

## Contraceptive Services

### WHO NEEDS SERVICES?

- 66 million U.S. women are of reproductive age (i.e., aged 13–44). More than one-half of these women (34 million) need contraceptive services and supplies: They are sexually active; believe they are fertile; are not pregnant, postpartum or trying to get pregnant; and have not undergone sterilization.
- Nearly 17 million women need subsidized contraceptive services and supplies; these women include all 4.9 million teenagers who are in need of contraceptive services and may require confidential care; 4.2 million women aged 20–44 who are in need and whose family income is lower than the federal poverty level (less than \$18,100 for a family of four in 2002); and 7.6 million women aged 20–44 with incomes between 100% and 250% of the federal poverty level (less than \$45,250 for a family of four in 2002).
- Of the 17 million women in need of subsidized contraceptive services and supplies, more than half (55%) are non-Hispanic white; 18% are non-Hispanic black; and 20% are Hispanic.

### IS THERE PUBLIC FUNDING?

- The federal and state governments spent \$1.26 billion on family planning services and supplies in FY 2001.
- The joint federal-state Medicaid program is the largest source of public funds for family planning services, supplying \$770 million; federal funds account for 90% of this amount. Medicaid reimburses medical providers for the contraceptive services they supply to women enrolled in the program.

- Title X is the only federal program specifically devoted to supporting family planning services. Title X accounts for 15% of public funding for family planning—\$189 million in 2001. It subsidizes services for men and women who do not meet the narrow eligibility requirements for coverage under Medicaid and sets standards for the provision of family planning services, ensuring that care is voluntary, confidential and available on a sliding scale or free to the poorest clients.
- In addition to the funding that states contribute to Medicaid and block grant programs through requirements that states match federal dollars with their own money, state-initiated family planning revenues account for 15% of the national total spent on contraceptive services—\$187 million in 2001.
- When adjusted for inflation, total public expenditures for family planning services decreased by 27% between 1980 and 1994; in 1994–2001, public expenditures increased by 37% to a level that nearly matches that of 1980 in con-

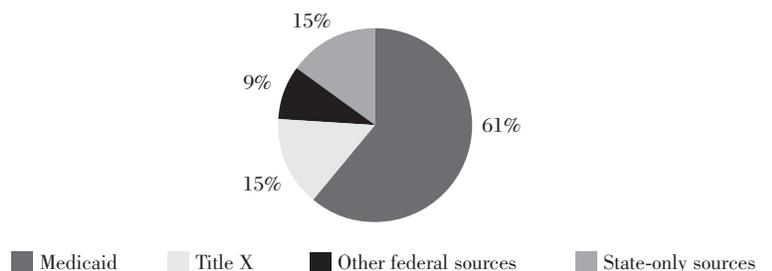
stant dollars. The distribution of funding has also changed over time, with an increase between 1994 and 2001 in the proportion of total funding contributed by Medicaid—from 46% to 61%—and a decrease in the proportion contributed by Title X—from 21% to 15%.

### IS FUNDING EFFECTIVE?

- Every tax dollar spent for contraceptive services saves an average of \$3 in Medicaid costs for pregnancy-related health care and medical care of newborns.
- Each year, publicly supported contraceptive services help women prevent 1.3 million unplanned pregnancies, which would result in 632,300 abortions, 533,800 unintended births and 165,000 miscarriages.
- Without publicly supported services, there would be 40% more abortions annually in the United States than currently occur.
- An additional 386,000 teenagers would become pregnant each year. Of these,

### Public Funding Sources

Several public programs fund contraceptive services for poor women and teenagers, FY 2001



Note: Other federal sources include the MCH, social services and TANF block grants. Source: Sonfield A and Gold RB, Conservatives' agenda threatens public funding for family planning, *The Guttmacher Report on Public Policy*, 2005, 8(1):4-7.



155,000 would give birth, increasing the number of teenage births by about 25%; 183,000 teenagers would have abortions, increasing abortions among teenagers by 58%.

