

POLICY BRIEF

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A Closer Look at Family Planning Spending: Target Population and Effectiveness Raise Questions

by Dan Jarvis

Summary - A careful look at family planning programs reveals that these programs are less about planning families and more about allowing unmarried young people to engage in sex, often contrary to Michigan law. Evidence indicates that such programs may have reached a point of diminishing returns and additional efforts may promote a culture of sexual chaos rather than prevent unintended pregnancies. Research shows that abstinence not only prevents the negative consequences associated with unwed sexual activity, there is also good evidence that it promotes real health and wealth for individuals, particularly women, later in life.

Free and Easy Access

"Contraceptive use in the United States is virtually universal among women of reproductive age: 98 percent of all women who had ever had intercourse had used at least one contraceptive method."

Center for Disease Control

In 2002, the Michigan Department of Community Health surveyed over 1,500 postpartum women to monitor risky pregnancies. One component of the Pregnancy Risk Assessment Monitoring System (PRAMS) report focused on a woman's intention of pregnancy. Public health officials and policymakers are quick to point out that unintended pregnancies are associated with other high risk factors for pregnant women. As a solution, they propose increasing the availability of contraceptives to eliminate many high risk and costly births.

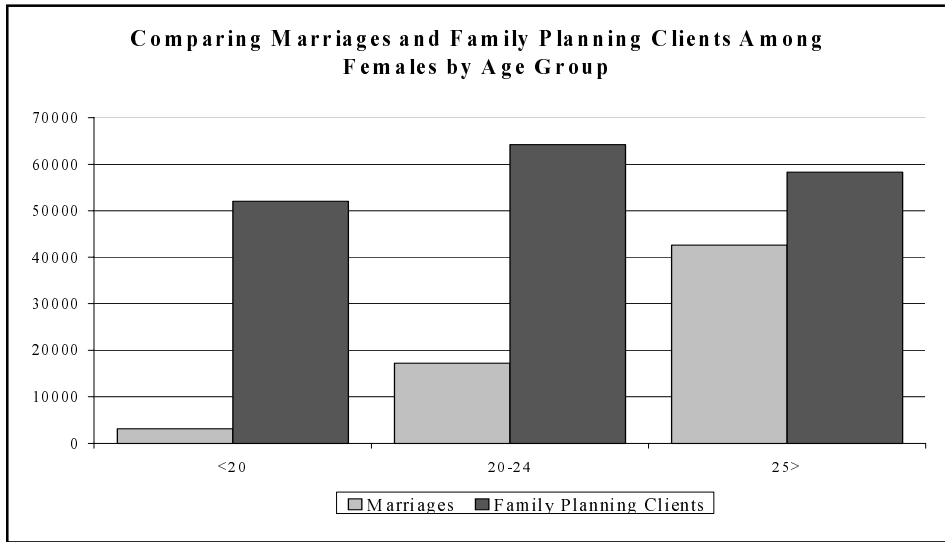
Despite recent calls for increases in

family planning funding, there does not appear to be a demand for increased family planning services. In economic terms, the *Law of Diminishing Returns* has quickly taken hold—additional expenditures on family planning are less effective than previous expenditures on family planning. Consider the following PRAMS findings:

- Only 8.4 percent of respondents indicated that they did not use family planning services prior to pregnancy because they had difficulty gaining access to the services.
- 94 percent of women 18-19 years old did use contraception during the postpartum period.
- Less than 1 percent of the women interviewed said they were not using contraception during the postpartum period because they could not afford it.

Information and access to family planning are not the problem. According to Michigan's 2006 application for federal funding, family planning services are often free and are easy to acquire in all 83 Michigan counties. "Program services are available to all upon request. Clients below 100 percent of the poverty level are not charged for services. Those between poverty level and 250 percent of the poverty level are assessed fees based on income and family size. Those above 250 percent of poverty are assessed full fees. **No one is denied services because of inability to pay.**"²² (Emphasis added)

Even teenagers report easy access and fairly widespread use of contraceptives. According to the 2003 Michigan Youth Risk Behavior Survey (YRBS) released by the Department of Education, 63 percent of sexually active students said they used a condom at last intercourse and 17 percent said they used birth con



trol pills. The YRBS reveals that 86 percent of high schools in Michigan teach HIV prevention education and 90 percent of high school seniors had learned about HIV/AIDS in school—information that can also be used for pregnancy prevention. Based on Michigan’s 2004 Family Planning Annual Report (FPAR) submitted to the federal government, an amazing 30 percent of clients are teenagers and 66 percent of family planning beneficiaries are age 24 or younger.

There is more than \$27 million spent on Title X family planning services at agencies statewide.³ In spite of this, the 2002 PRAMS report shows that women experiencing unintended pregnancies may have fared better if they had avoided contraception altogether. According to the report, **more women who used contraception reported an unwanted pregnancy than women who said they used nothing to avoid an unwanted pregnancy.**⁴ If contraceptors experience unintended pregnancies more than non-contraceptors, one must question the efficacy of family planning.

