**Planned Parenthood**

**Introduction**

Planned Parenthood has been an instrumental pillar in reproductive health for over a century. Founded in 1916 as Planned Parenthood Federation of America, the organization has been central in birth control, abortion, distribution of contraceptives and sex education among other activities (Rosenbaum, 2017). However, there are critical concerns that some of the policies and activities of the organization do not conform to the federal laws. Through its affiliates, the organization is cited to have overseen illegal abortions, unethical promotion and distribution of contraceptives and significant violations of individual’s sexual rights. Also, there are concerns that the non-profit organization’s funding structure makes it susceptible to abuse, positioning it to promote special interests as opposed to upholding the fundamental values of healthcare systems (Rosenbaum, 2017). For instance, Planned Parenthood is thought to conduct unethical abortions aimed at controlling population growth in selected ethnic groups such as the African Americans (Dewan, 2010). Therefore, there is need for structural and operational changes to ensure that the activities of Planned Parenthood conform to the federal and state laws on abortion. Also, changes in healthcare systems will help to protect vulnerable populations from unethical abortions and contraceptive use.

**Background**

The United States is considered as the land of the free, founded on a history of slavery and human rights violations that triggered racial animosity over centuries. The founding fathers of the nation envisioned it as the New Jerusalem, a land where people would be free to pursue their goals and interests without limitations. Also, it was projected as a land of diversity, celebrating ethnic and cultural diversity that resulted from decades of immigration into the country. However, critical analysis of the activities of Planned Parenthood indicates significant violation of some of the core values and ethical codes that the country has believed in for centuries (Dewan, 2010). The goal of Planned Parenthood is to give females the freedom to choose when to conceive and give birth (Richards, 2016). The major issue, however, is that the organization has failed to comply with the basic guidelines put in place to regulate abortion and birth control in the United States. The association between Planned Parenthood and Eugenics is a major concern that necessitates a review of the activities of the organization.

The concerns are advanced by the reported cases of funding of the NGO by organizations and bodies believed to support racial and ethnic purity in the United States (Dewan, 2010). As such, concerns are raised over the potential exploitation of Planned Parenthood to promote and administer mass abortions and birth control in selected races and ethnic groups as a way of controlling their population growth. Also, there are critical concerns that Planned Parenthood administers abortions to minors without the consent of parents, especially in cases where the pregnancies involve minors (Silver & Kapadia, 2017). Conventionally, the minors have no legal authority to consent to abortion hence the need for parental involvement before the procedures can be effected. Also, the administration of contraceptives to minors without the consent of their parents is viewed as an attempt to control population growth of certain population groups, and a blatant violation of the rights of the persons involved (Dyer, 2016). The existing policies on birth control and abortion have been ineffective in addressing the violations reported at Planned Parenthood.

Critical analyses suggest that there are strengths and weaknesses of the current healthcare systems in use by Planned Parenthood. The key strengths include the role of the organization in promoting the rights of individuals to choice, empowering families to plan their structures, and its strategic role in sex education (Richards, 2016). Also, Planned Parenthood has been instrumental in enabling the minors and adolescents to achieve their fundamental life goals by enabling them to plan pregnancies effectively. Consequently, Planned Parenthood can be credited for the increased success rates of girls in high schools and higher learning institutions.

However, the weaknesses of the organizational structure and its healthcare delivery systems lie in its funding model. The organization receives funding both from the federal and state governments as well as private organizations with interests in birth control (Engelman, 2011). The involvement of the special interest groups in the financing of the organization makes it susceptible to manipulation, and subsequent involvement in targeted population control. The other weakness of the current policies is their failure to comprehensively dictate the activities of Planned Parenthood, enabling it to administer abortions and contraceptives to minors without parental consent.

The key stakeholders who are affected by the activities of Planned Parenthood are diverse. The individuals who receive the contraceptives and abortion services from the organization are the primary stakeholders. Their families and communities are also key stakeholders in the system. In addition, the federal and state governments will be affected by changes in the structure of Planned Parenthood, especially if the funding model is transformed. It is necessary to harmonize the interests of the various stakeholders to develop a healthcare system that is beneficial to all, and that promote the core values of the American Society.

