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Planned Parenthood Defunding: A Review of Public Policy and Potential Solutions

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# Table of Contents

Signature Page ......................................................................................................................... ii

Abstract ......................................................................................................................................... iv

Introduction .................................................................................................................................. 1

Background ................................................................................................................................... 2

  Medicaid ..................................................................................................................................... 3
  Title X ......................................................................................................................................... 5
  Affordable Care Act .................................................................................................................... 6
  Recent Healthcare Reforms ........................................................................................................ 8
  Defunding Planned Parenthood .................................................................................................... 9

Methodology .................................................................................................................................. 12

Literature Review ........................................................................................................................ 13

  Shortcomings .............................................................................................................................. 13
  Benefits of Planned Parenthood and why it should not be defunded ........................................... 14

Findings ......................................................................................................................................... 19

Policy Implications ....................................................................................................................... 21

Conclusion ..................................................................................................................................... 23

References ...................................................................................................................................... 24
Abstract

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Women's access to care continues to be a topic of debate in the United States. The past decades have been beneficial for women because they gained access to family planning through Medicaid, Title X, and the Affordable Care Act. Today, women are more empowered and prepared to make decisions about their own health than in the past. Unfortunately, the need for family planning services provided by programs such as Planned Parenthood is being questioned. The goal of this project was to explore the reasons that Planned Parenthood is being threatened and how defunding would negatively impact women's mental and physical health.

A total of 27 peer-reviewed studies on the topic were analyzed. Articles were selected if they were published in the United States and in scholarly journals between the years 2000 and 2020. The databases used included EBSCOhost, PubMed, ScienceDirect, JSTOR, and the Directory of Open Access Journals (DOAJ). Some of the keywords used included Planned Parenthood and women's health, Planned Parenthood defunding, Planned Parenthood history, women's access to care, Planned Parenthood shortcomings, and current state of Planned
Parenthood defunding. Selected articles were analyzed and included in a comprehensive literature review.

This review of the literature established that Planned Parenthood has made significant contributions to women's health. It has provided women with access to reproductive education, birth control, STD prevention, and abortion services. In addition, it has helped to give women the power to make a choice on when to start a family and protected their physical and mental health by providing access to safe abortion services. Based on the studies selected, it was concluded that removing Planned Parenthood's funding would negatively impact American women's health and prevent them from having access to much-needed care.

However, this study recognized that many issues have affected public and policymakers' opinion of the program. Mainly, the program has been accused of performing complicated abortions when not necessary, exchanging money for body parts of unborn children, and using government funding even though it does not need it. Some articles also highlighted the view that other health clinics could provide the same services, which suggests that Planned Parenthood is not needed. Most of these claims were not supported by evidence, but they could still influence the decision of whether to defund Planned Parenthood. Therefore, some policy changes were suggested. Mainly, the program would benefit from new policies that promote transparency, accountability, and collaboration. These changes could help to ensure that the program remains active and continues to help millions of American women.
Introduction

American women's access to care has significantly increased over the past decades. First, women gained access to family planning care through Medicaid. Medicaid is considered the backbone of coverage for low-income women, and it provides coverage for services such as contraception, STD testing, pregnancy care, cancer screening, and more (Salganicoff, Ranji, & Sobel, 2015). Further, Title X Family Planning Program gave women even more access to comprehensive family planning services (McCammon, 2019). Then, the Affordable Care Act was enacted, which significantly broadened access to coverage for poverty-stricken women (Salganicoff, Ranji, & Sobel, 2015). Today, thanks to these programs, women have access to services that they never had before, and the positive impact is clear. They are healthier and have more control over the decision to start a family (McCammon, 2019).

