

# Public Policy Position Statement

# Sexual and Reproductive Health

(Revised 06/28/2018)

Affordable and accessible sexual and reproductive health care and education are essential to the overall health and wellness of New Hampshire people and families. These services prevent unintended pregnancies, reduce the incidence and impact of preterm and low birth weight births, and reduce maternal mortality. Additionally, sexual and reproductive health care programs treat and prevent sexually transmitted infections, infertility, and cervical cancer.1 In 2010, there was a net savings of \$7.09 for every public dollar spent on these programs.¹ Despite these known benefits, sexual and reproductive health care access remains particularly vulnerable to public policy changes. The New Hampshire Public Health Association expressly supports policies that continue and expand sexual and reproductive health services and education.

Reproductive health services and sexual health education is critical for all. In 2015, 41% of New Hampshire pregnancies were unintended.<sup>2</sup> Between 2012 and 2016, the state saw significant increases in several sexually transmitted infections: chlamydia infections increased by 31%; syphilis increased by 44%; and the rate of gonorrhea more than tripled, resulting in the declaration of an outbreak status.<sup>3</sup> Furthermore, maternal mortality in the United States is also increasing. New Hampshire has over 250,000 women of reproductive age.<sup>4</sup> The estimated maternal mortality rate in the United States increased by 26.6% between 2000 and 2014.<sup>5</sup> In some states, maternal mortality sharply increased in the years following decreases in public funding for family planning programs.<sup>5,6</sup> We need to monitor such funding in New Hampshire to ensure it is equitable and sustainable.

Sexual and reproductive health policies are also a health equity concern. Unintended pregnancies affect minorities and adolescents disproportionally and can have many health, economic and social costs, such as lower educational attainment and less financial stability. Family planning programs can also help disrupt the cycle of disadvantage. One study found that individuals born 1-6 years after family planning programs were funded were 4.2 percent less likely to live in poverty in childhood and 2.4 percent less likely to live in poverty as adults. Protecting the confidentiality of services is essential to the effectiveness of these programs.

The economic benefit of comprehensive sexual and reproductive health services is referenced above. By helping to avert unintended pregnancies and other negative reproductive health outcomes, publicly funded family planning services provided by safety net health centers in New Hampshire helped save the federal and state governments \$18 million in 2010.<sup>1</sup>

Therefore, NHPHA supports public policy that:

- Strengthens full access to sexual and reproductive health care at all stages of the lifespan.
- Eliminates inequities for racial, ethnic, and sexual minorities, youth and those living in poverty or in areas with limited access to services.

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- Emphasizes that education about sexuality and reproduction is an important tool for improving and maintaining health and wellness.
- Ensures the availability of education about sexuality and reproduction that is comprehensive, inclusive, age-appropriate, and evidenced-based.
- Supports evidence-based prevention and treatment services including vaccines for sexually transmitted diseases.

## **Resources**

Guttmacher Institute, State Facts on Publicly Funded Family Planning Services. (2016, September 1). Retrieved from https://www.guttmacher.org/sites/default/files/factsheet/fp-nh.pdf

Guttmacher Institute, State Laws and Policies. (2016, December 1). Retrieved from https://www.guttmacher.org/state-policy/laws-policies

Office of Disease Prevention and Health Promotion (2016). Healthy People 2020. Retrieved from https://www.healthypeople.gov/

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World Health Organization (2011). Sexual and reproductive health: Core competencies in primary care. Retrieved from http://whqlibdoc.who.int/publications/2011/9789241501002\_eng.pdf?ua=1

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- 4. U.S. Census Bureau / American Fact Finder. "S1301 Fertility 1-Year Estimates." American Community Survey. US Census Bureau's American Community Survey Office, 2016. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\_16\_1YR\_S1301&prodType=table on 1/18/18.
- 5. MacDorman, M. F., Declercq, E., Cabral, H., & Morton, C. U.S. Maternal Mortality Trends. Obstetrics & Gynecology, 128 (3), 447–455 (2016).

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- 6. Boulware, D. R. Recent Increases in the U.S. Maternal Mortality Rate. Obstetrics & Gynecology 129(2), 385–386 (2017).
- 7. Haider, S., Stoffel, C., Donenberg, G. & Geller, S. Reproductive Health Disparities: A Focus on Family Planning and Prevention among Minority Women and Adolescents. Global Advances in Health and Medicine 2, 94–99 (2013).
- 8. Sonfield A and Kost K, Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy Related Care: National and State Estimates for 2010, New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/publiccosts-unintended-pregnancies-and-role-public-insurance-programspaying-pregnancy.
- 9. Bailey, M. J., Malkova, O. & Norling, J. Do Family Planning Programs Decrease Poverty? Evidence from Public Census Data. CESifo Economic Studies 60(2), 312–337 (2014).