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# Why Environmentalists Care About Family Planning in the United States

## Getting the Facts Straight

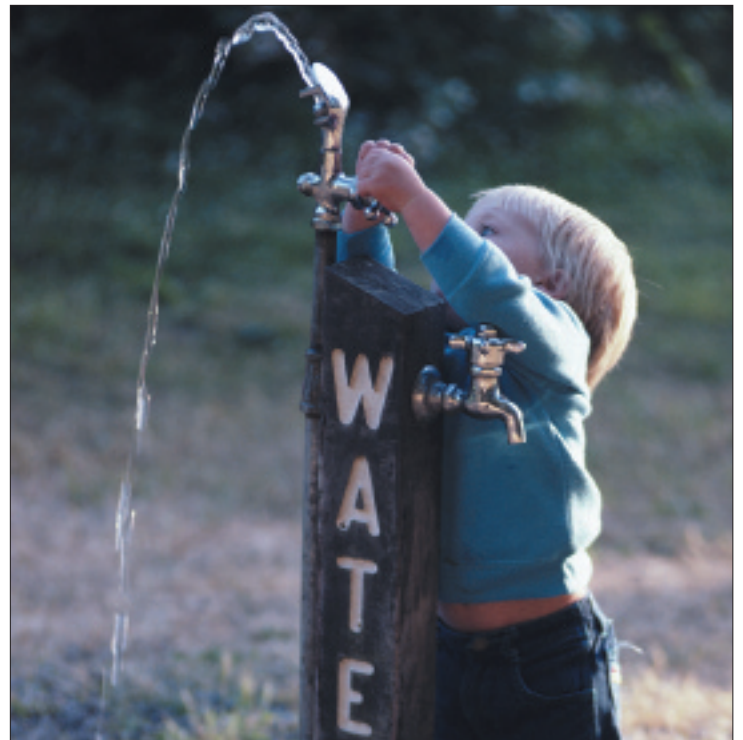
The Sierra Club recognizes that all of our environmental successes may be short-lived if they do not include efforts to address global population growth. The current rate at which we consume and degrade natural resources here in the United States and abroad jeopardizes the health of the planet and threatens the availability of clean water and air for generations to come. We believe that one of the most effective ways to slow population growth around the world is to invest in family planning programs. Meeting the basic needs for family planning and reproductive health services now is crucial for an improved environmental future. To address population growth, the Sierra Club advocates for the solutions described below.

## The National Family Planning Program: Title X

Title X ("ten") is the only federal program dedicated solely to funding family planning services for women and families who do not have health insurance, or cannot afford reproductive healthcare and contraceptives. Title X is often their only source for family planning information and services.

Title X offers services to over five million women (representing 70 percent of all subsidized family planning clients each year) in almost 4600 clinics nationwide. But the rising cost of Title X projects, including increased cost of contraceptives and a growing uninsured population, has not been reflected in the annual federal budget. President Bush has not proposed any increase in this program since taking office in 2001.

Had Title X funding kept up with medical inflation since FY 1980, it would now be funded at \$670 million per year. Instead, President Bush requested only \$283 million for Title X's FY 2007 budget, no change from FY 2006.<sup>1</sup>



**FACT** Without Title X, the number of teenage pregnancies would have been 20 percent higher during the past two decades.<sup>2</sup>

Because the program has remained under-funded for so many years, clinics are struggling to provide newer and more effective methods of contraception, as well as testing and treatment for sexually transmitted diseases (STDs). While federal funding for Title X has remained stagnant, misguided abstinence-only programs that exclude information about contraception receive growing federal support.

**TAKE ACTION** Write a letter to your local paper emphasizing that Title X services and funding must be a national priority. For more information on Title X go to: [www.nfprha.org](http://www.nfprha.org) and click on "Take Action!"