A key organization when it comes to women's healthcare is Planned Parenthood. Planned Parenthood is a nonprofit association that delivers reproductive care, education, and related information (Planned Parenthood, 2019). It offers abortion services, contraception, HIV services, pregnancy services, STD testing, pelvic exams, and more (Planned Parenthood, 2019). Recently, access to Planned Parenthood has been threatened due to numerous attempts to defund it (Lawrence & Ness, 2017). To prevent that from happening, it is important to evaluate the current political situation as well as the reasons for and against defunding the centers. Understanding the significance of Planned Parenthood and identifying ways to deal with the problem is also critical for the survival of the organization. Therefore, the purpose of this paper is to present an in-depth analysis of the history of Planned Parenthood, the current threat of defunding, and the reasons that defunding would negatively impact women's mental and physical health.
Background

Planned Parenthood's history is rich and not without controversy. The organization has been dealing with political opposition and criticism for over 100 years (Primrose, 2019). It was first called the American Birth Control League and founded by Margaret Sanger in 1916. Its purpose was to provide birth control and contraceptive education for American women (Primrose, 2019). Unfortunately, at the time, the political climate in the country was not open to the idea of women's rights, and contraception was illegal in many places (Primrose, 2019). Although some women still used birth control, the practice was not socially acceptable (Primrose, 2019). Because of that, Planned Parenthood received significant negative attention, and the first clinic was shut down after ten days. As time went by, Margaret Sanger continued to advocate for women's right to birth control, and she was jailed numerous times for offering advice or helping others to access contraceptives (Primrose, 2019).

The Great Depression and World War II changed people's views on contraceptives (Primrose, 2019). At the time, the goal was to have smaller families, and contraceptives were needed for that. As a result, the American Medical Association recognized birth control as a fundamental service in 1937 (Primrose, 2019). Soon, small birth control clinics supported by public funds became common. In 1942, the American Birth Control League became Planned Parenthood and opened its doors again (Primrose, 2019). The name marked a change in the way that the organization approached women's sexual health. Instead of focusing on birth control alone, it now focused on helping women with family planning (Primrose, 2019).

In 1960, Planned Parenthood began to push for abortion reform. Abortion reform referred to providing women with reproductive freedom rights (Primrose, 2019). This required repealing all criminal prohibitions on abortion (Primrose, 2019) and allowing women to choose whether
they wanted to have a child or not. As Betty Friedan, president of the National Organization for Women (NOW) said in 1966, the goal of NOW and Planned Parenthood was to ensure that women had control over their own bodies and the reproductive process.

In 1973, the Supreme Court finally gave women the right to abort in *Roe vs. Wade* (Primrose, 2019). Planned Parenthood began to offer the services, but it continued to face opposition and dealt with lawmakers who sought to overturn *Roe vs. Wade* (Primrose, 2019). In 1977, the Hyde Amendment, passed by Congress, made public funding for abortions illegal (Primrose, 2019). This resulted in Planned Parenthood receiving fewer funds for its activities. Today, with over 350 clinics across the country, Planned Parenthood continues to face strong political and social opposition (Kaiser Family Foundation, 2012). In the next sections, macro policies related to Planned Parenthood and their funding will be discussed in detail.

**Medicaid**

Most of Planned Parenthood's funding is from Medicaid reimbursements for preventive care (Kaiser Family Foundation, 2019). Medicaid is a federal and state program created to help low-income individuals with medical costs (Salganicoff, Ranji, & Sobel, 2015). It is the biggest funding source for medical and healthcare services for poverty-stricken Americans, and it is considered the backbone of coverage for millions of underprivileged women (Salganicoff, Ranji, & Sobel, 2015). Women have greatly benefited from the program because it provides coverage for services that other government programs or private insurances do not, including contraception, STD testing, patient education, and pregnancy-related care. (Salganicoff, Ranji, & Sobel, 2015).

Medicaid was signed into law in 1965 by President Lyndon B. Johnson, and, in 1972, family planning services were added as a mandatory benefit (Salganicoff, Ranji, & Sobel, 2015).
The mandatory benefit helped to ensure that women could benefit from services offered at clinics such as Planned Parenthood. To make it even more accessible, family planning coverage was made as broad as possible by picking up 90% of costs (Salganicoff, Ranji, & Sobel, 2015). Further, women were given freedom of choice to obtain family planning care from any provider, even if the provider was "out of network" (Salganicoff, Ranji, & Sobel, 2015). In other words, they could seek help from Planned Parenthood without worrying about costs. Medicaid family planning continued to expand, and in the early 2000s, many states asked for waivers so that they could ensure women who no longer qualified for Medicaid could still benefit from family planning services.

