Public Health Law in the Regulation of Birth Control

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“I pledge that I have neither given nor received any aid on this work”

The regulation of women’s contraception in the United States has been a hot topic recently and changed throughout the years. It is a public health concern because human life and society is regulated partly by birth control. The economy and health care budget are affected by preventative services being provided, such as contraceptive, to keep secondary and tertiary health costs down. Knowing the rights an individual has to his/her body is necessary to be able to make informed decisions about laws and regulations regarding contraception.

 Before the 1800s, laws in the United States (U.S.) prohibited birth control (*Birth control and the law basics,* 2018). Now, contraception use falls into the Fourth Amendment to the U.S. Constitution, the right of privacy. Margaret Sanger is known as the birth control activist who urged scientists to develop it to liberate women sexually and socially, to put them on a more equal footing with men (Harford, 2017). During this time period not only was it a simple change in law, but a social revolution. It also sparked an economic revolution – perhaps the most significant economic change of the late 20th Century (Harford, 2017). The right to privacy was first recognized by the U.S. Supreme Court in Griswold v. Connecticut (1965) (Legal Information Institute, n.d.). In this case, Justice Harlan’s concurring opinion that the Supreme Court chose to rely on stated, “I believe that a statue making it a criminal offence for married couples to use contraceptives is an intolerable and unjustifiable invasion of privacy in the conduct of the most intimate concerns of an individual’s personal life” (Legal Information Institute, n.d.). This made it clear that the Supreme Court was not interested in the intimate relationship of married couples. Following that case, Eisenstadt v. Baird (1971) was the case that the Supreme Court extended the right to purchase contraceptives to unmarried couples and found that “the constitutionally protected right of privacy inheres in the individual, not the marital couple” (Legal Information Institute, n.d.). The case of Roe v. Wade (1972) gave women the right to have an abortion by stating, “this right of privacy…founded in the Fourteenth Amendment’s concept of personal liberty and restrictions upon state action… is broad enough to encompass a woman’s decision whether or not to terminate her pregnancy” (Legal Information Institute, n.d.). Allowing unmarried women access to birth control is when the economic revolution really began by universities opening family planning centers (Harford, 2017). This allowed more women to invest in their education with degrees that would have been out of reach before without contraception and having a choice. This meant women could have babies at their own time and establish a professional career first (Harford, 2017). As decades went by in the U.S., opinion shifted toward favoring birth control and having more information about contraception readily available. In Japan, one of the world’s most technologically advance societies, birth control was not approved for use until 1999 and Japanese women are suffering the consequences of the delay (Harford, 2017). Gender inequality in Japan is reckoned to be worse than anywhere else in the developed world, with women continuing to struggle for recognition in the workplace (Harford, 2017). Giving women birth control rights allows them a better fight toward gender equality, more recognition in the workplace at a higher career level, and a positive economic impact on women in the United States.

 Currently, The Supreme Court has had numerous cases about the Affordable Care Act (ACA) requiring employers to cover birth control in their employer-based health insurance plan and some employees refusing due to it violating their religious beliefs (Reddy et al., 2020). Reddy et al., 2020 states,

“The ACA’s requirement that insurers and employer-sponsored plans cover, without cost sharing, preventive services and screenings for women is defined by the Health Resources and Services Administration (HRSA). These preventive services are to include all contraceptives approved by the Food and Drug Administration (FDA), including oral contraceptives, intrauterine devices (IUDs), emergency contraceptives (such as Plan B), and sterilization procedures” (Reddy et al., 2020).

Women having to go backwards in history and try to fight again now to have birth control, education, and their intimate needs is a disgrace to the U.S. health care system. Contraceptives are a necessary preventative health care tool in our economy and have helped those of lower socioeconomic status be able to thrive in society. Education on family planning and resources available to women in need should not have an extraordinary price tag attached to them in the United States. Reducing unintended pregnancy is an important element of addressing the unacceptably high US Maternal Mortality Ratio (MMR) in the U.S. (Reddy et al., 2020). This helps reduce health care costs and improve the economy. Annually, public funding for family planning prevents 1.94 million unintended pregnancies, inclusive of 400,00 teen pregnancies (Reddy et al., 2020). Preventing these pregnancies as a result leads to 860,00 fewer unintended births, 810,000 fewer abortions, and 270,000 fewer miscarriages (Reddy et al., 2020). So, while employers may be displeased with having to pay for contraception and family planning, these preventative resources for women are extremely important for our health care system. Keeping women’s specific health care needs (birth control, abortion, family planning, education) should be included and fully covered by the insurer in all insurance plans. This will continue to keep the higher costs of secondary and tertiary care down in the United States.