Creating Sexual Chaos

Encounters among sexually active teens are surprisingly fleeting and frequent. A 2003 Child Trends study found that 61 percent of teens reported that their first sexual relationship lasted less than three months.⁵ One-fourth of first sexual

relationships were a one-time only affair. In Michigan, 21 percent of high school seniors report having four or more sexual partners.⁶

Some researchers speculate that easy access to contraception and abortion may actually exacerbate the problem of out-of-wedlock births by increasing one’s propensity to engage in sexual activity.⁷ Research provides compelling evidence that women who are inclined to engage in sexual activity are even more likely to do so in an era when pregnancy can be avoided or terminated. Women who would not be inclined to engage in sex, and therefore are less likely to take steps to avoid pregnancy or terminate a pregnancy, feel more pressure to give in to sexual demands by their partners who can easily find a female companion who is willing to engage in sexual activity.⁸

Easy access to contraception and abortion not only denies women a persuasive reason for avoiding sexual activity, it also provides men with an easy opportunity to avoid taking responsibility for an ensuing pregnancy. Prior to widespread abortion and family planning, men generally accepted responsibility for a child. Today, however, it is easier for men to rationalize that if a woman does not choose to avoid or terminate a pregnancy, then she is in effect making a choice to care for the child.

Michigan law contributes to sexual chaos by sending a disturbingly inconsistent message to young people and adults in our state. Engaging in sexual activity with a person under the age of 16 is criminal sexual conduct.⁹ Family planning providers that knowingly provide underage women with pregnancy prevention services, do so with the awareness that the young woman is almost certainly going to be the victim of criminal sexual conduct. Yet Michigan encourages pregnancy prevention service providers to work with underage youths without any meaningful investigation of who is committing sexual assault against the child.

Equally confusing, Michigan law sets the age of consent at 16 but prohibits minors from marrying until they are 18.¹⁰ It is unclear why Michigan law conveys the message that minors are mature enough to engage in sexual activity that may have life-altering consequences, but they are not ready to enter into marriage. Until Michigan law addresses these inconsistencies, family planning efforts will do more to promote sexual chaos than stable families.

Teenagers are often left to make important family planning decisions without the help of a parent or guardian. There is good evidence that many teenage women are getting pregnant by older partners. According to a 2003 Child Trends report, 19 percent of teens girls had a partner that was four or more years older.¹¹ In Michigan, over 20 percent of teen girls who get pregnant and report the age of the

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father, say he was three or more years older.¹² According to the 2003 YRBS, an amazing 39 percent of females indicated that their first sexual partner was three or more years older.

National data collected by the CDC indicates that forced sexual experiences are not uncommon. According to the CDC, 13 percent of females did not want to have sex and an additional 52 percent of females had mixed feelings about having sex at the time.¹³ Similarly, Michigan data from the YRBS indicates that 12 percent of female students report that they have "been physically forced to have sexual intercourse" when they did not want to. Left on their own, teenage girls are easy targets for their older, more manipulative partners.

Key Players Missing In Action

There is virtually unanimous agreement that parents should be an adolescent's primary educators regarding human sexuality. Similarly, there is widespread support for parents being involved in an adolescent's decision-making process regarding the initiation of sexual activity. Michigan law requires significant parental input in a school district's sex education program, and it guarantees parents the right to preview materials and opt their child out of sex education courses.

Additionally, Michigan law states that federally funded abstinence programs that "demonstrate efforts to include parental involvement" in their program "shall be given priority in the allocation of funds."¹⁴ If it makes sense to provide financial incentives to include parents in abstinence programs, one must wonder, why doesn't Michigan have similar incentives for family planning programs that distribute contraceptive drugs and devices to minors?

Surveys reveal that most teens want to postpone sexual activity. The 2003 YRBS shows that a majority of high school students (56 percent) have not had sex. Of the teens who have had sex, most wish they had waited longer, according to the National Campaign to Prevent Teen

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Pregnancy. This mirrors national data which found that 82 percent of teens believed sex should only occur in long-term, committed relationships such as marriage.¹⁵ The same study found that 69 percent of teens said it would be easier to resist sexual pressures if parents were more involved in talking to them.

Parents of adolescents are not the only players being left out of the family planning process. Men also seem to be irrelevant to family planning providers. According to Michigan's FPAR, a minuscule 2.9 percent of Title X clients under the age of 25 are males. Yet reluctance of the male partner was the single biggest reason women cited as their reason for not using birth control prior to pregnancy. Nearly 25 percent of women experiencing an unintended pregnancy indicated that her partner did not want to use a contraceptive and an additional 9 percent believed that their male partner was sterile.¹⁶

Targeting only women for family

planning services reinforces the old stereotype that pregnancy prevention is the woman's responsibility. The logical corollary is that unintended pregnancies are also the woman's responsibility. Without a strategic plan to include males in the family planning process, the problem of unintended pregnancies will persist.