Today, Medicaid "accounts for three-quarters of all publicly funded family planning services in the United States" (Salganicoff, Ranji, & Sobel, 2015, p. 199). This means that millions of women have access to family planning services offered by a provider of their choice. However, the free choice policy has been in the spotlight as policymakers attempt to exclude Planned Parenthood from participating (Kaiser Family Foundation, 2019). The main reason for wanting to exclude Planned Parenthood is that it offers abortion services, which many people are against. People are against abortion services for religious and moral reasons (Stretton, 2008). They argue that a fetus has the potential to develop rationality and communication (Stretton, 2008), and this alone is enough to give it a moral right to life. Further, some oppose abortion because they believe that it can hurt women's physical and mental health (Stretton, 2008). Others are against it based on their religious beliefs. Mainly, Roman Catholics strongly believe that life begins at conception (Williams, 1982). As such, abortion is morally wrong.

Several family planning providers have successfully challenged the proposed ban, but litigation is still ongoing in several states (Kaiser Family Foundation, 2019). If the ban is
eventually approved, the health of millions of women would be at risk. As of 2019, at least 60% of Planned Parenthood patients rely on Medicaid to receive care that they would otherwise not have access to (Kaiser Family Foundation, 2019). If they lose access, the consequences would be significant. Women would be more susceptible to some STDS and more likely to go undiagnosed with serious health problems such as cervical and other forms of cancer (Dailard, 2002). Those who live in rural areas might also lose the ability to receive care because, in many remote areas, Planned Parenthood is the sole provider of reproductive services (Rovner, 2018). Further, some women would lose access to birth control and pregnancy services (Lawrence & Ness, 2017).

**Title X**

Title X, or Public Law 91-572, was signed into law by President Richard Nixon in 1970 and is currently administered by the Office of Family Planning (Gold & Alrich, 2008). Title X is the only federal program that provides comprehensive family planning and preventive health services (McCammon, 2019). It was created with the goal of promoting positive birth outcomes and healthy families; this goal is achieved by giving individuals the ability to determine the number and spacing of their children (McCammon, 2019).

Title X grants funds to a variety of organizations, including Planned Parenthood, to deliver reproductive and family planning services. Specifically, it operates by giving funds to community-based clinics that offer birth control, reproductive counseling, and preventive services such as HIV testing and STI prevention (Gold & Alrich, 2008). Some of the common grantees include state and local health departments, hospitals, clinics, university health centers, faith-based organizations, and others (Gold & Alrich, 2008). Estimates indicate that there is at
least one Title X-funded clinic in 75% of counties in the United States, which demonstrates the
significant impact and outreach of the program (Gold & Alrich, 2008).

As mentioned, Planned Parenthood has traditionally had the support of the Title X
program. In 2018 alone, Planned Parenthood served 1.5 million of Title X's patients
(McCammon, 2019). However, things have changed since Title X became the focus of the
abortion debate going on in the United States. Abortion opponents spoke out against the program
because 25% of its money went to Planned Parenthood, which is one of the country's biggest
abortion providers (McCammon, 2019). This became an issue, despite the fact that Planned
Parenthood was not allowed to use federal funds for its abortion services. To address the issue, in
2011, policymakers called for cuts to Title X's funding with the goal of decreasing the number of
abortions performed (Gold & Alrich, 2008). Later, in 2019, the program was officially prohibited
from using its funds to support abortion in any way.

Because of the new rule, Planned Parenthood and similar organizations announced that
they were leaving the program (McCammon, 2019). Planned Parenthood explained that the
reason for leaving was that they refused to comply with a rule that would forbid Title X grantees
from helping women in need of abortion services (McCammon, 2019). They also claimed that
the new rule was unethical and would negatively affect the relationship between patients and
their physicians (McCammon, 2019). It is expected that, as a result of the change, women will
face lengthy wait times and deal with higher costs for family planning services (McCammon,
2019).

**Affordable Care Act**

President Barack Obama signed the Affordable Care Act (ACA) into law in 2010
(Salganicoff, Ranji, & Sobel, 2015). The law had three main goals. First, it was created to
provide individuals with more affordable health insurance. To do so, it provided them with subsidies that lowered insurance costs for low-income households (HealthCare, n.d.). Second, it was enacted in order to expand Medicaid so that it would cover all adults who had an income below 138% of the federal poverty level (HealthCare, n.d.). Lastly, ACA rules were designed to encourage providers to invest in innovative medical care delivery methods (HealthCare, n.d.). Those innovative methods were to be designed in a way that helped to decrease the costs of healthcare.

