$24,600 for a family of four in the 48 contiguous states and the District of Columbia).
- Title X providers serve a racially and ethnically diverse population. Of the 4 million family planning users served in 2017, 31% self-identified with at least one of the nonwhite Office of Management and Budget race categories (black or African American, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaska Native, or more than one race), 33% self-identified as Hispanic or Latino, and 14% were limited English proficient.²
- More than 19 million women in the U.S. live in counties that are contraceptive deserts, where there is no reasonable access to a health center that offers the full range of birth control methods. These women have to travel great distances or

² <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2017-national-summary.pdf>

experience long waiting periods for an appointment to access contraception, increasing the likelihood that they will experience an unplanned pregnancy.³

- The impact of the domestic gag rule is already having catastrophic impacts for people living on limited incomes. As a result of this rule the number of people who live in counties without a single clinic offering the full range of birth control methods could triple. Fifteen states are losing all or some of their Title X funding. An additional 15 states are losing individual Title X clinics and it's unclear whether or not grantees in those states can find other clinics to replace them. Already, more than 8.7 million women in 390 counties across the nation are at risk of losing affordable access to the birth control they need because the clinic they depend on has lost its Title X funding. To date, at least 876 clinics have been forced out of the program.⁴
- Public support for birth control is broad and deep, and almost everyone uses it. Birth control is linked to a wide array of benefits for women, men, children, and society, including fewer unplanned pregnancies. The good news is that unplanned pregnancy is declining for the first time in decades—the latest data show an 18% decline from 2008 to 2011. However, progress isn't victory and great disparities remain—women of color, low-income women, and women living in poverty all have higher rates of unplanned pregnancy. Unplanned pregnancy is preventable, and there is wide support for the full range of available contraceptive methods.⁵
- High-quality, evidence-based teen pregnancy prevention programs also enjoy broad public approval: 85% of adults favor maintaining federal funding for the TPP Program and PREP. This support cuts across political, racial, ethnic, and geographic lines.⁶
- The U.S. has the highest maternal mortality rate in the industrialized world. This rate is much higher for women of color – the rate of maternal mortality for black women is three times higher than for white women.⁷

If you have questions or would like additional information, please contact Ginny Ehrlich at gehrlich@powertodecide.org, Paloma Zuleta at pzuleta@powertodecide.org, or Rachel Fey at Rfey@powertodecide.org

³ <https://powertodecide.org/what-we-do/access/access-birth-control>

⁴ <https://powertodecide.org/what-we-do/information/resource-library/impacts-domestic-gag-rule>

⁵ https://powertodecide.org/sites/default/files/2019-10/P2D_Everyone%20Loves%20Birth%20Control.pdf

⁶ <https://powertodecide.org/what-we-do/information/resource-library/why-mess-success-october-2017-survey-says>

⁷ <https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html?action=click&module=RelatedLinks&pgtype=Article>