

THE HEALTH BENEFITS AND COST-EFFECTIVENESS OF FAMILY PLANNING AND ABORTION SERVICES

Family planning services include information about and access to a wide variety of contraceptives, as well as preconception care and educational programs to ensure that women are in good health when they choose to conceive. Abortion services, which are included in most private insurance plans, give women the option of ending an unwanted pregnancy.

✓ **Contraceptive use protects women's health by preventing sexually transmitted diseases, infertility, and certain cancers.**

✓ **Women who receive family planning services before becoming pregnant have fewer complications and healthier babies.**

✓ **Family planning services can save up to \$12.20 for every dollar spent.**

- 59 million women in the United States are of childbearing age (Bachu, 1993).
- Women in the United States have fewer choices of contraceptives and less access to these methods than women in Western Europe and some less developed countries, according to the National Academy of Sciences (Appelbaum, 1991).
- The World Health Organization reports that in 1980 over 56 percent of all pregnancies in the United States were either unintentional, unwanted, or mistimed (World Health Organization, 1987).
- Approximately 51 percent of women who obtained abortions in 1987 were using a contraceptive method in the month they became pregnant (Appelbaum, 1991).

HEALTH BENEFITS OF FAMILY PLANNING

Use of contraceptives is associated with reduced incidence of sexually transmitted diseases:

- Women who use diaphragms are 50 percent less likely to have cervical gonorrhea, trichomoniasis, tubal infertility, or pelvic inflammatory disease than women who use no birth control, according to the existing literature (Cates and Stone, 1992).

- For Americans who are sexually active, **the use of condoms prevents the spread of sexually transmitted diseases, including Acquired Immune Deficiency Syndrome (AIDS)** (Women and AIDS Resource Network, 1989). As of 1989, approximately 1.5 million Americans were infected with the virus that causes this fatal disease (Winkwenwerder et al., 1989).

All methods of contraception prevent tubal infertility among women in mutually monogamous relationships.

- **Use of birth control prevents 120 to 320 cases of tubal infertility per 100,000 users compared to non-users giving birth** (Harlap et al., 1991).
- **Barrier methods are the most effective means to prevent tubal infertility among women in non-monogamous relationships: 1,830-4,390 cases per 100,000 users compared with non-users giving birth** (Harlap et al., 1991).

All forms of contraception prevent ectopic pregnancies, which can be life-threatening.

- **Annually, birth control prevents between 30 and 280 ectopic pregnancies per 100,000 women in mutually monogamous relationships and between 680 and 920 ectopic pregnancies per 100,000 women in non-monogamous relationships** (Harlap et al., 1991).

Contraceptives can lower the risk of developing ovarian, endometrial, or cervical cancer, but may raise the risk of developing breast cancer.

- Women who have ever used oral contraceptives are forty percent less likely to develop ovarian cancer than women who have never used the pill (Harlap et al., 1991). Oral contraceptives may increase the risk of breast cancer (Harlap et al., 1991).
- **Incidence of endometrial cancer decreases dramatically, the longer a woman uses the pill:** women who have used the pill for at least two years experience a 40 percent decrease in their risk compared to those who have never used it. After four years, a woman's risk decreases by 60 percent (Harlap et al., 1991).
- Barrier methods of birth control protect against cervical cancer. Women who use diaphragms, condoms, or spermicide are half as likely to develop cervical cancer as women who do not use these forms of contraception (Harlap et al., 1991).

Family planning can help a woman achieve optimum health before becoming pregnant, thereby improving maternal health and the birth outcome.

- **Diabetic women who received preconception care before becoming pregnant had babies with one-eighth the rate of malformation compared to women who received prenatal care only,** according to a review of available literature (Elixhauser et al., 1993).

Abortion is a safe option for women.

- Mortality associated with induced abortion is less than one-tenth that related to childbirth (0.4 per 100,000 induced abortions) (Harlap et al., 1991).

Access to education programs and effective contraception prevents unintended pregnancies and its side effects.