The ACA broadened access to coverage for underprivileged populations and women (Salganicoff, Ranji, & Sobel, 2015). The increase in coverage was a consequence of the expansion of Medicaid eligibility and modifications to insurance market requirements. The changes to Medicaid's eligibility rules made it easier for women living in poverty to enroll and get approved (Palanker & Davenport, 2016). This resulted in significant reductions in uninsured rates among females and similar minority groups (Antonisse, Garfield, Rudowitz, & Guth, 2019). Notably, the ACA helped to reduce the number of uninsured individuals in the U.S. from 17 percent to 10 percent in 2016 (Inserro, 2018).

The ACA also mandated that insurance plans provided preventive services such as contraception, pregnancy services, and mammograms without cost-sharing (Palanker & Davenport, 2016). Before that, contraception and preventive services accounted for 30 to 44 percent of women's out of pocket health care costs (Gunja, Collins, Doty, & Beutel, 2017). After the legislation was enacted, women gained access to preventive services without co-pay. The change helped them to save approximately $269 per year (Planned Parenthood, 2018). Another change brought about by the ACA was that women could have direct access to OB/GYN providers (Planned Parenthood, 2018). Prior to this, they were required to see another doctor
who then had to refer them to an OB/GYN, which created unnecessary delays and expenses. Today, women are guaranteed access to their OB/GYN provider without having to ask for approval or wait for another doctor’s referral.

In addition, the ACA prohibited health insurers from refusing coverage to people with pre-existing ailments (Salganicoff, Ranji, & Sobel, 2015). Females can no longer be denied coverage due to having cancer, high blood pressure, or diabetes. This change made it easier for low income and other previously non-eligible women to receive coverage and have access to reproductive services. Lastly, because of the ACA, women can no longer be discriminated against when it comes to health insurance. In the past, women were often charged higher rates for health insurance coverage because of their gender or conditions related to being a woman (HealthCare, n.d.). For example, some insurers denied coverage to women who had had a C-section or survived domestic violence; to them, those were pre-existing conditions (Planned Parenthood, 2018). Today, women are treated equally and, for the most part, no longer have to deal with discrimination coverage. Unfortunately, the fate of the ACA is on the line, and there have been numerous attempts to eliminate it, which would affect millions of women who currently benefit from it.

**Recent Healthcare Reforms**

President Donald Trump vowed to defund Planned Parenthood since his inauguration. If that was not possible, he promised to "at least" remove it from the federal family planning program (Rovner, 2018). In 2017, Congress attempted to eliminate funding for Planned Parenthood, but it failed because there were overwhelming Democratic objections (Rovner, 2018). This and other failed attempts led the Trump administration to open a new front to stop Planned Parenthood from receiving federal funds (Rosenbaum, 2018). As previously discussed,
the administration introduced the gag rule, which prohibited Title X beneficiaries from providing or supporting abortion (McCammon, 2019). Although the matter is still being litigated, it was requested that grantees leave the program unless they are willing to show good-faith efforts to comply (McCammon, 2019). As a result of that requirement, Planned Parenthood officially left the program, arguing that it was left with no choice.

Planned Parenthood used to receive about $60 million yearly through Title X (Belluck, 2019). With those funds, the organization was able to help over 1.5 million patients each year (Belluck, 2019). Planned Parenthood is the sole provider of family planning services in many rural communities and in places like Utah, it was the only provider that received Title X funds (Belluck, 2019). Because of the gag rule, females in those communities will completely lose access to the services or may face long wait times for appointments. It should be noted that withdrawing from the program will not prevent Planned Parenthood from obtaining other types of government funding. Particularly, the group will continue to receive funding from Medicaid (Belluck, 2019).

**Defunding Planned Parenthood**

Understanding the reasons that Planned Parenthood is at risk of defunding is critical to finding a solution. According to Strickland (2017), the center has been in the spotlight in recent years because conservatives are against the fact that it offers abortions. As former House Speaker Paul Ryan said, "we don't want to commit taxpayer funding for abortion, and Planned Parenthood is the largest abortion provider" (Strickland, 2017, para. 2). Instead, the Republican party has suggested that the money be directed to federal community health centers that do not offer abortions. Although that could be a potential solution, the reality is that community health
centers would not be capable of filling the gap left by Planned Parenthood (Lawrence & Ness, 2017).