**Analysis**

Addressing the current issues bedeviling the activities of Planned Parenthood require critical analysis of the problem and the available options for mitigation. The first challenge noted is the funding of the organization. One of the options available is to restrict the funding of the NGO and ensure that it is fully funded through federal systems. This approach will help to exclude the special interest groups such as the eugenics that have infiltrated the organization to promote unethical conducts reported (Dyer, 2016). However, this approach may strain the operations of Planned Parenthood as a result of underfunding. It may also lead to increased taxation to raise funds required to run the activities of the organization.

The other option is to prohibit abortion services to minors through the organization. This approach is informed by the reported cases of minors being admitted for contraceptive use and abortion without the consent of their parents. Therefore, all cases of abortions and contraceptive use in minors should be administered exclusively through public health systems instead of Planned Parenthood. However, this approach may face logistical challenges since most minors feel safer with the NGOs as opposed to governmental systems (Dyer, 2015). The third approach would be illegalization of abortion and contraceptive use among minors. While this option is appealing, it may face criticism and opposition from pro-choice advocates. Also, the cases of rape-related pregnancies and other forms of unwanted pregnancies in minors may necessitate interventions by Planned Parenthood.

The decision on the right approach to adopt will be anchored on the ethics and legality of the option. It will also be based on the soundness of the option in addressing the reproductive health needs and challenges encountered in the American population (Dyer, 2015). The option that will elicit minimal ethical and legal obstacles will be adopted to address the problems challenges in healthcare systems at Planned Parenthood. More importantly, the option that will provide better protection for the vulnerable populations such as minors will be adopted.

**Recommendations**

Based on the available alternatives to address the abuses and violations of reproductive health rights of the minors, it is recommended that the administration of contraceptives and abortion services to the minors be exclusively conducted by public health institutions. The mandate should be delinked from the activities of Planned Parenthood which should then focus on providing the services to consenting adults (Silver & Kapadia, 2017). The rationale behind this recommended approach is to prevent violations of the reproductive health rights of the minors. The approach will ensure that the vulnerable minors are not exploited by the NGO and its special interest partners. This approach will also reduce the cases of abortions and contraceptive use targeted towards certain ethnic and racial outfits as a way of controlling their population growth (Dewan, 2010). Moreover, it will ensure that parental consent informs treatments and care given to the adolescents in need of reproductive health services.

The implementation of the proposed change will require establishment of outreach centers within the public health departments to promote positive interactions between the adolescents and the public health professionals. The outreach programs should also focus on creating positive relations between adolescents and their parents, ensuring that the discussions on the reproductive health of the minors are all-inclusive (Han, Han, Darney & Rodriguez, 2017). The inclusivity will be critical for getting parental consent in cases where specialized interventions such as the use of contraceptives or abortions are required. Also, public health programs should promote the establishment of peer-counseling groups in public schools to teach the minors on the core elements of their reproductive health.

However, a number of barriers may affect the implementation of the proposed changes to the healthcare system. The first key obstacle is financing and coordination of the proposed activities. The introduction of new mandates in the public health system will require increased funding for seamless operations of the peer networks and coordination services. Also, the government will have to spend more on bringing stakeholders on board and facilitating positive rapport between teens and their parents (Engelman, 2011). The evaluation of the success of the program will be based on its uptake and the expansion of the networks over time. The number of adolescents enrolled for the peer counselling programs and their rates of attendance of counseling sessions in public health facilities will be tracked. The implementation will also be evaluated in terms of resource mobilization and strategic partnerships established between the public health facilities and private health institutions. Such institutions are expected to refer teens to the public health system for comprehensive counseling and guidance on their reproductive health needs.