- State and national natality data indicate that if all sexually active couples in the United States used an effective form of contraception, the number of unintended pregnancies would have decreased by 1.5 million in 1980 (World Health Organization, 1987).
- By allowing women to choose when to bear children, the provision of family planning services through publicly-funded clinics and Medicaid results in between 800,000 and 1.7 million fewer unintended pregnancies each year, according to estimates based on the National Survey of Family Growth (Forrest and Singh, 1990).
- Increasing the availability of contraception would lead to a 10 percent decrease in the infant mortality rate, according to the World Health Organization study using data from eight states to estimate national natality figures (World Health Organization, 1987).
- Reducing unwanted pregnancies would reduce child abuse. A 1984 study comparing 200 low-income mothers from single female-headed households with a history of child abuse with 200 socio-economically similar mothers with no history of abuse found that each unplanned birth increases the likelihood of abuse 1.7 times. Because intervention after abuse begins is not always effective, family planning counseling is an important preventive measure (Zuravin, 1991).

Access to family planning services contributes to the birth of healthy babies:

- Women who receive family planning services are more likely to seek prenatal care. Thirty-three percent of women who received family planning services began prenatal care during their first trimester as compared with only 23 percent of socio-economically similar women without a record of family planning, according to a study of women using publicly funded maternal health services in North Carolina in 1987 (Kaufman and Buescher, 1989; Jamieson and Buescher, 1992).

THE IMPORTANCE OF PROVIDING FAMILY PLANNING AND ABORTION SERVICES TO WOMEN IS WELL-RECOGNIZED

- The federal government has provided public funds for family planning through the Family Planning Services and Population Research Act, better known as Title X, since 1970.
- An estimated two-thirds of private insurance companies provide coverage for abortion services and between 30 and 40 percent cover reversible contraception (Alan Guttmacher Institute, 1994).

- Women who used state family planning services before becoming pregnant were **more likely to have a birth to conception interval greater than six months**, reducing the likelihood that they will give birth to a low birth weight baby, according to a study comparing 14,000 women using North Carolina family planning and prenatal care services to 30,000 women who received state sponsored prenatal care only (Jamieson and Buescher, 1992).
- Women who *had not* received family planning services were between **1.09 and 1.7 times more likely** to give birth to a low birth weight baby than women who had received such services, when other factors are held constant, according to studies of women using state family planning services in North Carolina in 1987 and 1990 (Kaufman and Buescher, 1989; Jamieson and Buescher, 1992).
- Women who had received family planning services were less likely to give birth prematurely, 8.0 percent as compared to 9.1 percent (Kaufman and Buescher, 1989).

COST-BENEFIT ANALYSIS OF FAMILY PLANNING & ABORTION SERVICES

Providing women with family planning and abortion services saves money:

- On average, for each dollar of public funds spent on family planning, the state and federal governments saved **\$4.40 in reduced medical and social welfare expenditures** in 1987, according to an analysis of the National Survey of Family Growth and calculations on the cost of supporting an unwanted child for the first year (Forrest and Singh, 1990).
- One study of family planning services in California found that **savings may be as high as \$12.20 for every dollar spent on family planning** in 1987, based on reductions in social services and child care costs for an unwanted child in the first 18 years (Brindis and Korenbrot, 1989).
- For every dollar spent on abortion services for low-income women, **more than \$4.00 is saved in medical and social welfare costs** (Torres et al., 1986).
- For every dollar spent on preconception care for diabetic women, **\$1.86 (1989 dollars) is saved** in direct medical expenses, according to a study based on a literature review and surveys (Elixhauser et al., 1993).

COST SAVINGS OF FAMILY PLANNING SERVICES

Preventing sexually transmitted diseases including AIDS saves money:

- Preventing pelvic inflammatory disease and its complications would have **saved the United States \$4.2 billion in 1990**: \$2.7 billion in direct medical costs, and \$1.5 billion in indirect costs, such as lost wages, according to estimates based on data from the California Office of Statewide Health Planning (Althaus, 1992).
- Each prevented case of AIDS saves \$40,000 to \$75,000 in lifetime medical costs (Green and Arno, 1990).

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IWPR has produced eight fact sheets and annotated bibliographies on the benefits and cost-effectiveness of women's preventive health services relating to breast cancer, cervical cancer, domestic violence, family planning, mental health, prenatal care, osteoporosis, and sexually transmitted diseases. Each fact sheet/bibliography pair is available from IWPR for \$5.00; the entire Kit, which includes all topics and comes in a three-ring binder, is available from IWPR for \$20.00. Members of IWPR receive discounts on this kit and all publications. Please contact IWPR for information on membership and bulk order discounts.