First, community health centers do not offer as many services as Planned Parenthood. Planned Parenthood is unique in that, in addition to abortions, it delivers preventive health care, birth control, STD prevention, breast exams, reproductive education, and much more (Strickland, 2017, para. 2). Community health centers are not the same as a specialized provider, such as Planned Parenthood. Their sole focus is not to provide reproductive services to women. Instead, they must also think about providing primary health care services to all patients (Rosenbaum, 2017). In other words, their primary concern is to ensure that patients can access any type of care, not just a specific type such as pregnancy services. What this means is that women will not receive specialized care or comprehensive counseling on reproduction-related topics. They will be seen by a primary physician whose main concern is to deal with general ailments and conditions affecting patients.

Second, community health centers are already facing difficulties meeting the needs of the population, facing shortages of obstetrician-gynecologists, and limited in the number of patients who can be seen (Lawrence & Ness, 2017). Health centers must provide care for all patients: from newborn infants to the elderly (Rosenbaum, 2017). In 2015 alone, community centers in the U.S. provided primary care to 24.3 million patients and 6.4 million women (Rosenbaum, 2017). Between 2013 and 2015, as a result of the reforms brought about by the ACA, the number of patients seen increased by 2.5 million, or more than 10 percent (Rosenbaum, 2017). These statistics highlight the large number of patients who already visit health centers. If Planned Parenthood is defunded, that number will grow significantly. Health centers that are already struggling would simply be unable to provide access to such large numbers of patients.
It should be emphasized that community health centers are not the problem. In fact, they are very effective and efficient at what they do (Rosenbaum, 2017). The problem is that what they do is offer primary care services, not reproductive services. Although they do provide some family planning assistance, it is not as comprehensive as that offered by places such as Planned Parenthood. In addition, health centers are very limited in what they can do. They operate under strict federal requirements (Rosenbaum, 2017), which can make it difficult for them to make any changes even if they wanted to. Any potential changes must be explicitly authorized by the government in advance. For example, they must request permission to add services, hire new staff, or open new sites to help more people. For this reason, it is improbable that changes will be made any time soon. Therefore, the option of using community health centers to replace Planned Parenthood would not work.
Methodology

This study consisted of a qualitative analysis of archival data. Five academic research databases were consulted. The databases included EBSCOhost, PubMed, ScienceDirect, JSTOR, and the Directory of Open Access Journals (DOAJ). The following keywords were used to locate articles related to the topic of interest: Planned Parenthood and women's health, Planned Parenthood defunding, Planned Parenthood history, Planned Parenthood shortcomings, family planning programs in the U.S., Medicaid and women's health, Title X family planning, ACA and women's health, Planned Parenthood benefits, and current state of Planned Parenthood defunding.

The search results were filtered using the following criteria: English language, peer-reviewed journals, full text available, and published between 2000 and 2020. The goal was to have full access to scholarly articles that had been published recently; two older articles (2002 and 2007) were included because they provided background information and discussed the history of healthcare in the United States. In addition, several articles were excluded from this study. Articles that were not peer-reviewed or published after the year 2000 were not included. Studies that were not published in the United States were also excluded. Lastly, articles that reported a conflict of interest were not included. Overall, approximately 50 articles were reviewed, and 27 were selected for this study because they met the criteria.
Literature Review

Shortcomings

Defunding Planned Parenthood would help to solve a long-standing ethical dilemma. For years, the organization has drawn criticism and opposition for its abortion services, which are against many people's beliefs. To those people, Planned Parenthood's business model is centered on abortion, which they believe is wrong. In a 2015 hearing, Congress debated the abortion practices at Planned Parenthood. The organization was under the spotlight after undercover videos suggested that it was willing to sell body parts of fetuses to be used in research (United States Government Publishing Office, 2015, p. 2). There were also claims that women were sometimes exposed to more complicated abortions without their consent in order to preserve the fetus' more fully developed body parts (United States Government Publishing Office, 2015, p. 2).