**Discussion**

The analysis showed that there is an urgent need for restructuring of the healthcare system to protect the adolescents and vulnerable populations. The options that could be used to address the current issues associated with the activities of Planned Parenthood are diverse. These options include restructuring funding for the NGO, exclusive public financing of its operations, and illegalization of contraceptive use and abortions. Also, the transfer of the mandate to offer reproductive health counselling, contraceptive distribution and abortion services for minors from Planned Parenthood to public health institutions to prevent the exploitation of the minors (Dyer, 2015). Based on the comprehensive analysis of the options, the transfer of reproductive health services for the minors from the organization to the public health system is the best option. The approach not only ensures that the core interests of the minors are respected, but also guarantees that abortion services and contraceptives can only be administered after parental consent. Besides, the approach will help to rebuild the relationships between the minors and their parents hence protecting their fundamental interests.

However, the analysis fails to focus on the likely illegal practices that may be conducted outside the restructured scope of operations of Planned Parenthood. Also, it is likely that Planned Parenthood and its associated special interest groups will fight to protect its traditional scope of operations as pointed out by Dyer (2015). The likely political and public implications of such resistance to restructuring of the healthcare system has not been captured in this analysis. However, the proposed change will have far-reaching implications to practice. It will lead to restricted reproductive health counseling, contraceptives use and abortion among the minors (Han, Han, Darney & Rodriguez, 2017). It will also ensure active involvement of public health professionals in promoting reproductive health of the adolescents since they will have to approve any cases of abortion and contraceptive use. Further, the change will be instrumental for holistic care by bringing together key stakeholders in the reproductive health of the minors. More importantly, the proposed change will enhance the role of parents, peers and professionals in the education of teens on their reproductive health.

**Conclusion**

In conclusion, the reproductive health of minors remains a major topic for public debate. The susceptibility of adolescents to manipulation is a concern for all public health stakeholders. Over the decades, Planned Parenthood has been at the forefront in fighting for the reproductive health of the adolescents. However, there are reported cases of unethical conducts and violations to federal policies and reproductive health rights of the minors by the organization. Therefore, it is necessary to restructure the healthcare system to ensure that the minors are protected against special interest groups implicated in reproductive health violations. Therefore, the transfer of mandate to offer reproductive health counselling, contraceptives distribution and abortion services to the minors from Planned Parenthood to Public Health institutions is a promising strategy to mitigate the violations. However, future studies should focus on establishing measures to restructure funding of Planned Parenthood to eliminate the negative influence of special interest groups on its activities. This case also proposes further analysis into strategies for harmonizing ideological and value differences between teens and their parents to eliminate conflicts that often lead to illegal reproductive health practices.

**References**

Dewan, S. (2010). *To Court Blacks, Foes of Abortion Make Racial Case*. *New York Times*. Retrieved 22 March 2018, from <http://www.nytimes.com/2010/02/27/us/27race.html>

Dyer, O. (2015). Republicans across US take aim at Planned Parenthood. *BMJ*, h4999. <http://dx.doi.org/10.1136/bmj.h4999>

Dyer, O. (2016). Planned Parenthood “sting” film makers are indicted in Texas. *BMJ*, i519. <http://dx.doi.org/10.1136/bmj.i519>

Engelman, P. (2011). *A history of the birth control movement in America* (1st ed.). Santa Barbara, Calif.: Praeger.

Han, L., Han, L., Darney, B., & Rodriguez, M. (2017). Tweeting PP: an analysis of the 2015–2016 Planned Parenthood controversy on Twitter. *Contraception*, *96*(6), 388-394. <http://dx.doi.org/10.1016/j.contraception.2017.08.011>

Richards, C. (2016). Protecting and Expanding Access to Birth Control. *New England Journal Of Medicine*, *374*(9), 801-803. <http://dx.doi.org/10.1056/nejmp1601150>

Rosenbaum, L. (2017). Understanding the Planned Parenthood Divide — Albert Lasker and Women’s Health. *New England Journal Of Medicine*, *377*(25), 2409-2411. <http://dx.doi.org/10.1056/nejmp1713518>

Silver, D., & Kapadia, F. (2017). Planned Parenthood Is Health Care, and Health Care Must Defend It: A Call to Action. *American Journal Of Public Health*, *107*(7), 1040-1041. <http://dx.doi.org/10.2105/ajph.2017.303867>