REPRODUCTIVE RIGHTS & HEALTH

# REPRODUCTIVE HEALTH IS PART OF THE ECONOMIC HEALTH OF WOMEN AND THEIR FAMILIES

**The economic** security of women and families is directly tied to a woman's access to reproductive health care. As the United States Supreme Court said, "The ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives."[1]

The decision whether or when to have a child is one of the most important economic decisions most American women will make. It has implications for a woman's financial well-being, job security, workforce participation, and educational attainment. Access to reproductive health care helps to ensure that women and families make that decision for themselves, when they are ready. Studies show clear links between reproductive health care services and a dramatic increase both in women's participation in the workforce and families' reliance on women's earnings.[2] Yet, accessing reproductive health care can be costly for women, if available at all, because of ever-increasing government-imposed barriers that threaten their health and economic well-being. It is imperative to strike down these barriers and ensure every woman has access to safe and affordable reproductive health care services – the economic security of women and families could depend on it.

## Access to Reproductive Health Care Services Leads to Greater Educational and Employment Opportunities for Women, and Greater Economic Security for Women and Families

- The ability of women to plan and space their pregnancies through access to birth control is linked to their greater educational and professional opportunities and increased lifetime earnings.[3]
- One study concludes that the advent of oral contraceptives contributed to an increase in the number of women employed in non-traditional female occupations and professional occupations, including as doctors and lawyers.[4]
- Studies have also linked an increase in women's wages to the availability of birth control.[5]
- A recent study shows that children whose mothers had access to birth control have higher family incomes and college completion rates.[6]
- In one study, women who were able to have an abortion had 6 times higher odds of having positive life plans – most commonly related to education and employment –and are more likely to achieve them than women denied an abortion.[7]

## Reproductive Health Care Services Can be Costly If Not Covered By Insurance

- According to the Guttmacher Institute, the average cost of a full year's worth of birth control pills is the equivalent of 51 hours of work for someone making the federal minimum wage of $7.25,[8] and the up-front costs of the IUD, one of the most effective birth control methods, is nearly a month's salary for a woman working full-time at minimum wage.[9]
- One study found that only 25% of women who request an IUD have one placed after learning the associated costs.[10]

- More than half of women who get abortions spend the equivalent of more than one-third of their monthly income on the procedure and its associated costs.[11]
- Treatment for infertility can be extremely expensive; one cycle of in-vitro fertilization can cost between $15,000 to $25,000.[12] For a low-wage worker making $10.10 or less, with at most an annual salary of $20,200, the cost for these services is prohibitive.[13]

### Government-Imposed Restrictions on and Barriers to Reproductive Health Care Significantly Increase the Costs of this Care

- Women still face barriers to affordable and accessible birth control.
  - Some employers want to take insurance coverage of birth control away from women because of their religious beliefs.[14]
  - Lower-income women in 19 states do not have comprehensive birth control coverage because their state refuses to expand Medicaid, and in seven of those states they have no birth control coverage whatsoever because their state does not have a family planning program.[15]
  - The Title X program – which provides birth control and other services to low-income, under-insured, and uninsured individuals – has been the target of recent cuts to funding that undermine its mission and make it impossible to meet the need for services.[16]
  - Women have reported other barriers to accessing birth control, such as running out of birth control and having problems resupplying, obtaining an appointment, or getting to a clinic.[17]
- Government-imposed insurance coverage restrictions on abortion make it more difficult for women to obtain an abortion.
  - Federal law bars low-income women in the Medicaid program from receiving abortion coverage except in the most extreme circumstances.[18] This prohibition creates a significant financial barrier for low-income women. If a low-income woman does not have insurance coverage of abortion, she may need to raise money for the procedure, including forgoing basic necessities.[19] Depending on how long it takes to raise the money, she may have to obtain the abortion at a later stage of pregnancy, when the procedure may be more expensive and more complicated.[20]
  - Half of the states have passed laws prohibiting women from purchasing a comprehensive private insurance plan in the health care marketplace that includes coverage of abortion.[21]
- Restrictive state abortion laws that result in clinic closures and unnecessary hurdles impose additional costs on women. Due to such laws, women may have to travel long distances to obtain abortions.[22] Women may have to miss work and pay for child care, travel, or lodging. These barriers are difficult for any woman, but especially for poor and low-wage workers who have little control over their work schedules and little ability to absorb extra costs.[23]

### Costs and Barriers to Reproductive Health Care Have Drastic Implications for Women's Economic Security, Equality, and Opportunity

- Costs associated with birth control lead women to forego it completely, choose less effective methods, or use it inconsistently or incorrectly,[24] increasing the risk of an unintended pregnancy.
- Women who have abortions are already disproportionately poor, with over forty-two percent from families with income below the federal poverty line and an additional twenty-six percent from families earning less than 200% of the federal poverty line.[25] For these women, costs imposed on abortion or birth control due to government-imposed restrictions further entrench their economic instability.
- Women denied an abortion were worse off financially one year later than women who terminated a pregnancy.[26] In addition, women who were unable to obtain an abortion were less likely to be employed in a full-time job and more likely to be living below the federal poverty line.[27]
- Teenagers who give birth are much less likely to obtain a high school diploma than those who are not mothers until after their teen years, and few teenage mothers attend college.[28] One survey found that one third of female dropouts said becoming a parent was a major factor in leaving school.[29]

### Access to Reproductive Health Care Services Allows Women to Take on The Costs of Having Children When They are Best Able

- It can cost anywhere from $9000 to over $25,000 per year to raise a child.[30] For a low-wage woman worker – one-third of whom are already mothers – this expense could put both her and her entire family's financial security at risk.[31]
- Studies have found that having a child creates both an immediate decrease in women's earnings and a long-term drop in their lifetime earning trajectory.[32]