As a result of the claims, one of the procurement companies dissolved its relationship with Planned Parenthood. In addition, the organization's senior director at the time personally apologized for what the video showed (United States Government Publishing Office, 2015, p. 2). These actions were, to many people, akin to admitting guilt, and they sparked a discussion of the negative side of Planned Parenthood practices. If the organization were to be defunded, the pro-life community and many others would be at peace knowing that the taxes they pay are no longer supporting a cause that violates their moral beliefs and allegedly makes money selling body parts.

Critics also argue that defunding is the right choice because Planned Parenthood does not need government funding since it receives other large private donations (Torre, 2015). In addition to government reimbursements and grants, Planned Parenthood receives funding from other sources such as non-government revenue and private donations (Planned Parenthood,
2019). Non-government income refers to private insurance coverage and out-of-pocket payments. In 2018 alone, the organization's non-government revenue was $365.7 million (Planned Parenthood, 2018).

In addition, private contributions such as grants, individual contributors, bequests, and corporate contributors are a significant source of funding. Whereas the organization received about $563 million in taxpayer funding in 2018, it received much more from private contributors. In 2018, it received $630.8 million, or 38 percent of its total revenue, in private contributions (Planned Parenthood, 2018). Taken together, these numbers demonstrate that the majority of funds received by the organization come from nongovernmental sources, which is why it is argued that Planned Parenthood would still thrive without government funding.

Further, critics argue that Planned Parenthood is not unique, and many other places offer the same services, except for abortion. According to the Illinois Family Institute (2015), health clinics outnumber Planned Parenthood 20 to 1. The argument is that there are more than 13,000 health clinics that can and do provide reproductive services to women and their families (Illinois Family Institute, 2015). Services could be significantly improved if those clinics were to receive the funding that is currently used for Planned Parenthood. In addition, some argue that although Planned Parenthood was once popular, health clinics receive many more clients. In other words, barring Planned Parenthood from funding would have a minimal effect on women's health because the same services are already provided elsewhere (White, Hopkins, Grossman, & Potter, 2018).

Benefits of Planned Parenthood and why it should not be defunded

Planned Parenthood is known for providing factual information about abortion services for those who need or are considering it. Although many criticize the center for it, providing safe
abortion services is critical to guaranteeing the health of American women. As stated by Miller and Babiarz (2015), three in ten women will have an abortion by the time they are 45 years old. The U.S. abortion rate is 13.5 abortions per 1,000 women aged 15 to 44 years old (Jones, Witwer, & Jerman, 2019). In 2017 alone, about 862,320 abortions were performed in the U.S., with private clinics such as Planned Parenthood providing 95 percent of those (Jones, Witwer, & Jerman, 2019). These numbers suggest that a significant portion of the female population requires abortion services.

Regardless of their reason for doing it, it is important to ensure that women can carry out their wishes in a safe way. Without facilities such as Planned Parenthood, females in need of abortion might resort to illegal or unsafe procedures that put their lives in grave danger (Miller & Babiarz, 2015). In addition, denying women access to abortion services can negatively affect their mental health and wellbeing. Particularly, compared to having an abortion, being denied an abortion is associated with higher levels of anxiety, depression, and low self-esteem (University of California, 2018). In other words, by limiting women's access to abortion services provided by places like Planned Parenthood, the government might be putting them at risk of physical and mental harm.

Furthermore, Planned Parenthood provides essential services such as reproductive education and birth control. They offer a variety of birth control methods as well as emergency contraception. In 2001 alone, 6.7 million women sought the help of family clinics for meeting their reproductive prevention needs (Frost, Frohwirth, & Purcell, 2007). Most of those women were from low-income households and would have struggled to receive assistance in other health centers. In fact, researchers have found that eliminating Planned Parenthood from states like
Texas significantly limited females' access to birth control (Stevenson, Flores-Vazquez, Allgeyer, Schenkkan, & Potter, 2016).

After removing the program, there was a 35% decline in the provision of long-acting reversible contraceptive methods and a 31% decline in the use of injectable contraceptive methods (Stevenson, Flores-Vazquez, Allgeyer, Schenkkan, & Potter, 2016). In other words, contraceptive use declined in places where Planned Parenthood was defunded, and the same is likely to happen if the trend continues. A lack of access to contraception could result in an increase in unwanted pregnancies, abortions, and government expenditures (American College of Obstetricians and Gynecologists, 2015). It should also be noted that birth control is sought out for reasons other than preventing pregnancy. Many females seek birth control to treat other health problems or provide other health benefits, such as making their monthly periods lighter and less painful (Frost, Frohwirth, & Purcell, 2007). In short, having access to contraceptive services is critical to many elements of the health of American females.

