



REPRODUCTIVE RIGHTS & HEALTH

WOMEN AND FAMILIES NEED POLICIES THAT SUPPORT ECONOMIC AND REPRODUCTIVE JUSTICE

The decision of whether or when to have children is one of the most important economic decisions a woman may make in her lifetime. Having a child creates an immediate drop in earnings as well as a long-term drop in a woman's lifetime earning trajectory.¹ In 2015, mothers working full time, year round were paid only 73 cents for every dollar paid to fathers.² That is seven cents less than the 80 cents women overall make for every dollar their male counterparts earn. The gap is even worse for women of color. In 2014, African American mothers working full time, year round were paid only 53 cents for every dollar paid to white, non-Hispanic fathers.³ The wage gap was the widest for Hispanic mothers working full time, year round, who were paid only 47 cents for every dollar paid to white, non-Hispanic fathers.⁴ At the same time women experience this drop in earnings, they have the added cost of caring for a child. From diapers to food to housing, it costs an estimated \$245,340 to raise a child from birth until age 18.⁵

Women and families need economic security in order to plan, have, and raise families. Yet, lack of access to health care, including abortion and contraception, unfair employment practices, and unaffordable and inaccessible child care all make it harder for women and families to make the decisions about their bodies, health, and family with dignity and autonomy.

Access to Reproductive Health Care

Access to affordable, comprehensive reproductive health care, including birth control and abortion, is critical for women to plan whether and when to have a child. And health insurance coverage plays a key role in increasing access to health care

services. As of 2015, more than 92 percent of women and girls were covered by health insurance, an increase from previous years.⁶ Despite these gains, eight percent of women and girls still do not have health insurance.

Some women fall through gaps that were left in place even after passage of the federal health care law known as the ACA. For example, under the ACA undocumented immigrants are barred from purchasing health insurance coverage in the marketplaces – even at full cost.⁷ Medicaid access is also key to advancing women's economic security. But gaps in this coverage have been created because nineteen states have refused to expand Medicaid, leaving nearly three million adults without health insurance.⁸ This disproportionately affects women, who continue to rely more heavily on Medicaid coverage than men with 17 percent of adult women ages 18 to 64 enrolled in Medicaid, compared to 13 percent of adult men.⁹ In the states that have not expanded their Medicaid program, the burden falls hardest on women of color, who are more likely to fall into the coverage gap.¹⁰

Even when women have health insurance, it may not be comprehensive. The ACA requires insurance plans to cover all FDA-approved methods of birth control for women without out-of-pocket costs. Because of the "birth control benefit," 55 million women now have coverage of birth control and other preventive services without out-of-pocket costs. Still, some insurance companies are not complying with the law, forcing women to pay expensive out-of-pocket costs or go without their preferred birth control method.¹¹ This could lead women to forgo birth control altogether or use an inappropriate method, all of which are likely to result in less effective or less consistent use, and ultimately a greater risk of unintended pregnancy.¹²

Many women also lack abortion coverage. Twenty-five states currently prohibit insurance coverage of abortion in state exchanges and 10 of those states prohibit coverage of abortion in all plans in the state.¹³ The Hyde Amendment prohibits federal Medicaid coverage of abortion except in very limited



circumstances.¹⁴ Although states can use their own funds to pay for abortion coverage in their Medicaid programs, only 17 do so.¹⁵ Without insurance coverage, the costs of receiving abortion care can be prohibitive, jeopardizing a woman's ability to support and care for themselves and any children they may already have.

The ability of women to plan and space their pregnancies through access to birth control is linked to greater educational and professional opportunities and increased lifetime earnings.¹⁶ Children whose mothers had access to birth control have higher family incomes and college completion rates.¹⁷ Abortion access also plays a critical role in women's economic security. Women who are unable to obtain abortions may be unable to continue their education or may be forced out of the workforce. For example, women who were denied an abortion were more likely to be unemployed and more likely to be living in poverty one year later than women who received an abortion.¹⁸

The Need for Affordable Child Care

High-quality child care ensures women can raise their families in safe and healthy environments while working or advancing their skills and education. It also gives children the opportunity to learn and develop skills they need to succeed in school and in life. Yet because of high costs, many families struggle to access the high-quality child care they need. In 2014, the average annual cost for an infant in center-based care was higher than a year's tuition and fees at a four-year public college in 28 states and the District of Columbia.¹⁹ A parent working full time at a wage of \$10.50 per hour would have to spend nearly one-fifth to over three-quarters of her income to afford care for one child at these average prices.²⁰

This lack of affordable, accessible, and high-quality child care harms families' economic security. Individuals struggling to pay for child care must stretch their budgets and are likely to find themselves struggling to pay their other bills, such as for food, rent, and utilities. In some cases, parents may have to turn to lower-cost care, which may be lower quality.²¹ Such lower-quality care may not sufficiently nurture children's growth and development, and in some cases, may not adequately protect children's health and safety.²² Additionally, parents with nonstandard or irregular job schedules have particular challenges finding high-quality care that accommodates their work hours.²³

