

RESURGENT PRO-NATALISM IN THE TRUMP ADMINISTRATION

**An NPG Forum Paper
by Tracy Henke**

INTRODUCTION

Historically, the primary determinant of U.S. population size has been fertility – a topic associated with some of the most polarizing issues in American politics, now particularly health care policy. While net foreign immigration will soon replace fertility as the primary source of U. S. growth, shockingly high fertility rates in major sending regions (such as Africa, the Middle East, and Southern Asia) are significant drivers of immigration. Therefore, to effectively address population size and growth, we must actively consider fertility and those policies which affect it. In the tempestuous political climate now surrounding the Trump Administration and the 115th Congress, any such consideration is proving to be particularly conflicted. Both parties have long eschewed making Population policy, as such, while fertility considerations are addressed primarily as issues of women’s rights and health care on one hand or respect for life on the other. Just within the first several months in control of the federal executive and legislative branches and state governments, Republicans have rushed to limit abortion rights, sex education, and government funded contraception.

Since *Roe v. Wade* in 1973, high-ranking members of the Republican Party have stepped up their condemnations of Planned Parenthood®, which are a leading provider of affordable reproductive health care and “the nation’s largest provider of sex education.”¹ Conservatives have more than once introduced legislation to “defund” the organization – which receives approximately \$500 million each year from the federal government – because some of its 650 clinics nationwide provide abortion services.² Linked to this move is the push by Republicans to “repeal and replace” the Affordable Care Act (ACA, or “Obamacare”). Failing that, Republicans push (HR 7) to rule out use of Federally-subsidized private insurance plans for abortion and contraception. One of the more widely used features of Obamacare is free or low-cost birth control for women (the ACA requires most insurance companies to cover contraception with no co-pays.) Either proposition – defunding Planned Parenthood or gutting Obamacare – would deprive millions of low-income women of affordable and readily accessible birth control.

Sadly, neither GOP leaders nor their Democratic counterparts have so far shown real consideration for what these measures could mean for U.S fertility rates – and the macro-population implications could be significant. Among low-income women (who rely on Medicaid, subsidies through the ACA or Planned Parenthood for their contraceptive services) increases to fertility rates could be disproportionately high. Below replacement fertility levels, which the U.S. has enjoyed for decades, could suddenly become a thing of the past.

While NPG’s main focus has been U.S. population growth, we also have a strong history of research and advocacy on world population restraint and ultimate reduction. Therefore, there are significant concerns regarding the Trump Administration’s pro-natalist foreign aid policies and their population implications. Early steps have been the restoration of the Mexico City policy begun in the Reagan era “. . .to insure that U.S. taxpayer dollars do not fund organizations or programs that support or participate in the management of a program of coercive abortion or involuntary sterilization.” (Presidential Memorandum of Jan. 23, 2017) On April 4 the Administration, arguing that the UN Population Fund (UNFPA) supported such coercion in China, banned further contribution of U.S. funds to that agency, a beneficiary of over \$230 million in U.S. grants during the eight-year Obama Administration. Our leaders must consider dispassionately the long-term impacts of these actions on current high fertility rates, overpopulation, and the resulting destabilization in key third world regions that would boost future refugee and immigration flows into the U.S.

On both the domestic and global stage, NPG opposes – and we call on our members to voice strong opposition to – the pro-natalist measures that have already been so hastily taken by the Trump Administration and the 115th Congress, and many of those currently under consideration, chief among them:

- any laws, executive orders or reinterpretations that would eliminate the provision of free or low-cost contraceptive services for American women;
- reduction or restrictions on Title IX funding and its use for contraceptive assistance through Medicaid;

- the “defunding” of Planned Parenthood, or crippling restrictions on the use of federal funding or subsidies to private insurance policy holders for reproductive services;
- any withdrawal of U.S. contributions from international programs and agencies that work to advance women’s rights to freedom of choice and access to reproductive health care, such as the UN Population Fund, or non-governmental international organizations such as International Planned Parenthood.

After only a brief time into the Trump Administration, U.S. and third world women are understandably concerned that in the near future, access to safe and affordable birth control may become a distant memory. The prospect of increasing U.S. and global fertility rates – and the accompanying macro-population growth – is frightening. It is not an unreasonable fear.

U.S. TOTAL FERTILITY RATE AND THE RISE OF CONTRACEPTION

According to the Centers for Disease Control (CDC), the 2015 U.S. total fertility rate (TFR) revealed some interesting demographic changes:

The total fertility rate (TFR) for the United States in 2015 was 1,843.5 births per 1,000 women, down 1% from 2014 (1,862.5)... TFR estimates the number of births that a hypothetical group of 1,000 women would have over their lifetimes, based on age-specific birth rates in a given year... From 2007 through 2013, TFR declined each year, but it increased slightly in 2014.