- An additional 356,000 never-married women would give birth each year, increasing the number of out-of-wedlock births by approximately 25%.

## WHO RECEIVES SERVICES?

- Each year, approximately 7 million women receive contraceptive services from the network of publicly funded family planning clinics, representing 41% of all women in need of subsidized services.

- One-third (31%) of women served by publicly supported family planning clinics are currently married; 15% are formerly married; and more than half (54%) have never married.

- Teenagers represent about one in four (28%) contraceptive clients served by clinics; nearly two million women younger than 20 were served by publicly supported clinics in 2001.

- Most women who receive care from clinics need subsidized care: Two-thirds (67%) of clients served by Title X-funded family planning clinics have incomes below the federal poverty level, and an additional 23% have incomes of 100–200% of the poverty level.

- Only 16% of women receiving care from publicly supported family planning clinics reported having private insurance that paid for all or some of their visit; one-third (31%) reported that care was paid for by Medicaid.

- In most states, women qualify for Medicaid only if they have a child (or are pregnant) and are poor. In the past decade, several states have implemented programs expanding the eligibility criteria for Medicaid-funded family planning care.

## WHERE ARE SERVICES?

- In 2001, subsidized family planning services were provided by 2,953 agencies—1,217 health departments, 127 Planned Parenthood affiliates, 446 hospitals and 1,164 agencies of other types, such as independent family planning councils and community and migrant health centers. Together, these agencies operated 7,683 clinic sites—state health departments ran 37%, Planned Parenthood affiliates 12%, hospitals 11% and other agencies 40%.

- One-third (33%) of women served by clinics receive services from health departments, 33% at Planned Parenthood sites, 10% at hospital outpatient facilities and 23% at independent clinics or community and migrant health centers.

- 85% of U.S. counties have at least one clinic that provides subsidized family planning services; in nearly three out of four counties, at least one provider of contraceptive services is funded by the federal Title X program, and 94% of women live in these counties.

- 69% of all women served by publicly funded clinics in 2001 were served by Title X-funded clinics.

- Among all women who made a reproductive health visit in the last year, 30% went to a publicly funded clinic.

## WHAT ARE THE SERVICES?

The pill is the only contraceptive method provided by virtually all family planning agencies; more than nine in 10 agencies offer the pill, the male condom and the injectable.

- Eighty percent offered emergency contraceptive pills in 1999, compared with 38% in 1995.

- Tubal sterilization and vasectomy are provided by 25% and 24% of agencies, respectively.

- Women making family planning visits routinely receive Pap smears, breast and pelvic exams, blood pressure measurements and education on effective contraceptive use and on breast self-examination. Most agencies also provide prenatal, postpartum and well-baby care, as well as infertility counseling.

- Screening for gonorrhea, chlamydia and syphilis is provided routinely during initial and annual visits by 72%, 73% and 44% of agencies, respectively. Screening for urinary tract infection and pregnancy is routinely provided at some agencies; more often, these tests are provided if women request them or have symptoms.

- Nine in 10 agencies routinely obtain women's sexual histories and counsel women regarding risk factors for HIV/AIDS and other sexually transmitted diseases; six in 10 routinely provide education on condom use.

- More than one-half of Planned Parenthood affiliates and independent agencies provide the partners of teenage clients with contraceptive education and counseling, while fewer than one-third of hospitals and

community health centers do so. Almost 70% of family planning agencies offer non-contraceptive services for men, including sports or work physicals, testicular cancer screening and primary health care.

- Two-thirds of all family planning agencies have at least one special program that serves teenagers. One-half provide contraceptive outreach or education in schools or youth centers, and 43% implement programs that emphasize delaying sexual activity.

- Programs for teenagers are offered by a higher proportion of Title X-funded agencies than of agencies without Title X funding.

## SOURCES

The data in this fact sheet are the most current available. All of the data are from research conducted by The Alan Guttmacher Institute or published in its peer-reviewed journal, *Perspectives on Sexual and Reproductive Health*.



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