## Abstinence-Only Education

Each year, 900,000 women in the United States under 20 become pregnant, and 80 percent of these pregnancies are unintended.<sup>3</sup> The Sierra Club advocates for policies and programs that have research supporting their effectiveness in reducing teen pregnancy. Research shows that comprehensive sex education programs discussing both abstinence and contraception can help teens to delay sexual activity, to use contraception and have fewer partners once they become sexually active. Unfortunately, abstinence-only is the only sex education program supported with federal tax dollars. This prescribed restrictive curricula censors discussion about contraceptives.

**FACT** *There is no evidence that abstinence-only education works. At the same time, emerging research is beginning to show that abstinence-only programs may actually dissuade teens from using contraceptives, and increase their risk of unintended pregnancy and STDs.<sup>4</sup>*

Where abstinence-only continues to be taught in public schools, young people in the United States will have insufficient knowledge about how to protect themselves from getting pregnant or contracting an STD when they choose to become sexually active.

Yet combined federal and state funds for abstinence-only education has totaled almost one billion dollars since 1996, and the Bush administration continues to press for more.

More than 35 percent of school districts today require abstinence be taught as the only option for unmarried people and do not allow discussion of contraceptives, or permit only discussion of contraceptive failure rates.<sup>5</sup>

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*“More than 35 percent of schools today require abstinence be taught as the only option for unmarried people.”*

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**TAKE ACTION** Find out what is being taught in your community. Request a copy of the sexual education curricula being used by your local public schools. Share your opinion with others in the community—many parents falsely assume that abstinence is being taught along with discussions of contraceptives. Check out these links to learn more: [www.advocatesforyouth.org](http://www.advocatesforyouth.org), [www.plannedparenthood.org/news-articles-press/politics-policy-issues/teen-pregnancy-sex-education/abstinence-only-sex-education.htm](http://www.plannedparenthood.org/news-articles-press/politics-policy-issues/teen-pregnancy-sex-education/abstinence-only-sex-education.htm)

## Report Finds Federally Funded Abstinence-Only Programs Offer False, Misleading Information

A December 2004 report from Representative Henry Waxman (D-California) shows that the most widely used federally-funded abstinence-only sex education curricula contain pervasive errors and misinformation on a wide range of important sexual and reproductive health issues, including:

- underestimating the effectiveness of condoms and other contraceptives in preventing pregnancy and sexually transmitted infections (STIs);
- making false claims about the physical and psychological risks of abortion;
- offering misinformation on the incidence and transmission of STIs;
- replacing scientific facts with religious views and moral judgments; and
- distorting medical evidence and basic scientific facts.

The report looks at school-based sex education curricula used by programs funded under Special Projects of Regional and National Significance Community-Based Abstinence Education (SPRANS), the fastest-growing source of federally-funded abstinence only education. The Alan Guttmacher Institute reports that since 1996 nearly \$1 billion in state and federal funding has been spent on abstinence-only education; the only time contraceptive use is covered in these educational programs is to discuss their failure rates.

In FY 2006, \$206 million in federal funds was devoted to abstinence-only programs, despite evidence citing abstinence-only education as ineffective and potentially increasing rates of teenage pregnancy and STIs.

In the meantime the United States continues to have one of the highest teenage pregnancy rates in the developed world. By promoting abstinence-only education that omits complete, medically accurate information, U.S. policy ignores proven research, science, public opinion and the experience of other countries about what actually works to prevent teenage pregnancy.

For more information about the report go to: [www.democrats.reform.house.gov/documents/20041201102153-50247.pdf](http://www.democrats.reform.house.gov/documents/20041201102153-50247.pdf)

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## Equity in Prescription Insurance and Contraceptive Coverage Act (EPICC)

Including contraceptive coverage in insurance plans is crucial to a woman's ability to avoid unintended pregnancy. Yet, many insurance plans still fail to cover contraception, making it difficult for women to obtain their preferred method of birth control. This may force women to pay out-of-pocket, or to avoid using birth control altogether for lack of funds.