...In 2015, the U.S. TFR was again below “replacement,” the level at which a given generation can exactly replace itself (generally considered to be 2,100 births per 1,000 women). TFR has generally been below replacement since 1971... With the exception of Hispanic women, the rates for all other groups were below replacement....³

These numbers reflect that in 2015, the average American woman would have approximately 1.84 children during her lifetime – the lowest number ever recorded. Yet the map of America’s TFR reflects the nuances of our nation’s history. After a steep decline during The Great Depression, TFR began to rise again during the 1940s – climbing from 2.30 in 1940 to 3.11 in 1949.⁴ After a brief drop during American involvement in World War II, the “baby boomer” generation led to a TFR high of 3.77 in 1957.⁵

Throughout the remainder of the 1950s and the first few years of the 1960s, U.S. TFR remained between 3.4 and 3.7 – until the introduction of widely available oral contraception. Then, the numbers changed dramatically. In 1960, U.S. TFR was at 3.65 children per woman. By 1965 it had dropped to 2.91, representing a reduction of over 20%.⁶ In 1972 – the year NPG was founded – American TFR had dropped to 2.01 children per woman, finally below replacement level fertility.

Amid the cultural turmoil of the 1960s, the advent of popular feminism and strong social programs advocating for the equal rights of women were born. At the same time, oral contraception was legalized and became available nationwide. From the significant impact on U.S. TFR, it is clear that young

American women wanted a choice in their reproductive future. They signed up for contraception by the millions, and it resulted in a 45% decrease in our nation’s TFR just over a decade.

THE TRUMP ADMINISTRATION’S DE FACTO FERTILITY POLICY

With widespread birth control consistently available and equal opportunity for women becoming an increasing reality, U.S. TFR has remained below replacement level for the past 45 years. Smaller families, the use of birth control, and family planning methods to space out pregnancies have all become common practices for Americans. As a result, millions of women now rely on Planned Parenthood and ACA provisions for free or low-cost contraception. The main reason Trump Administration leadership aims to “defund” Planned Parenthood is to prevent taxpayer dollars from subsidizing abortions – yet existing law already prohibits these funds from being used for abortion services except for those caused by rape or threatening the life and health of the mother. Ironically, the federal funds act only as reimbursement for “the non-abortion health care services [Planned Parenthood] provides to low-income women... through Medicaid and the Title X family planning program.”⁷ These services are the same resources that have long aided the U.S. in achieving below replacement levels of fertility.

As part of Republican “repeal and replace” efforts, ACA subsidies and Medicaid funding have also found themselves on the chopping block. Millions of dollars of aid to America’s poorest and most vulnerable women – including funding for their birth control – is set to disappear. Yet, as has often been noted by critics of the GOP proposals, a lack of access and funding do not equate to a lack of need. Poor women will still need health care, and they will still need contraception if they are to prevent unwanted pregnancies. They will simply find themselves with fewer (or, in some cases, no) clinics to choose from – and no money to pay for services.

Such plans to “defund” Planned Parenthood and gut Obamacare are short-sighted – as are similar Republican pushes to establish a U.S. Supreme Court stacked with only pro-life Justices who are likely to issue restrictive rulings on reproductive issues. These actions fail to consider historical trends: without the accessible, effective, and affordable contraception widely made possible by these programs, U.S. TFR could be dramatically higher. And before the ACA was enacted, studies showed women spent an average of 30-44%

of their annual health care spending on birth control.⁸ With low-cost or free options for contraception available to them – perhaps for the first time – more women began taking action to delay or prevent pregnancy.

Recent trends also indicate that American women are fearful of Trump Administration restrictions on that freedom of choice, and they are taking proactive measures to protect it. As of early January, Planned Parenthood President Cecile Richards reported a 900% increase in requests for Intrauterine Devices (IUDs) since President Trump's election in November 2016.⁹ IUDs are a long-term contraceptive device that can last up to 12 years, an option which has grown in popularity in recent years. IUDs "have very low failure rates (less than 1%), which rival those with sterilization"¹⁰ and represent the "greenest form of birth control" available.¹¹ However, they are also much more expensive than most other methods – until, of course, the ACA provision made them free or low-cost through most insurance plans.

Once the Trump Administration began and women saw that their opportunity for long-term, highly effective contraception at little to no cost was in jeopardy, they sought out medical professionals and made appointments for IUD insertion by the millions. It is clear that American women want to keep their current access to affordable birth control, and a loss of those options clearly indicates a risk of increasing TFR. There are only negative long-term impacts of an increased TFR – and resulting population growth – on our nation's environment, economy, natural resources, and quality of life.