Family planning clinics such as Planned Parenthood also help to prevent and treat sexually transmitted diseases (STDs) in the female population. According to estimates, there are approximately 15 million new STD cases in the U.S. per year (Dailard, 2002). Women are some of the most affected by it, and they tend to rely heavily on family planning clinics for their reproductive health care (Dailard, 2002). Family planning clinics help about seven million women each year, and most of them are screened for chlamydia or gonorrhea (Dailard, 2002). In other words, women rely on and need clinics such as Planned Parenthood to help them to deal with STDs and prevent them. Planned Parenthood offers STD testing, treatment, vaccines, and it also provides education to help prevent STDs in the first place. Without these services, women's health would severely suffer. Undiagnosed STDs can lead to the development of severe health
issues, including cervical cancer and pelvic inflammatory disease; these can eventually lead to long-lasting pain and sterility (Dailard, 2002). Further, undiagnosed STDs in pregnant women can lead to ectopic pregnancy, miscarriages, low birth weight, and infections (Dailard, 2002). If diagnosed in time, most of these potential issues can be prevented or addressed. For that to happen, however, preventive health services must be protected from defunding.

In addition to health-related benefits, Planned Parenthood helps to improve the lives of women in other ways. Courant and Schwartz (2016) found that young females who lived in an area with a Planned Parenthood had a lower school dropout rate (4.08% compared with 4.83%). The reason behind this, according to researchers, is that having access to sex education and contraceptives empowers young women to stay healthy and prevent unwanted pregnancies (Courant & Schwartz, 2016). It also provides them with increased access to a safe place where they can ask for help, have their questions answered, and receive guidance when it comes to family planning. These help to ensure that young females are practicing abstinence or safe sex, which eliminates the worry of pregnancy or STDs and allows them to focus on their academic achievement (Courant & Schwartz, 2016).

Similarly, Sonfield, Hasstedt, Kavanaugh, and Anderson (2013) found that having access to a Planned Parenthood increased women's likelihood of attaining postsecondary education and eventual employment. They estimated that young women who had children as teenagers had odds of obtaining a postsecondary degree that were only 14-29% as high as those among women who had children in their 30s (Sonfield, Hasstedt, Kavanaugh, & Anderson, 2013). Further, they found evidence that the availability of contraceptive methods empowered women to seek better jobs and work more hours (Sonfield, Hasstedt, Kavanaugh, & Anderson, 2013). Using birth
control also gives women the ability to dedicate more time to their careers (Sonfield, Hasstedt, Kavanaugh, & Anderson, 2013).

Finally, access to family planning services can benefit women financially. Granting females access to family planning services such as Planned Parenthood has been linked to an increased chance of obtaining full-time employment, increased earning power, and a narrowing of the gender gap in pay (Sonfield, Hasstedt, Kavanaugh, & Anderson, 2013). This is because birth control services and sex education allow women to carefully plan, delay, and space births to fit their particular needs. Delaying childbirth can also give them the ability to focus on their jobs and reduce the likelihood of them needing government assistance (Sonfield, Hasstedt, Kavanaugh, & Anderson, 2013). In addition, females can focus on achieving their career goals when they have more control over when they give birth. If, on the other hand, their access to family planning services is limited, there is likely to be an increase in unwanted pregnancies, which could jeopardize their ability to work and succeed professionally.
Findings

Many of the articles reviewed provided an in-depth view of the history and current status of Planned Parenthood. It was established that the clinics have faced criticism and opposition for years, and they continue to receive negative attention. When it comes to funding, most of Planned Parenthood's government funding comes from Medicaid and Title X reimbursements (Kaiser Family Foundation, 2019). Today, policymakers are trying to change that by preventing the organization from receiving those funds. If that were to happen, the health of millions of women would be at risk.