Unfair Workplace Practices

Unfair and discriminatory workplace practices contribute to economic insecurity for women and can make it harder for women to plan and raise their families. Women make up two-thirds of the nearly 20 million workers in low-wage jobs.²⁴ Women of color make up a disproportionate percentage of

this low-wage workforce. For example, African American women make up 12 percent of the low-wage workforce, double their share of the overall workforce.²⁵ And not only do women continue to be paid less than men, but they also face discrimination and other unfair workplace practices that can make it harder for them to earn a decent wage. Not surprisingly in 2015, more than one in eight adult women, nearly 17 million, lived in poverty. The poverty rate among adult women was 13.4 percent, as compared to 9.9 percent among adult men. Poverty rates were particularly high for women who head families (36.5 percent) and more than half (56.2 percent) of children living in poverty lived in female-headed families.²⁶

Women often face discrimination because of their decisions about whether and when to have children. For example, women across the country have been punished, threatened, or fired by their employers because of their decisions to use birth control, for pursuing pregnancy through the use of assisted reproductive technology, and for getting pregnant outside of marriage.²⁷ This discrimination hinders a woman's ability to make autonomous reproductive health decisions and plan for a family, as well as threatens her job security.

Further, despite laws prohibiting pregnancy discrimination, many employers continue to demote or fire women when they become pregnant. Other employers have refused to make minor accommodations, such as allowing a woman to sit on a stool during a long shift or keep water at her workstation. Often these employers will make similar accommodations for other workers experiencing a temporary disability. Women should never have to choose between having a child and having a job. But pregnancy discrimination in the workplace forces many women to make that choice.

Mothers also face workplace challenges and discrimination because of their caregiving responsibilities. Women continue to do the majority of caregiving for children and other family members, even as they are also primary breadwinners in 4 of 10 families with children. Some employers may refuse to hire a job applicant after asking her about whether she has children; may demote a mother after she returns from maternity leave; or pass a working parent over for a promotion based on the stereotype that parents are less reliable. Moreover, unpredictable and inflexible work schedules and lack of paid sick days or paid family and medical leave can make staying employed and meeting caregiving responsibilities nearly impossible. This is particularly true for workers in low-wage jobs – two-thirds of whom are women. Given these challenges, it is not surprising that female-headed families with children are more likely to live in poverty (36.5 percent), compared with male-headed families with children (22.1 percent), and families with children headed by married couples (7.5 percent).²⁸



Women and Families Need Support

Economic security is necessary for women and their families to make decisions about their health, families, and their futures with autonomy and dignity. Women and families need support to remedy the inequalities in health care, child care, and employment that place women at an economic disadvantage and hinder their ability to plan for and make decisions about whether and when to have children. It is critically important for states and the federal government to implement policies that will support women's and families' economic and reproductive security.

These key policies include:

- Expanding state Medicaid programs to cover those with incomes up to 138% of the federal poverty level;
- Demanding that law makers take steps to better provide health insurance coverage to immigrants under the ACA;²⁹
- Increasing enforcement and oversight by state and federal agencies of the ACA birth control benefit;³⁰
- Repealing the harmful Hyde Amendment and other restrictions on insurance coverage of abortion;³¹
- Increasing families' access to affordable high-quality child care and early education;³²
- Enacting the Pregnant Workers Fairness Act³³ and similar state legislation, which would require employers to make the same sorts of accommodations for pregnancy, child birth, and related medical conditions that they do for disabilities;
- Passing laws, such as the Reproductive Health Non-Discrimination Act, to ensure that employment discrimination based on reproductive health decisions is explicitly prohibited;³⁴
- Assisting working families by enacting the Schedules That Work Act³⁵ and similar state legislation to curb abusive scheduling practices and give working people the right to request schedule predictability and flexibility; and
- Supporting legislation such as the Healthy Families Act,³⁶ which would establish a minimum earned paid sick and safe days standard, and the FAMILY Act,³⁷ which would establish a paid family and medical leave insurance program.

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3 National Women's Law Center calculations based on ACS 2014 using IPUMS-USA, University of Minnesota, available at <https://usa.ipums.org/usa/>. Mothers and fathers have at least one related child under 18 at home. Figures are median annual earnings for full-time, year-round workers in 2014.

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6 National Women's Law Center calculations based on U.S. Census Bureau, Current Population Survey, 2016 Annual Social and Economic Supplement, available at <http://www.census.gov/topics/income-poverty/poverty.html>.

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12 *Id.* at 3.

13 NAT'L WOMEN'S LAW CTR, MOVING WOMEN & FAMILIES FORWARD 1 (2016), available at <https://nwlc.org/resources/state-bans-insurance-coverage-abortion-endanger-women%E2%80%99s-health-and-take-health-benefits-away-women/>.

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16 See, e.g., Jennifer J. Frost & Laura Duberstein Lindberg, *Reasons for Using Contraception: Perspectives of US Women Seeking Care at Specialized Family Planning Clinics*, 87 CONTRACEPTION 465, 467 (2013).

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- 33 S. 1512, H.R. 2654, 114th Cong. (2015).
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- 35 S. 1772, H.R. 3071, 114th Cong. (2015).
- 36 S. 497, H.R. 932, 114th Cong. (2015).
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