FERTILITY AND FOREIGN ASSISTANCE POLICY

As long-time NPG Special Advisor David Simcox has noted: "The U.S. is part of the world. It cannot prosper as an island of strong population-environment balance in a world of crowded, desperate and environmentally-stricken nations." For 45 years, NPG has advocated the adoption of voluntary, incentive-based policies designed to lower fertility, with the goal of reducing population to an optimum size – one that can be sustained by Earth's limited natural resources, ensuring a much higher quality of life for future generations. But this approach should not be limited to U.S. domestic policy. The international dimension of the Trump Administration position on fertility is ominous for world population growth.

Just days into his presidency, Trump reinstated what is commonly known as the "Mexico City Policy," which cuts U.S. funding to any international non-governmental organization that performs, promotes, or even gives information regarding abortions. As was previously stated in the case of Planned Parenthood, long-standing U.S. law already prevents any government funding of abortion services. But under the Mexico City Policy, USAID – "one of the largest contributors to international development assistance" – may be unable to assist **any programs** at these organizations.¹² This means that routine health care and medication, as well as contraception, may be withheld from those most in need around the world.

As a result, fertility rates in these countries, already shockingly high in some cases, will only continue to rise.

If the U.S. is to be an international leader on the critical issue of overpopulation, our nation must set an example of population restraint and women's rights here at home. Beyond this, the President and Congress must also reconsider the vast, critical needs of numerous nations for population assistance – needs which are currently met through USAID's work and through international and national nonprofits. We must withdraw or greatly modify the Mexico City Policy, and we must immediately restore U.S. funding for the UN Population Fund.

U.S. support for UN and other international programs which advance women's rights – including the rights of reproductive choice and health care – is crucial, not only for world population prospects but also for future U.S. immigration pressures. As conditions destabilize around the world – and the U.S. is faced with another refugee and immigrant admissions dilemma – it will be thanks, at least in part, to increased fertility caused by our abandonment of these organizations. Our actions may also encourage other countries to follow suit, cutting even more vital funding from this critical program. President Trump and the 115th Congress must therefore immediately resume U.S. contributions to the UN Population Fund at the same level as their predecessors. We must also share openly and generously with foreign nations the rapid improvements in both costs and effectiveness gained from advanced U.S. contraceptive research.

Our national interest is clearly served by well-developed and applied women's equality and contraceptive programs abroad. They are vital to sound economic and social development, and – as Conservative leaders must certainly endorse – offer a clear alternative to abortion. The emerging Trump Administration foreign policy sends yet another signal to the world that the U.S. considers population growth a good thing – or at least something that has few or no environmental or resource consequences. We are already seeing an alarming return to pro-natalism in countries who have previously reduced their population growth to zero or less. If we embrace the Trump Administration mentality of "population growth = economic growth = good," then the U.S. will likely join these nations in high fertility and high population growth.

CONCLUSION

In 1972, when U.S. population stood at just under 210 million and U.S. TFR was about 2.01, the Rockefeller Commission on Population and the American Future issued its final report. The Commission concluded: "in the long run, no substantial benefits will result from further growth of the Nation's population, rather that the gradual stabilization of our population through voluntary means would contribute significantly to the Nation's ability to solve its problems. We have looked for, and have not found, any convincing argument for continued population growth. The health of our country does not depend on it, nor does the vitality of business nor the welfare of the average person."

45 years later, our nation has swelled to 325 million – and we are still growing, with an average of 1 birth every 8 seconds.¹³ Only by providing widespread access to family planning materials and safe, effective contraceptives for every man and woman who requests them – and by continuing to expand upon existing policies which advance opportunities for women – can the U.S. continue our long-standing trend of below replacement level fertility rates. Our domestic policy on reproductive issues must begin to consider overpopulation – not ignore it, as is our present tendency.

By addressing and enacting policies which act to resolve U.S. population size and growth, our nation can once again act as an example to the rest of the world. We can outline population policies which will work for the betterment of our national future, and we can illustrate to other nations exactly how to implement such policies while honoring the American spirit of individual freedom – without the use of strict mandates or harsh, coercive dogmas.

The Trump Administration’s desire to see both freedom of reproductive choice and federal funding for contraception eliminated must become secondary to the urgent need to slow, halt, and eventually reverse U.S. and world population growth. If birth rates increase as a result of our domestic or foreign policies, then our population will begin to grow even more rapidly – leading to even further environmental and economic difficulties.

ENDNOTES

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NOTE: The views expressed in this article are those of the author and do not necessarily represent the views of NPG, Inc.



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