The majority of studies explored the benefits of Planned Parenthood and the reasons that it should not be defunded. First, a large portion of the female population requires abortion services, and they need to have a program that they know will perform those abortions safely. Without places like Planned Parenthood, women may choose to engage in unsafe, illegal procedures to abort (Miller & Barbiarz, 2015). Second, women's mental health is correlated with having access to reproductive care and abortion services. By limiting women's access to abortion services, the government might be putting them at risk of mental distress (University of California, 2018). Planned Parenthood also offers other essential services, including reproductive education, contraception, and STD prevention. Defunding Planned Parenthood would significantly limit women's ability to receive those services (Lawrence & Ness, 2017).

Despite the benefits, this analysis also showed that Planned Parenthood is not perfect and that there are concerns that must be addressed. First, the organization has faced strong opposition for its abortion services. In 2015, it was the center of a scandal in which videos were shown, suggesting that the organization was willing to receive money in exchange for the body parts of fetuses to be used in research (United States Government Publishing Office, 2015, p. 2). There
were also claims that some women were exposed to complicated abortions without their consent (United States Government Publishing Office, 2015, p. 2). These actions are often cited as a reason for defunding the program.

Further, some of the articles indicated that Planned Parenthood receives large private donations and does not need government funding in order to survive. For instance, in 2018, the organization’s non-government revenue was $365.7 million (Planned Parenthood, 2018). Because of that, some people believe that the program is taking advantage of the American citizens by taking money that it does not need. Not only that, but there are other facilities that provide similar services and could take over if Planned Parenthood is defunded. The argument is that there are thousands of health clinics that can provide reproductive services to women; therefore, Planned Parenthood is not needed.
Policy Implications

The issues described above suggest that there is a need for new policies focused on increased transparency, accountability, and collaboration. Implementing policies that lead to more transparency could help to address people's concerns about Planned Parenthood practices. To demonstrate transparency, an organization must provide financial reports that reveal its underlying economics in a way that is understandable by most people (Barth & Schipper, 2008). Based on that, Planned Parenthood should aim to provide financial statements that regular Americans can understand. This would help to ensure people know exactly what the organization does with the funding it receives and would help to address many of the rumors that have put the organization under the public eye. Moreover, Planned Parenthood should consider implementing additional disclosure requirements so that the public is aware of how abortions and other services are performed by the program, under what conditions, and what happens after. For example, there should be more information about what is done with the body parts of the fetus after an abortion is performed.

In addition, accountability measures need to be enhanced. Accountability can help to ensure that an organization's employees take ownership of their work and develop trust at all levels of the organization (Barth & Schipper, 2008). A new organizational policy could focus on ensuring that leaders of Planned Parenthood are fully disclosing information and answering any doubts or concerns the public and regular employees may have. Leadership should also share their roles and responsibilities with the general public so that they know who will be held responsible if something goes wrong. Inside the organization, there must be clear policies and guidelines on every worker's responsibilities, whom they must answer to, and the consequences of unethical behavior. Further, sanctions must be imposed for non-reporting or misreporting any
important information. Making changes inside and outside of the organization will help to
develop a culture of accountability and demonstrate to the public that Planned Parenthood can be trusted.

Lastly, collaboration is essential for Planned Parenthood to continue. The organization must ensure that advocacy groups, analysts, policymakers, and other stakeholders have all the information they need and are included in the decision-making process. That way, potential issues or concerns will be addressed before they get out of hand. By being more open and including others in the decision-making process, the organization can demonstrate that its priority is to establish an honest, reliable relationship with the American public. In addition, by collaborating with others, the organization will show its honest commitment to improving the lives of women.
Conclusion

Planned Parenthood has a long history of empowering women to make their own choices and take care of their health. This analysis shed light on some of the issues currently affecting the program as well as the reasons that the public has lost trust in it. Some concerns include the fact that Planned Parenthood receives large sums of money from non-federal sources, is not transparent with the way it conducts abortion services, and, some claim, is not unique in the services it provides. In addition, the benefits of Planned Parenthood, according to recent studies, were established. The organization offers several services to females who previously lacked access to care; it helps to prevent STDs, provide preventive care, and reduce the financial burden on women. An analysis of the articles also indicated that there is a need for new policies that focus on transparency, accountability, and collaboration. Such policies can make a difference in the way the program is perceived and whether it can continue to receive support from the government.
References


