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Reproductive Health: Race and Class Inequality

## **The Problem with Using Cost-Saving Arguments to Justify the Importance of Expanding Access to Reproductive Health Care through Government Funded Family Planning Programs**

Often at the forefront of the struggle for gender equality are issues concerning the sexual and reproductive health of women and women's fight for autonomy in their reproductive health care. Within women there are many disparities in access to reproductive health care, largely based on preexisting social disadvantages such as low socioeconomic status, non-white race, and immigrant status. Currently, there are a variety of movements to expand access of reproductive health care to socially disadvantaged groups through government policies such as the expansion of medicaid coverage of family planning services and programs such as low cost family planning clinics in low-income areas. While such policies and programs are critical to improving reproductive health care equality, sometimes the justification that is used to demonstrate their importance carries a troubling message along with it.

The focus of this paper will be to critique arguments in favor of expanding birth control accessibility that use the justification that doing so would benefit the economy. In this paper I will explore how by arguing that an expansion of publicly funded family planning programs save money for the government, the researchers, lobbyists, and government officials who make these arguments are asserting that the unborn children of

women who utilize publicly funded family planning programs are a drain on government funds. Since these women are mostly low-income and disproportionately women of color, these arguments, which do not consider their children to be of benefit to society, are inherently racist and classist.

This paper will focus on the expansion of birth control accessibility by means of an increase in publicly funded family planning programs, specifically Medicaid granted family planning services and family planning services funded by Title X. Both Medicaid, which provides health insurance, and Title X, a federal service which funds family planning clinics and programs, target low-income individuals.<sup>1</sup> They also both disproportionately affect people of color, in part because people of color are more likely to be low-income than white people. According to a 2015 census estimate White people make up 61% of the country's population<sup>2</sup>, but represent only 42% of nonelderly people on Medicaid.<sup>3</sup> Therefore, people of color are more likely to rely on publicly funded health care than white people and are affected at a higher rate by publicly funded family planning programs.

These government funded, reduced cost family planning programs serve thousands of Americans and the work that they do is crucial in narrowing health care inequalities

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<sup>1</sup> Office of Population Affairs, U.S. Dept. of Health and Human Services. (2014, April). *Program Requirements of Title X Funded Family Planning Projects*. Retrieved from HHS.gov/opa.

Bair, Y., Salganicoff, A., Ranji, U. (2016, Feb 03). *Medicaid and Family Planning: Background and Implications of the ACA*. Retrieved from Kaiser Family Foundation website KKF.org.

<sup>2</sup> U.S. Census Bureau. (2015, July 1). *Quickfacts: United States*. Retrieved 5 December, 2016, from <https://www.census.gov/quickfacts/table/PST045215/00>.

<sup>3</sup> Kaiser Family Foundation. (2015). *Distribution of Nonelderly with Medicaid by Race/Ethnicity*. Retrieved from Kaiser Family Foundation website KKF.org.

rooted in socioeconomic stratification. Despite their high level of importance, publicly funded family planning programs face constant threat of defunding from conservative policymakers. As a response to these threats there is a consistent stream of media in defense of publicly funded planning programs from their supporters. These defensive arguments can take the form of lay media articles<sup>4</sup>, social science research in public health<sup>5</sup>, and direct statements from the clinics and programs that deliver publicly funded reproductive health care<sup>6</sup>. Arguments defending such programs utilize different tactics from proclaiming the ethical necessity of reproductive rights to citing the degree of higher educational attainment of women who postpone motherhood.

One common defense of family planning programs is the economic argument that they save the government money. Such economic justification is troubling when one considers what it may imply. The reason that programs like Medicaid family planning and Title X save, as one New York Times author puts it “billions in taxpayer dollars,” is that they

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<sup>4</sup> See: Hasstedt, K. (2015, July 13). Publicly Funded Birth Control is Crucial. *The New York Times*. Retrieved from <http://www.nytimes.com/roomfordebate/2015/07/13/birth-control-on-demand/publicly-funded-birth-control-is-crucial>. and

Ronver, J. (2012, March 6). How Birth Control Saves Taxpayers Money. Retrieved from <http://www.npr.org/sections/health-shots/2012/03/06/148042609/how-birth-control-saves-taxpayers-money>

<sup>5</sup> See: Cleland K., Peipert JF., Westhoff C., Spear S., Trussell J. Family planning as a cost-saving preventive health service. *New Engl J Med* 2011;364:e37. and Thomas, Adam. "Policy Solutions for Preventing Unplanned Pregnancy." *Brookings*. Brookings Center on Children and Families, 01 Mar. 2012. Web. 05 Nov. 2016.

<sup>6</sup> See: Planned Parenthood Action Fund: <https://www.plannedparenthoodaction.org/issues/health-care-equity/title-x> and Upstream USA: <http://www.upstream.org/>

prevent the births of thousands of children to low income mothers every year.<sup>7</sup> While the majority of births prevented by these programs are unplanned or unwanted, it is still problematic to consider them an economic issue. To consider the birth of low income children primarily as a cost to the government is to imply that such children are of little benefit to society and that they will not grow up to become contributing citizens.

This sentiment is tied to the widely held stereotype that low income people are a drain on government resources, and that rather than contributing to society, they collect welfare checks and work unskilled jobs because they are inherently lazy and are ultimately inferior to other, hard-working, citizens. And while the government spends more money on public assistance for white families than for families of color<sup>8</sup>, this stereotype is highly racialized and is particularly attributed to black race. The stereotype is more likely to be applied to poor blacks than poor whites partially because poorness in white people is more commonly viewed as a situational and caused by hardship whereas poorness in black people is more commonly considered to be pathological and rooted in inferior social values stemming from a “culture of poverty.”<sup>9</sup>

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<sup>7</sup> Hasstedt, K. (2015, July 13). Publicly Funded Birth Control is Crucial. *The New York Times*. Retrieved from <http://www.nytimes.com/roomfordebate/2015/07/13/birth-control-on-demand/publicly-funded-birth-control-is-crucial>.