- Women who choose to delay having a child can mitigate the earnings loss that can accompany child bearing by investing in education and obtaining crucial early work experience. Women earn 3% more for each year of delayed childbearing.[33]

### Americans Understand that Economic Security is Tied to a Woman's Ability to Make Her Own Reproductive Decisions

- A Gallup poll from 2013 showed that, when asked why couples are not having more children, 65% of Americans mention not having enough money or the cost of raising a child, and an additional 11% say the state of the economy or the paucity of jobs.[34]
- In a study that specifically asked women why they use birth control, a majority of women reported that birth control use had allowed them to take better care of themselves or their families, support themselves financially, complete their education, or keep or get a job.[36]
- In a study asking women their reasons for wanting an abortion, among the primary reasons were "feeling not financially prepared" (40%), "not the right time" (36%), and "having a baby now would interfere with future opportunities" (20%).[36]

Policies and laws in this country must reflect what the public understands to be true: a woman's reproductive health is critical to her economic health and stability, and that of her family's.

1 Planned Parenthood of Se. Pa. v. Casey, 505 U.S. 833, 856 (1992).
2 *See*, e.g., ADAM SONFIELD ET AL., GUTTMACHER INST., THE SOCIAL AND ECONOMIC BENEFITS OF WOMEN'S ABILITY TO DETERMINE WHETHER AND WHEN TO HAVE CHILDREN (2013), *available at* http://www.guttmacher.org/pubs/social-economic-benefits.pdf (providing an extensive review of studies that document how controlling family timing and size contribute to educational and economic advancements).
3 *See, e.g.*, Jennifer J. Frost and Laura Duberstein Lindberg, *Reasons for Using Contraception: Perspectives of US Women Seeking Care at Specialized Family Planning Clinics*, 87 CONTRACEPTION 465, 467 (2013) ("Economic analyses have found clear associations between the availability and diffusion of oral contraceptives[,] particularly among young women, and increases in U.S. women's education, labor force participation, and average earnings, coupled with a narrowing in the wage gap between women and men."); SONFIELD, *supra* note 2.
4 *See* Claudia Goldin & Lawrence F. Katz, *The Power of the Pill: Oral Contraceptives and Women's Career and Marriage Decisions*, 110 J. POL. ECON. 730, 758-62 (2002).
5 *See, e.g.*, Martha J. Bailey et al., *The Opt-In Revolution? Contraception and the Gender Gap in Wages*, NAT'L BUREAU OF ECON. RESEARCH 26-27 (2012), *available at* http://www.nber.org/papers/w17922.pdf?new_window=1.
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7 Ushma D. Upadhyay et al., *The Effect of Abortion on Having and Achieving Aspirational One-Year Plans*, 15 BMC WOMEN'S HEALTH 102 (2015).
8 Adam Sonfield, *Contraceptive Coverage at the U.S. Supreme Court: Countering the Rhetoric with Evidence*, 17 GUTTMACHER POL'Y REV., no. 1, Winter 2014, at 5, *available at* http://www.guttmacher.org/pubs/gpr/17/1/gpr170102.pdf.
9 Brief of the Guttmacher Institute and Professor Sara Rosenbaum as Amici Curiae Supporting the Government at 16, Burwell v. Hobby Lobby Stores, Inc., 134 S.Ct. 2751 (2014) (Nos. 13-354 & 13-356).
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11 Sarah C.M. Roberts, et al., Out-of-Pocket Costs and Insurance Coverage for Abortion in the United States, 24-2 WOMEN'S HEALTH ISSUES e211, 214 (2014).
12 Tara Siegel Bernard, Insurance Coverage for Fertility Treatments Varies Widely, N.Y. TIMES (July 25, 2014), http://www.nytimes.com/2014/07/26/your-money/health-insurance/insurance-coverage-for-fertility-treatments-varies-widely.html?_r=0.
13 NATIONAL WOMEN'S LAW CENTER, UNDERPAID & OVERLOADED: WOMEN IN LOW-WAGE JOBS 29 (2014), *available at* http://nwlc.org/resources/underpaid-overloaded-women-low-wage-jobs/.
14 *See* NATIONAL WOMEN'S LAW CENTER, ZUBIK V. BURWELL: NON-PROFIT OBJECTING EMPLOYERS WANT TO MAKE IT MORE DIFFICULT, IF NOT IMPOSSIBLE, FOR WOMEN TO ACCESS CRITICAL BIRTH CONTROL COVERAGE (Jan. 2016), *available at* http://nwlc.org/resources/zubik-v-burwell-non-profit-objecting-employers-should-not-be-allowed-to-make-it-harder-for-women-to-access-critical-birth-control-coverage/.
15 Kaiser Family Found., Status of State Action on the Medicaid Expansion Decision, Jan. 12, 2016, *available at* http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/, and, Kaiser Family Found., States that Have Expanded Eligibility for Coverage of Family Planning Services Under Medicaid, Dec. 1, 2015, *available at* http://kff.org/medicaid/state-indicator/family-planning-services-waivers/.
16 NATIONAL FAMILY PLANNING AND REPRODUCTIVE HEALTH ASS'N, TITLE X BUDGET AND APPROPRIATIONS, http://www.nationalfamilyplanning.org/title-x_budget-appropriations.
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32 SONFIELD, *supra* note 2, at 14-15.
33 *See, e.g.,* KELLEEN KAYE ET AL., NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY, THE BENEFITS OF BIRTH CONTROL IN AMERICA: GETTING THE FACTS STRAIGHT 4 (2014), *available at* http://thenationalcampaign.org/sites/default/files/resource-primary-download/getting-the-facts-straight-final.pdf.
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