**FACT** *All federal employees participating in the Federal Employees Health Benefits Program have contraceptive coverage in their health insurance plans, but what about the rest of us?*

The Washington Business Group on Health (an organization that represents large employers) estimates that denial of contraceptive coverage might cost up to 17 percent more than providing the coverage, because of costs associated with unplanned pregnancies. Today, only 23 states have laws that require full contraceptive coverage from employers (Arizona, Arkansas, California, Connecticut, Delaware, Georgia, Hawaii, Illinois, Iowa, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New Mexico, New York, Nevada, North Carolina, Rhode Island, Vermont, Washington and West Virginia).

Find out more about what's happening in the states at [www.covermypills.org/facts](http://www.covermypills.org/facts) and at the federal level at [www.covermypills.org/facts/federallaw/](http://www.covermypills.org/facts/federallaw/)

**TAKE ACTION** Write a letter to the editor of your local paper telling them you support EPICC. Check out our sample letter: [www.sierraclub.org/population/epicc\\_letter.asp](http://www.sierraclub.org/population/epicc_letter.asp)



The Back Up Your Birth Control Campaign is coordinated by the reproductive health technologies project at [www.backupyourbirthcontrol.org](http://www.backupyourbirthcontrol.org)

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## Emergency Contraception (EC)

Another method to reduce the rate of unintended pregnancy is Emergency Contraception (EC). Also known as “Plan B” or the “morning after pill,” it is simply a high dosage of birth control pills that is taken after unprotected intercourse in order to prevent pregnancy. If taken properly, EC has an 89 percent effectiveness rate. EC is intended to prevent pregnancy and is not the same as RU486, which is intended to terminate pregnancy.<sup>6</sup>

The availability of Plan B over-the-counter (OTC)—meaning, without a prescription—is at the center of the heated EC debate. Opponents claim that easy access to the drug will spur irresponsible sexual behavior, particularly among teens, despite research suggesting otherwise. Even after a coalition of more than 100 women's health and medical organizations urged the U.S. Food and Drug Administration (FDA) in February 2004 to make Plan B available OTC, the FDA decided to further delay EC's OTC status.

In August 2006, the FDA finally announced its decision to allow Plan B to be sold over-the-counter to women ages 18 and older. This is a hard fought victory for women's reproductive health and environmental protection. However, many women's health and medical organizations feel that this decision ignores the need to reduce teen pregnancy in America and sends the wrong message about the safety of EC. The FDA's own experts have advised that EC meets all of the tests for a non-prescription medication.

**FACT** *Emergency Contraception (EC) prevents more than 50,000 abortions a year.<sup>7</sup>*

**TAKE ACTION** Spread the word about the need for EC access for all women! Check out NOW's “Emergency Contraception Toolkit” at: [www.now.org/issues/reproductive/ec\\_toolkit.html](http://www.now.org/issues/reproductive/ec_toolkit.html) and for more information go to: [www.rhnp.org/](http://www.rhnp.org/).

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## Footnotes

1. National Family Planning and Reproductive Health Association. "President's Budget Request for FY 2007 Flat-Funds Title X, Boosts Abstinence-Only Funding by \$27 Million." NFPRHA Public Policy Department. Feb, 8 2006.
2. Gold, Rachel Benson. (2001, February). "Title X: Three Decades of Accomplishments." The Guttmacher Report on Public Policy, 5-8.
3. The Alan Guttmacher Institute (AGI), Sex Education: Needs, Programs and Policies. May 2003.
4. Kirby D, Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy, Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001.
5. Landry D et al. Abstinence promotion and the provision of information in public school district sexuality education policies. Fam Plann Perspect 1999;31:280-286.
6. Duramed Pharmaceuticals, subsidiary of Barr Pharmaceuticals, 2004: About Plan B. [www.go2planb.com](http://www.go2planb.com).
7. Jones RK, Darroch JE and Henshaw SK, Contraceptive use among U.S. women having abortions in 2000-2001, Perspectives on Sexual and Reproductive Health, 2002, 32(6):294-303.

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