<sup>8</sup> U.S. Census Bureau. (2016). *Poverty Status, Food Stamp Receipt and Public Assistance*.

<sup>9</sup> The “culture of poverty” is a term that was coined in the 1960s by Anthropologist Oscar Lewis in a report prepared by sociologist Daniel Patrick Moynihan to explain to condition of poor black urban areas to then President Johnson. It concluded that the reason these communities were not progressing was due to a pervasive “culture of poverty” that encouraged “immoral” social norms such as drug abuse and single parenthood. The term has since been disavowed by many scholars for its racist implications but the idea that the

To support arguments the use economic justification to promote the accessibility of family planning services is to reinforce the negative stereotype that low-income people are a drain on economic resources and their children are of little benefit to society. These arguments implicitly portray the children of low-income mothers as a burden, or expense, which is not the case with children of other groups.

To illustrate this point, one can consider the different ways in which taxpayer expenditure is viewed when applied to different social groups. One sector where we see this difference is education. For example, the majority of white children, like the majority of children in the U.S., attend public school, but public school for white children is not thought of as a waste of taxpayer money, but rather an investment in the future of the country. White children are assumed to, on behalf of their education, attain more skilled jobs, pay back into the system through taxes, and better society through the innovation and research that they might perform in their skilled jobs. In economic terms, we see public education—for white children—as an investment that pays for itself.

However, schooling for children of color—particularly black and Latino children—is often seen in a different light. It is portrayed by conservative policymakers as a drain on resources—a reproduction of the white public’s low expectations for children of color. One example of this is New Jersey Governor Chris Christie’s recently launched campaign to more “equally” fund schools, which he calls the “Fairness Formula”. In a June 2016 speech,

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poverty is pathological and ultimately rooted in the shortcomings of the impoverished has pervaded as integral to the stereotype of low-income black urban communities.  
Source: Lewis, Oscar (1969). "Culture of Poverty". In Moynihan, Daniel P. *On Understanding Poverty: Perspectives from the Social Sciences*. New York: Basic Books. pp. 187–220.

he explains how the formula will take return tax money that is currently being spent on low-performing urban districts to the “overwhelming majority of students” who “deserve...to be treated equally.” The districts from which Gov. Christie wants to remove funding are places like Camden and Newark, which have the highest percentages of black and Latino students in the state. The “overwhelming majority of children” are children in majority white, suburban districts who Christie, and many other New Jerseyans perceive as not being treated fairly because they do not get the amount of state funding as urban districts.<sup>10</sup> In reality these districts are underfunded because they do not receive as much municipal funding as suburban districts, and have more high-needs students who require more funding. In this speech Governor Christie exploits school segregation by using “underperforming districts” as an abstraction from race.

This ill sentiment towards urban public schools is informed by the stereotype that children of color perform poorly in school and are therefore not as “worthy” of government expenditure as their white counterparts. The same racist attitudes that perpetuate this stereotype can also be used to explain the economic justification for the expansion of birth control accessibility through government funded family planning programs—the bottom line being that children of color are thought of as a cost to society.

This racist and classist justifications of expanding programs like Title X and Medicaid for family planning dangerously promote classism, white supremacy, and patriarchy while ostensibly promoting women’s reproductive freedom and class equality. This type of implicit bias is particularly dangerous because, differently than overt

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<sup>10</sup> Office of the Governor, State of New Jersey. (2016, July 22). *The Fairness Formula*. Speech. Retrieved from <http://www.nj.gov/governor/taxrelief/pages/video.shtml>.

discrimination, it is hidden in a liberal agenda that has the positive goal of making reproductive healthcare more accessible. The economic justification of the expansion of publicly funded family planning programs serves as evidence that liberal political movements often uphold and perpetuate standards of capitalist white supremacy and proves that implicit bias can be a determinant of liberal social policy.

I realize that in this paper I paint a negative picture of the arguments defending publicly funded family planning programs and want to assure the reader that my goal in this paper is not to devalue these programs. I believe that these programs are critical in expanding access to reproductive health care and diminishing health care inequality. I only take issue with arguments promoting the programs when they use economic justification, which I have shown to have racist and classist roots that are harmful to the very women that the programs aim to serve because they reproduce systematic oppression. I believe in the expansion of accessibility to family planning programs because reproductive health care is a universal right and because everyone deserves the right to determine if and when they have children—not because I believe the economy would benefit from a reduced rate of reproduction among targeted social groups.

A more holistic approach to reproductive health care is necessary, not only to de-emphasize the notion that the goal of family planning programs is a reduced birth rate, but also because of the necessity of a full range of reproductive health services which are currently underfunded or not included in publicly funded family planning programs. Such services include, but are not limited to: culturally competent reproductive health

counseling, access to different methods of birth control including LARC methods,<sup>11</sup> abortion services, high quality prenatal care, STI/STD testing, postnatal maternal services, and early childhood education. Providing these services would offer a more comprehensive approach to closing the care gap and would work to dispel the focus on limiting reproduction currently emphasized by publicly funded programs.

Finally, I want to stress the importance of learning to recognize the effects of implicit bias on policy proposals and defenses of policies in place, especially liberal policies that seem inconspicuously beneficial to marginalized groups. Before reading or making an argument, ask who this policy affects predominantly, what effect it will have, and how the language surrounding the proposal could impact the affected group. The first step in eliminating the effects of racial and class biases reproductive health care is recognizing instances of them.

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<sup>11</sup> Long Acting Reversible Contraception, such as the implant and the IUD.