Healthy "Family Planning"

Undoubtedly, a couple can reduce the likelihood of pregnancy if they are highly motivated and adequately instructed in how to use family planning methods. However, sexual activity can lead to more than just unintended pregnancy. Sexually transmitted diseases are a serious possibility. What's more, the most effective methods of family planning (hormonal contraceptives) are the least effective in preventing STD's. Even beyond unintended pregnancy and STD's, individuals who avoid sexual activity outside of marriage enjoy other positive benefits.

Research shows that individuals (particularly adolescents) who engage in sexual activity, are more likely to engage in other risky behaviors, have poorer mental and physical health, and are more likely to experience marital disruption in the future. Sexually active male teens, for example, are much more likely to consume alcohol or tobacco.¹⁷ However, this behavior is not limited to adolescents. Even older males between ages 25-31 who are in a relatively stable premarital sexual relationship consume elevated levels of alcohol compared to single or married men of the same age.¹⁸

Relationship of Virginity Status at Age 18 to Outcomes at Age 36 to 43					
	Years of Education Completed	Per Capita Income	% Received Welfare Between 1979-2000	Divorce Ratio	% With Health Problems
Females					
Virgins at Age 18	14.18	\$23,037	18.4%	.0404	50.6%
Non-Virgins at Age 18	13.09	\$18,729	39.3%	.0778	61.2%
Source: Reginald Ringer, MD, MPH, <i>Adolescent and Family Health</i> , 2004, 3(4): p. 164-170					

Sexually active females are not exempt from negative consequences. Data from the National Longitudinal Study of Adolescent Health found that engaging in sex places adolescents, especially girls, "at risk for future depression."¹⁹ Conversely, adolescents who have no sexual experience and do not anticipate having sex in the near future have better psychological health (greater self-esteem, less hopelessness) than sexually experienced youth or youth who anticipate having sex within the next year.²⁰

Finally, engaging in sex can present real problems for the future as well. Individuals who engage in premarital sex increase the odds of getting a divorce by up to 50 percent. This is particularly true for individuals who enter multiple sexual relationships devoid of long-term commitment.²¹

A study published in the medical journal, *Sexually Transmitted Diseases*, showed that nearly 20 million adverse health events occurred in 1998, including 30,000 deaths related to sexual activity. Women accounted for nearly two-thirds of these negative health outcomes.²² Analyzing information on more than 7,000 youth covering a period of 21 years, re-

searchers found that virgins of both genders experienced fewer health problems, attained more education and were less likely to get divorced than non-virgins. These findings were consistent even when researchers controlled for ethnicity, educational and economic background.²³

While some may scoff at the thought of avoiding sexual activity, 2003 YRBS data shows that teenagers are leading the way in this trend with sexual activity declining from 54 percent in 1991 to 46 percent in 2001. Some of this drop can be attributed to an increased awareness of dangerous sexually transmitted diseases, such as AIDS. Much of it, however, can be attributed to nationwide efforts to promote abstinence through federally funded programs.

Unintended pregnancies are not the result of inadequate access to family planning programs. Instead, these pregnancies are the result of a dramatic increase in the number of individuals engaging in sexual activity outside of marriage. Not only will family planning fail to cure the unintended pregnancy problem, it also fails to provide adolescents and young adults

with the healthy lifestyle they can find by avoiding sexual activity outside of marriage. We recommend, at a minimum, the following:

- Family planning service providers should be required to notify authorities when it is likely that underage minors are engaging in sexual activity. Child Protective Services or law enforcement, not Title X providers, should determine the proper course of action when an act of criminal sexual conduct occurs.
- Use a portion of Title X money to promote abstinence among unmarried adolescents and young adults as a means of "family planning." Federal regulations allow states and agencies to promote abstinence as a form of family planning.
- Provide incentives to family planning providers to include more parents and men in decisions regarding family planning services. Greater participation, particularly by parents, will help young people make better decisions regarding sexual activity.

Notes:

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4. Pregnancy Risk Assessment Monitoring System 2002 (PRAMS), Michigan Department of Community Health, page B4
5. Suzann Ryan, Jennifer Manlove and Kerry Franzetta, Child Trends Research Brief, *The First Time: Characteristics of Teens' First Sexual Relationships* Publication #2003-16, August 2003 p. 3
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7. George Akerlof, Janet Yellen, Michael Katz, "An Analysis of Out-of-Wedlock Childbearing in the United States," *The Quarterly Journal of Economics*, Vol. 111 No. 2 (May, 1996) p. 277
8. Ibid
9. MCL 750.520b-e
10. MCL 551.103
11. *The First Time*, p. 2
12. Michigan Department of Community Health

13. Vital and Health Statistics, Center for Disease Control, Teenagers in the United States: SEXual Activity, Contraceptive Use, and Childbearing, Series, 23, No. 24, December 2004, p. 1
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16. 2002 PRAMS
17. D. P. Orr, M. Beiter, and G Ingersoll, "Premature Sexual Activity as an Indicator of Psychological Risk," *Pediatrics* Vol. 87 No. 2 Feb 1, 1991

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