 Giving women accessibility to family planning centers and physicians to educate and prescribe contraception is a current public health concern. More than 19 million women of reproductive age living in the U.S. are in need of publicly funded contraception and live in contraceptive deserts (*Birth control access,* 2021). Not having the access to these services can cause unwanted pregnancies and a concern for uneducated teenagers. Working to create family planning clinics in remote areas that allow better access and quality health for women to receive the care they deserve is critical. Areas of poverty or rural locations are more likely to be contraceptive deserts and need care the most. Looking at a locations barrier’s to why they are not allowing the full access to reproductive healthcare for women then implementing a plan to execute for that specific community is the best way to solve this problem.

 It is important to note that an extensive number of women use birth control for medical use other than a contraceptive. This has been examined by medical professionals as a possible issue of over prescribing for the wrong reasons. The Guttmacher Institute found that 58% of U.S. contraceptive users needed birth control for reasonings that pertained to reducing menstrual cramps, regulating periods, preventing menstrual-related migraines, acne, and controlling control health conditions such as endometriosis and polycystic ovarian syndrome (PCOS) (Reddy et al., 2020). Today, more teens are getting on birth control at a younger age and staying on a hormone regulated medication for years because of this. A study done by Thomson Reuters in 2011 found that, one in five girls in the U.S. between the ages of 13 and 18, two-and-a-half million teens in all, are on birth control, and doctors say the age at which teens are starting on the pills is getting younger and younger (Pflum, 2011). While being on birth control is safer than having a teen pregnancy, there is controversy on the side effects of birth control and prescribing it for teens using it for underlying health conditions that should be addressed. Several studies in recent years have suggested a possible link between the birth control pill and breast cancer, with organizations like the World Health Organization (WHO) even calling the pill carcinogenic (Pflum, 2011). Back in 1997, the court addressed a New York state law that permitted only physicians to distribute contraceptives to minors under the age of sixteen (*Birth control and the law basics,* 2018). The court struck down this law to protect the right of an individual to make personal decisions regarding whether to have children (*Birth control and the law basics,* 2018). A law allowing only physicians that have had training to understand the effects of long-term hormones on the female reproductive system or a gynecologist to be able to prescribe birth control to minors under the age of sixteen should be investigated to prevent health effects of prescribing birth control without addressing the bigger issue. Dr. Erika Schltz commented to ABC News,

“She believes birth control can do more harm than good, and worries doctors are overprescribing to a generation of teens seduced by glossy ads put forth by oral contraceptive industries that generate sales of four billion dollars a year. She stated that she sees a lot of women who bring their daughters to her with symptoms of fibromyalgia, mood swings, depression or weight gain that disappear when the birth control is removed” (Pflum, 2011).

Having a physician that is knowledgeable on hormonal changes of teenagers and willing to treat the condition brought to them should be spoken about more. Masking acne or a heavy menstrual cycle with birth control is not always the answer and if an underly condition is present, a women can have additional issues throughout her life because of the mistreatment. Women should always be informed of all their options when it comes to contraception, all the possible side effects, and have a physician that routinely makes changes to the medication as needed as a woman changes throughout her life.

Contraception is a public health issue because it is a feud in the court rooms that started decades ago and is still continuing. Giving women the ability to use birth control should be their right. Contraception is a historical revolutionary change impowering women’s privileges to advance their education and career fields. However, it should be a law that physicians need to explain the long-term side effects of being on hormones, especially for younger teenage girls. More data should be researched on how being on long-term hormones affects women’s health. Preventive health care should not be something society has to continue to fight for, but as the war goes on, knowing how far we have come and the positive results contraception, education, and family planning resources have brought us will need to be reminded to those who need to hear it on the opposing side.

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